UNIVERSITY OF SOUTHAMPTON

# ADULT PLACEMENT IN HAMPSHIRE - THE FIRST SEVEN YEARS

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Master of Philosophy

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APRIL 1993

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# ABSTRACT

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In 1979 Central Government established Joint Finance to facilitate the development of new services between the Health Authority and Social Services Department. Hampshire County Council set up a development team to formulate a community-based accommodation scheme based around the boarding-out system which had been used previously in the County. The County required that the scheme would reflect the prevailing political and social philosophy and would offer a cost effective alternative to residential care. The scheme that emerged became known as the Hampthire Adult Placement Scheme.

The thesis describes and evaluates this model of care, discussing the interaction of hisory , politics, social policy and financial provisions as interpreted by social work practice. It considers the formative stage of development and the subsequent implementation of the scheme in Hampshire, concentrating on the evaluation of five topics: the scheme's main aims, organisation, clients, carers and the staff who supported the scheme.

The thesis analyses data, collated over seven years, which describe the clients who used the scheme and ascertains that adult placement is a viable alternative to residential care for adults with a disability, regardless of their age, sex or client group or the type of area in which users live.

Analysis of the carer data describes variations between provision. Case-studies of both carer and clients are used to demonstrate the individuality of each placement. Several other key issues emerge from the study: the role of the adult placement officer and the impact of alternative management systems on the process of matching carer and client. Recommendations for a future management structure are included together with data relating to developments in the scheme from 1986 - 1991.

The thesis focuses attention on the importance of monitoring the quality of the placements and proffers a model for their review. Proposals are made for further extensions to the scheme to enable increased participation and an alternative day care provision based on the organisation of the scheme.

Acknowledgement is given to the Central Council for Education and Training in Social Work for funding the initial period of study and to the many participants of the Hampshire Adult Placement Scheme, users, carers and staff, who gave their permission for their experiences to be included in the study. Also to Daphne Shepherd, Senior Fellow of Southampton University, for her encouragement and professional guidance in the preparation of this thesis.

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## CHAPTER ONE CONTENTS

# CHAPTER 1. INTRODUCTION

## 1.1. TERMINOLOGY

### 1.1.A. Introduction

In 1979, Central Government established Joint Finance to facilitate the development of new services between the Health Authority and Social Services Department. Taking this as an opportunity to expand services for adults with disabilities, Hampshire County Council set up a Working Party to develop an alternative to residential provision. A team of three senior social workers was subsequently appointed as development officers to formulate a community based accommodation scheme based around the boarding-out system which had been used previously in the county. This system arranged accommodation for adults with local landladies. The new scheme was to be used primarily by people with a mental handicap and if successful, would be extended to adults with other disabilities. The scheme that emerged became known as the Hampshire Adult Placement Scheme.

Adult Placement is a concept based on an earlier system of 'Boarding Out' and as such the vocabulary and language is still open to interpretation. As a clear understanding of the terms used in the thesis is vital to the reader, a short glossary follows.

### 1.1.B. Glossary

**Hampshire Adult Placement Scheme** - a specific part of the social services department of Hampshire which aimed to set up a service to provide care, board and accommodation to adults with disabilities and elderly people, who requested accommodation and care in a non-institutional setting, who were linked with people who offered care and accommodation within family homes in the community.

**Adult Placement Officer** - A County Council employee who was responsible for finding accommodation and care within family homes, matching adults with disabilities to such accommodation and monitoring the standard of care provided.

**Adult Placement Social Worker** - A social worker employed to work with the adult placement officer to place users within family homes and to offer social work support to the users.

**Carer** - The nominated person responsible for providing a home to a user with a disability.

**Client/User** - An adult with a disability who has requested/received accommodation in a family home from the local authority.
**Place** - A unit of accommodation accepted as providing suitable care for a client.
Placement - A family home in which a user and carer have been matched to create a unit identified as being part of the adult placeement scheme.

## 1.2. OUTLINE

The overall purpose of the thesis is to describe and evaluate the model of care that was developed. Given that the model is a derivation from a previous social care solution, the thesis begins with a recapitulation of the historical background from which it developed and an account of the emergent aims. The model was also based in the social policy and political framework of the late 1970's and the financial constraints of that period combined with the beliefs and values of the three senior social workers who developed the scheme. The thesis describes these constituent elements of the initial policy and its continuing development as it was re-adjusted to fit new perceptions of social care.

Adult placement is not a new concept. The thesis discusses the interaction of history, politics, social policy and financial provisions as interpreted by social work practice on a previously used model of care. Consideration is also given to the flexibility of the scheme and its ability to respond to need, despite inevitable changes in social policy.

As social policy exists within the context of a political and economic matrix, finance was a major factor in defining the parameters of the scheme. Organisational and economic aspects also have to be clearly defined if the proposed model is to be duplicated.

The scope of the thesis is to consider the formative stages of development and the subsequent implementation of the scheme in Hampshire. It concentrates on the evaluation of five topics; the scheme's main aims, organisation, clients, the people who offer care and the staff who support the scheme. From these topics emerge several key issues: the matching of clients with the people who offer care, the role of the adult placement officer and the development of a specific social work practice. The impact of alternative management systems are also considered and a model system for review of placements is given.

As a result of the evaluation, proposals are made for further extensions her than mental handicap and adults with more profound disabilities, extension to other

districts in the country and an alternative day care provision based on the organisation of the scheme.

## 1.3. THE SCHEME

The primary aim of the scheme was to provide accommodation in the community for people with disabilities. The County required that the scheme would reflect the prevailing political and social philosophy and would offer a cost effective alternative to residential care.

Boarding-out was one of the earliest alternative means of caring for people who could not be cared for by their own families. Using this model, it was anticipated that Adult Placement could be developed to create an accommodation scheme that was responsive to individual users but did not rely on extensive new building costs.

The scheme aimed to avoid the problems created for inmates in the past and to create an alternative that was comfortable for users and acceptable to society's current view of care. However, acceptable paradigms of the past have led to practice that appears harsh and unacceptable in the light of present thinking. The scheme, like any other, had potential advantages and disadvantages. These points will be discussed and consideration given to the means of preventing a solution in the 1980's becoming a social problem of the future.

## 1.4. STRUCTURE

The thesis is divided into four main sections and a short final section in which future developments and extensions to the current scheme are considered.

To demonstrate the values upon which the scheme was based, the thesis commences with the historical events and the alterations to the law which were made in response to changing social standards in the period prior to 1979. It considers the lessons gained from knowledge of previous reforming measures concerning the care needs of adults and highlights some of the aims that initiated the implementation of the scheme.

This section continues with the background to boarding-out and a survey of similar schemes that were emerging in other parts of the country during the early 1980's. Comparisons between these schemes are drawn in order to consider the aims and organisation of alternative schemes.

The second section describes the aims and implementation of the Hampshire scheme, considering the management structure, organisation and

finance and the roles of the staff. It includes the developments of the various organisational and practice elements of the scheme which were altered to improve the match between aims and implementation.

The third section contains the analysis of data collated over a period of seven years. This analysis identifies the clients who used the scheme in order to ascertain whether adult placement could be offered to adults with a disability, regardless of their age, sex or client group. The type of area in which users have been placed has also been identified to consider whether this factor has affected the use of the scheme and would influence any proposals for extending the scheme to other districts.

Factors which have given greater opportunity of placement to certain client groups are identified in the fourth part of the thesis and the effects of the management and organisation of the scheme on its development are considered. Individual case studies are also included to illustrate the range of people using the scheme. The analysis is continued by examining the aims and characteristics of the people who offered care, as well as the type and quality of the accommodation available including three case studies which demonstrate the scope of the scheme and possible areas of development.

The final section considers ways in which the scheme has attempted to ameliorate the negative effects of creating a system that involves placing vulnerable people in units scattered throughout the community which are difficult to monitor. It considers the processes that are necessary to maintain the aims of the scheme and suggestions for action to compensate for some of the difficulties inherent in such a scheme. Alternative management structures are examined and a model of a review system for on-going evaluation is outlined. A further pilot study to develop an alternative to individual day-care using the organisational framework of the scheme is also described. Discussion follows as to whether these processes can reduce the possibility of adult placement becoming a social problem of the future, an effect that appears in the light of history to be an inevitable process for all new social solutions.

## CHAPTER TWO CONTENTS

## CHAPTER TWO CONTENTS

# CHAPTER 2. METHODOLOGY

## 2.A. INTRODUCTION

As noted in the main Introduction, there are four main sections to the thesis for which a variety of methods has been used to collate information. This section outline these methods in the order of the chapters given in the thesis.

### 2.A.1 Personal Perspective

As one of the original development officers employed by Hampshire County Council to formulate a community based accommodation and care scheme for people with disabilities, the author has been able to participate in the scheme from the conception of the idea throughout the period of the study. Attendence at the part-time Master of Philosophy Personal Research Course held at Southampton University commenced in October 1985 and exploratory work on the thesis began in 1986. It was for this reason that the period of study was chosen.

As an Adult Placement Officer, the author has worked consistently within the developing scheme, both with the users of the scheme and with a variety of social workers who have contributed their own style of practice to the work which they have undertaken. There has also been opportunities to consider the various means by which social work theory has been incorporated into the policy and both the positive and negative aspects of the scheme. The understanding of the current model of the scheme that has developed is an amalgamation of these individual interactions considered over a period of several years and it is from this perspective that the thesis has evolved.

Although the author ceased working for Hampshire Social Services Department during 1988, it is hoped that this lack of daily participation may have enabled a more objective consideration of the scheme.

## 2.B. CHAPTER 3. ADULT PLACEMENT SCHEME

### 2.B.1. Policy Development

This chapter commences with an analysis of literature concerning the historical events and alterations to the law which were made in response to changing social standards and the background to early boarding-out schemes that existed in the period prior to 1979 in England and Wales. It continues with a survey of other similar schemes that were emerging in other parts of the country during the early 1980's.

In order to indicate the scope of this study, a detailed account of the methodology involved in gaining information concerning these schemes is given in the succeeding section.

### 2.B.2. Other Adult Placement Schemes

The aim of this section was to collate information on various placement schemes in England and Wales. During April 1985, Southampton University hosted a National Study Day on Adult Placement organised by the Hampshire Adult Placement Scheme Officers. This involved a wide range of people from both local authorities and the voluntary sector who had an interest in such schemes and appeared to be an ideal opportunity for collecting information on other placement schemes.

As there was neither the time nor opportunity to interview individually all the participants of the Study Day, a questionnaire was designed and circulated.(Appendix A.1) The questionnaire focused on the organisation of schemes, the monitoring of placements and the support given to both carers and users of the service. There was no opportunity to consider a pilot study prior to the survey and there are clear indications from the responses that some of the questions were not clarified sufficiently to give a uniform response. However, these anomalies indicate the lack of a universal language which is indicative of an emergent provision and have been included in the body of the survey as an important feature of the findings.

The thirty-four participants of the study day were all involved in existing adult placement schemes or were interested in setting up a scheme in their own place of work. Although predominently from counties in the south of England and the City of London, there were representatives from other counties in England and Wales.

## 2.C. CHAPTER 4 HAMPSHIRE ADULT PLACEMENT SCHEME:- POLICY

The aims and the implementation of the Hampshire scheme are described in Chapter 4. The main basis for this chapter is the Hampshire Adult Placement Scheme Policy and Working Documents which were compiled by the development officers at that time. As the author was one of those officers some of the background to the policy has been added from personal recollection and from the notes to the policy documents made before finalising the paper. County review papers which were an annual feature of the scheme were used to supplement these early documents and committee minutes and memoranda from the years 1979 to 1986 have been scanned for additional information.

The later Revised Adult Placement Policy document and the papers relevant to that period including some anecdotal material have all been utilized to consider the developments of the various organisational and practice elements of the scheme.

## 2.D. CHAPTER 5. HAMPSHIRE ADULT PLACEMENT SCHEME ANALYSIS CLIENT DATA: 1979-1986

### 2.D.1. Contents

Chapter 5 contains the analysis of client data from the Hampshire Scheme which has been collated over a period of eight years. These data were drawn from sources within the Hampshire County Council Headquarters Research Department and were not collated specifically for this present study. This analysis identifies the clients who used the scheme, their ages, sex and client group. The type of area from which users applied to the scheme or in which they were placed and the Divisions which dealt with the applications have also been identified.

### 2.D.2. Data Collection

The study covers the years 1979 to 1986. Detailed written information in the form of card indexes had been maintained on each carer and client who had participated in the Hampshire scheme. There was a major move in 1981 to systematise this information and a working party subsequently recommended the computerisation of all manual records held at that time. The introduction of a main frame computer based centrally in Winchester enabled greater systematisation of data collection than had previously been possible. However, as a result of this move some information that would have been useful was no longer maintained (for example the number of carer enquiries (6.3.A.(i)) resulting in gaps in the data.

The type of information that was subsequently recorded on the central computer files was essentially for administrative purposes primarily enabling the financial section of the department to be alerted to changes in budgetary requirements. As the information was not thought to be required for a detailed analyis of the scheme, the computer system collated information that was envisaged as being of use in the future. The subsequent analysis of the scheme is therefore limited to the information that was included in the original system.

### 2.D 3.Data Processing

It was apparent that access to the computerised information was limited by the software's ability to extract information from the computer files. A decision had been taken by the instigators of the computer system to offer direct access to some information using pathways built into the system. Without major re-

programming of the software, some of the information required for the thesis was not obtainable. This was partly due to the way in which records had been stored, a system based on event not by person. This gives little indication as to whether, for example, one person had many trials or whether several people had two trials (5.2.E.(i)). Re-programming was considered but as this task had been sub-contracted to a private firm the programming code and language were not available. Several attempts were made to overcome these difficulties and help was forthcoming from the Social Services Research Department. However, data analysis and the scope of the thesis were limited as a result of these difficulties.

In order to utilise the information that was available, the results had to be re-coded into an S.P.S.S.X. software package. This caused considerable additional work and the final results cannot compensate for the substantial lack of information caused by the original programme being unable to respond to particular types of interrogation. (For example there is no information concerning the length of stay for users in a placement. This could usefully have given an indication of the ways in which different client groups used the scheme.)

Some of the results were additionally re-coded into various graphics spreadsheet packages, Mini Office Professional and Supercalc 2. As the thesis progressed, more sophisticated packages such as Ability Plus, Supercalc 3 and Harvard Graphics were used. The results of this work can be seen in the graphs which add a visual dimension to the figures.

The difficulties of gaining access to the information stored by the Hampshire computer system highlights the difficulties of using information which was not collected primarily for the thesis and brings into focus issues such as confidentiality and ownership of data. As the centralised system was in constant use there was also a need to stagger the requests for information, partly as other users also required use of the system and also because of the detailed programming necessary to extricate the data results for some of the interrogations. This was often extremely time consuming and results were available over a period of many months.

As data relating to the scheme were continually being added to the system during the period of attempting to extract all the information required, the results of the interrogations were not always based on the same data and the tables lacked reliability. In order to make comparisons between the tables, a complete re-run of the interrogation had to be undertaken based on results available at the end of 1986.

A further way of combating the problem of constantly changing figures was to request tables that reflected the situation on the last day of each year over the eight year period. These results showed a higher level of uniformity and reliability

## 2.5. CHAPTER 6. EVALUATION OF HAMPSHIRE ADULT PLACEMENT SCHEME - CLIENTS

From the commencement of the scheme, adult placement officers held files on each client or carer who made an enquiry regarding the scheme. The files contained information on each contact made between the staff and the appellant, including the application forms. Additional information was periodically included giving details of the progress of an applicant or carer and subsequent placements or introductions made. When appropriate, the files also contained review meeting minutes.

### 2.5.A Analysis of Client Groups

Although the majority of the information used for this section has been collated from the Analyis of Client Data, Chapter 5, several small surveys undertaken in 1986 are also included in this section.

2.5.A.(i) Mental Health Survey

The first survey involves clients in the mentally ill group who were in placement in the South-West Division in 1982. The personal files of the twenty-seven people in this group were examined to give the required information for the survey.

2.5.A.(ii) Officers Views Concerning Users

In order that all officers could offer a considered opinion regarding adult placement and people with mental health problems, a training day was organised by the county training department in 1986 to give an opportunity to spend some time discussing the subject. Social workers with specific responsibility for adult placement users were also requested to attend. As the morning discussion strongly acknowledged that officers generally felt that this group were the most difficult in terms of both arranging placements and in maintaining them, the succeeding sessions concentrated on identifying the specific difficulties that were encountered and possible ways of ameliorating them. The combined views of the officers and social workers that were voiced were subsequently collated.

2.5.A.(iii) Discussions with Occupational Therapists.

In order that a similar opportunity could be given to professionals who had specific responsibility for people with a physical handicap, a day conference was held later in 1986 to concentrate on adult placement for people in that group. The day was organised in the same way as the preceding training day and views were collated.

### 2.5.B. Case Studies of Clients Placed with the Hampshire Scheme.

Although the personal files contained sufficient information to act as the major source for both the client and carer case studies that were undertaken, the study of Sheila also involved a literature search of the British Library Catalogues undertaken by permission of the Wessex Regional Health Service, at St. Mary's Hospital, Southampton.

Although the names of the users and carers involved in the case studies have been changed, a number of carers were asked permission for their placements to be discussed in the thesis. All carers in the South-West division were aware that a thesis on adult placement was being prepared, due mainly to the completion of a questionnaire for the Carer Survey in 1986 and those asked were happy to give their agreement. Discussion with the users in those placements was also undertaken and permission sought to include relevant personal material if required. Where it was felt that the users could not give such permission, discussion was also undertaken with the user's social workers and relatives. Some of the eight client studies had been included previously in the six-monthly Adult Placement Reviews and permission was sought from the authors before these studies were included.

## 2.6. CHAPTER 7. EVALUATION OF HAMPSHIRE ADULT PLACEMENT SCHEME - CARERS

### 2.6.A. Hampshire Adult Placement Scheme Carer Data 1979-1986.

This section contains the analysis of carer data from the Hampshire Scheme which has been collated over a period of seven years from the Winchester computer in a similar way to that described in Hampshire Adult Placement Scheme Client Data, 2.D.(i-iii). This analysis identifies numbers of carers who participated in the scheme, carers who made enquiries concerning the scheme, places that were registered and the vacant places available each year. The type of area from which carers offered accommodation was also identified as was the number of carers who did not continue to be part of the scheme during the period studied.

### 2.6.B. Carer Survey

2.6.B.(i) Hampshire Carer Survey

The survey was based on a questionnaire which was structured from Form A.P.3, the Carer's Assessment Form, which had been used in a standard format from 1980 with only minor amendments which were incorporated in January 1983. The original A.P.3. was completed by the Adult Placement Officers during or after a series of interviews with carers and their families, prior to accepting the family on to the Scheme.

The A.P.3 was compiled to give a detailed, standardised picture of a carer and their family and environment. It was anticipated that the questions incorporated in the form would lead the discussion between Adult Placement Officer and Carer and ensure that all aspects of the scheme were covered.

Other County forms were considered in order to glean alternative ways of preparing the form and if possible to make use of a form already in circulation. (Managers were reluctant to increase the number of alternative forms in use in the County). Particular use was made of the Foster Parent Application Form. However, it was felt that the assessment required for receiving adults into a family was essentially different from that of children and that aspects of support given by the scheme were also distinctive. All these factors led to the emergence of a new form which was aimed to give as wide a framework to the interview as possible.

The A.P.3 was reviewed in 1983 and some sections of the form were given greater space for response. However, there were no changes made to the questions asked although the question concerning the retainer paid to carers was excluded following changes to this practice made in 1984. The new forms were available for use in January 1985.

2.6.B.(ii) The Scope of the Study

The survey was confined to the South-West areas of Hampshire. This was mainly due to ease of access to information regarding carers and an attempt to reduce the travelling that a more random range of carers would have necessitated. The carers forms (A.P.3) were part of the author's general work environment and as such reduced difficulties concerning confidentiality.

It was presumed that there would also be a greater degree of uniformity in dealing with a smaller geographical area than a range of carers throughout the county particularly as only three officers originally completed the application forms. An assumption has been made that the care given does not vary a great deal from one part of the county to another.

Difficulty arises with prospective carers who did not complete the assessment procedure. If a carer was not thought to be appropriate, or decided not to continue with an application after any of the interview stages, the series of interviews was terminated. In some cases this led to forms being abandoned and little or no record being kept of the applications. The degree of missing information regarding possible carers who were not registered also varied and provided no uniform basis of data for analysis. Therefore this survey includes only carers who were registered.

2.6.B.(iii) Carer Survey

This information was taken directly from the A.P.3. Form held in the personal files of the carer in the Divisional Office. The survey included only those carers who had completed Part I of the survey and who had been informed that additional information would be taken from their Carer Application Form as part of the survey. (Adult Placement Carer Application Part II is included in Appendix C.1.). These questionnaires were completed on all carers in the South-West Division who had clients in placements during 1986 and the result are shown in full in Appendix C.2. A clerk from the author's office completed the questionnaires to give maximum uniformity of response.

Information concerning clients placed with carers was an area of interest and some access to this information was available from the main frame computer in County Headquarters on the Adult Placement Data File and on the carers' manual files held in the divisional offices.

**2.6.C. Carer Questionnaire**

2.6.C.(i) Pilot Study

The questionnaire was piloted in January 1986. Two methods were identified in completing the questionnaires; the first was to use the information from the original A.P.3 form, the second was to ask carers themselves if they would be prepared to complete their own questionnaires. It was expected that the second option would provide information both more current and accurate than the first possibility.

Initially 10 carers were asked to complete Part 1 of the forms. Comparison of these responses to the original A.P.3 forms completed by the officers was so high (there were only two variations in over 800 responses) that it was considered more efficient to send the questionnaires to the carers for completion. It was then possible to obtain current information from the carers by asking them direct questions. Questions not asked on the original form but considered important could be incorporated, e.g. proximity to local facilities, heating of carers homes, laundry services, gardens and safety factors.

This means of compiling information also avoided the need to request the co-operation of other staff or the need to obtain permission to view confidential material. By asking carers to participate in the study they were also made aware of the work that was being undertaken. This direct involvement appears to have had a positive effect shown in the high level of returned forms.

2.6.C.(ii) Response of Carers to Questionnaire

Of the 97 carers registered in the South-West Division at the time of the survey, 78 carers returned their forms to the office within the prescribed time.

Reminder notes were sent to the nineteen carers who had not completed the forms and ten further forms were received. Five carers responded with a telephone call to the office to apologise for not returning the forms and gave a variety of reasons for this, for example lack of time, going away, inconvenient at present. A direct telephone call was made to the remaining four carers who either promised to fill them in shortly or stated that they would probably not be returning the forms. Further reminders were not seen as appropriate.

From the total of 88 forms returned five were incomplete. It was noted that all 80 carers who had a client in placement at that time had returned and completed the forms. (Participating members of the scheme this group were clearly more involved with the officers and therefore may have been more willing to undertake the task than carers not so involved.) It was apparant that a comprehensive study could be made of the total number of carers in the division who had clients in placement, and this option was therefore chosen. Analysis of the responses to the questionnaire are given in Appendix C.4.

## 2.7. ADULT PLACEMENT CLIENT REFERRAL QUESTIONNAIRE

A questionnaire concerning the differences between the users of the scheme was compiled which aimed to give information concerning the personality attributes of the applicants, current users and those clients who applied but were unsuccessful in finding a placement. It was hoped to find specific attributes that were present in people who were offered placements or were absent in people who were not offered placements or who did not complete trial placements.

However, following a pilot study, permission was not given by the County to run a full survey due to lack of social workers' time to complete the forms. Consideration was given to other ways of completing the forms but lack of resources prevented this. Information has been included in the thesis concerning the development of the questionnaire which is included in Appendix D.1. in the hope that this study could be considered at a later date.

### 2.7.A. Questionnaire

It was important that the client information obtained from the social workers should be as uniform as possible and therefore the questionnaire was limited to either information that had been sought in the original A.P.1 or questions which could be responded to without causing difficulty to the social workers. The following restrictions were therefore imposed:-

1)As in the Carer survey, the questionnaire was based on the client application form, A.P.1.

2)Social workers completed initial application forms A.P.1 on behalf of their clients.

(a) These forms had been compiled to give information that was thought to be useful in placing people. At that time there were few alternative schemes from which to seek advice and no member of the staff group had experience of research methodology.

(b) Other County forms were used to give guidance, such as the Part III application form for elderly people and the mental health application for residential care applications to hostels and day care.

(c) The forms were reviewed in 1983 when the scheme was formally expanded to include people with physical handicaps and the elderly. Some changes were made to questions which in the light of experience were difficult to complete or were found to be unclear. Reorganisation of the Social Services Department delayed the ratification and subsequent printing of the forms until January 1985. From this time social workers began to use the revised forms as and when their stock of old forms ran out.

3)An initial pilot study using the questionnaire showed that the most complex questions to complete were the social/anti-social behaviour questions. Words used by social workers on 20 case record files were listed and construct theory, (Osgood, Suci and Tannerbaum. 1970) was adapted to try to group commonly used phrases and words. The groupings were used to give an indication of an client's level of social skills.
The list was compared with an adaptive behaviour scale to test for inappropriate behaviour. (A.A.M.D. Adaptive Behaviour Scale 1975)

4)The following information was viewed as important but could not be obtained solely from the contents of the A.P.1. The questions were therefore included in the questionnaire on the assumption that social workers would have details in each client's personal file which could be used to respond to these questions :-

**Social Worker** - Specialist Adult Placement social workers were not approved until 1983 and were not appointed in every Area Centre.

**Day Care** - Only attendance at day care was requested in the original A.P.1. It was not possible to ascertain frequency of attendence from the A.P.1 .

**Functioning Ability** - The following information was omitted from the original A.P.1 but included in the revised version. However, many social workers had included comment on these areas in the general comment box given in the original form :-

Can client feed self?

Can client communicate?
Is client mobile?
Is client continent of urine?
Is client continent of faeces?
Does client need close supervision ?

**Dependency** - Ratings are as prescribed in the Census of Residential Accommodation Volume 2, D.H.S.S. and the Welsh Office 1970 to categorise clients into dependency needs levels. A copy of these categories was attached to the questionnaire.

**Heath Care** - Information regarding the level and frequency of service and level of nursing (including specialist nursing or community nursing) care was not available.

**Outcome of Application** - This information was held on the IBM mainframe computer in Social Services Headquarters.

5)There were questions which were omitted because the information may not have been available to the social workers in all cases. It is not possible to list these in full but include the following:-

a) Ethnic Group : This information could have led to a test for ethnic congruence between carer and user.

b) Religious Commitment : This information could also have been used to make a comparison with the carer and thus improve the matching process of the carer and user.

## 2.8. ADULT PLACEMENT CARER CASE STUDIES

The personal files of the carers contained sufficient information to act as the major source for the case studies of both clients and carers mentioned in these studies. Although the names of the people have been changed, a number of carers were asked if they would give permission for their placement to be documented for the purposes of the thesis, three carer studies are included.

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# CHAPTER 3. ADULT PLACEMENT SCHEME POLICY DEVELOPMENT

## 3.1. HISTORICAL PERSPECTIVE

In early nineteenth century England institutions such as the Madhouses, Houses of Correction, Prisons and the workhouse were the only residential provision for the vast numbers of those failing to meet society's increasingly demanding standards. The 'imbeciles and idiots' were part of the 'unemployed and unemployable' poor of most parishes (Jones,K. 1972). They were not viewed as a specific threat to society or in need of complete segregation and indeed it is possible that many, who later would have fitted into the I.Q. categories fixed by the 'reformers' in the latter half of the century as being in need of locked accommodation, had sufficient skills to cope with very little care.

The literature concerning people with disabilities is not great during this period but there appears to be a mood of optimism concerning the educability of those classified as idiots. J.M.G. Itard in The Wild Boy of Aveyron describes the teaching of basic skills to a youth found running on all fours in the woods (Itard 1801) and his pupil Sequin, looked at the possibilities of arousing interest and attention and then teaching by imitation. The theories that resulted led to pioneering institutions run by Reed in England and Guggenbuhl in Switzerland, where the 'handicapped' could be kept in conditions amenable to their training and education. (L.Kanner. 1964)

The basic premise was, that given suitable attention and training the imbeciles were capable of learning simple tasks sufficient to enable them to survive in society. Other reformers such as Pinel promised to emancipate lunatics from the neglect and cruelties of the madhouse. Asylums henceforth would be mild, humane and therapeutic, designed not merely to secure, but positively to cure the insane. A. Scull in his essay on Victorian Lunatic Asylums quotes Luther Bell, 'an asylum is emphatically an instrument of treatment, quite as important as any drugs or other remedies' (Scull,A. 1980).

This optimism was not to last. The confused terminology of the Lunatic Asylums Act of 1853 and the Idiots Act of 1886 which were introduced to improve the appalling conditions of the workhouse, meant that many authorities fulfilled their duties under the latter Act, to provide care, education and training in special asylums and accommodated all their mentally disordered people together. Whether 'idiots and lunatics' were accommodated separately or not the growth in

Whether 'idiots and lunatics' were accommodated separately or not the growth in the numbers of people so categorised led to the creation of both 'idiot asylums and asylums for the insane'.

At the turn of the century medical opinion underwent a fundamental change. For those with a mental handicap;-

'The science of genetics and the development by Binet in Paris of a standard instrument to measure 'intelligence' were the two major indicators of change'. (Tizard.J.1958).

The idea of excessive reproduction by the mentally handicapped and the idea of an inherited intellectual ability unalterable by training or education were mooted by Binet and developed by A.F.Tredgold in his Textbook of Mental Deficiency (1908) and a paper 'The Feeble Minded - A Social Danger'(1909). At a similar time Victorian physicians were suggesting that medicine would offer the answer for those people with mental illnesses. They suggested that the asylums had failed because they were managed by laymen and only qualified doctors had the knowledge to treat mental diseases.

In contrast, A. Scull (op cit.) suggests that economic considerations caused the initial separation of the able-bodied from the 'fools and lunatics' unable to be part of industrial Britain, which linked to the failure of doctors in asylums for both idiots and lunatics to cure more than a fraction of those they treated, led to an accumulation of chronic cases in both areas of mental disability.

The views held by the majority at that time, that the 'mentally deficient' were at worst a danger and at best a burden on society were highly influential in the forming of the ensuing Mental Deficiency Act. 1913. Once people were admitted to an institution, the Boards of Control of the relevant County Councils could prevent the discharge of anyone they thought unfit to leave. 'Certification' had a permanence about it that only the Boards could untie. Similarly those people accepted into asylums for idiots rarely returned to some kind of normal life outside.

The Mental Deficiency Act remained practically unchanged until 1959 and the 'Institution' as a solution for the care of people with disabilities has dominated social policy for this group for most of this century. This Act continues to dominate current policies. Due to the almost negligable discharge rate, more and more people were added to those locked away from society. The growth of the psychiatric hospital system, both in terms of numbers of hospitals and patients, was matched only by a similar growth in the long-stay hospitals for the mentally handicapped.

The economics of the institutions also encouraged the growth of each unit. Patients of greater physical or intellectual ability were required to care for the less

able. They also produced food and goods for the whole community. This necessitated that all ages and abilities of people were cared for together, as large numbers of people were needed to support each unit.

The prevailing view of permanent inadequacy of people with disabilities and the institution's economic reliance on large numbers of residents resulted in an increased long-stay resident population. Tredgold points to an increase from approximately 12,000 people in 1920, to approximately 100,000 people in 1950 (Tredgold, A.F. 1952).

The whole service for the disabled by the Local Authorities had been reviewed in 1948 with the introduction of the National Assistance Act 1948. This Act gave powers to Local Authorities to provide services to 'promote the Welfare of people who are blind, deaf or dumb, or who suffer from mental disorder of any description and other persons who are substantially and permanently handicapped by illness, injury or congenital deformity or such other disabilities as may be prescribed by the Minister'. The local services could include both 'residential and day services, such as workshops and hostels, providing board and other services, amenities and requisites.'

After the second World War, research findings again appear to have some influence on opinion, particularly in the care of people with a mental handicap. Research psychologists in particular began to prove once again that in 'situations conducive to learning', people of all levels of handicap could learn and develop skills and that ability was not linked simply to an unchanging I.Q. level. (Malin, N. 1980).

Following this research, in 1957 the World Health Organisation and the Royal Commisssion in the United `Kingdom published a report giving guiding principles on mental deficiency legistation, (H.M.S.O. 1957). The model of the large institutions began to be questioned and the extremely poor physical conditions of these large hospitals were highlighted.

The recommendations of the Royal Commisssion were accepted by the Government of the day and resulted in the formation of the Mental Health Act 1959. This Act stressed the greater suitability of care within the community for handicapped people who were not in need of hospital treatment. The term was used to define care given in a setting other than an institution and refers to the integration of people with disabilities within a local community.

The reformers of the 1950's and 1960's may have wanted to dismantle the institutional structure entirely. However, the sheer number of people locked away from society should have defeated even the most optimistic. Nonetheless, progress was attempted and the Health Authorities and Social Service Departments began a struggle that resulted in the more common acceptance of the

phrase 'Care in the Community'. However, within the hospital dominated professions, the breaking down of the 'status quo' was often seen as a threat and there was considerable opposition to a 'non medical model'.

During this period other professional groups were considering the care of people with disabilities. In 1970, the Education Act (1970) transferred the responsibility for educating and training severely sub-normal children from the Health Services to the Education Department. This Act emphasised the opinion that the appropriate treatment for children with a handicap is an educational not necessarily a medical matter.

A major review had also been taking place concerning people with physical handiaps and the elderly. Following this area of concern which was lead in the main by very active pressure groups within the Voluntary Sector, the Government passed the Chronically Sick and Disabled Persons Act 1970. This Act again emphasised the need to separate younger people with disabilities from older handicapped people. The requirements of the Act stated that both the Health Service and Social Services hould make annual returns to the D.H.S.S. indicating the number of persons under retirement age who were accommodated with persons over 65 years. The voluntary initiative may be seen at this time less as a way of filling gaps in the statutory services more as a stimulant and pacesetter for new ideas.

In concern for the people still within large institutions the D.H.S.S. published a Government Paper 'Better Services for the Mentally Handicapped' (H.M.S.O.1971). This paper showed that in 1969, 52,100 in-patient beds were provided for adults and 4,850 places were provided by the Local Authorities within 'community' residential care, mainly in hostels.

Four years later a further report was published by the D.H.S.S. titled 'Services for the Mentally Ill' (H.M.S.O. 1975). The recommendations of the reports were to avoid segregation 'unreasonably from other people of similar age and from the general life of the community' and for hospitals to provide residential care not treatment. There were to be more opportunities for work and occupation and no large hospitals were to be built in future. These reports led to a further emphasis on the need for more community resources including hostels and other residential provisions. (Hospital resident population for this group was in the region of 200,000 at this time.)

The growth in the number of private homes for elderly people also led to the formulation of guidelines for standards of care for this group. These guidelines led to the creation of the Nursing Home Act of 1975 which authorised Health Authorities to register and lay down standards of care and accommodation.

In 1976, the D.H.S.S. set up a working party to consider the training of staff involved in the care of disabled people in the community. The Working Party on Manpower and Training for the Social Services introduced a Certificate of Social Services. It emphasised personal care and understanding the needs and attitudes attributed to disabled people and those who met and worked with them.

The Personal Social Services Council set up a working party in 1977 to look at the care within residential units. They discovered that even when good physical conditions were provided there could be other factors that reduced the quality of life for people within residential care. They highlighted the need for personal privacy, the need for opportunities for independent actions and control over personal life. The working party produced a paper, 'Residential Care Reviewed' (1977). No action appears to have been taken as a result of this paper and the Council itself was disbanded in 1979.

The provisions of care for people with a mental disorder were restated in the National Health Service Act 1977 which clarified the responsibilities of the Social Services Department as distinct from those of the Health Authority. This Act incorporated the directions given by the Secretary of State in the D.H.S.S. Circular 19/77.

Further encouragement to the development of community services was also given by the Government to a paper entitled, 'Priorities for Health and Personal Social Services', (H.M.S.O. 1976). To facilitate the development of community-based provision, the Government allocated special funds to be administered by Area Health Authorities, but spent only on projects jointly agreed by both the Health Service and the Personal Social Services.

A year later a Committee of Enquiry was formed, chaired by Mrs. P. Jay, to consider the care given to people with a mental handicap. The final report, 'The Report of the Committee of Enquiry into Mentally Handicapped Nursing and Care' (H.M.S.O. 1979), urged a thorough revision of the type of training given to staff responsible for the care and development of mentally handicapped people. After a delay of over two years, the Government decided not to accept the main recommendations. The institutional provision and staff training and management of services remained virtually unaltered. There were to be no additional financial resources and it appeared as if the problems highlighted by the report would remain.

Financial factors were a major feature in the development of services in the 1980's. Cuts to Social Service budgets in 1979 led to uncertainty. By 1980, disabled individuals needing a residential care placement could no longer be certain that even if a suitable vacancy could be found, the Local Authority would agree to accept responsibility for meeting costs. The National Assistance Act

(1948) appeared to lay a mandatory obligation on the Local Authorities to provide residential accommodation for disabled people unable to cope in their own homes (Sect.21). It was discovered that when financially inconvenient, the fulfillment of this obligation could be ignored or delayed indefinitely. For the Health Departments too, the provision of alternative residential accommodation was considerably restricted in 1980 as a £ 5.5m. cut in finance was imposed by Central Government.

The transition therefore from accommodation within the institutional hospital to smaller residential units was neither absolute nor uniform throughout the country and although the legislature has altered fundamentally since 1948, the reality of care for many disabled people in the 1980's remains practically unchanged.

Scull.A. writes in 1989;-

> The old, rural order handled its lunatics and others in need of care, like most other things, in the household. Industrial society created what were called 'manufactories of madness'. Late capitalism 'frees' the mad as part of an enterprise ethic'. In America at least, the mentally incompetent have largely been turned over to the private sector, thereby returning full circle to the old 'trade in lunacy'. (Scull.A. 1989).

Britain appears to be proceeding in this direction. All policy changes were interwoven into the social and economic factors of the period in which they were created. Without these factors, new concepts could not be translated into action. The movement towards community care has been criticised for its lack of concern for people with disabilities after discharge from hospital care. Ex-patients are appearing in the statistics as prison inmates and homeless vagrants. The question remains as to whether care based once again in private households can form a model which will continue to meet the needs of the users.

## 3.2. DEVELOPMENT OF CONCEPTS OF COMMUNITY CARE

The 'new', residential services which were designed to eradicate the 'evils' of the Institutions, much in the same way that the institutions were built to transmogrify the evils of the workhouse, had varied success. However, it is in the consideration of earlier models of care that concepts can be drawn to improve the quality of care for people in the future.

Individuals accommodated within Health or Social Service residential units included a cross-section of people ranging from those with the most severe handicaps to people who could manage with minimal support. The staff levels and often the care given were nonetheless uniform within each establishment, meals were provided, rooms were cleaned, clothing washed and ironed and daily

routines standardised. Such placements did not take account of individual need and may have increased the dependency of people placed.

The Theory of 'Ecological Press', a hypothesis by Nahemow, considered this possibility. It was stated that;-

> Negative outcomes occur when environmental demands are either too high (stress) or too low (deprivation) for the individual. It appeares that moderate levels of demand that are slightly higher than the adaptation level are stimulating and result in maximum performance while levels slightly lower are supportive resulting in maximum comfort.(Nahemow, L. 1973).

More recently when looking at comparative groups of elderly people living in their own homes and those in hospital Spackman found that;-

> It is also possible that being in hospital leads to loss of confidence in completing self-care tasks. Certain tasks do not have to be undertaken and the elderly person's independence and confidence is undermined. (Spackman, A.J. 1982)

The lack of match between care offered and care required has been noted over a considerable period. In 1970 the Welsh Office reported that:-

> twenty-five percent of those in Wales currently living in staffed homes for the mentally ill and 66% of those in unstaffed group homes were capable of living in less sheltered type of accommodation. This represented a total of 1,795 residents who were regarded as capable of living in some form of alternative living accommodation. (Department of Health and Social Security and the Welsh Office Report 1970).

Research studies undertaken on behalf of the elderly also indicate that although it is difficult to gauge definitive numbers there were elderly people who were inappropriately placed in overly restrictive environments. One study estimates that:-'In the region of 45% of residents in Part III (Homes for the Elderly and Younger Physically Handicapped) are able to look after themselves with minimal help. (Department of Health and Social Security (1970)'.

A report of a study of various means of caring for dependent elderly people in eight London Boroughs stated that:-

> It is notable that nearly one-third of residents in Homes were rated as having very high capacity for self-care. Also that 18% of the sub-sample of residents in sheltered housing could have been discharged to private dwellings with no additional burden being placed on the domiciliary services. However, 23% required additional help. Social Workers on the survey estimated that 57% of those on waiting lists for Part III, but currently living on their own homes, required urgent care within Part III. (Plank, D. 1977)

Not only are inappropriate placements likely to cause loss of independence for some people but they are also economically non-viable. Other recent research studies have measured the level of disability and behavioural factors of residents in a variety of settings in order to consider the economic factors involved. Felce states:-

> The large hospitals still cater for a substantial number (average 39%) of relatively able adults who live largely independently in wards with low staffing allocations. Adults of this level of ability comprise on average only 22% of the community units and 24% of the small house population. Adjustment for occupancy and the

> absence of very able adults, who would require lower staff:adult ratios, show the small houses to be a feasible economic alternative to hospital provision. (Felce, D. 1986)

The above research examples suggest that people are likely to benefit most from residential placements that offer good physical surroundings, habilitative services and sufficient challenge and support for each individual level of competence. The importance of offering placements that reflect these criteria are vital.

At the core of the philosophy at this time was the 'principle of normalization'. Nirge phrased the principle as follows:-

> making available to the mentally retarded patterns and conditions of everyday life which are as close as possible to the norms and patterns of the mainstream of society.' (In Kugel, R. and Wolfensberger, W. 1969)

The principle was to have far reaching effects on the care of people with a mental handicap and later to be generalized to include people with any disability. In England the principle was expanded and 'translated' for British use by Tyne on behalf of the Campaign for People with Mental Handicaps. (O'Brien, J. and Tyne, A.(1981)

One outcome of the work of Tyne and other advocates of 'normalised' settings for people with a mental handicap was 'The Report of the Development Team for the Mentally Handicapped'. The team requested more community facilities for people 'now in hospital care', more training and assessment for staff and residents and queried the future role of long-stay hospitals for people with disabilities. However the report concluded that, 'hospitals would continue to provide services for those who cannot be coped with in a community unit.' (National Development Team Second Report (1980).

Also during 1980 the King's Fund Centre published 'An Ordinary Life'. This report highlighted the impact of locally-based residential services for people with a mental handicap. It discussed the use of existing social networks and an entitlement for users to gain access to general services in the community. It recommended less restrictive settings and a flexible range of facilities and saw staff attitudes as more important than the standards of buildings. (King's Fund Centre 1980).

Other reports followed, notably 'Mental Handicap: Progress, Problems and Priorities. A Review of Mental Handicap Services in England since the 1971'. (D.H.S.S. 1980). This report laid emphasis on the need to develop a range of residential services within the community which matched as closely as possible 'normal' accommodation provided in the local neighbourhood.

By 1981 the Government had produced two documents, 'Care in Action. A Handbook of Policies and Priorities for the Health and Personal Social Services in England'.(D.H.S.S. 1981) and 'Care in the Community. A Consultative Document on Moving Resources for Care in England.' (D.H.S.S.1981). These

papers extended the Joint Finance arrangements and provided for the possible transfer of funds from Health Authorities to Social Service Departments in advance of the planned closure of hospitals.

A consensus had emerged on the advantages of community living for the majority of people with a disability and the desire to place people in settings which offered good physical surroundings and habilititive services. As these findings were accepted from both an economic and a normative perspective, the possibility grew that Health Authorities and Social Services Departments would seek alternative forms of residential care which matched both the ability of clients and requirements of staff time. These units could be both economically sound and also maximise the abilities of clients by offering sufficient challenge and support for each individual level of competence.

## 3.3. DEVELOPMENT OF 'BOARDING-OUT SCHEMES IN ENGLAND AND WALES

There appears to have been no organised development of assisted lodgings or adult placement schemes in England and Wales but rather an ad hoc development that has been in progress during the past thirty years. This trend is mirrored in the United States. Mc.Coin (1981) in a report titled, 'Adult Foster Homes. Their Managers and residents' considered information from fifty States and estimates that the numbers of people in adult foster care had doubled from 1964-1979 to approximately 61,000-64,000. (Guardianship schemes were an earlier form of assisted lodgings and have boarded out handicapped people for over 100 years. Boarding out, as an organised activity of finding accommodation for dependent adults in caring private households, is not a new idea).

Early research papers date from the 1960's, notably 'Boarding Out Old People,'(N.C.C.O.P. 1959) and three papers entitled 'Boarding Out Schemes for Elderly People.' (N.O.P.W.C. 1960, 1966 and 1969). A comprehensive review of the British literature on generic assisted lodgings schemes exists in 'Assisted Lodgings for the Elderly.' (Greve, J. 1981)

However, in the last 15 years there has been more determined development of alternatives to residential care and a revival of interest in placement schemes. In 1977, M.I.N.D. published 'A Room to Let,' a report on nine Social Services Lodgings Schemes. (M.I.N.D. 1976). This report outlined schemes which included placements for people with mental health difficulties.

Also during that year Thornton and Moore (1980) in a paper, 'The Placement of Elderly People in Private Households: Analysis of Current Provision.', attempted to identify all agencies in England and Wales operating

assisted lodging schemes for elderly people including information on the numbers of elderly people served by these schemes and their characteristics. The paper considered 23 schemes which had been located by 30th April 1980. Twelve of these schemes had commenced in the 1950's or 1960's and lasted for periods of between six and twenty-two years.

Hampshire County Council was responsible for one of the few local authority schemes of that period and was by far the largest, placing nearly 500 people of average age 74 years, over four years in the mid 1960's. Surprisingly Hampshire's current adult placement scheme is not part of the survey although there were fourteen placements of elderly people made in 1979 and 1980. This may have been due to the difference in the title of the Hampshire scheme or the emphasis on placements for mentally disordered people in the early years of the scheme. In view of the similar numbers of placements made by other schemes that were part of the survey (average placements were in the region of 6 to 7 people per year) the Hampshire scheme would have usefully been included.

Other important reports at this time included 'A Short Term Family Placement Scheme for the Elderly', (Leeds City Council 1979) and the 'Family Homes for the Handicapped: Report to D.H.S.S,' (Penfold, M.E. 1980). Short-term placement schemes were also of interest. One report looked at three such schemes, in 'A Home from Home?' (Leat, D.1983). The report refers to a survey conducted by Tait entitled 'Report of the Findings of a Questionnaire Survey Conducted Among Local Authorities in England of Adult Boarding-out Schemes' (Tait, E. 1983), which suggested that of 107 Authorities, only twelve operated generic schemes, and a further eleven operated a scheme for the elderly only. Thirteen other authorities were considering a scheme and another six had schemes shortly to commence.

Since the early 1980's increased interest in ways of providing residential care in the community and the acceptance of a general policy to reduce the numbers of people placed in long-stay hospitals has resulted in the emergence of a number of schemes for specific client groups. Although there have been a number of articles concerning placement schemes in social service journals there is little research into the effectiveness of the service in meeting the needs of the users. Neither has there been any work on the scope of the schemes for all client groups or on the quality of life for people in the placements. Accurate evaluation of a service that is dispersed in the community and is 'hidden' from public view, is difficult , a possible reason for the lack of previous research which systematically evaluates the users and carers within such schemes.

## 3.4. THE AIMS OF OTHER PLACEMENT SCHEMES IN ENGLAND AND WALES

Other schemes in England and Wales refect some of the concepts outlined above. They tend to be brief in their statements of aims and to give operational rather than client centred objectives. The following samples were taken from policy documents from a range of schemes throughout the country. The comments reflect Local Authority and Voluntary Schemes and those which place a variety of client groups.

> The scheme attempts to fill the gap between institutionalised living and complete independence (or isolation) for adults requiring some degree of supportive accommodation in the community. It seeks to develop access to a range of accommodation which offers varying support, for example;- bedsitter with minimal support from an interested landlord/lady, flat sharing with a more responsible adult, supportive lodgings with meals provided, family foster care.' (London Borough of Brent. Adult Homefinding Scheme)

> 'The scheme will provide short-term accommodation, usually two weeks at a time for an elderly person in a Carer's home, either for;-
> **Respite**. This would allow the relatives who normally look after an elderly person in the community to have a much needed break or holiday from caring, or,
> **Rehabilitation**. This would be where an elderly person had been in hospital and needed some extra care and supervision, but not medical attention before they could return to independent living in the community. (Buckinghamshire County Council).

Thornton, reporting from his survey, found that:-

> The objectives of the schemes vary considerably and are often inadequately elaborated; underlying assumptions often are unexplained. Most agencies are trying either to improve the range or number of care places or to provide a 'better' service for elderly people in comparison with existing provision. Very few schemes state the specific outcomes for the clients which can be expected from family placements, (op cit).

He continued:-

> From the 23 schemes considered 'only a handful of schemes state the specific outcomes that an be expected from family placement:
> - opportunities to enhance the 'quality of life in old age.
> - allowing the client to 'develop his potential to the full.
> - prevention or control of deterioration.

The authors conclude that 'it was clear that many agencies have taken operating a scheme as their aim and looked at what they aim to achieve as a secondary consideration. The work by Thornton and Moore indicates an acknowledgement that placement schemes set up later than the 1960's generally have aims other than purely operational, to be utilized to improving the resources available for clients and offering a 'better' quality of care for adults who need some support to live in the community. However, it is assumed that care will be of a high order without any indication of how this will be achieved.

> The Family Placement Scheme was an arrangement whereby adults with a mental handicap were taken into the homes of alternative families in the community who were able to provide them with a stable, warm, family environment, for short or long term care. This was not to be confused with some forms of board and lodgings with landladies, but it offers the client the opportunity to participate in the life of the family. Carers take on the responsibility not only for the physical and emotional well-being of clients, but also may be expected to help them develop towards greater independence (West Glamorgan County Council. Adult Family Placements 1984).

## 3.5. SAMPLE SURVEY OF PLACEMENT SCHEMES IN ENGLAND AND WALES

### 3.5.(i) Introduction

Earlier researchers had found little conformity between various placement schemes beyond an aim to provide accommodation in the home of someone willing to provide more support than would normally be expected in a tenant/landlord relationship. (This definition, later to be accepted by the Department of Health and Social Services, formed the basis of enhanced benefits for people using such schemes.) The degree of care offered or the requirement for other than merely physical care depended on the scheme and the client group seeking accommodation. Thorton and Moore (1980) refer to the 'diversity of stated objectives among schemes'.

Although placement schemes in other counties were both in progress and being considered, it was difficult to ascertain whether the aims of schemes that were functioning in the 1980's had altered in any way to the rather scant findings of previous research documents. In order to consider the objectives of schemes that were being introduced or were continuing to offer a service a sample survey was undertaken of the Counties in the South of England and Wales and some of the London Boroughs.

Thirty four participants had been accepted for a conference held at Southampton University arranged by officers of the Hampshire adult placement scheme. These participants were all involved in adult placement schemes or were interested in the concepts of such schemes and came from a wide variety of organisations throughout England, with a predominance of participants from the south of England and London. There were a total of twenty-three organisations represented, including nineteen local authorities (eleven Counties, six London boroughs and two metropolitan districts), two health districts and two voluntary bodies represented. As the aim of the survey was to consider the objectives of

schemes which were not known to the author Hampshire was not included in the survey. (See Appendix A. Questionnaire.)

**3.5.(ii) Response to Questionnaire**

The responses given to the first question highlighted the difficulties inherent in an emergent resource which had no systematic framework. Eighteen respondents stated that there was an adult placement scheme in their area with sixteen stating that there was no such scheme in their area. Respondents representing four areas disagreed over whether there was a scheme in their area or not and one respondent asked for a definition of the term 'Adult Placement.' He stated that the county for which he worked 'did not have a scheme similar to Hampshire but did have family placements of various sorts.' The differences in opinion as to whether the respondents considered that they had an adult placement scheme in their area appears to be a matter of definition. (Within the context of this study an adult placement scheme is defined in the Introduction (1.A.Outline) as 'a specific part of an organisation which has aimed to set up a service to provide care, board and accomodation to adults with disabilities or elderly people, on a short-term or long term basis, within family homes in the community.')

**3.5.A. Organisations with Current Schemes**

Some indication of the dispersed development of schemes in the country is shown in the range of organisations represented at the conference. To consider this range and the proportion and variety of participants who had current schemes in their area, the following table has been included.

**Table 3.5.A.(i) Adult Placement Scheme**

| | Yes | No | Unsure | Total Organisatio |
|---|---|---|---|---|
| London Boroughs | 5 | 1 | - | 6 |
| County Councils | 4 | 3 | 4 | 11 |
| Metropolitan Borough | 2 | - | - | 2 |
| Health Districts | 1* | 1** | - | 2 |
| Voluntary Bodies | - | 2 | - | 2 |
| Total Organisations | 12 | 7 | 4 | 23 |

* Within County councils ** Within London boroughs.

There were twelve schemes in progress (eighteen individual respondents), seven organisations which were not currently providing a scheme and four organisations were unsure whether the service they provided could be classified as a scheme. Nine of these were planning to set up a scheme in the future (1 London

Borough 7 County Councils and a Health District) although one senior member of a local authority stated that there was no scheme planned despite a colleague having answered positively. Neither of the two Voluntary Bodies were planning to commence a scheme.

The organisations with a scheme included long-term schemes which could include short-term placements, and short-term only schemes. Four respondents stated that the main difficulty preventing the setting up of the scheme was that of securing adequate finance, for example:-

> 'I feel so far we have not fully appreciated the financial implications and as a result of the conference will need to rethink the scheme.'
>
> 'I cannot see how to set up a scheme without some financial commitment from my county'.

### 3.5.B. Long-term Schemes

From the 12 organisations with current schemes, ten had long-term schemes in their areas (five long-term only and five schemes with both long and short-stay) and targeted the following client groups.

**Table - 3.5.B. Client Groups Placed**

| **Organisations with Schemes.** | **A** | **B** | **C** | **D** | **E** | **F** | **G** | **H** | **I** | **J** | **Total** |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Mental handicap. | * | - | * | * | * | * | * | * | * | * | 9 |
| Mental illness | * | - | * | * | * | - | - | - | * | * | 6 |
| Recovered from mental illness | * | * | - | * | * | - | * | - | * | * | 7 |
| Physical handicap | * | * | - | * | * | - | - | - | * | * | 6 |
| Elderly | * | * | - | * | * | - | - | - | * | * | 6 |
| Elderly and physically frail | * | * | - | * | * | - | - | - | * | * | 6 |
| Elderly and mentally disordered | * | * | - | * | * | - | - | - | * | * | 6 |
| Multiple handicaps | * | - | * | * | * | * | - | - | * | - | 6 |
| Vulnerable young. | - | - | - | - | - | - | - | - | - | * | 1 |
| **Number of Client Groups Placed** | 8 | 5 | 3 | 8 | 8 | 2 | 2 | 1 | 8 | 8 | |
| Meetings to support placement | * | * | * | * | * | * | * | * | * | * | 10 |
| Regular client attendence. | * | - | * | * | * | * | * | * | * | - | 8 |

A wide range of client groups were placed by the schemes.
From the ten schemes in progress at the time of the survey, only one scheme restricted their placements to a single client group and six schemes placed over four groups of disability. The mentally handicapped group were targeted most frequently and the vulnerable young were only placed by one scheme.

As these schemes had emerged without a nationally accepted framework, it was interesting to note that all the schemesoffered meetings to review and support the placements. In eight of the schemes clients attended the meetings on a regular basis. Two schemes were stated to be in the initial stages only, four

schemes were considering an extension of the scheme to other client groups and two short-term only schemes were considering extension to a long-term scheme. It appears that schemes had a general tendency to increase both the range of disability groups that were placed and the options concerning the length of the placement once the schemes became established. (This tendency was also apparent in the Hampshire Scheme [4.1.(vi)].

One of the respondents stated that a national code of practice was required and another that the questionnaire had stimulated some different ideas that could be incorporated into a developing scheme. A further respondent commented that the review of clients in their area needed further consideration. It was also suggested that staff were required in all schemes with specific reponsibility to maintain and develop the schemes.

### 3.5.C. Short-Term Schemes

One local authority and one health district had short-term care schemes only and five local authorities had both long and short-term schemes. The following table considers these short-term schemes.

**Table 3.5.C. Client Groups Placed in Short-Term Care Schemes**

| **Organisations with schemes** | **A** | **B** | **C** | **D** | **E** | **F** | **G** | **Total** |
|---|---|---|---|---|---|---|---|---|
| Mental Handicap | * | - | - | * | - | * | * | 4 |
| Mental Illness | * | - | - | - | - | - | - | 1 |
| Recovered from Mental Illness | * | * | - | - | - | - | - | 2 |
| Physical Handicap | - | - | - | - | - | * | - | 1 |
| Elderly | - | - | * | * | * | - | - | 3 |
| Elderly and Physically frail | - | - | * | - | * | - | - | 2 |
| Elderly and Mentally disordered | - | - | - | - | - | - | - | 0 |
| Multiple Handicaps | - | - | - | * | - | * | * | 3 |
| Children with special needs | - | * | - | - | - | - | - | 1 |
| **Total Number of Groups Placed** | **3** | **2** | **2** | **3** | **2** | **3** | **2** | **17** |
| Meetings to support placements | - | * | - | * | * | * | - | 4 |
| Regularly client attendance | - | * | - | - | - | * | - | 2 |

The range of people placed was more restricted than in the long-term schemes, with the seven schemes placing no more than three client groups each. However, as in the long-term schemes, people with a mental handicap were the group placed most frequently. Whether this is indicative of a national trend or whether it was acknowledged that the Hampshire scheme was primarily placing people within this client group and members of the conference had attended because of an interest in this particular group is uncertain. Short-term / respite were also less committed than the long-term schemes to arranging meetings to

support the placements and the possibility of clients being involved in the meeting was limited to one county. One other respondent stated that clients attended meetings if they were recovering from mental illness but the elderly scheme in the same county had no such provision.

### 3.5.D. Reviews

Out of seventeen schemes in progress, (ten long-term schemes and seven short-term schemes) fourteen held meetings to support the placement. All meetings discussed the placement, holiday and respite care, leisure, opportunities to learn new skills and links with family and friends. All but one scheme discussed day care/work, education, heath and opportunities to continue with present skills and all but two discussed transport. The one long-term scheme which did not invite the clients to the meetings was the only meeting attended by a hopital consultant and was a scheme based in a hospital.

The other short-term schemes not inviting clients to meetings offered a support group to which all carers were invited and specialist speakers were sometimes included. Although these meetings could be classified as 'meeting to support the placement', they were not review meetings. In requesting information on reviews for clients there was an apparant need for clarification of the term. The following table considers participents of the review meetings and the regularity of their membership.

**Table 3.5.D. People participating in Reviews**

| | Regularly | Sometimes | Rarely /Never | No Meeting | Total |
|---|---|---|---|---|---|
| The client | 9 | 2 | 3 | 3 | 17 |
| Carer | 10 | 1 | 3 | 3 | 17 |
| Social Worker | 10 | 3 | 1 | 3 | 17 |
| Staff Day care | 6 | 6 | 2 | 3 | 17 |
| Carer Respite Care | 4 | 7 | 3 | 3 | 17 |
| Community Team | 1 | 6 | 7 | 3 | 17 |
| Consultant | 1 | | 6 | 3 | 17 |
| G. P. | 0 | 4 | 10 | 3 | 17 |
| Relative of client | 3 | 8 | 3 | 3 | 17 |
| Close friend | 1 | 6 | 7 | 3 | 17 |

The table shows the number of meetings attended by a range of people who may have had an interest in the placement. As indicated in tables 5.3.B. and 5.3.C, the client was not always present at these meetings and in some schemes neither the carer nor the social worker attended. However, these people generally attended although the responses give no indication as to the level of participation

encouraged by each participant. In retrospect, an indication of user participation could have usefully been included in the questionnaire.

### 3.5.E. Support

Considerable help was available for both carer and client in most of the schemes that had been established, withall authorities offering social work support/counselling by the scheme officer and project team. One individual commented:

> Care/client support is given by physiotherapists and speech therapists, education support tutors, rural training scheme social workers, and family placement officer to give support to both carer and client prior and during placement covering all aspects of day care, training of carers, practical and theoretical input.

All long-term schemes offered support to the clients placed. The social worker was identified by ten organisations as being the prime person responsible for offering help, with the community nurse offering support in three local authorities. Nine schemes indicated that support was given by a social worker and a community nurse or a social worker and one other specified person. One authority offering care to all groups of clients stated that there was group support from the community team and another that hospital staff were available to give care to all groups of clients. Three organisations highlighted the importance of day care for clients. One authority offered practical help for clients in the home and another specialist health assistence.

All organisations supported the carer, with thirteen organisations using the project/scheme social worker and four using the social worker for the client. Two organisations suggested that carer group meetings were a 'considerable support' to the carer and six schemes offered training for carers.

#### 3.5.E.(ii). Support - Finance

Three organisations mentioned financial support as being the most important area of support needed. All authorities stated that there was additional finance which could be given to carer and/or clients which was supplementary to that given direct to clients by the Department of Health and Social Services although one London borough responded that only 'a minimal amount of extra finance was available if absolutely necessary'.

Finance was highlighted as critical for many organisations. Thirteen out of seventeen schemes had finance available for additional support. Monies were equally available from Social Services or Joint Finance (Social Services and Health) with one organisation using Department of Health and Social Services monies only. Five organisations stated that there was very little money which was

difficult to obtain. Some organisations indicated the purpose for which the finance might be used.

**Table - 3.5.E.(ii). Use of Additional Finance**

| Use of finance | Number of responses |
|---|---|
| Introductory visits | 3 |
| Holidays and clothes | 1 |
| Specific client groups only | 1 |
| DHSS shortfall or delay | 1 |
| Supplement carers | 2 |

Although not all organisations answered this question, it appears that there existed a variety of purposes for which finance could be used. Some schemes suggested that monies were only available for emergencies which were requested on an individual basis.

3.5.E.(iii) Support - Conclusion

As indicated by the variety of social work and financial support, given to carers and clients and the varying importance given to that support, there was considerable diversity in the ways in which the aims of the schemes were implemented. This diversity may also indicate that management policy lacked definition when translating concepts into practice.

**3.5.F. Aims**

When the respondents were asked to indicate the aims of their scheme, their responses concentrated purely on organisational aims with no instances of client based aims. (See discussion of Aims of Other Placement Scheme 3.4.) Six organisations stated that their schemes offered a 'long term alternative to residential care' and three that the schemes offered 'short-term care in the community'. Three respondents stated that the schemes offered 'an alternative to hospital care'. Although some respondents gave comments to the first section of this question, there were more responses given when respondents were asked to indicate the relative importance of the aims of their scheme.

**Table - 3.5.F. Important Aspects of the Scheme**

| | Number of responses (2 possible) |
|---|---|
| Individuality in range of placements. | 4 |
| Flexibility | 7 |
| Increased client choice. | 5 |
| Relationship between client and carer | 3 |
| Ongoing support to client. | 2 |
| Support to families caring for people with disabilities | 2 |
| Increased quality of life. | 6 |
| Joint relationship between health and social services. | 2 |
| Scheme too small or new to comment. | 2 |

Although the most important aspect listed was flexibility, which could be clasified as an organisational aim, increased client choice and quality of life were also considered important. (These were both client based aims and may indicate tendencies discussed in section 3.4. of this chapter. One respondent replied that she valued:

> the one to one care, the generous spirit in which care is given and the remarkable change for the better both in client and/or carer that the short-term care scheme achieves. Job satisfaction is high.

She was the only respondent to comment on the breakdown of placements and stated that the only breakdowns she encountered were due to insufficient information on client behaviour which caused the host family to request removal of client, or to the client's serious illness requiring hospital care.

### 3.5.G. Accommodation

When asked the type of accommodation that the schemes offered thirteen organisations stated that 'family care' was provided although four schemes offered 'family care and flats or lodgings'. No scheme offered lodgings only. Therefore, there appears to be a consensus that solely providing lodgings does not constitute an adult placement.

### 3.5.H. Organisation

Respondents were also asked to suggest two attributes that contributed to the smooth working of the scheme in their area.

**Table - 3.5.H. (i) Organisational Factors (two comments possible)**

| | |
|---|---|
| Managerial support. | 3 |
| Good administration. | 3 |
| Efficient and effective finance. | 2 |
| Team work between Health and Social Services. | 6 |
| Specialist worker - time for input to client. | 9 |
| Specialist worker - time for support and selection of carers. | 3 |
| Communication with carers. | 2 |
| A good understanding of families. | 1 |
| Good liason with referrers. | 1 |

The majority of the respondents suggested that the specialist social workers offered the most positive contribution to the smooth running of the schemes; however, it must be noted that approximately one half of the respondents were social workers. The respondents commented that the social workers were often used to maintain the carer imput, for example, recruiting and selection of carers was part of the work of the social workers in three of the above schemes. Presumably team work between health and social services staff was of greater importance to those schemes working within a hospital setting.

Respondents were also asked to state the biggest organisational problems encountered.

**Table 3.5.H.(ii). Negative Organisational Factors**

| | |
|---|---|
| Lack of managerial support. | 5 |
| Inadequate administration. | 2 |
| Finance unsecured, non-mandatory, inefficient. | 8 |
| Team work - different values and perceptions. | 4 |
| Under staffed - lack of time for client. | 2 |
| Negative attitudes from colleagues. | 4 |
| Social workers not allocated to teams. | 2 |
| DHSS liaison. | 6 |

These reponses were varied but financial difficulties were suggested by eight of the organisations. It is therefore interesting that finance was not considered of major importance in table 5.H (i).

Three long term schemes commented in the final section of 'any other factors' that 'there was a need for greater co-ordination between different sections to form a centrally administered scheme'. The model given of the Hampshire scheme may have suggested possiblities of a more unified approach to adult placement.

## 3.5.I. CONCLUSION

3.5.I.(i). Definition

One of the main difficulties in discussing an adult placement scheme is the vocabulary and language available. It is still varied and open to interpretation and indicative of an area of work still in its infancy. There exists no clear understanding of the concept 'Adult Placement' or of the terms 'Adult Placement Officer', 'Carer', or 'Adult Placement Review/Meeting'.

Several respondents from the same county disagreed as to whether they had a scheme or not, a point which appears to be a result of the terminology of the subject. The nomenclature of the professional supporters of the scheme is also extremely varied.

This caused considerable difficulty in writing the questionnaire and in analysing the completed questionnaires. There were, for example, seven nomenclatures for development/project officers and nine nomenclatures for placement officers. 'Social worker' and 'senior social worker' were the only two titles which were shared by other respondents.

As the respondents had all shown interest in the topic of adult placement and had spent a day at a conference on the subject, it was assumed that this group of people would have an understanding of the basic terms required to discuss such schemes. In retrospect it is shown that this assumption should not have been made.

3.5.I.(ii). The Schemes

Apart from two respondents from the voluntary sector, all the participants were involved in a scheme or were anticipating setting up a scheme. The schemes were dispersed throughout the country and organised by a variety of government departments. Schemes either arranged long-term placements, with some short-term placements or were short-term only.

3.5.I.(iii). Finance

A common theme throughout the responses was the difficulty of securing adequate finance and the importance of finance in creating and maintaining a scheme effectively. Finance was vital to the creation of an effective service and inadequate finance was seen as the most important negative organisational factor. All scheme finance was seen as complementary to that given by the Department of Health and Social Services.

3.5.I.(iv). The Aims

The main aim of the schemes was stated as providing family care or a combination of flats, lodgings and family care in the community as an alternative

to residential or other institutional care. The most valued aspects of the scheme were the flexibility of the arrangements and the perceived increase in the quality of life and client choice.

3.5.I.(v). The Organisation

Several factors emerged as being most essential to the smooth functioning of the scheme, primarily the specialist social worker support. This could be managed either by an adult placement officer with responsibility for selecting and supporting carers and a specialist social worker responsible for the clients using the scheme, or a social worker who both organised the placements and gave support to the users.

Good teamwork particularly between the D.H.S.S. officers and Health Teams was another of the factors highlighted, as was managerial support and good administration. Lack of these factors inhibited the development of the schemes as did negative attitudes and different perceptions of the scheme held by colleagues

3.5.I.(vi). The Clients

The number of people placed in the schemes also varied widely. One individual social worker placed a small number of people with a mental handicap and was the sole support of the scheme with no access to finance. Other schemes were financially supported and had a team approach to the scheme including one scheme had two senior case-workers and 170 people in placement at the time of the survey.

The study shows that all client groups were placed throughout the various schemes both in long-term and short-term care schemes although the range of people was more restricted on the short-term only schemes. However, there were a higher number of schemes attempting to place people with a mental handicap.

None of the comments indicated that there were specific difficulties in placing people of a particular age, sex or disability. This may indicate that these criteria are not a major cause of difficulties to the arrangement of placements or that the highly selective nature of the schemes and the wide variation of extent indicated that difficulties were simply avoided.

3.5.I.(vii). Staff Support for Clients

The type of support for both clients and carers varied between and within schemes. All schemes offered social work support/counselling to the clients placed and offered some help to carers. This was provided by a specialist social worker whose support was also seen as the main and most effective means of enabling the scheme to run smoothly.

Most schemes offered professional help by a variety of people when required. Some schemes offered training of carers, a feature of three of the long-term schemes and six of the short-term schemes. Some short-term care schemes were able only to offer limited support due to lack of a specialist placement officer.

3.5.I.(viii). Evaluation

Schemes generally reviewed placements and a wide range of topics were discussed, but varied as to whether clients were encouraged to attend reviews. The lack of reviews offered by short-term care schemes appears linked to the lack of a specialist placement officer possibly causing a less co-ordinated service.

There were few comments on breakdowns in placements, the main causes stated were lack of information before placments were made which led to inadequate preparation of the carer. Other causes given were clients' illness leading to hospitalisation and lack of supportive finance.

There were also some very positive comments made concerning the contribution made by schemes to the care of users.

3.5.I.(ix). Comparison to the Hampshire Scheme

From the information given by the survey it is clear that the scheme in Hampshire is one of the most comprehensive in terms of both the number of clients and range of disabilities accommodated, although vulnerable young people were not encouraged unless they had a specific disability and no users under the age of eighteen were offered placements.

In line with the Hampshire scheme, five of the schemes in the survey offered both long-term and a short-term respite schemes but the survey does not indicate whether this included shared care with relatives and holiday and relief care. Type of accommodation in all schemes, including Hampshire, was sought in 'family' homes or in a combination of situations that also included flats and lodgings. Hampshire ceased placing users in accommodation other than family homes following changes in the county policy in 1984 (Type of Accommodation Chapter 5.3.H.).

The survey indicates that Hampshire County Council employed the largest number of support staff and the scheme was also supported by professionals from a range of agencies as were other schemes in the country. However, it appears to be one of the few schemes placing people from both the community and from either Health or Social Services residential placements.

Finance for the Hampshire scheme was the most generous both in amount and flexibility of use. The emphasis given by all respondents to the need for a secure and adequate financial basis for the schemes may be one reason for the

more rapid development of the Hampshire scheme. Following the extension of the scheme in 1983, additional staff were able to create a larger number of placements for use by clients of all disability groups. This financial stability also enabled the development of the two tier system of staff, adult placement officers who were responsible for the development and management of the scheme and the support of carers, and the specialist social workers who offered support to the users.

Like many other schemes the Hampshire scheme had a system of regular reviews, attended by a variety of people. However, as the type of reviews held in Hampshire varied throughout the county, it is difficult to generalise the areas of discussion included in these reviews.

One of the features included in three of the other long-term schemes and six of the short-term schemes in the survey which is absent in the Hampshire scheme is the systematic training of carers, although one division of Hampshire offered limited but regular training of carers and two divisions held regular support meetings for carers. The Hampshire scheme did not offer support groups for the relatives of users which was a feature of one respite care scheme.

3.5.I.(x). Adult Placement, A System or a Contrivance?

It is clear from the survey that without a recognisable set of terms it difficult, if not impossible, to discuss the concept of adult placement. The group of people attending the Conference were from agencies which were likely to be particularly involved in the placement of adults in the community and yet difficulties arose concerning nomenclature of both personnel working in the scheme and in the definition of what consituted an adult placement scheme.

Although individual family homes in the community had been used for the placement of disabled adults by social agencies for many years, the development of 'schemes' which concentrated on finding such lodgings appears to have been a more recent development (see Chapter 3.3.). The ad hoc development of these schemes reported by earlier researchers prior to the 1960's appears in the schemes in progress in the 1980's. The aims stated by these schemes vary considerably but all seek to increase the number of care places in addition to those offered by residential units. Statements outlining the purpose of the schemes often utilise descriptive language which conceals lack of objective goals.

The range of people accepted by the schemes in the survey, some of which were extremely restrictive in the number of placements provided annually, may indicate either an openness of approach whereby all of the few users who applied to the scheme were found placements, or that criterion for acceptance was so difficult to achieve that only a few of a vast number of applicants to the schemes were offered placements.

The survey also indicated that details concerning financial aspects of the schemes varied considerably indicating that areas such as administation and management often had little uniformity from one scheme to another. It was also clear from the respondents that each scheme had developed in an individual manner with little contact with other professionals developing similar services in other parts of the country. The call for a 'national code of practice' also highlighted the expressed need for some statement of purpose and some uniformity of aims and quality of service which could aid individuals attempting to establish placement schemes.

It is against this background of uncertainty and lack of agreement concerning the concepts of adult placement that the author agreed to undertake a detailed study of the Hampshire scheme. The study would include both the inception and development of the scheme over a period of several years in order to offer a model of one possible system which could be utilised by other professionals wishing to develop similar services. It has been indicated from the survey of other schemes that the Hampshire scheme does not represent a 'typical' scheme nor that the service offered has been refined to level that could represent the 'best' in the country. It is simply one system that utilises ideas drawn from various models which has had more opportunity to develop, in terms of finance, than most schemes currently functioning in the country.

UNIVERSITY OF SOUTHAMPTON

# ADULT PLACEMENT IN HAMPSHIRE - THE FIRST SEVEN YEARS

VOLUME 2 OF 2 VOLUMES

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APRIL 1993

**CHAPTER 6**



**CHAPTER 7.**



**CHAPTER 8.**

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# CHAPTER 4 THE HAMPSHIRE ADULT PLACEMENT SCHEME POLICY

## 4.1. THE INITIAL CONCEPTS OF HAMPSHIRE ADULT PLACEMENT SCHEME

### 4.1.(i) Introduction

Drawing on the research and philosophy of the time and their personal experience of social work, the adult placement officers' first task was to initiate a viable, cost effective, alternative to hospital and hostel care for adults. The scheme the officers were to develop was based on the 'boarding-out' system that had once been part of the range of service provision in Hampshire. The officers were to consider the previous boarding-out scheme and other similar schemes in progress in other parts of Southern England and the use of private family care to seek an option to residential care which could be part of the range of services offered by Hampshire to people with disabilities.

It has been stated (see 3.2.A.) that the dismantling of the asylums were partly due to humanitarian reasons; life spent in long-stay hospital wards lacked quality and often basic needs were not met, but also due to the 'private enterprise ethic' (Scull A. 1989), a political shift from community/government responsibility to the privatisation of care in which cost is a prime consideration.

It is suggested that Hampshire Social Services and Health Departments were only prepared to invest in a scheme which offered a service which would be cheaper than residential care. An acceptable scheme would therefore meet two goals;- one purely monetary in which an increase in the number of residential units could be achieved without the need to build expensive new hostels, the second an option which could be seen to offer an improvement in the quality of life for residents of long-stay wards. If the new scheme could also be seen to offer greater choice of residential provision to people with disabilities, the decision made by the County not to build new hostels but invest in a more client-centred resource could be fully justified.

Whatever the political reason behind the County's agreement to re-invest in a boarding-out scheme, the officers were committed to setting up a scheme that was of the highest quality. It is difficult to ascertain whether the general concepts of the scheme were based on theories that were prevalent during 1979 or that these opinions were a result of the collective personal views of the officers. It is probable that both were important.

### 4.1.(ii) Definition of the Scheme

'Adult Placement' consisted of the arrangement and provision of accommodation and care for people with a disability who could not or chose not to live on their own. The scheme was primarily concerned with linking the client in need of accommodation and care to the carer wanting to provide such a placement. This required a clear identification and statement of the needs of the client and a system that matched need and provision.

The scheme in Hampshire was to form part of a wide spectrum of opportunities for residential care and support in the community, providing scope for direct and individual contributions by members of the wider community whilst offering a greater choice for users.

In the Introduction to the Hampshire Adult Placement Scheme Policy document, the scheme is described as follows:

> The Hampshire Adult Placement (Boarding-Out) Scheme will cater for clients who are unable to live independently or with their families, and it will form part of the broader spectrum of residential provision, designed to meet the needs of the individuals. (Hampshire Adult Placement Working Document 1979.)

Primarily the scheme was to provide long-stay accommodation with a limited amount of short-stay accommodation for suitable clients. Long-stay was not defined by a time period but was considered to be in excess of the four week period which constituted a short-stay. The officers did not envisage that all users would need accommodation for life, rather that each user could participate in the scheme for as long as required. For some people this would be a period of several months in preparation for alternative, more independent placements. For others, a longer placement would be required that allowed a more settled life-style. (See Case Studies Janice.6.2.C.4 & Ann 6.2.C.6.)

There were also requests for planned 'respite' care which had arisen from the Hampshire Mencap Consultative Group. 'Respite' care is used here to indicate a support service for the families of disabled people who were caring for relatives in their own homes, by offering regular short-stay placements to the disabled person. This request was not included in the official Policy Document although the facility for short stay care was extended in 1983 to include planned breaks for users and their family carers (Analysis of Short-stay Placements 5.4.).

The aims were outlined in greater detail in the Working Document on the Adult Placement Scheme which accompanied the Policy, stated as follows:

> To enable selected clients to transfer from hospital or residential care and to provide appropriate accommodation for people who are currently living in the community but who have a need for an alternative living situation.
> To relieve pressure on local authority residential accommodation and hospital long-stay wards.
> To facilitate the discharge of patients from other areas of hospital care and/or prevent their re-admission to such institutions. (Working Document op.cit)

### 4.1.(iii) Definition of the Accommodation

Accommodation was to be found mainly, but not exclusively in family homes:

> Accommodation will be provided in family-type settings, boarding houses, and individual flats and bedsitters and limited to three placements per household. (Working Document op cit.)

Memoranda exchanged by officers at this time indicate that there were disagreements as to the scheme objectives. For example, the inclusion of 'Boarding Houses, flats and bedsitters' as an alternative placement to family homes was viewed by some staff as failing to offer sufficient support. Although this point was originally not accepted, later reviews of the policy in 1983 established that accommodation would only be acceptable in private family homes.

### 4.1.(iv) Finance

As suggested in the Introduction to this Section (4.1.(i)) the prime reason for setting up an alternative to residential care was financially based. The scheme was expected by the County:

> To be of comparative low cost.
> To provide a valuable and cost-effective alternative resource for the Social Services Department and Health Services. (Working Document op.cit.)

It was appreciated that to operate effectively, good back-up resources would be required. As indicated previously, Sections 3.1.and 3.2.A, finance is a major factor in the development of services. Therefore, to enable the scheme to develop, it was essential that it provided a financially viable alternative to residential care.

### 4.1.(v) Staff Roles

The adult placement officers would be primarily responsible for the establishment of a system that would identify and assess people who could offer accommodation and care and link adults with disabilities to these carers. The adult placement officer would offer support to the carer and the family regarding all aspects of the placement and continue to evaluate the placement.

Social workers would identify clients in need of accommodation and care and assist the adult placement officers in the matching of client to carers. The social worker would continue to offer regular social work support to the user which would be channelled to monitor the changing needs of the client and enable the client to develop and maintain a valued quality of life.

### 4.1.(vi) Definition of the Users

Initially, the scheme was to accommodate the mentally handicapped and former psychiatric patients although the Working Document indicated that 'as the scheme developed it is planned to include the physically handicapped and the elderly'. Subsequently the scheme was re-appraised in 1983, with the result that these two groups were fully incorporated and short term care was included as a specific part of the scheme. (The extension of placement schemes as they developed to include a wider range of disability groups and options concerning length of placement was evident in the survey of other schemes in England and Wales. [See 3.5.B.]).

As previously quoted, the policy aims show that it was envisaged that the scheme would enable selected clients to transfer from hospital or residential care and provide appropriate accommodation for people who were currently living in the community but who had a need for an alternative living situation.

### 4.1.(vii) Individual Client Needs

The placements aimed to meet individual needs by offering both emotional involvement, practical support and care at a level that was both supportive and stimulating. By concentrating on client need, placements were sought to 'include any specific requests made by the client and would be focused around the wishes of the client' (Hampshire Policy Aims 1979).

Such a scheme required a greater understanding of individual need before a placement could be arranged than, for example, a residential home as individual placements had to be assessed and matched for compatibility. The possibility of a close matching of needs highlighted the concept of respect for the uniqueness of each user.

### 4.1.(viii) Personal Relationships

Central within the placement concepts was the officers' belief that all people need and should be able to expect to be involved in close personal relationships. These relationships should provide affection, emotional and physical contact and should lead to people valuing themselves and being valued by others. Given this level of relationship, the emotional security engendered should offer a foundation for personal growth which would enable the development of other relationships.

The placements were distinguishable from other forms of accommodation in being able to offer the client a consistent one to one relationship with a named carer. It was anticipated that this relationship would be mutual but not necessarily

equal. The relationship would allow the carer and client to experience giving and taking and would benefit both people.

### 4.1.(ix) Community Based Accommodation

The scheme was designed to 'form part of a comprehensive community care programme and would offer a vital component of community care' (Working Document 1979). The scheme would complement the minimally staffed homes, group homes and sheltered housing projects which were already developing in close association with existing hostels.
The Working Document added the following paragraph:

> Adult Placement Officers will not be involved with the development of group homes but will need to keep themselves informed about them, as applications for boarding-out may be received from these sources.' (Working Document op cit.)

Research into care had indicated that remaining in the community is correlated to retaining skills and abilities. (See Development of Community Care. 3.2.A.) Therefore placements were sought which offered the opportunity to maximise skills without withdrawing the user from the community.

Adult placement gave the opportunity of using carers and their families within their own family home. This arrangement limited the number of clients to a maximum of three and allowed a carer:client ratio of at least one to three, often one to one when the family consisted of more than one person. This encouraged both consistent and individual attention.

### 4.1.(x). A Valued Life Style

In order to offer a valued style of living, the accommodation was provided in ordinary domestic homes. 'Domestic homes are valued in our society in as much as they form the most commonly used form of accommodation. There is no devaluing of the style of living. As such they contrast with 'institutional' living which is both devalued and elicits labelling.' (Stigma. Goffman.E. 1963)

Placements arranged in this way also aimed to offer clients the opportunity to live as part of the community and to merge into the close environment of the family without eliciting unnecessary comment or prejudice. Friends and neighbours known to the carers often became part of the network of the users and in many examples users added their own networks to those of the carers. Because users were living with and often socialized with non-handicapped people, it was easier for members of the public to consider them as individuals, avoiding labelling.

### 4.1.(xi). Choice

It was intended that users should have as much 'power' as possible in the management of their lives. A scheme which had no fixed style of accommodation or care and offered a variety of households, also offered the possibility of greater

choice. The scheme officers aimed to ensure that individual needs were met by providing a service that encompassed a variety of situations and a sufficient number of vacancies to enable a real choice to be offered. The range of placements was intended to enable the client to choose from a variety of life-styles and households. The placements were to be arranged with high regard for area and style of living.

Placements provided in ordinary domestic homes varied from a shared flat to a lodging arrangement with a family or sharing as an equal member of the family. The word 'family' was used to mean one single member, male or female, or a couple with or without children. This variety of family members enabled individual clients to have some choice regarding the level of interaction and had some bearing on the level of dependence or independence that was required. This range also aimed to offer a suitable combination of protection and independence, inter-dependency and privacy.

The time spent by users in placements was considerered to be an individual decision which would vary according to the needs of the users. The scheme would offer both long stay accommodation for periods in excess of one month and short-stay accommodation which would include stays of periods of less than one month.

**4.1.(xii). Evaluation**

The Working Document noted that confidence in this new service would be crucial to its development as shown in the following paragraph:

> Development of the scheme in the early stages must be gradual in order to gain experience and establish confidence between hospitals, hostels and care-persons. (op cit.)

The scheme also recognised that some clients had needs that were important but might not exist permanently. In order to incorporate these changing needs into the placements, a system of reviews would be required. Placements would also require careful monitoring to ensure that the quality of care was maintained.

The scheme therefore aimed to evaluate the needs of individual users, co-ordinate placements and provide on-going monitoring. Staff time was required to evaluate these aspects and to decide together with the user how to respond to and effect any changes that might be required.

**4.1.(xiii). Conclusion**

It was proposed that adult placement could offer a service that closely matched a client's needs, was dynamic and sensitive enough to vary the amount of care that was given to specific individuals and was financially viable.

The concepts were based on acknowledgment of the importance of beneficial relationships which could be developed within family homes which were

an integral and valued part of the community. The opportunity existed to maximize client choice and to increase client participation in the management of their lives.

In view of the wide variety of individual placements within every scheme, comparative research is difficult to achieve. However, if individual needs can be matched to individual solutions, the possibility of creating a high quality of care is increased.

People do not necessarily request a service or exhibit a need which will be required for life, some demands are both important and transitory. The scheme accommodated this theory which requires on-going evaluation of every user and every placement and the scheme was designed to allow for adaptation of provision. In the event of a placement failing to meet adjustments required there were options to change or discontinue the placement.

As each applicant to the scheme had differing requirements, the scheme needed to be flexible about the kinds of placements provided, the tasks carers undertook, the length of placement required and the resources offered. This approach of full assessment of need and flexibility of response went beyond the present systems of assessment undertaken for other residential services which had a more limited range of response. The adult placement scheme aimed to meet these criteria by seeking a range of accommodation and care which could be matched to the needs of the user, offering on-going staff time to both evaluate and support each placement. (See Case studies, 6.2. and Carer Studies, 6.5.)

Organised community placements were not a new phenomenon in the field of residential care for adults but a scheme that incorporated the concept of community placements, whilst encouraging close personal relationships with the concept of meeting individual need, thus developing a new branch of residential services for people with disabilities.

## 4.2. IMPLEMENTATION OF SCHEME

### 4.2.(i) Introduction

An identifiable philosophy, structure and procedure and an effective management and administration system were vital before embarking on the creation of placements and these were the first tasks that were undertaken in 1979 following the initial arrangement of joint finance and appointment of staff. As previously suggested, cost-effeciency was of prime importance to the County (Chapter 4.1.(i) and 4.1. (iv)), this section commences by considering the initial financial arrangements.

### 4.2.(ii) Financial Implications

The scheme was first considered in November 1977 by the social services committee finance panel and subsequently approved for joint financing with the area health authority. The initial estimated annual cost of the adult placement scheme was £38,000, which included the employment of three adult placement officers, clerical support, supplementation to the costs of the placements and publicity costs.

Although the actual cost of board and lodgings would be paid by the clients direct to carers, it was considered that the majority of clients would receive this money from personal allowances paid by the Department of Health and Social Security. It had previously been established that board and lodging payments with the additional allowances paid to people requiring care due to disability would in most circumstances be sufficient to meet this cost. However, under the provision of the 1968 National Health Service and Public Health Act, Section 12. Social Services Departments were enabled to supplement D.H.S.S. rent allowances.

It was also envisaged that there would be some costs that could not be met from this allowance and that for some users, administrative delay could cause financial difficulties. In these instances, supplementation was available to ease these problems. (The amount actually required in the first year for supplementation was one-third of the £16,000 allowed in the budget, although it was anticipated that this cost would inevitably increase as the number of placements rose.).

The scheme was considered to be cost effective if it made a contribution towards ensuring that pressure on residential hostel placements was reduced. If adult placement could offer accommodation and care to hostel clients, the hostels could then offer accommodation previously blocked by those clients who could cope in a less dependent environment to clients who had more dependent needs and who required residential care. As the scheme was envisaged as being complementary to rather than a substitute for fully staffed residential hostels, there was no direct financial saving assumed to be made by the closure of hostels, rather a reduced pressure on increasing hostel provision.

It was noted in early documentation of the scheme that;-

> 'The capital cost, excluding debt charges, of providing a 24 place hostel for the mentally handicapped would be in the order of £300,000 and the revenue cost, excluding debt charges, would be approximately £55,000 per annum.' (Working Document 1979)

This appears to indicate a relationship between the costs of the scheme and the savings made by not building any further hostels, particularly hostels for people with a mental handicap, and could indicate why the scheme developed towards placing people with this particular disability. (Analysis of Long-Stay Placements Chapter.6.)

### 4.2.(ii) Method of Operation

Three adult placement officers were appointed early in 1979 to cover a third of the County each. At that time, the Social Services Department was divided into three administrative divisions based around the main centres of population, Winchester and Basingstoke, Southampton and Portsmouth. The divisions were not equal in size of area covered but were approximately demographically balanced.

The officers'initial task was to consider the operation of the scheme and draw up policy and working documents. These documents were to include the necessary administration details from which to establish an appropriate alternative to residential care by locating family homes in the community.

The early months of the scheme were spent discussing the various methods, aims and objectives that could be established. In consideration of this, a survey of existing boarding-out schemes was undertaken and vists to other schemes were made. It was considered that the schemes then in operation were paramountly interested in locating accommodation for a range of people who were being discharged from hospital or required urgent placement due to current care in the community breaking down. The quality of such placements was not considered by the officers to warrent duplication, contradicting findings collated in the same period by Thornton and Moore that:-

> the early schemes (pre 1970) tended to meet primarily care and accommodation needs while those set up post 1970 used the resource of the caring private households in a more imaginative and flexible way. The investment of social work skills is greater in recent schemes and an approach similar to that used in special or professional fostering is often incorporated. (op.cit)

The small survey undertaken by the officers in 1979 may not have been of sufficient size to offer the same perspective of schemes functioning at that time to that undertaken by Thornton and Moore. Nonetheless the survey demonstrated that additional ways were required to ensure that both a 'reasonable' standard of accommodation and a high quality of care were achieved.

The child foster care model which attempted to combine both quality of care and individual placements for people in the community was preferred by the Hampshire officers. Consideration was given to establishing a scheme that was similar to that of fostering but gave emphasis to the matching of carer and client, a characteristic not inherent in the child foster care model. The adult clients were often capable and experienced in making their own decisions about their choice of accommodation and life-style and it was hoped that the matching process would

result in fewer cessations of placements than that demonstrated by the child fostering model.

Due regard could be given to the individual abilities of the adults who would be using the scheme and the need to maximize the strengths of each person. It was also considered by the officers that adults were generally more established than children in having formed a style of living and emphasis could be given to maintaining that style.

By April 1979 the social services senior management team had agreed a Policy and Working Document and a series of forms had been approved to be used for the initial period of six months and which were to be reviewed thereafter. The implementation of the scheme was to rest with the three adult placement officers who would be located one in each of the three divisional headquarters offices. The establishment of their roles were to be vital in the formation of the type of scheme that was to evolve.

### 4.2.(iii) The Organisation Within The Social Services Department

It was considered essential that the scheme was an integral part of the organisation within the Social Services Department although it formed a separate section. To encourage this, the officers were to be directly responsible to the three assistant divisional directors. This appeared to mitigate against the concept of a single managed unit, but aided the possibility of developing the scheme throughout the entire county. There was to be no central point of contact but rather three distinct centres of operation.

There was also considerable emphasis given to the establishment of specific links into the department in order that the scheme was developed as part of the services to adults in the county. Links were to be formed with prime staff and area centres in the department. Those specifically named were:-

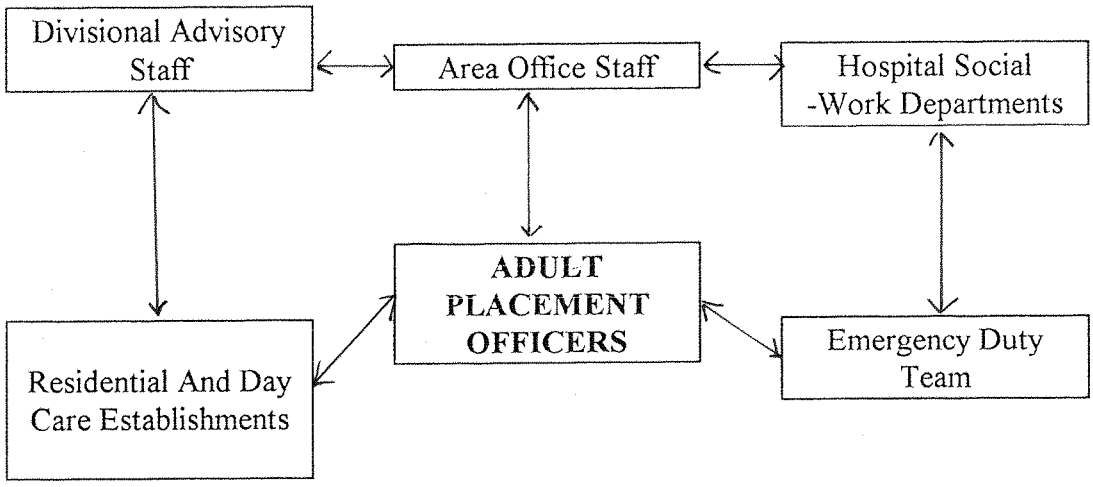
**Divisional Advisory Staff** - who have experience, knowledge and understanding of the whole spectrum of care for the various client groups, and who will be a major link in the referral and assessment procedure.

**Area Offices and Hospital Social Work Departments** - with whom there will be day to day contact regarding applications for the scheme, and social work support for clients.

**Residential and Day Care Establishments** - who will be preparing clients for boarding out, and will provide day care, "emergency" and holiday beds from time to time.

**Emergency Duty Team** - who will support carers and boarded-out clients experiencing difficulties out-of-hours.

**Table 4.2.(iii) Internal Links with Adult Placement**




### 4.2.(iv) External Links With Adult Placement

Not only were internal links to be made within the department but it was recommended in the Policy Document that there should be liaison with various other departments and interested groups to enable the scheme to develop successfully, including liason with the following:-

**a)** Department of Health and Social Security who would be involved in paying allowances to the clients which would be used to contribute to the accommodation and care offered by the carer.

**b)** Housing Authorities were named as being a useful link in order that any carers who were also council tenants would not be prohibited from offering accommodation to anyone who was not a member of their family. The existing regulations prevented non-family members from lodging on a paid basis. It was also hoped that the housing department might consider offering accommodation to a carer who wished to participate in the scheme but who was prevented from doing so through lack of suitable accommodation. It was also possible that people applying to the scheme might prefer their own bed-sitter and discussions with the Local Housing Authorities would aid this option.

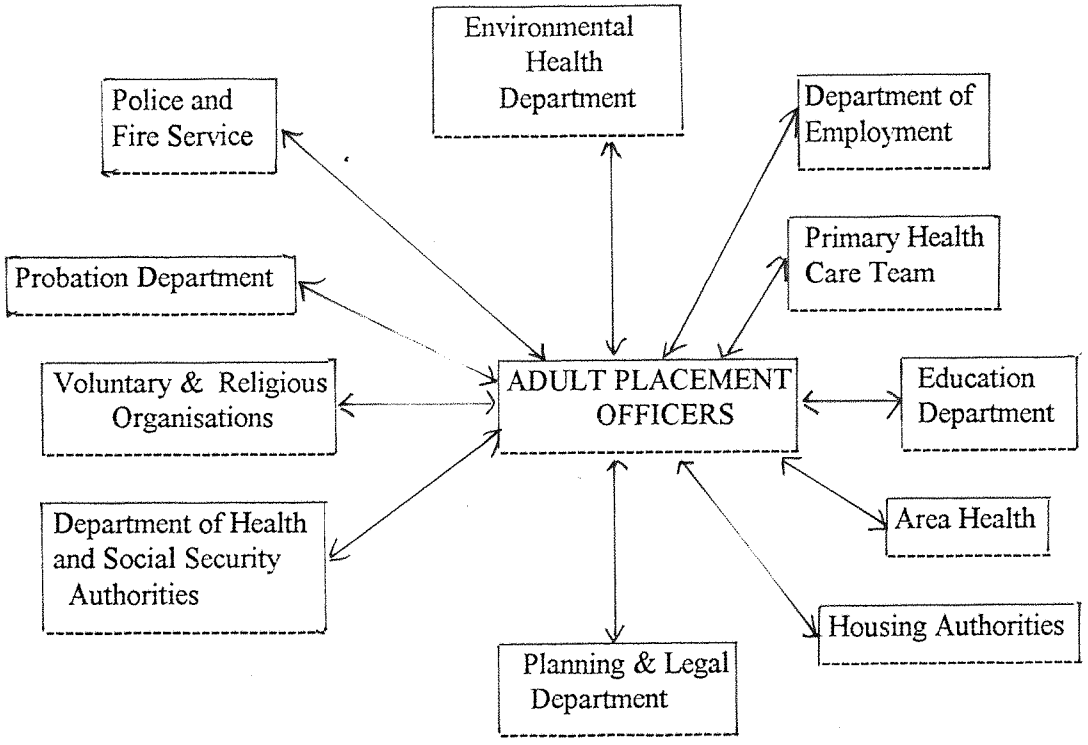
**c)** Voluntary and Religious Organisations. It was hoped that voluntary organisations such as MIND, Local Societies for the Mentally Handicapped and commmunity care groups would contain some potential carers among their membership. The scheme also welcomed any offers of voluntary support for individual clients who were boarded out or for carers who might benefit from some of the facilities offered by voluntary organisations. It was expected that volunteers would work 'with the guidance of social workers or adult placement officers'.

d) Area Health Authorities, hospitals and Primary Health Care Teams as it was considered 'especially important to establish confident working relationships with clinical staff in hospitals, so that clients who became ill or very distressed could be quickly re-admitted to hospital for treatment'. Adult placement officers were also to ensure that all clients were registered with a general practitioner'. (Policy Document H.C.C. op cit.)

e) Department of Employment who could offer opportunities to clients for work experience.

The final paragraph in the section on External Support lists other organisations that were considered important both in the initial 'setting up' stage of the scheme and when clients' welfare and interests required it.

**Table 4.2.(iv) External Links with Adult Placement**



## 4.3. OPERATION OF THE ADULT PLACEMENT SCHEME

Having considered the underlying concepts of the scheme and obtained the necessary finance from the Joint Finance fund, it was essential to establish policy and administrative procedures for the financial management of the scheme. The following section describes this policy and the management structure that was in operation in 1979.

### 4.3.(i) Financial Administration And Management

As previously stated, it was expected that clients in adult placement would pay their own board and lodgings charges which were based on a variety of factors, depending primarily on the amount that the carer charged for the type of accommodation offered and the services provided. It was anticipated that most clients would be in receipt of D.H.S.S. benefits and that the charges made by carers would therefore reflect the amount of benefit paid to clients, although the adult placement officers could be instrumental in determining the final board and lodging charge through negotiation with carers. These charges could also be increased when a placement had been established for some time or if a carer offered specific additional services.

It was expected that the D.H.S.S. supplementary benefits department would be contacted by the client's social worker to discuss the client's eligibility for payment and that subsequently the client's basic income would be sufficient to meet the costs of the placement. If the client's income was still insufficient, supplementation from the contingency fund would be considered.

Clients in full time employment were expected to agree board and lodging charges directly with the carers. However, where a client was unable to meet the carer's charges in full due to low pay, supplementation could be considered but it was expected that this use of the fund would only occur in exceptional circumstances. Consideration for financial assistance could also be given to clients who had private incomes. The scheme officers were to follow D.H.S.S. practice in dealing with savings and additional allowances.

A contingency fund to provide financial assistance for the adult placement scheme was of fundamental importance. Therefore, in order to provide financial support for clients and carers, the following payments were incorporated within the scheme's policy:-

**(a)** Supplementation of a client's board and lodging payment when absolutely necessary to secure a suitable carer.

**(b)** A retainer paid to the proposed carer to secure accommodation for clients still in the final stages of preparation or training for boarding-out.

**(c)** A retainer payment to the carer if a client in placement returned to hospital for a short period of treatment and the D.H.S.S. retainer was less than the amount required by the carer.

**(d)** Clients requesting holiday or short-stay placements with a carer would be financed by the scheme.

**(e)** Reimbursement paid to carers if clients defaulted in their board and lodging payments.

**(f)** Consideration given to compensation for loss or damage to property by clients, over and above normal wear and tear.

**(g)** Supplementation of D.H.S.S. exceptional needs grants for furniture and furnishings in flats and bedsitters.

**(h)** Petty cash would be available at divisional offices for;-

**1)** interim payments - to assist carers when clients' money was delayed. This was refundable.

**2)** introductory visits payment, to assist carers with expenses incurred during introductory visits and short-stays.

**(i)** The cost of advertising for carers.

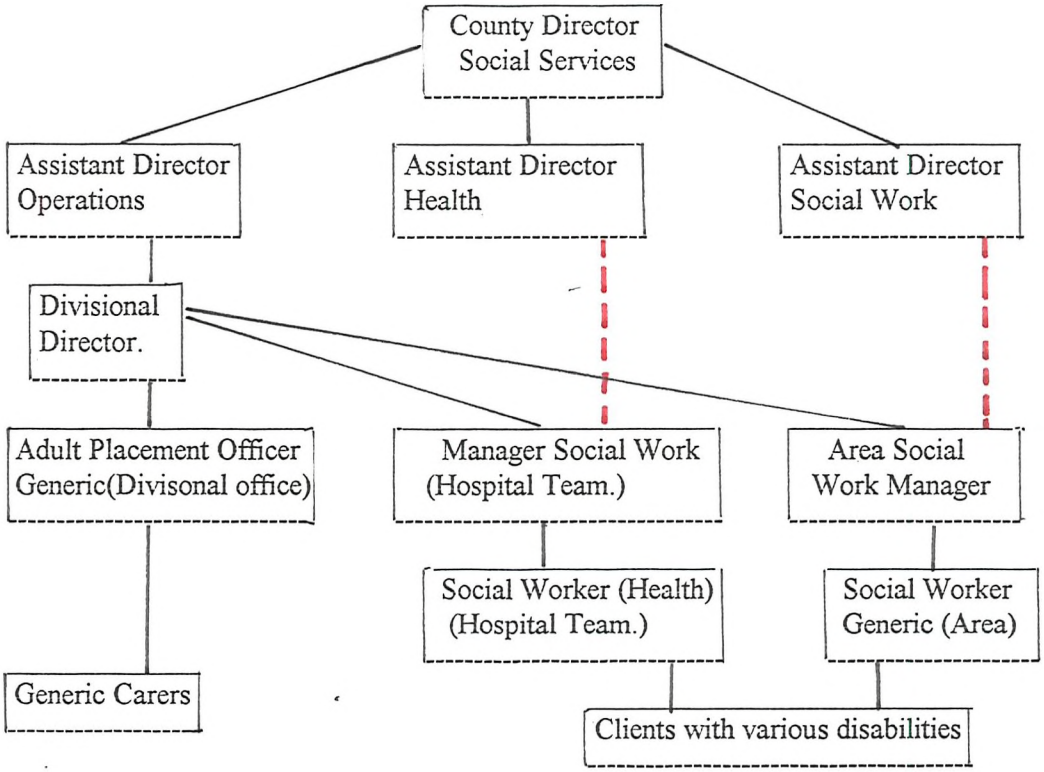
**(j)** Training expenses of carers.

It was proposed that adult placement officers would work in close liaison with divisional administrative officers who would be exercising overall budgetary control of the scheme. In cases where financial supplementation was required, the amount of supplementation to be paid in individual cases was approved by the divisional director on the recommendation of the adult placement officer.

### 4.3.(ii) Management Structure

At the start of the scheme in 1979, the Social Services Department was organised by central headquarters staff, headed by the County Director of Social Services in Winchester. This central office co-ordinated the three divisions which were each headed by a Divisional Director. Policy decisions concerning the Health Service and subsequently Joint Service projects such as adult placement were made by the central headquarters advisory staff. Central administration and financial operations were also located at the central headquarters.

**Table 4.3.(ii) Organisation of the Social Services Management Structure in 1979**




The Divisional Directors were responsible for a group of Area Social Work Offices and the Health Teams which were based in hospitals within the division. The Divisional Directors also employed a range of divisional officers who held reponsibility for a number of specialist tasks including fostering of children, residential accommodation and advisors to specific client groups. It was to these divisional offices that the adult placement officers were appointed.

Each adult placement officer was responsible for the establishment of the scheme in the division in which they were based. Although the placement officers worked together to set up the scheme policy, which involved close liason with the County Joint Services Team, each officer was directly responsible to a different Divisional Director.

The placement officers primary task was to recruit a range of carers within the division and also to encourage requests for placements from social workers in both the area offices and other referral agencies within the districts surrounding the divisional office.

### 4.3.(iii) Placement Officer

Adult placement was organised on a two-tier system, with the social worker supporting the client throughout the period of the placement and the placement officer supporting the carer, establishing and managing the scheme in

each division. The placement officer's role was therefore of major importance and consideration needs to be given to this task.

The Policy Document stated that the adult placement officers were responsible for both the carer and the placement. The responsibility for the placement can be likened to the responsibility held by Residential Hostel managers who not only have the care needs of each individual to consider but also hold an overall level of responsibility for the management of the unit. Therefore the officers were not only concerned with the quality of care given to each user, and the support that the carer might require to offer such care, but were also responsible for the continuation of the placements. This is most clearly demonstrated in 4.4.(v)a. The Effects of the Process of Placement on Adult Placement Officers.

The Working Document outlined the role of the placement officer as follows:-

**a)** to recruit and select suitable carers to participate in the scheme and to offer continuing support to the carer.

**b)** to participate in the assessment process when suitability for boarding out is being considered and to liaise closely with residential and fieldwork staff and other interested bodies.

**c)** to have prime responsibility for matching clients with carers, for arranging introductory visits, supporting carers by regular visits and for ensuring that all necessary financial arrangements are attended to. (Working Document 1979)

### 4.3.(iv) Carers

Although the following section considers the aspects of the scheme relating to carers and clients, it is impossible to extrapolate the task of the adult placement officers from this description. Therefore the sections have been used to both consider the work undertaken by the officers and the policy of the Hampshire scheme which relates to carers and clients.

#### 4.3.(iv) a Recruitment of Carers

At the start of the scheme in 1979, the officers considered that carer recruitment would be a time-consuming process and there was some scepticism that any carers at all would come forward. It was therefore expected that a wide variety of means would be required to locate suitable people who had available room and time to care. The original avenues thought possible were:-

**(a)** Advertising through the media in conjunction with the Publicity Department.

**(b)** Poster campaigns in public buildings.

**(c)** Talks to local organisations.

**(d)** Following up advertised accommodation vacancies.

**(e)** Direct approach.

**(f)** Word of mouth recommendation.

It was also regarded as essential that information describing the scheme would be available to all enquirers and the preparation of this material was a high initial priority. A printed poster was produced in conjunction with Southampton Art College with the logo 'Time to Spare - Time to Care' which requested suitable carer

The social services department and a number of other agencies such as Citizens' Advice Bureaux, W.R.V.S, churches and libraries displayed publicity material and the local press and radio gave the officers the opportunity of advertising to a wider audience.

4.3.(iv) b Selection of Carers.

The Policy Document stated that 'Carers will be selected after thorough Assessment by adult placement officers'. It described the factors to be considered during this assessment which were to include;-

**a)** the personality and interests of prospective carers, their attitudes towards mental disorder, handicap or infirmity; and the attitudes of other members of the carers' family, and neighbours.

**b)** any relevant past experience, e.g.employment in the psychiatric field or voluntary work.

**c)** the motives for offering to care, the needs of the carer, e.g. financial, social isolation and the need to be of service to others.

**d)** the care person's ability to cope in a difficult situation.

**e)** their willingness to work with council officers, community nurses, volunteers.

**f)** contra-indications - e.g. history of offences.

**g)** the facilities provided - e.g. type of accommodation offered, physical comforts, privacy, and proximity of the placement to other support needs of the client, e.g. day centres, community facilities and relatives.

Following a series of meetings between the adult placement officer and the proposed carer, form A.P.3. (See Appendix B.2.) was completed. References were requested from the General Practitioner for the carer and from a person 'who would be in a position to comment on the proposed carer's ability to care'. Inquiries were also made from the area social work office to ascertain whether the proposed carer was known to them, either as a volunteer or previous client. If the adult placement officer was convinced that the carer was a suitable person the carer was registered by the social services headquarters staff. (Further safeguards are given in Chapter 4.3.(iv)a).

4.3.(iv) c Support for Carer.

Adult placement officers were responsible for supporting carers by regular visiting and by arranging group discussion meetings and training sessions. The support envisaged was to be in the form of social work support/counselling as mentioned by all authorities in the Sample Survey of Placement Schemes in

England and Wales, (Chapter 3.5.E.). The level of support would vary according to the needs of the placement but ongoing support to all placements in progress was seen as being of critical importance to their continuation.

Not only were carers with clients in placement to be supported but carers awaiting users were to be visited to discuss attitudes and areas of concern. Regular visiting would enable the adult placement officer to increase his/her perception of the carer and the other members of the household and which would assist with the matching of user and carer.

Practical support was also seen as essential to prevent constant 24 hours care. This included:

**(a)** Day care for all clients requiring it, to relieve the carer as well as enhancing the self-esteem and self-reliance of the client. It was considered that this could include employment.

**(b)** Holiday relief. Alternative arrangements would be made for the accommodation of clients in order to permit carers to take their annual holidays. The County Holiday Centre was envisaged as being one option or clients could be placed with alternative carers.

**(c)** Training opportunities. Group discussions and other opportunities for carers to have an exchange of views were to be initiated by Adult Placement Officers.

**(d)** Financial support. A variety of financial assistance would be offered to carers as necessary to enable the placements to continue.

4.3.(iv) d Training

The officers expected that carers would require opportunities to meet together to provide mutual support and to share ideas and information. It was anticipated that specific training material could also be introduced into group meetings in order to improve caring skills. Arrangements for training sessions were to be made in liaison with divisional training officers.

The possibility of circulating a regular newsletter to carers as an information and training medium was also explored. It was hoped that this would help to develop a sense of group identity among carers and would also be an additional method of advertising the scheme. However, this was an idea that did not materialise due primarily to the lack of available time that the officers were able to give to this task. This reflects both priority of work load by the officers and the necessary encouragement by management of this task which required the officers to meet for the purpose of preparing a draft document. After the initial preparation of policy documents, joint meetings of the officers were discouraged by management due to the costs of such meetings. However, several attempts were made during the first years of the scheme and some material was compiled and used in annual reports but the county newsletter did not develop.

It was intended that carers should be regarded by members of staff as working colleagues with access to records and personal client files. (This use of confidential information was discussed with users of the scheme who were asked to give their consent (or the consent of their parent or guadian) to this in writing. Carers should be able to seek advice from residential and fieldwork staff to discuss problems relating to the care of clients. It was also hoped that social work and health staff would appreciate the opportunity to meet carers.

### 4.3.(v) Clients.

4.3.(v) a Selection of clients.

It was anticipated that applications for placements would come either from the area Social Services offices or the hospital social work departments. This limited the input of clients to the scheme from other than field social workers with an intention of thus providing each client with a 'named' social worker. The social worker would play a key role in assessment by having direct knowledge of the client and collating information from day and residential care staff. The social worker would then be available to assist in the placement procedure and in any follow-up work that might be necessary.

It was also acknowledged that the adult placement officers would need as full a history as possible on proposed clients in order 'that the placement might succeed'. This is not explained in the Policy Document but it is inferred that knowledge leads to successful matching.

Particular priority would be given initially to the placement of any mentally handicapped person who was residing in a department hostel and who was capable of living more independently. This was suggested in order to permit long-stay hospitals to discharge patients to the hostels or offer hostel vacancies to clients in the community.

Where a potential client was known to a residential hostel or day centre, it was proposed that the divisional advisers should invite the adult placement officer, the officer-in-charge of the establishment and the social worker involved (or an area office representative where there was no social worker involved) to attend a case conference to assess the client's needs and make recommendations for boarding-out if appropriate. It was also hoped that the new self-help units in hostels should help to increase the numbers of residents capable of living more independently.

The Working Document also referred to people in psychiatric hospitals, 'we would expect that patients referred for boarding out will have spent a period of time in a hospital rehabilitation unit prior to discharge, or in a half-way house; or alternatively, will have been only short-term hospital admissions' (Working

Document, op cit.). The following were considered essential criteria for placement:-

> the client's general capacity to cope with community living, in particular:- motivation, emotional stability, social and intellectual competence, domestic and occupational competence and financial competence. Consideration will also be given to the client's preference as to the area where s/he wishes to live, location of relatives and friends, proximity of day-care facilities. (Working Document op cit.)

4.3.(v) b Consideration of Application,

Following the adult placement officer's acceptance of an application form (A.P.1. [see Appendix B.1.]), all relevant officers were expected to meet for further discussion. Adult Placement Officers would also acquaint themselves with the client.

It was suggested that should disagreement arise over the suitability of a client for boarding-out, the need to protect the carers was paramount. A final decision would be made by the divisional director, or his nominee in consultation with the appropriate principal area officer and the adult placement officer. The scheme also allowed for the taking over existing placements which were in danger of failing, thus 'giving them a new lease of life'.

The scheme was also prepared to consider applications from relatives of clients (excluding parents) who could care for a client if the financial and other support of the scheme was made available to them. (This was amended later to specify more distant relatives as the D.H.S.S. refused to pay boarding-out allowances to clients living with 'close relatives'.)

4.3.(v) c Support for Clients

One of the most essential aspects for the successful and effective development of the scheme was that each client would be on the case-load of a nominated social worker for a minimum period of six months. The reasoning was given as follows:-

> **(a)** Comparison with other schemes in operation indicates that placements work best where there are social worker attachments for clients, thus leaving the adult placement officer to concentrate on supporting the carers and expanding the scheme.
> **(b)** Social work is especially important to the successful after-care of mentally disordered clients because of the extent of their social handicaps. They tend not to be adaptable in new situations and find it difficult to make relationships and to order their lives.
> **(c)** Clients facing the breaking of relationships in closed institutions need the support of professional social workers. As stated previously, placement will be initially on a trial basis in case clients find themselves unable to cope with their new situation.
> **(d)** There is a need for guidance in maintaining standards of self-care, in planning recreations and in establishing occupational and social contacts. It is

considered essential that clients receive this help in order to develop future independence.

**(e)** Relatives of clients may well need social work support. They may be very anxious that the client might be unable to cope in the community, or that clients may be rejected. In other cases it might be appropriate to work towards the re-integration of clients with their families.

**(f)** Adult placement officer support for the carer, and social worker support for the client may prevent any tendency for one party or the other to feel that the officer would 'take sides'. It also ensures that the success of the placement can be twice as accurately judged and that the client's view is fully represented.

**(g)** Not all clients recommended for boarding out will have been previously known to a social worker and where this applies it would not be possible confidently to affirm that the client might not require social support. It is felt that the allocation of a social worker at this stage would safeguard the client's interest.

**(h)** Social workers may consider it appropriate for social work assistants, volunteers, etc. to assist in the more practical aspects of supporting clients or befriending them, but it is essential that these helpers should work directly to a social worker who would co-ordinate the overall support needs of the client. (Working Document opt. cit.)

It was expected that clients would be accommodated in their home area whenever possible. However, if it was necessary for a client to move into another area and it was not practical for the existing social worker to continue to supervise the case, arrangements would be made to ensure that an appropriate social worker in the area of placement would be appointed.

Where probation officers had a statutory involvement with a client it might be appropriate for them to undertake the social work support of the client instead of a nominated social worker, or for the probation officer to work alongside the social worker supporting the client.

The Working Document concludes this section with the following comment, 'Close co-operation between social workers and adult placement officers is essential and some overlap of their work is likely at times, and may well be desirable.'

4.3.(v) d Review.

After a period of six months, a formal review was to be held to assess the success of the placement and to decide whether the client needed continued social work support. It was considered that if the client was reasonably independent and had established adequate lines of community support, the social worker might decide to close the case and the adult placement officer would thereafter maintain a watching brief over the client. Should the client still require social work support, the social worker would make appropriate arrangements to provide this and would keep in touch with the adult placement officer as necessary.

The transition of support for the client from social worker to adult placement officer was one of the causes of the build up of the officer workload which is discussed in Chapter 5. not only giving overall responsibility for the placement to the officer but establishing a supportive role for both carer and user. In reality this practice changed once the establishment of adult placement social workers had been made after the review of the scheme in 1983 and officers no longer had prime responsibility for users after the first six months of placement.

4.3.(v) e Financial Implications for Clients.

Clients had to consider the financial implications of joining the scheme, agree with the particular placement offered and understand their financial responsibilities. It was important that users were as fully informed as possible regarding the board and lodging charge they would be expected to pay.

In all other forms of care, the responsibility for finance rested with the carer or manager of the residential unit. Adult placement gave an opportunity, to those users who could manage their finances, to participate in both the negotiation and the payment of costs. If a user was not able to be fully responsible for the financial aspects of placement their social worker could discuss with the user how this was to be managed.

Client financial responsibility was a new development which enabled the user and the carer to be aware of the mutuality of the placements. Users could participate in paying for their care costs thus giving as well as receive from the placement in a practical way that users in residential hostels and homes are often denied.

**4.3.(vi) Additional Procedures.**

Additional safeguards were incorporated into the scheme to protect both users and carers. It was anticipated that monitoring of the placements would be an important part of the scheme, particularly as the individual clients would be scattered in the divisions without direct oversight from a staff manager as in residential homes.

4.3.(vi) a Safeguards.

The following safeguards were seen as helpful for the protection of both carers and clients:-

**(a)** Formal written agreements will be entered into with carers describing the rights and responsibilities of both carers and the Social Service Department and the rights and responsibilities of each towards the other (see Appendix B.3.).

**(b)** Adult Placement Officers will satisfy themselves as to the integrity and suitability of prospective carers.

(c) Clients will give their written consent before any confidential information is passed on to carers (see Appendix B.4.).
(d) Trial-periods. Initial placements will be made on a four week trial basis and where clients have left a hostel or hospital situation their beds will be kept available in case the placement should break down within that period. (Working Document 1979)

The trial period was instigated to give time for any major incompatibility between carer and client to be highlighted. The policy document also included the following paragraph:-

> the scheme will limit the numbers of clients boarded out to a maximum of three persons per household, in order to safeguard the 'family care' emphasis of the scheme. This will also mean that carers will not be required to register their premises under the 1948 National Health Act or the 1959 Mental Health Act. (Policy Document 1979)

4.3.(vi) b Statistical Records.

In 1979, the project was in an experimental phase and although there were few aims in terms of numbers of clients placed or hostel vacancies produced as a direct result of the scheme, it was necessary to demonstrate some 'success'. The statistical record was kept to demonstrate positive aspects of the scheme in order that it would continue to be financed. Adult placement officers would hold basic information on all clients referred to them for boarding-out and all carers involved in the scheme. Records comprised:-

**(a)** All referrals to the scheme. This supplied basic information on each client.
**(b)** An assessment/record form for each client which provided further information about the client's needs and recorded all placements made.
**(c)** A record of all carers involved in the scheme and details of the facilities and special qualities which those placements offered.
**(d)** Other reports and information submitted in support of applications.

As social work files in area offices held detailed information on clients' circumstances, it would only be necessary for adult placement officers to hold basic specific and evaluative information on their files. Adult placement officers only required access to social work files if further information was required in order to reach a decision on a client's suitability for boarding out.

In order to evaluate the progress of the adult placement scheme it was proposed that detailed information would be made available by adult placement officers at six monthly intervals on the:-

**(a)** Age, sex and disability of clients placed.
**(b)** Source of referral.
**(c)** Type of placement made (e.g. family care, bed-sitter).
**(d)** Total number of clients placed during the preceding six months.
**(e)** Total number placed since the scheme began.

(g) Number of applications accepted but not yet placed.
(h) Number of carers currently registered.
(i) Number of boarding out vacancies unfilled.

It was from these statistical records that the data for Chapter 5 and Chapter 7.1. have been compiled.

## 4.4. PROCESS FOR PLACEMENT

The final section in this chapter considers the process for placement that was established at the outset of the scheme.

### 4.4.(i) Applications

Once a decision had been made by the social worker and client that adult placement could be a solution to a request for local authority accommodation, a full assessment of client strengths and needs was made and the Client Application Form A.P.1 (see Appendix B.1.) was submitted to the adult placement officer for the division in which the client was currently accommodated. Applicants could request short-term or long-term accommodation or the opportunity to experience adult placement without any commitment.

Consent from the applicant (or next of kin) was requested at this stage in order that information of a personal nature could be shared with other professionals and possibly carers. The Clients' Agreement From A.P.5. (see appendix B.4) required completion before formal acceptance on to the scheme.

A full assessment of skills, inter-personal attitudes and behaviour was made by the social worker who could use either the 'Hampshire Assessment for Living with Others' (H.A.L.O.) (Pidcock and Shackleton-Bailey, 1982), or the 'Hampshire New Curriculum' (HANC) also prepared by these authors. The assessment for adult placement covered areas of current life style, individual history and views of the client and interested relatives or friends. During several interviews the client was encouraged to think about the type of placement and the level of care necessary to meet their needs. People who had difficulty in communicating ideas or conceptualising various care options would be given experience of the alternatives available until the social worker and adult placement officer were confident that the best possible type of resource had been identified.

The Working Document states that:- any person with special needs may have access to the adult placement Scheme but placement is determined by the availability of a Carer who can meet that person's needs appropriately.'
Having received the application, the adult placement officer met with the social worker and the applicant to discuss various care options. If the applicant was

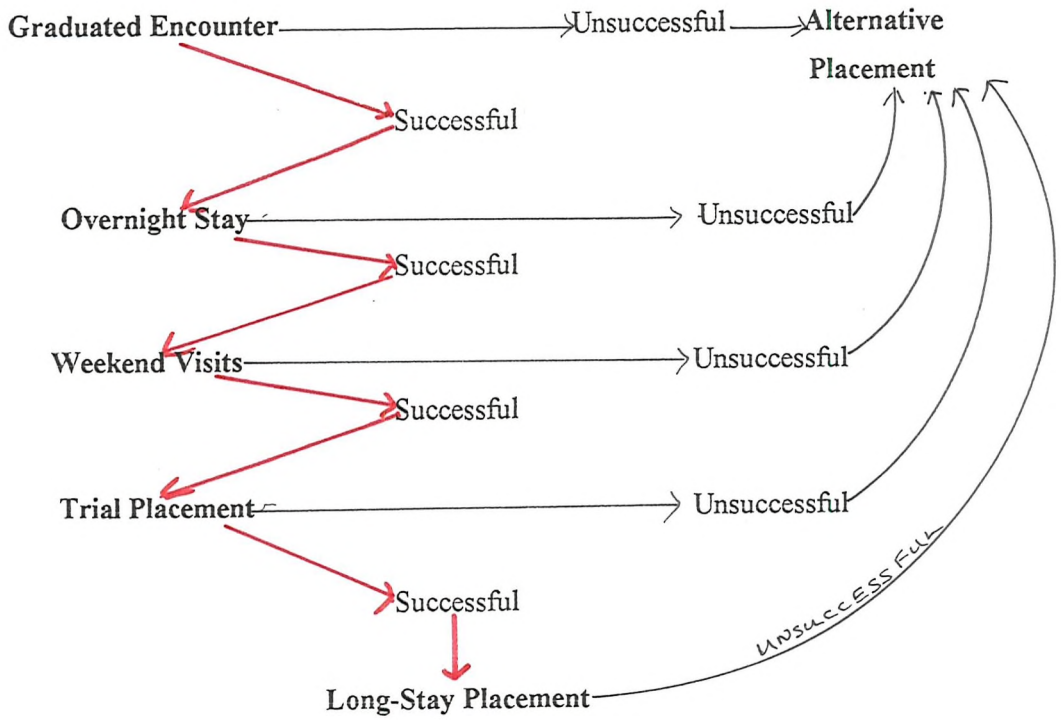
already receiving help from other agencies such as Community Health Teams, Day Care Services, Respite Care, a second or subsequent meetings with interested persons would be arranged to establish needs and discuss alternatives both within and outside the scheme.

The adult placement officer then endeavoured to locate a suitable placement. If no placement was found within six months, the applicant's position was reviewed at the next review meeting and a decision taken either to continue to seek an appropriate placement or to consider other options for care or a combination of both these options.

### 4.4.(ii) Process of Introduction

The scheme aimed to offer real choice to applicants which could involve the applicant and social worker visiting a variety of placements, including short-stay visits to ascertain variations in individual placements and test out initial impressions. The following figure demonstrates the process of an introduction to placement.

**Figure 4.4.(ii). Process of Introduction**




A period of introduction as preparation for a placement was considered to be essential to give the user and carer the opportunity to consider the formation of a long-term placement. Therefore when a suitable placement was found, further introductory meetings between client and potential carers were arranged.

These meetings were organised flexibly with the least possible disturbance to the client, since there was still an element of unpredictability about the future placement. The social worker was present at the meetings which were held in any setting that offered maximum comfort to the user (carer's home, applicant's home, social worker's office, etc.). The initial visit usually lasted for approximately one hour but further visits could be made for an increasing period of time.

Following the introductory meetings, where a placement offered a good possibility of a match in terms of personality and care, a longer stay or series of short-stay visits could be arranged. The scheme offered a great deal of flexibility in terms of time at this point and visits could be tailored to suit the individual applicant. Some clients needed a period of months and many visits to establish a good relationship.

On returning from the placement visits, the applicant was encouraged to talk about each stay and assess the placement from a knowledge-based perspective. The adult placement officer and carer would also meet to discuss the placement, matching level of need to the amount of care required. Issues such as how the applicant and carer related to each other and other members of the family could be discussed.

**4.4.(iii) Trial Placement**

Once a satisfactory placement had been located, a trial placement was arranged for an initial period of one month. This stay included a formal review during the fourth week to ascertain whether the placement was suitable. The social worker ascertained the user's views and the opinions of a wide a variety of people and this information was discussed at the review meeting.

During this trial period the user and carer could consider both the practical details of the placement and the relationship opportunities that the placement could give. The adult placement officer continued to gain knowledge concerning the placement and worked with the social worker, carer and user to ameliorate difficulties as they arose.

The adult placement review became a vital part of the placement scheme. It was the means by which a placement was monitored and assessed and where services to support the placement were identified and requested. This review took the decision to establish a placement and involved the user, the adult placement officer, the social worker, the carer, the client's family, the key worker, the staff from the Training Centre and previous residential establishment if appropriate. The social worker then worked with the user and adult placement officer to arrange a more permanent transfer to the placement and to clarify financial arrangements. Care was required at this point both to establish the new placement and to retain links with the users' previous placement.

### 4.4.(iv) Preparation for Placement

The social worker was responsible for giving initial support to the user to help in the adjustment to the placement. The support could involve:-

1) Helping to establish a social network in the area of placement.
2) Seeking out clubs/evening activities.
3) Building in appropriate possibilities for relatives, friends and previous staff to remain in contact.
4) Ensuring appropriate arrangements for day care, also that links were established between day care establishment and carer.
5) (Long term cases only). Arranging a review at the end of one month to assess placement, then a second review after three months and six monthly thereafter.

The purpose of the review was to:-

a) Give the client an opportunity to state his/her acceptance of the placement.
b) Identify areas for new opportunities and state clear goals from which an Individual Programme Plan could be developed.
c) Co-ordinate ways of meeting these goals between all agencies and carer.
d) Evaluate and assess the placement.

The structure of reviews varied throughout Hampshire ranging from an informal meeting with the user, social worker, carer and adult placement officer to a formal wide ranging review with written agenda.

### 4.4.(v) Breakdown or Cessation of Placement

All possible attempts were made to discuss and ameliorate any difficulties that arose at any time during the introduction process and subsequent long-term placement. If it appeared that the placement needed greater support than could be given by the social worker or adult placement offficer, a review would be arranged to ascertain the type of additional help required. If the difficulty was such that caused distress to the user or carer, the placement could be terminated. This termination of the placement could be for a short period only during which difficulties could be resolved, or could result in a return to a trial period status, a continuation of short-stay placements or a cessation of the placement.

In the event of a placement breaking down, the social worker was responsible for finding an alternative resource for the client, either by locating an alternative placement, finding a hostel or hospital placement or re-establishing the previous placement. During the trial placement, the user's previous accommodation was usually maintained.

If an alternative adult placement was appropriate, the new placement was regarded as a short stay or trial placement and the procedure for placement repeated. If the client had been placed for less than six months and an alternative adult placement was not possible or no longer met the requirements for

accommodation or care, the responsibility for casework reverted to the Area Office for the client's home address. Where the client had been in placement longer than six months and the case had been transferred to the office of placement, the client was offered support by that social work area office.

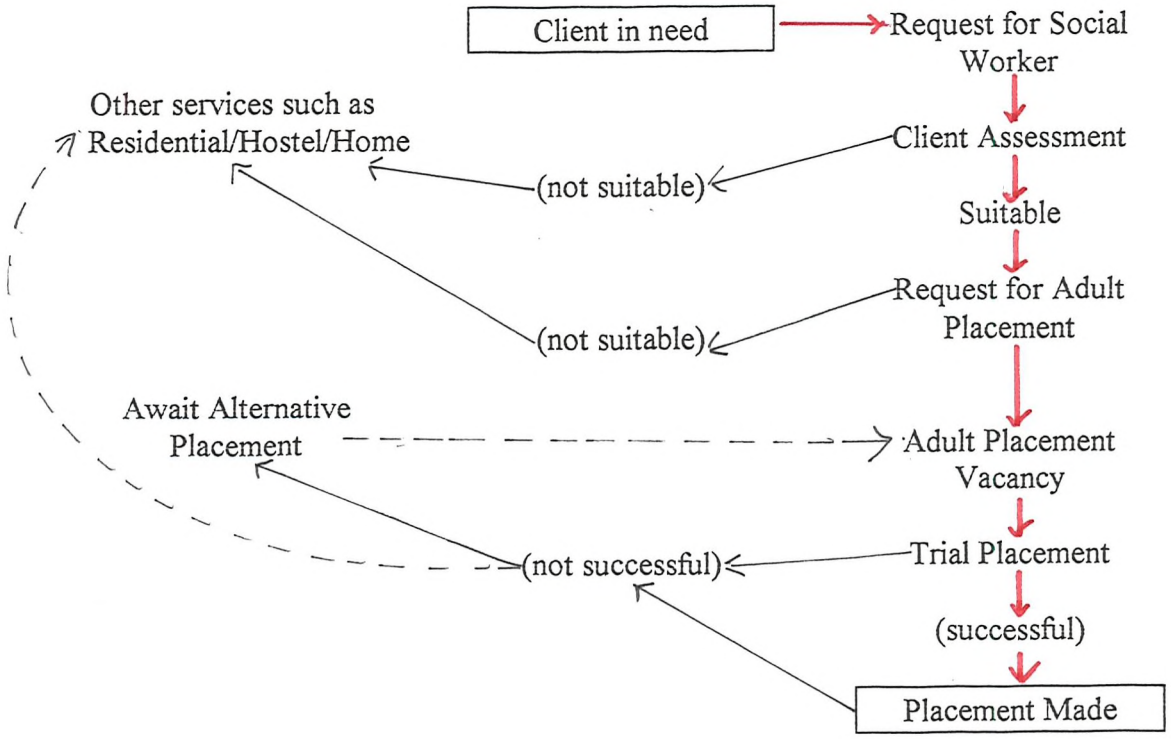
If the client was in a long stay hospital, the hospital social worker undertook any further work. The client's placement was retained in a long-stay hospital for a period of three months as it was considered one of the more difficult moves to establish.

Once the client obtained alternative accommodation outside the adult placement scheme, the social worker involved with the placement transfered the case to a generic or specialist social worker in the area office or, after consultation with Principal Area Manager or allocation meeting, could cease working with the client.

### 4.4.(vi) The Process of the System

The following flow diagram related the process and the interacting elements of the adult placement system, emphasizing the various stages of the process of placement and possible outcomes of a placement.

**Figure 4.4.(vi) - The Effect of the Applications.**




Once an adult placement was seen as an option for care, the failure of one placement did not necessarily indicate that alternative placements could not meet the needs of the user and the request for adult placement continued. Clients who

applied to the scheme often had no other form of accommodation available and other residential care places were scarce. Although the Policy Document (op.cit) describes the responsibility for the client as belonging to the social worker, (Chapter 4.3.(iii C.), in practice once a user had been placed with a carer it was difficult for the social worker to find other accommodation outside the scheme. Therefore in the event of a breakdown the social worker had no other recourse but to request from the adult placement officer an alternative placement within the scheme.

This process encouraged adult placement officers to support carers through difficult phases of the placements. as any breakdown could necessitate the adult placement officer seeking an alternative carer.

The result of clients awaiting placements either caused adult placement officers to seek new placements or caused demand for other residential services. To meet the demand for alternative placements the officers either allocated worktime towards seeking new carers or demanded additional staff. As the scheme was originally established to ease the pressure for residential placements and increasingly was seen to meet this aim, residential managers also considered adult placement as an option for excessive pressure on bed occupancy. Therefore both a request for other residential services and the request for adult placement vacancies increased the pressure for further staff increases.

As shown by the lack of growth in the latter years of the scheme, if the demand for new staff was not met, once adult placement officers were fully committed to supporting existing placements, the growth of the service would be reduced unless clients dropped out of the scheme. However, when the demand for new staff was met and clients were found suitable adult placements, a reduction on the requests for residential care also followed as clients who were awaiting either a residential or an adult placements were accommodated.

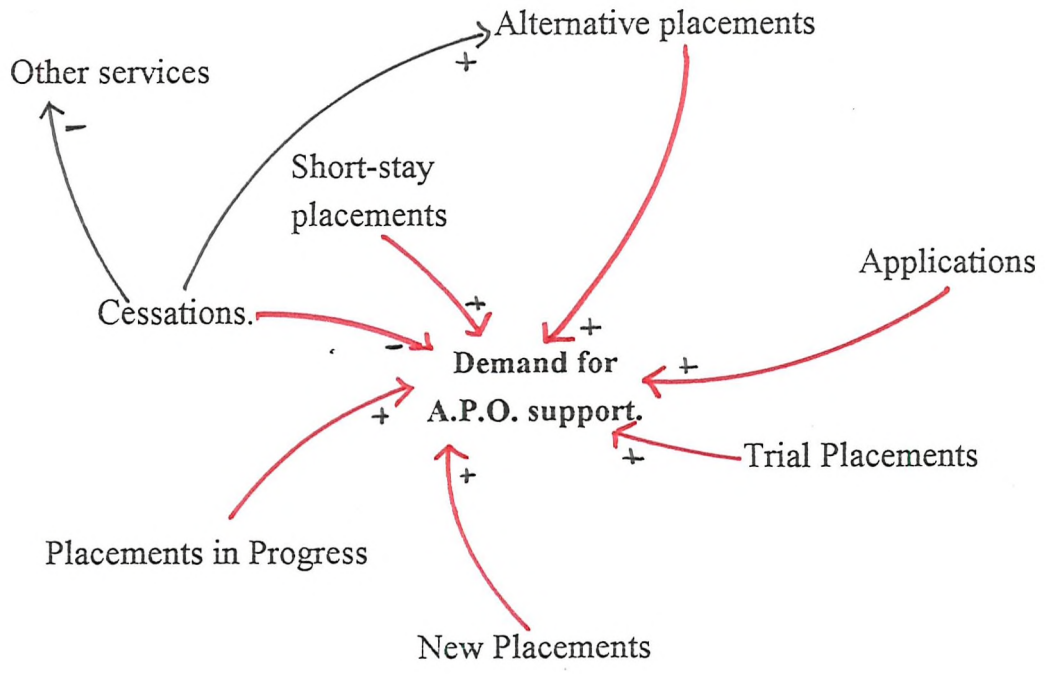
**4.4.(vii) The Effect of the Placements**

The following diagram has been included to show the effect of the scheme on the adult placement officer using a dynamic feedback system perspective. The positive signs indicate that if the demand for service is met the pressure on the focus (the adult placement officer in this diagram) is increased. If the sign is negative it can be assumed that the demand has been met and the effect is to relieve the pressure on the focus.

In 'An Introduction to Computer Simulation, Roberts, N (1983) suggests that if the system as a whole is dominated by positive signs the overall behaviour of the system will cause a 'snowball' effect and the amount of pressure will continue to increase exponentially.

(A decrease will have the reverse effect, causing a continuing decline of pressure at an accelerating rate.) He states that where pressure can be offset to other focuses a stablizing effect is produced, maintaining a balance in the system. Where a combination of positive and negative pressure points exist, the dominant tendency influencies the overall behaviour of the system. (Further description of the dynamic system can be found in 'An Introduction to Computer Simulation. A System Dynamics Modelling Approach' Roberts.N. 1983)

**Figure 4.4.(vii)- The Effect of The Process on Adult Placement Officers.**




A.P.O.= Adult placement officer.
+ = increase in pressure on adult placement officer.
- = decrease in pressure of adult placement officer.

It can be seen that each part of the process of placement causes demands on the adult placement officers. There is only one point at which pressure is reduced on the officers shown when there is a cessation of placement which is dealt with by a demand for a residential service. This process is seen not to be self-regulating in that each demand leads to more pressure on the focus and each part of the process leads to more action being required by the officer. As the workload increases greater pressure is generated towards the adult placement officer and is limited only as the adult placement office refuses to accept applications or demand for more adult placement officers is met.

## 4.5. DEVELOPMENT OF POLICY

The Hampshire officers chose a model of care adapted from child foster care. This model was well known to the Social Services department and had been developed to combine both individual placements in the community with a high quality of care for children. The model encouraged the officers to form a policy that enabled both accommodation and care needs of the users to be an integral part of the scheme.

When the model was adapted for adults it was necessary to recognise that the user had a well developed life-style and that 'users should have as much 'power' as possible in the management of their own lives' (Initial Concepts.4.1.(xi)). This necessitated the development of a more complex scheme as elements such as choice, a clear assessment of users' needs and assessment of carers' ability to meet these needs had to be incorporated. A system of evaluation was also vital to monitor changes in the needs of the users and the level of quality within the placements. (The review system that evolved is discussed in Chapter 8.2.)

The following section considers the development of the aims of the scheme and subsequent changes to the organisation as the scheme became established.

### 4.5.(i) The Revised Aims of the Scheme

The aims of the scheme were to remain practically unchanged throughout the period of study despite the thorough re-examination of the Policy Documents in 1982-3. The changes made at that time appear to be mainly semantic. For example the Introduction was shortened considerably, the term 'care-persons' had been changed to 'carers' and all adult groups of clients were incorporated. It now read:-

> The Hampshire Adult Placement (Boarding-Out) Scheme will find homely accommodation with families (carers), for elderly, physically handicapped mentally handicapped people and for former psychiatric patients, who are unable to live independently or with their own families. The Scheme covers long-lerm care with some provision for planned short-term care and accommodation will be provided in family-type settings. (Policy Document 1984.).

### 4.5.(ii) Implications of Policy on Client Group

The initial aim of enabling clients to transfer into adult placement from hospital and residential care as well as the community was clearly being achieved. Outcome by Type of Placements (5.3.H.(i)) shows that in 1979-81, 21% of the placements made were from hostel care, 27% from hospital care and 52% from the community with similar figures for 1982-1983.

The early policy placed emphasis on finding placements for people with a mental handicap who were accommodated 'unnecessarily' in local authority hostels, apparantly due to an economic concern relating the costs of the scheme to the costs saved by reducing the new buildings programme for hostels. The results of this emphasis are shown not only in the first years of the scheme but appear to set a precedent. Applications by Client Group (5.1.F.) and Placements by Client Group (5.3.B.) clearly show that throughout the period of study, the scheme was increasingly dominated by people from this group.

The initial response to this emphasis from the county management was very positive, 'The scheme is ensuring that hostel care is now available for the clients who will most benefit from residential care and as such is very cost effective.' (Report of Senior Management Team March 1981). By 1984 the number of people with a mental handicap who were in adult placement was similar to the number of people from that client group who were in Local Authority Hostels.

However the scheme was not intended to cater specifically for only one client group and it was suggested that one way to rectify the imbalance that was developing between the number of clients from the various disability groups was to increase the number of staff. The report suggested that;-

> although the scheme has developed very successfully, continued development is inhibited by the limitations of having one adult placement officer only in each of the three divisions. It is therefore intended to extend the scheme by increasing the number of adult placement officers who will have particular responsibility in each division to include the elderly and younger physically handicapped. (op.cit)

Despite the resulting increase of staff in 1982/3, the emphasis towards the mentally handicap group continued. (See Analysis of Client Groups (6.1.A.)).

Particular priority was also given initially to the placement of any mentally handicapped person who was residing in a department hostel and who was 'capable of living more independently' (Working Document 1979). This was suggested in order to permit long-stay hospitals to discharge patients to the hostels or offer hostel vacancies to clients in the community. The statement contains three assumptions;-

**a)** that Adult Placement offers a less dependent relationship than the Local Authority hostels.

**b)** that it is more suitable than a hostel placement for less dependent people.

**c)** that people with a mental handicap in long-stay hospitals could only be discharged to a hostel setting and could not be discharged directly to the placement scheme.

The Working Document also referred to people who were in psychiatric hospitals:-

> We would expect that patients referred for boarding out will have spent a period of time in a hospital rehabilitation unit prior to discharge, or in a half-way house; or alternatively, will have been only short-term hospital admissions.(op cit).

Again there is the assumption that adult placement was suitable for the more able patient or people who have been 'adequately prepared' and that the scheme was suitable for people moving on from a shared, staffed house. A list of essential skills was also included in the initial policy (Selection of Clients, 4.3.(v)a)

In retrospect, these assumptions were slowly eroded by the people who were placed. For example, it has been suggested that adult placement could offer a less dependent relationship to that of the hostel, in that it could equate with care offered by a landlady in a lodging scheme, although only nine such placements were made from 1979-1981. However, adult placement could also offer a greater degree of dependency in which carers and users formed a close inter-dependent relationship such as those indicated in several of the carer and client case-studies (6.2.and 6.5.).

It is also clear from these studies that there were people placed who failed to reach in every criteria the levels of competence apparently considered necessary for inclusion to the scheme. These people not only managed to live in placements provided by the scheme but also to maintained an acceptable standard of living and developed warm relationships within such placements. (see Sheila, 6.2.A.) From as early as the first review in September 1979, the first person described as being 'severely mentally handicapped' was in placement (a placement that remained in progress in August 1988). These early categories of skill levels required for placement were apparently not relevant and seem to have been broadly ignored by the officers.

The first years of the scheme also indicated that it was possible to place people directly from long-stay hospital wards without a requirement for rehabilitation. The carer case-study, Pamela (7.3.A.), shows one such placement which involved three people leaving hospital care during a period when preparation for rehabilitation into the community was not available for all users.

There is less evidence available for users who transferred from group homes. Only a small number of these placements are known to have been made and limited length placements resulted. This may have been due to users finding that the contraints of living with others in a group home, which appeared to have encouraged the move away from the units, were not diminished by moving to adult placement and several used the scheme as a temporary move into bed-sit or flat accommodation.

### 4.5.(iii) Accommodation

As indicated in Initial Concepts (4.1.(iii)) the inclusion of boarding houses and individual flats and bed-sitters in the scheme was always a contentious issue. Only eleven such placements had been made during 1979-1981 and a further ten during 1982-1983 with the majority of placements being made to family care. The revised policy in 1983 ceased to include these alternatives (Placements By Type 5.3.H.) although people in this type of accommodation could continue to participate in the scheme if they so wished. In 1984, the officers generally felt that Adult Placement was primarily concerned with family care and that other placements did not offer the support which was an integral part of the scheme.

### 4.5.(iv) Finance

The annual report for adult placement in 1983 comments that;-

> the year was one of consolidation for the scheme. It continued to be seen as both cost effective and having reduced pressure on residential demand. (Report Senior Management Team April 1983).

Finance in any local government project was to become an increasingly important issue throughout the years of the study and it is not surprising that most of the annual reports reflect this emphasis. Comparison with other accommodation for people with disabilities is difficult as many of the costs involved in residential care did not apply to the scheme. For example, there was no building or maintenance expenditure and food and living costs for the majority of the users were paid by allowances from the Department of Health and Social Security. However, there were salary and administative costs for the staff of the scheme and provision of office accommodation which would be similar to that required by residential staff. The main yearly expenditure was that of supplementation which has been described in Operation of the Scheme (4.3.(i).)

In order to demonstrate the cost of a placement, expenditure for a sample year in which figures were easily available has been taken. This shows costs which were additional to the budget for staffing and adminstration of the scheme. The annual adult placement budget at this time was held centrally in Winchester but the adult placement officers were still working from the three original divisional offices. The budget was calculated by the expenditure made by each of these divisions.

**Table 4.5 (iv) a - Cost by Division 1985**

| | South-East | South-West | North | Total |
|---|---|---|---|---|
| **Clients in Placement** | 74 | 59 | 151 | 284 |
| **New Clients in Placement** | 11 | 18 | 23 | 52 |
| **Total Clients in Placement** | 85 | 77 | 174 | 336 |
| | | | | |
| **Budgetary Expenditure** | £18,366 | £21,142 | £35,255 | £74,763 |
| **Total Cost per Client** | £216·07 | £274·57 | £202·61 | |

**Average cost** = £222·51 per placement.

There is a variation in expenditure between the divisions that is greater than mere regional differences. As the scheme policy gave precise terms for the various expenditure costs and a manager had been appointed to view and counter-sign any request made for finance, this discrepancy was not anticipated.

However, it is shown by the above table that in the South-east 23% of the total number of clients in placement were new clients compared with 13% in the North and South-West divisions. As the South-East shows higher expenditure than the other divisions it appears that the higher total cost per client may indeed be caused by the higher percentage of new clients in that division. To consider this point further the budget for 1985 has been divided to calculate the cost of placements that were in progress and can be compared with the cost of setting up a new placement.

**Table 4.5.(iv) - Placements in progress - All Divisions**

| | |
|---|---|
| **Supplementation** | £22,269 |
| **Holidays** | £14,525 |
| **Clothing** | £900 |
| **Standard Allowances** | £11,042 |
| | £48,834 |

284 placements in progress = average cost of £171.95 per placement.

**Table 4.5.(iv) c - New placements - All Divisions**

| | |
|---|---|
| **Introductory visits** | £2,483 |
| **Retainers** | £13,382 |
| **Loans** | £2,320 |
| **Standard Allowances** | £4,744 |
| **Clothing** | £2,020 |
| **Other Allowances** | £1,000 |
| | £25,929 |

52 new placements = average cost of £498.63 per placement.

There is a clear difference in the costs of a placement in progress and the initial costs involved in a new placement, which can be shown to account for the discrepency in the budgetary expenditure between the divisions. Table 4.5.(iv)a. has been re-calculated using the costs per new placement and the cost of a placement in progress as calculated in the above two tables.

Table.4.5.(iv) d - Cost by Placements in 1985

| | North | South-East | South-West |
|---|---|---|---|
| **Clients in Placement Cost** (Number of clients in progress multiplied by £171.95) | £12,724.3 | £10,145.05 | £25,964.45 |
| **New Clients in Placement Cost** (Number of new clients in placement multiplied by £498.63) | £5,484.93 | £8,975.34 | £11,468.49 |
| **Total Cost of Clients in Placement** | £18,209.23 | £19,120.39 | £37,432.94 |
| **Budgetary Expenditure** (Table 4.5.(iv)a) | £18,366 | £21,142 | £35,255 |

As with many market analyses, the expenditure involved with larger numbers of any unit is shown to be slightly more cost effective, however there is shown to be a close match in the actual cost by Division previous given in Table 4.5.(iv) a. and the suggested costs per placement calculated in Tables 4.5.(iv) b and (iv) c.

Board and lodging charges were to be paid by the client direct to the carer, a method which was envisaged as being relatively straightforward if also revolutionary - in all other forms of care users were not responsible for payment of costs made. It was anticipated by some residential officers that some clients would prefer to remain in institutional care rather than be responsible for these payments. Some carers and relatives of the users were also extremely sceptical of the arrangement.

When the scheme was initially developed, it was primarily aimed at people with a high level of community skills, one of which was to be the ability to manage personal finance. However, when it was accepted that people with very different skills were to be part of the scheme some carers were encouraged to draw allowances on behalf of the clients in their homes. In the early years there was a great deal of flexibility in dealing with finance but gradually an awareness of the importance of this matter was developed, not only as a statement of client responsibility, but to underline the balance of power between the user and carer in the placement. By 1986 the D.H.S.S. had agreed to the making of individual agreements with people who could not sign their names to use a cross or an initial in order to draw their allowances. This enabled the majority of users to be responsible for the daily costs of the placements.

### 4.5.(v) Organisation of Scheme Within Social Services Department

4.5.(v) a. Internal Links

The emphasis on links with divisional advisory staff, area offices, hospital social work departments, residential and day care establishments and the emergency duty team confirms the existence of the scheme as one of a number of options of accommodation and care within the department and that emphasis was placed on the integration necessary to provide a full service on behalf of their clients.

However, there is no mention in the policy document of officer contact with the proposed users of the scheme, nor of users' access to the officers. In retrospect it may have been so obvious that this was to be necessary that an omission was made. However, it may also have been the acceptance of the concept of 'professional' assessment being the norm for access to services. This omission leaves an impression of organisational benefit, highlighted by Goldberg, who states that the main aims of the placement schemes considered in her overview of current evaluative research were mainly as;-

a) An alternative to residential homes or hospital.

b) extending the number and range of care places available to the organisation.

c) continued living in the community for those needing a great deal of support from domiciliary services outside an institution.(Goldberg,1982).

The links between users and officers played an important part in enabling the users to participate as fully as possible in the choice of a carer, allowed users to state their needs directly to the officer and to discuss carers before meeting them. The meeting with the placement officer was often the first link users had with the scheme and enabled free discussion of any points that required clarification.

The range and frequency of the links that placement officers had with other professionals is possibly one of the critical factors in the development of the scheme and it is suggested that these links are one of the major causes of the varying proportions of users from each client group. For example, as stated in the Analyis of Long-term Clients (Chapter 5), the reduction of the proportion of people with mental health problems using the scheme from 1980/81 to 1984 was due to a reduction in the number of contacts made by the placement officers and the staff with specific responsibility for this group (Applications by Client Group (5.1.F.). (Further discussion of this point is made in Analysis of Client Group 6.1.)

4.5.(v) b External Links.

The links with the external systems of care through other departments of the County Council and other central government departments also show an early acceptance that the scheme should have an interest in other than purely

accommodational needs of the users. The acknowledgement of the D.H.S.S. indicates the importance of individual users of the scheme having adequate personal finance with which to pay for their care needs. The links encouraged discussion of these needs and the establishment of a clear system for users to be responsible for their personal finances. (See earlier discussion of this point, 4.5.(iv).).

Not only financial matters were seen as being within the concerns of the scheme. The links with the voluntary and religious organisations showed a concern for the leisure and social needs of the users and the carers. Clients were able to use these organisations for social activities and by doing so the scheme was also recognised as a possible service which other members of the organisations might use. This led to various informal and formalised links including bi-monthly meetings with several Councils of Voluntary Services to discuss aspects of the scheme.

A concern for needs other than accommodation for users was also indicated by the reference to links with the Department of Employment. The officers recognised both the possibility that some users of the scheme would wish to find employment and the need for social work staff to consider work or day care as an integral part of the placement. The original policy notes that this link would also be helpful when 'a client will benefit from a living-in job'. In retrospect this note is difficult to understand. If the officers envisaged carers offering accommodation and work, it was one of the few options that did not materialise. As far as is known by the author, no such connections were established throughout the study of the scheme.

A further important premise was made in that the officers would not only consider applications to the scheme but would aid applicants to find suitable alternatives if adult placement was not seen as entirely appropriate. The closure category included in the computer data for applications 'Resolved by Other Means' was quickly to become one way of noting that adult placement officers had appropriately helped applicants to the scheme by suggesting and sometimes instigating other options of care.

The sense of attempting to provide a service for users that was both an integral part of the county resources and also offered to each user a comprehensive service, was an early priority and an important, although unstated aim of the scheme.

### 4.5.(vi) Further Review of the Aims of the Scheme

The scheme was not reviewed again during the period of study but in 1986 a complete review was authorised by senior management to consider repeated requests for additional staff to be appointed. The Senior Management Team had

previously agreed that the Assistant Director (Adults) should chair a Working Group with the following terms of reference:- 'To consider the delivery of service under the scheme, including the need for expansion of the service'.

Some aspects of the scheme were changed following this review and the language and concepts were altered to adhere to the values then under current discussion. There is also an indication of a further move away from organisational objectives to client objectives, a trend which was occuring in some schemes developed post 1960. (Thornton, 1980). The aims were re-worded to reflect the importance given to the individual needs of each user. The aims replaced earlier written aims of the scheme and read as follows:-

> a) to widen the range of choice of accommodation for adults who require accommodation as a result of their age, disability, or past or present illness, whether for a specific time or for an indefinite period.
> b) to assist clients to achieve their aim of living with a carer, or a caring family, in ordinary housing.
> c) to enable clients who have lived with a carer for a period of time to move, if they so wish, to a more independent living situation.
> d) to promote to carers, professionals and the community as a whole, a philosophy which emphasises the individuality, value and dignity of all people.
> e) to recruit carers able to provide a client with a 'valued lifestyle'.
> f) to ensure that clients in placement are able to take as full as possible advantage of community facilities.
> g) to provide a service through carers assessed as being able to meet the identified needs of the client.
> h) to form part of a comprehensive community care programme involving liaison with other service providers, both statutory and voluntary.
> i) to promote a cost-effective service, but to arrange placements based on client need, not on grounds of cost.(report - adult placement scheme review 1986)

These changes indicate that the scheme could be responsive to current thinking with regard to aims and objectives for users and service providers. The actions of the scheme had changed little since 1979 but the thinking and some of the ways in which those measures were transacted were inaugurated into the policy.

## 4.6. DEVELOPMENT OF MANAGEMENT AND ORGANISATION OF THE SCHEME

As shown in the Development of Policy (4.5.) the scheme was able to adapt its aims to changes caused by emergent thinking during the period of the study. Similarly there were organisational changes in the county during this period, resulting in changes to the management structure of the scheme. These changes are considered in the following section.

### 4.6.(i) Process By Year

The annual scheme reports from 1979 until 1986 indicate some of the major issues that were being discussed by officers and senior management during the period. A brief outline of the content of these reports is given to indicate organisational changes that were made during this time.

4.6.(i) a 1979 - 1981

After two years, the adult placement officers reported that there was 'a steady response from interested people in the community willing to act as carers, and an increasing number of applications from social workers on behalf of their clients.'

As discussed in the preceding section, the response from the senior management team in March 1981 concurred with this view and stated that the limited number of placement officers was causing difficulties in the placement of all groups of clients. As it was intended to extend the scheme to include the elderly and younger physically handicapped, additional placement officers and specialist social workers would be recruited. The social workers were to be based in the area offices and would support the clients on the scheme. This work had previously been undertaken by area social workers but the number of clients using the scheme from some areas was increasing the general work-load of the area office to a point where some Area Managers had requested additional staff.

4.6.(i) b 1982 - 1983

As a result of the above report, three additional adult placement officers were appointed to the divisional offices and the first part-time adult placement social workers were appointed to those area offices which showed the highest numbers of clients using the scheme. The annual report comments that the year was 'one of consolidation for the scheme' which continued to be perceived as cost effective, having reduced the pressure on residential demand, and also another option for clients and social workers.

The developmental component of the scheme included the projected expansion to the elderly and physically handicapped groups. Pilot placements for this group were reported to have been initiated. (In reality placements for these groups of people had been functioning since 1979).

The statistics show an increased awareness and use of the scheme by area offices. Placements are shown to be concentrated on clients who were living in the community (56%) with 25% previously living in hospitals and 19% living in Local Authority Hostels (Placements by Type of Accommodation, 5.3.H.). This shows a slight reduction in the placements made from hostels, possibly as those people in hostels who were clearly suitable for adult placement had already been transferred

to the scheme. The numbers of people placed in settings other than family care were also shown to be diminishing.

4.6.(i) c 1984-1985

At the same time as the extension of the scheme in 1983, a new management structure was established in the county. This new team requested a major review of the scheme to include all documentation and both functional and administrative systems, which led to the approval of the Revised Adult Placement Policy and Working Document by Senior Management in May 1984.

The annual 'Achievements, Trends and Future Policies, Report of the Director of Social Services' (1985), gives very little comment on the scheme during this year. Under the heading 'Services for the Mentally Handicapped' one paragraph makes reference to the scheme:

> In addition to groups of people living in Hostels or ordinary housing, the adult placement scheme has been steadily developed from its inception in 1979 so that it now supports 336 people (201 of whom have a mental handicap) in the homes of selected carers.

This number is similar to the number of people with a mental handicap who were living in hostels (258 people in hostels with a further 75 in smaller scale residences such as group homes). In effect the adult placement scheme had duplicated the accommodation available through the county to people with disabilities. However, discussion of the achievements of the work in the hostels dominated that section of the report. Staff who were involved with the scheme considered that the above paragraph did not reflect the work that the scheme was achieving and also felt that a team approach to the management stucture would give a higher profile in the county. This view was reflected in a comment made in the Adult Placement Officers/Social Workers quarterly meeting notes:-

> Although there are advantages in the present line management structure, it is generally felt that a team approach to the adult placement scheme with adult placement officers being directly responsible for adult placement social workers would have been of significant benefit, both in the benefit of co-ordination of work for the user and in the prominence of the scheme in the county. (May 1985 8(iii) 85.).

The changes in county management altered the divisional structure resulting in changes of line management and office accommodation for the majority of officers. It has been suggested that the work of the scheme was affected (Applications by Year, 5.1.A. and Placements by Year.5.3.A.) as officers adjusted to these changes, which also coincided with budget alterations as the original Joint Finance monies were terminated and the Social Services Department took over the total budget for the scheme. As a result, the autonomy of the scheme decreased as the Health Service had less impact on future decision making and the officers had

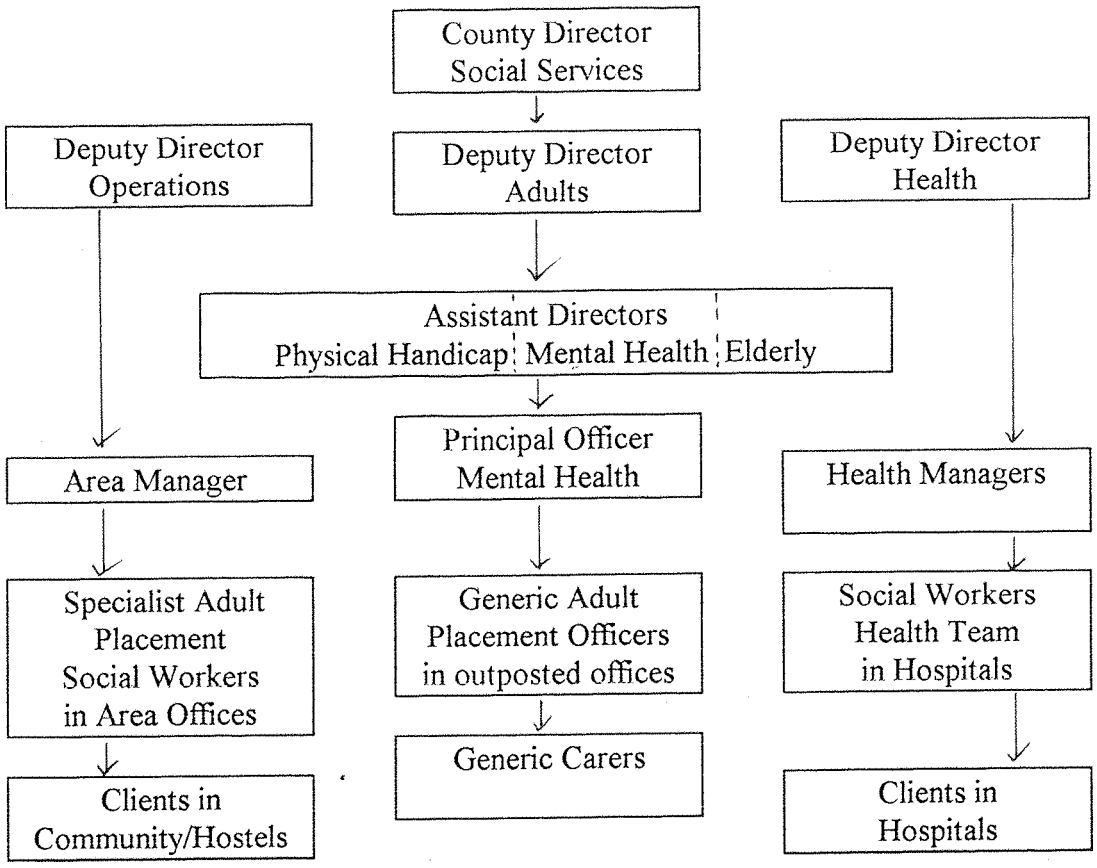
less recourse to an external policy structure. Although difficult to quantify, it is suggested that the reduction of links with the Health Service subsequently reduced access to the scheme for people with mental health problems (Analyis of Client Groups.6.1). The following section considers the new structure and the impact of management changes.

### 4.6.(ii) Management Structure 1984 - 1985

Under the new county structure management of the scheme was centralised in Winchester at the County Council Headquarters. The Divisional Directors were omitted from this structure although comparison with Table 4.3.2. (Organisation of the Management Structure, 1979) shows that the Assistant Director posts reflected the Deputy Director posts with regard to the area of responsibility.

Adult placement management was located within the team concerned with the care of adults with mental disabilities. The Director responsible for Mental Health had a wide range of responsibilities for both the mentally handicapped and mentally ill groups and appointed a Principal officer to assist in the management of several of these areas including adult placement.

## 4.6.(ii) Table - Management Structure 1985




Adult placement officers were outposted to three major towns (two officers per town) and received requests for placements from social workers from the area officers surrounding those centres. The group of area offices relating to each centre were termed 'territories' but in 1985 were identical to the divisions which they replaced. Therefore each officer had responsibility for a specific geographical area.

By this period, the majority of the local Social Services Area offices had one part time adult placement social worker with responsibility for a proportion of the clients in adult placement. As some clients were known to a generic social worker in the office and continued to be supported by this officer, this proportion varied between the offices from 40% to 95% of the clients placed on the scheme. The adult placement social worker received applications from the referring agencies and was usually allocated all new applications unless the client had been working with a generic social worker prior to the application.

## 4.7. THE DEVELOPMENT OF STAFFING

This section considers the development of the roles of adult placement officer and the specialist social workers which were appointed in 1983.

### 4.7.(i). The Role of The Adult Placement Officer

The role of the adult placement officer was fundamental to the scheme and has previously been described in Operation of the Scheme (4.3.(iii)). The role evolved and subsequently was clarified as the scheme developed and it is this development which is considered here.

As previously discussed in Development of the Policy (4.6.), the senior management team recommended an extension to the scheme in 1983 which included the appointment of three additional adult placement officers. The posts were allocated so that each of the existing officers divided his/her work load into two. It was stated in the report made by the management team that;-

> the 'success' of the scheme was largely due to good team work and the regular exchange of information and ideas which enabled adult placement officers to gain support from each other in the continuing development of policy and practice. (Senior Management Team Report March 1983).

It had been originally intended that the scheme should be extended in the future to include the elderly and the younger physically handicapped. The additional posts aimed to expand the scheme not only in the of numbers of placements but also by increasing the range of clients and the number of short-stay placements.

### 4.7.(ii) Carer Selection and Support

The recruitment and selection of carers has remained basic to the role of the adult placement officer and were tasks that the officers initially considered would not be easy. One report written at that time states;- 'initially, considerable difficulties were experienced in reaching prospective carers and this continues to be a problem. (Adult Placement Officer Report 1980).'
However, once the scheme was established prospective carers were forthcoming, 83 in 1979, 133 in 1980 (see Analysis of Carer Data 7.1.A.).

The proportion of carers registered from the yearly number of carer applicants reduced from 53% (83 enquiries, 44 registered) in 1979 to 44% (133 enquiries, 59 registered) in 1980 but increased to 56% (101 enquiries, 57 registered) in 1981 and 70% (56 enquiries, 39 registered) in 1982. These proportions may indicate changes in the acceptable range of carers, possibly due to an attempt to ensure that there were vacancies for placements. (For example, in the early years carers were not only registered according to the policy outline but a subsidary list of unregistered homes was also compiled and updated by the officers. These homes were usually awaiting consideration for acceptance on the scheme but were occasionally used as 'emergency' placements by social workers until

registered. This practice was later discontinued as the number of vacancies among registered carers increased.)

Officers recognised that a balance between carers and vacancies was required. The same report quoted above states;- 'It is not helpful to have too many vacancies waiting to be filled and therefore the recruiting of suitable carers has tended to keep pace with the number of applications received. (op cit.)'
There is also mention of difficulty in balancing the number of carers to applicants.
Two placement cessations were reported with the following comments;-

> a limited number of suitable places does, of course, tend to reduce the likelihood of being able to make the best possible match between client and carer. Hopefully, as the scheme continues to develop a greater choice of carers should help towards a lower breakdown rate. (Adult Placement Officer Report 1980)

(Outcome of Placement - Table 5.3.G.(i) indicates that from 1981-1986 the variation in the proportion of placements ending in cessations was between 22% and 27% showing little variation in the rate of cessations.)

### 4.7.(iii) The Matching Process

The policy relating to this area also underwent a change. By the first review of the scheme in 1983 the Revised Policy reads;-

> The adult placement officer is to have prime reponsibility for matching clients with carers. The placement will be agreed between the adult placement officer and social worker.

It was originally proposed that adult placement officers would work in co-operation with the social workers but that officers would make the decision, bearing in mind that the 'need to protect the carer is paramount'. The increased knowledge of the scheme that the specialist social workers gained by working predominantly as part of the scheme was felt to be sufficient to change the policy to recognise a shared responsibility.

### 4.7.(iv) Administrative Links

It was proposed at the commencement of the scheme that the adult placement officer would work in close liaison with administrative officers to allow efficient management of the associated budget.

Officers would also hold basic information on all clients referred to them for boarding-out and on all carers involved in the scheme. These areas continued to function during the various management changes throughout the study period.

### 4.7.(v) The Role Of The Adult Placement Social Worker

At the start of the scheme in 1979 any social work support for the applicant of the scheme came from the Area Social Services offices or the Hospital Social Work Departments. Each applicant was on the case-load of a nominated social

worker for a minimum period of six months. The rationale for this decision is given in full in Organisation of the Scheme (4.3.(v)c. Support for Clients).

Following the extension of the scheme in 1983 the revised policy included a job description of the work that the newly appointed specialist adult placement social worker would undertake.

4.7.(v) a Pior to Placement

**1)** To assess the applicant's potential for placement and to discuss the type of placement required with the referrer and the adult placement officer.

**2)** To complete application forms and assist the applicant to complete the Client Consent Form.

**3)** To arrange a multi-agency case conference prior to introductory visits.

**4)** To counsel the client, his/her family and close associates prior to and during the placement.

**5)** To facilitate arrangements for introducing applicants to potential carers.

4.7.(v) b During Placement.

The social worker had responsibility for giving initial support to the user to help in the adjustment to the placement. The support suggested was:-

**1)** to act as keyworker to clients i.e.to provide and/or obtain maximum support to clients during the initial period of placement and to also provide ongoing support to enable clients during placement.

**2)** to help the person placed to establish a social network in the area of placement.

**3)** to seek out clubs/evening activities.

**4)** to ensure appropriate arrangements for day care, also that links are established between day care establishment and carer.

**5)** to create appropriate possibilities for relatives, friends and previous staff to remain in contact with person placed.

**6)** to make arrangements for short-term care, holidays and visits to relatives and friends.

**7)** to offer support and advice to the client in relation to his/her financial needs; to include budgeting, to make ongoing arrangements with the D.H.S.S. and to ensure the payment of all appropriate benefits.

**8)** to endeavour to safeguard the clients from any form of exploitation.

**9)** to identify areas for new opportunities and state clear goals from which an Individual Programme Plan can be developed.

**10)** to evaluate and assess placement.

**11)** to arrange multi-agency reviews of placements as necessary during trial period.

12) to organise subsequent Adult Placement Reviews following establishment of placement.

4.7.(v) c. Post Placement.

When a placement was perceived as not meeting the needs of a person this was discussed with the client and an adult placement review arranged. The social worker co-ordinated any additional support required during this period. In the event of a placement breaking down, the social worker, in consultation with adult placement officer was responsible for finding an alternative resource for the client and continued to support the client in the period of adjustment to the new placement.

### 4.7.(vi). Developments Post Management Change - 1987.

4.7.(vi) a. Additional Staffing.

The 1987 review and subsequent Scheme Report recommended an increase in staffing which would 'enable significant progress in the placement of elderly and physically hancicapped people and give sufficient time for the proper selection of carers and careful matching of carers and users'. This appears to assume that lack of progress in extending the scheme to these users was due to inadequate officer time. (This point is addressed in Chapter 5.) The Revised Policy also introduced the specification of carer type and aimed:-

**a)** To recruit, assess and select suitable carers to participate in the scheme, covering the full range of client groups: people with mental handicap, mental illness, physical handicap and elderly.

**b)** to recruit, assess and select a pool of carers specifically to offer short-term care, or other specialised care.

(Revised Adult Placement Policy 1987)

An additional point of evaluation was incorporated into the Revised Policy which stated that adult placement officers should 'Ensure that standards within the carers' home meet the objectives of the scheme.' This is the first acknowledgement of ongoing evaluation in the Policy Documents although it was part of the role of adult placement officer throughout the scheme.

4.7.(vi) b. Selection of Carers.

The 'Referral of Clients' section of the policy notes an increased acceptance that people other than the adult placement officer will be closely involved with the assessment process. The report states that;-

when a client is in a training centre, day centre or residential establishment,the Principal Area Officer, in conjunction with the Residential and Day Care Services Manager, convenes a case conference or review to be attended by the adult placement officer, the Officer-in-Charge of the Establishment and the

relevant social worker, to assess the client's needs and make recommendations for boarding-out, if appropriate. ( Revised Adult Placement Policy 1987)

This was to be a two-way process with the adult placement officers being encouraged to attend reviews on a more regular basis. The report continues:-

Principal Area Officers must involve adult placement officers in case conferences and reviews when there is the potential of using the scheme for clients in the community as an alternative to residential care., (Revised Adult Placement Policy 1987)

By the time that the Revised Policy was written the job description of the adult placement officer had been altered to reflect this thinking.

4.7.(vi) c The Matching Process for Placement.

The Revised Policy in 1987 also considered the matching process and the tasks of the officer included the following;-

to have the responsibility for seeking a suitable carer to meet the client's needs and in discussion with the client's social worker and other relevant parties, to agree the placement. (Revised Policy op.cit.)

The matching process had been considered in the first review but the need for shared responsibility had grown through the process of placement.

The process for placement is an alternative way of considering the role of the adult placement officers as follows:-

**1)** to consider the applicants current needs and assess how these could be met in a placement by liaising closely with people who have direct contact with the applicant.
**2)** to identify a carer who could meet those needs.
**3)** to arrange introductory visits between the applicant and potential carer.
**4)** to authorize and activate all the necessary financial arrangements.
**5)** to arrange Adult Placement Reviews for clients in placement.
**6)** to ensure that all other relevant services are made available to meet individual needs. (Revised Adult Placement Policy 1987)

Although the changes made to the policy in 1987 were authorised in the year following the end of the period of study for this thesis, the concepts that caused these changes emerged during the previous years and developed as a result of the growth of the scheme. It therefore appeared relevant to include these changes as a further demonstration that developments in the concepts of community care can be included in the policy and within a short period of time.

## 4 8. CONCLUSION.

It has been demonstrated within this chapter that a consensus on the advantages of community living for the majority of those people with a disability has been growing for some time. Developing a scheme which was located in the general community and which matched the abilities of clients was an aim in keeping

with this thinking. The possibility of making available a pattern of everyday life to all client groups which was as close as possible to the norms and patterns of the mainstream of society was the fundamental principle which underpinned this development.

Reports written during the development of the scheme have highlighted the impact of locally-based residential services for disabled people, particularly the use of existing social networks and users' access to general services in the community. They recommended less restrictive settings, a flexible range of facilities and considered staff attitudes as more important than the standards of buildings.

It can be concluded that people are likely to benefit most from residential placements that offer good physical surroundings, habilitative services and sufficient challenge and support for each individual level of competence. At present institutional care does not offer a close match between level of need and service provision, many people with disabilities are unable to obtain necessary services and once these services are obtained, unable to leave them.

Adult placement evolved as an alternative to institutional care and provided a framework for these considerations to be put into practice. In addition the general philosophies of care outlined in Government Reports match adult placement aims in many ways. The intentions were in line with what society currently perceives as 'good', both from a client-centred and a self-interested (public-purse) perspective.

A scheme was developed that was similar to that of child fostering but gave emphasis to the care of adults who were often capable and experienced in making their own decisions about their choice of accommodation and life-style. It was also considered that adults were generally more established than children in having formed a style of living and emphasis was given to maintaining that style.

A central concept was the belief that all people need and should be able to expect to be involved in close personal relationships which provide affection, emotional and physical contact. The scheme attempted to create a framework which enabled individual needs to be met by providing a service that encompassed a variety of situations and a range of placements. In contrast with residential care, the users were given far greater choice in deciding how their care needs would be met, with the number of suitable placements increasing the likelihood of being able to make the best possible match between client and carer.

The scheme provided sufficient staff time to assess the users needs, co-ordinated placements and provided on-going monitoring, evaluate all aspects of a clients placement and effect any resulting changes. The appointment of adult placement officers to give support to carers and social worker's support for the

client aimed to reduce subjectivity, placements could be twice as accurately judged and the client's view was fully represented.

As users were closely involved with placement decisions, their opinions as to the suitability of care was also an important evaluation of the placement. The individual autonomy of the units enabled each placements to be judged critically and there was the possibility of closure if clients indicated that they were not cared for in a suitable manner. Without the balance of decision-making resting with the user, the scheme would have become another example of an organisational based service which primarily catered for the need of the organisation. The possibility of action being taken on the user's opinion created a balance within the placements which encouraged carers to respect users' views.

It was perceived as vital that these safeguards were incorporated into the policy and without them the scheme offered only the possibility of alternative accommodation and could have reverted to the earlier model of board and lodgings that had been critisised for offering insufficient care. (Other safeguards were indicated; day care or planned leisure activities for all users, training opportunities and group discussions for carers, holiday opportunities, trial-periods, financial support, formal written agreements and assessment of the integrity and suitability of prospective carers.)

Clients were also encouraged to take financial responsibilities for the placement underlining the balance of power between the user and carer. Clients were also asked to give their written consent before any confidential information was passed on to carers.

The adult placement review was a vital aspect of the scheme being the means by which a placement could be monitored and assessed and where support services could be identified and requested. Although a uniform review was not accepted throughout the County, each division conducted a system of reviews on each user and carer.

The question is raised as to whether adult placement is particularly adept at making changes and whether alterations to policy can affect attitude and thinking of the staff. It is probable that the use of individual carers who were in control of their own homes allowed change to be absorbed within these small units in a way that would be more difficult within a residential home or institution.(Goffman,E. (1961) when describing the characteristics of total institutions, argues that this type of social establishment is often impervious to change. Goffman, E. (1961))

However, unlike staff in residential homes, carers who were reluctant to make changes could not apply group pressure and did not have the support of a union. If critical changes were required the carers had little option to change or the placement could be terminated. Even if a change was required which only the

social services department considered important, it was possible for the department to put pressure on the client to co-operate in manipulating that change or consider a move.

Closing down a residential unit under similar circumstances could have precipitated staff redundancies or re-deployment with possible union involvement and would have resulted in an empty building which would still require maintenance or utilization. As the only buildings involved in adult placement were carer's own homes for which social services department had no responsibility, policy changes could be implemented quickly and easily as adult placement officers controlled the terms of the placement and the agreement was a private arangement between carer and client. Carers could offer little resistence to modifications or alterations with the exception of withdrawing from the scheme.

It appears that adult placement is adaptable to changing aims and objectives not simply because the individual unit reflects the basic living arrangements that exist in our society without the bureaucratic organisation of the total institution, but because each placement can be modified if required to suit the individual needs of the user. Adult placement as a concept is flexible and with inbuilt safeguards, evaluation and monitoring of the placements, it can be both a client-centred and financially viable alternative to institutional care for people with disabilities.

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## CHAPTER 5

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### 5.2. TRIAL PLACEMENTS

**5.3.CLIENT PLACEMENTS**



**5.4. SHORT STAY PLACEMENTS**

# CHAPTER 5. ANALYSIS OF HAMPSHIRE ADULT PLACEMENT SCHEME

## CLIENT DATA 1979 - 1986

### 5.A. Introduction

The following chapter considers the number of applications submitted to the scheme and the subsequent number of trials and placements occurring during the period 1979 - 1986. The data have been divided into four sections with a periodic summary following each section and a final summary concluding the chapter.

The short-stay and long-stay schemes were two distinct aspects of the service provision and as such are discussed separately. The process of data collection has been previously discussed in the Methodology (2.D.).

As this is a retrospective analysis, the nomenclature of the time has been used to describe the client groups.

### 5.1. LONG-STAY CLIENT APPLICATIONS

Each client wishing to use the scheme was allocated a social worker who completed an application form together with the client. Applications were sent to the adult placement officers and information from each form was input to a central computer. This information has been analysed to give the following information.

#### 1.A.(i) New Applications by Year

The following table shows the number of applications in order to ascertain changes over the first eight years of the scheme. The table also shows the expansion rates of application to the scheme and the Hampshire adult population to determine whether the expansion rate exceeds that occuring in the general population.

**Table 1.A.(i) - New Applications by Year**

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| Applications | 75 | 98 | 98 | 102 | 164 | 171 | 193 | 114 | 1015 |

↑ ↑

Hampshire Adult Population increased by 7% (1981-1986)
Expected growth in applications from 1981 (98 x 7% = 105)

The overall figures show a yearly increase until 1986 when a 41% drop in applications occurs. The increase of 16 applications from 1981-1986 is approximately 9% above that indicated by the 7% growth in the adult population in the Hampshire for this period, indicating that the scheme was expanding above that of the population in Hampshire. Possible reasons for the decrease in applications in 1986 are examined in the following section.

**1.A. (ii) Total Applications Including Pending at End of Year**

As some applications could take several months to resolve, it is possible that applications received in the latter months of a year were not resolved until the following year. These applications have been termed 'applications pending' and refer to the number of unresolved applications at the end of each year.

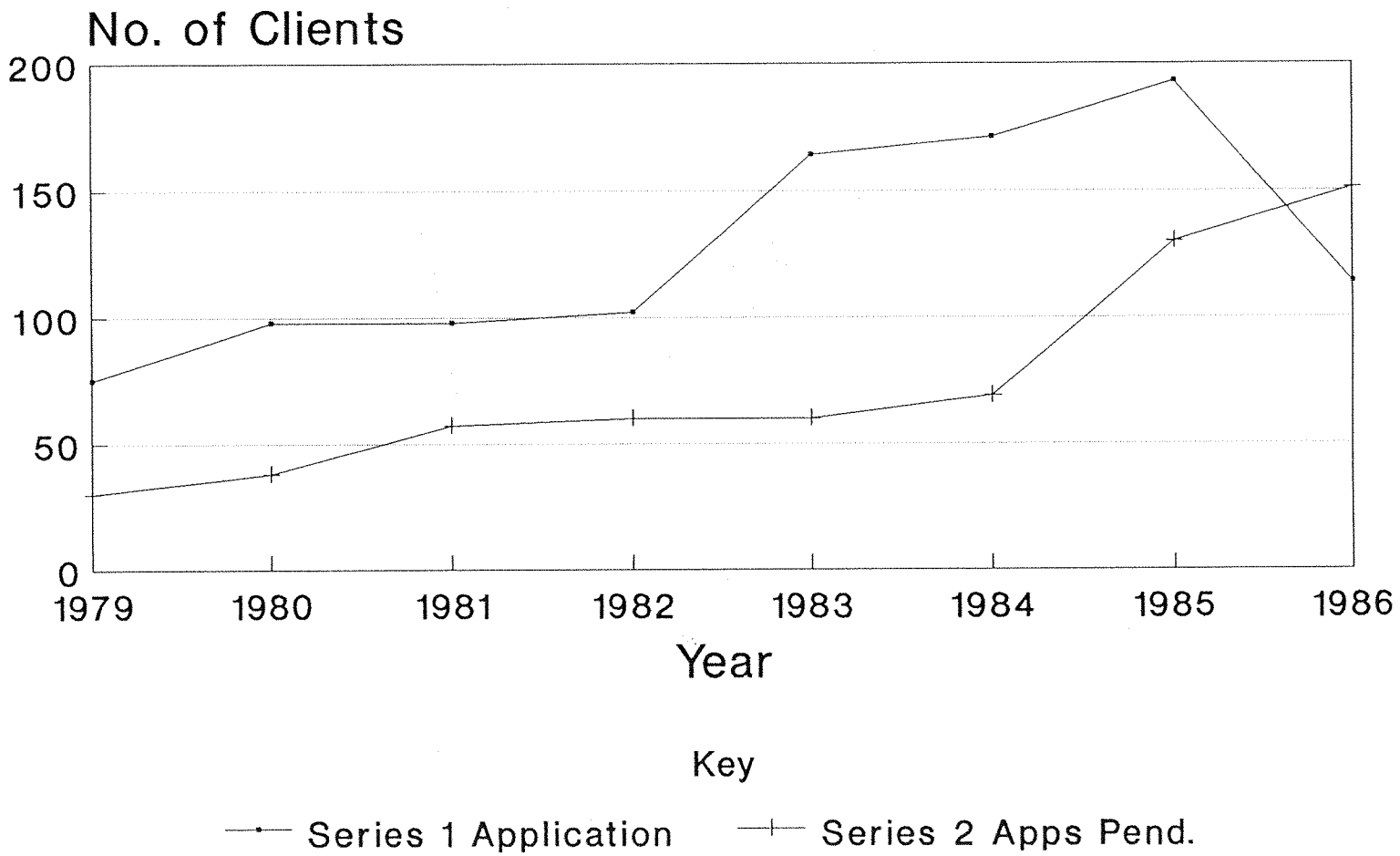
The number of applications pending from the previous year is shown in the figure 1.A.(ii) and accounts for more applications remaining at the end of the year than were received during the year, as shown in 1986.

Although the number of applications received during 1981 is identical to that of 1980, there is a higher number of applications pending at the end of the year possibly from the increase in the officers' caseload which limited the ability both to deal with applications received and to encourage new applications to the scheme. However, the greater number of applications pending in 1981 could also have been due to a larger number of applicaions occurring in the latter months of this year, thus remaining unresolved at the year's end.

In order to enable the officers to manage both their current caseload and an increasing number of applications to the scheme, the number of adult placement officers was increased from 3 to 5 in 1982 and from 5 to 6 in 1983 (see Appendix E. Table E.1.A.(ii)). It is suggested that this increase in officers encouraged new applications and enabled more of the existing applications to be processed which could account for the number of applications pending in 1983 remaining the same as in 1982, despite an increase in the number of applications during the year.

The large increase in the number of applications pending in 1985 increased the officer's overall workload and may have resulted in the decrease in the number of new applications received during 1986, as the officers discouraged new applications to the scheme. (As previously suggested, the officers had some control over the number of applications received.) These points will be considered further in 1.K.(i) Outcome of Applications and 1.L. Applications Pending.

# Fig 1.A.(ii) - New Applications by Year & Applications Pending at End of Year



## 1.B. APPLICATIONS BY DIVISION.

The number of applications have also been considered by Division. The divisions in Hampshire were defined as an aid to the management of the County and were formed by amalgamating locally-managed area offices to create three approximately equal demographic units. However, the northern division had the largest overall area and a greater proportion of rural areas. The re-organisation of the County into central headquarters in 1984, and the re-establishment of greater management at a local area office level did not affect the population distribution and it is possible to continue to group the figures by division post re-organisation.

As shown in Figure 1.B.(i), the South-West division received a larger number of applications in all years. As the divisions were designed to be similar in population size and to include a variety of both urban and rural communities there does not appear to be any clear reason for the disparity.

As given in Appendix E, Table E.1.B.(i), a chi-square test shows there is a significantly higher than expected number of applications in 1979 and a slightly lower than expected number received in 1985 in the South-West division. The test also shows that the South-East division received a significantly higher than expected number of applications in 1984 and 1985.

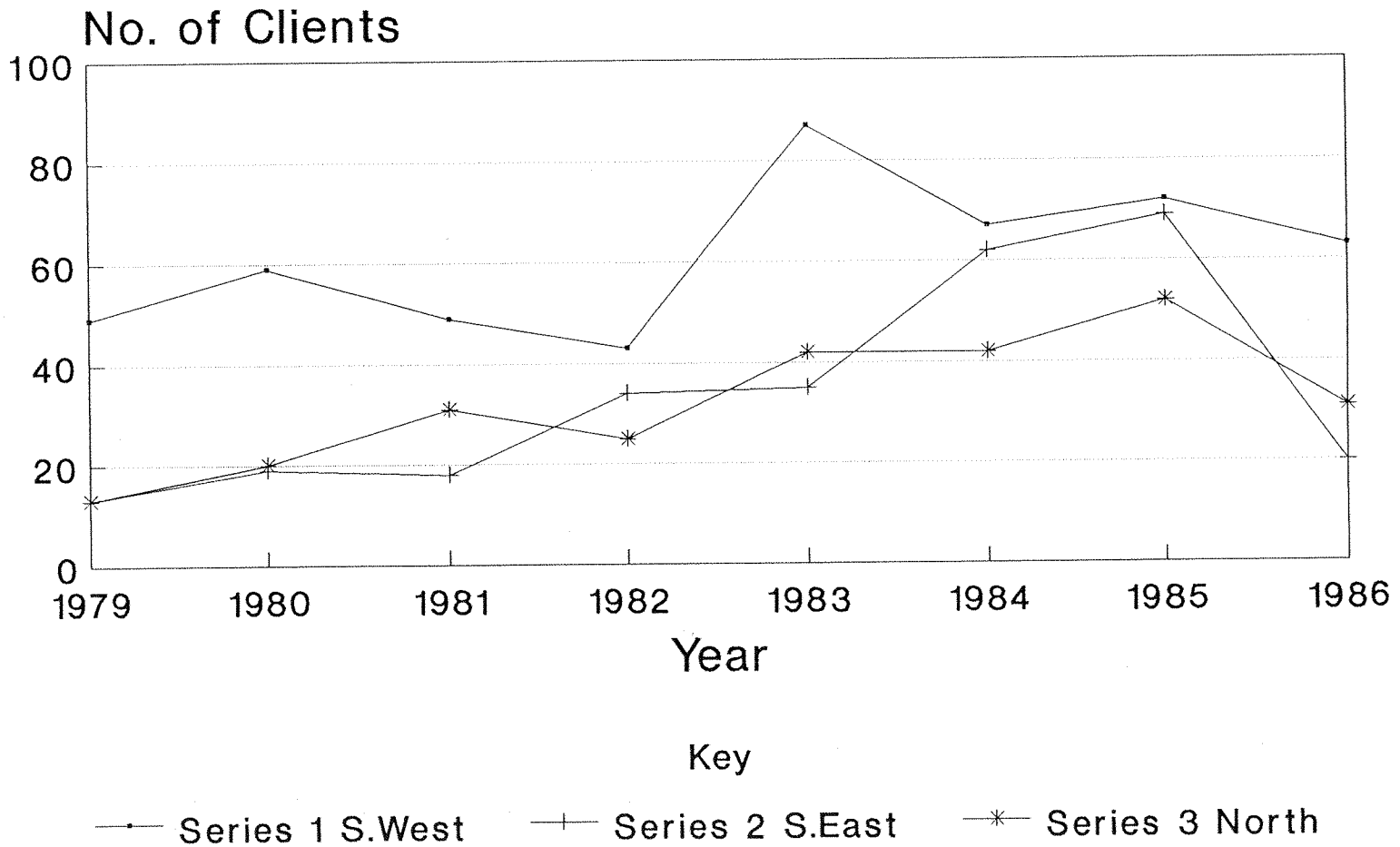
It is difficult to account for the increasing similarity between the divisions in the number of applications received during this time or why the disparity returns in 1986. However, during 1984 a managerial re-organisation occurred in the county, changing the divisional structure into a centralised sector under the title of 'mental disability group'. As these managerial changes affected the links with officers involved with specific client groups, it may be possible that the proportions of applications from client groups changed at these times. This suggestion is discussed further in Application by Client Group Section 1.F.

The workload of the officers in each division also appears to have caused some fluctuation in the proportion of applications received. The adult placement officer in the South-West reached a higher caseload more rapidly than the other divisions, resulting in a greater number of placements being made and thus a higher profile for the scheme in this division. In order to consider this difference in more detail, the following table has been compiled and shows the percentage growth or reduction in applications by division.

**Table 1.B.(ii) - Percentage Change from Previous Year in Applications by Division**

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 |
|---|---|---|---|---|---|---|---|---|
| North | - | +54% | +55% | -19% | +68% | 0% | +24% | -37% |
| South-East | - | +46% | -5% | +89% | +3% | +77% | +11% | -71% |
| South-West | - | +20% | -17% | -12% | +102% | -23% | +7% | -12% |

# Fig 1.B.(i) - Applications by Division and Year



Despite some fluctuation, this table shows a general rise in applications, with the exception of 1986 in which all divisions show a percentage decrease.

As over 59% of the total applications in the South-West were received during the first two years of the scheme, the resulting caseload did not allow this high level of applications to be maintained by one officer and therefore a decrease occurs in 1981 and 1982. It appears that as a result of the high profile of the scheme in this division, the additional adult placement officer employed in 1983 enabled a substantial rise in applications resulting in a higher caseload. However, as a result of the higher caseload it appears that this new level of applications could not be maintained, resulting in a decrease in the number of applications made in 1984 and 1986.

The marked decrease in applications in the South-East in 1986 (a decrease of 71% on the previous year) and the lesser decrease in applications in the North division may have also been caused by the officers' increasing caseload. However, this effect does not appear to have diminished the number of applications to the same extent in the South-West division where the decrease was 12% on the previous year.

The higher number of applications received by the South-West may have been due to a more flexible attitude towards the receiving of applications in this division. This could have resulted in a higher number of applications being received and visited in the South-West division in contrast to the practice in the other divisions of seeking initial agreement between social workers and adult placement officers before an application was made.

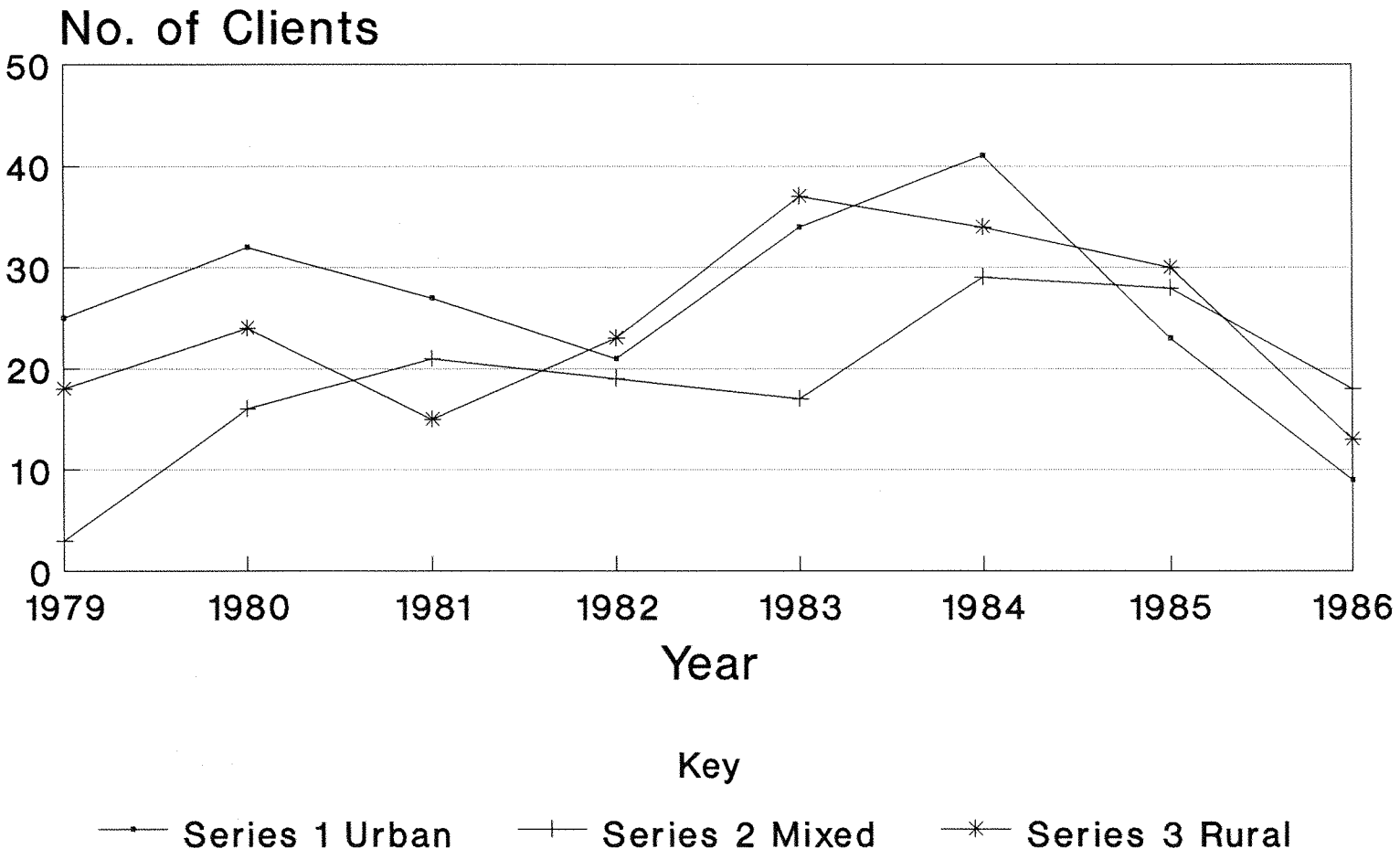
Management policy attempted to eliminate these differences in 1984 which may have also led to a more even distribution of applications in the latter years (see Figure 1.B.(i)). Alternatively a more effective level of communication with other professionals in the South-West or a more positive promotion of the scheme in this division in the early years may have enabled a greater number of social workers to consider the scheme on behalf of their clients. As the scheme became more generally known throughout the county social workers in all areas could consider adult placement as a possible alternative for users.

## 1.C. APPLICATIONS BY AREA.

### 1.C.(i) Applications by Area and Year

The divisions were sub-divided into nine area offices, each responsible for a similar demographic population. The areas differed in size in that some were small, urban and densly populated with others covering a large, sparsely populated rural area.

# Fig.1.C.(i) - Applications by Area and Year. (Sample Group)



Applications were generally processed by the area office in which the client was living at the time of application. For a small number of applicants in residential care who had continued contact with a social worker based in another area office, this original officer was used to process the application to the scheme. The number of applications thus affected were considered insignificant in analysis of the data and was not particular to any one area type, and all applicants were viewed as originating from the area type in which the office was situated.

To consider differences between area type a sample of 15 area offices was selected from the total 27 area offices. The five area offices with the greatest density of population were used to make up the urban group, the five area offices least densely populated were selected to form the rural group and the two area offices falling either side of the median formed the mixed group, giving a total sample of 557 applications. The area offices used for these tables are as follows:-

**Urban**- Southampton Central, Southampton East, Southampton West, Portsmouth Areas 2 and 3.

**Mixed**- Fareham, Eastleigh, Winchester, Basingstoke, Havant.

**Rural**- Test Valley, East Hampshire, Hart and Rushmore, Romsey, Lymington.

Figure 1.C.(i) shows that the urban areas received the highest number of applications in the first three years and the largest number of applications overall (38%). However, there was considerable fluctuation in the number of applications over the years between the area types.

Overall, a chi-square test indicates that there is a difference between area types in the number of applications received (see Appendix E, Table 1.C.(i)). This was not expected, as all area offices were responsible for a similar demographic population. The chi-square test also shows that the greatest variance between the actual and expected number of applications occurs in mixed areas in 1979 when fewer applications were received and in 1984 when a greater number were received.

It was anticipated that during the early years of the scheme there would be an emphasis on the placement of people with mild mental disabilities from hostels and hospitals. Therefore, it was expected that there would be a greater number of applications from urban areas where these hostels were mainly located and from rural areas where long-stay hospitals were located. As people with less chronic mental health problems tended to reside in city areas around the acute hospital services, it was expected that a greater number of applications would be received from this group in urban areas. There were no marked demographic differences for the mentally handicapped and physically handicapped groups. However, a higher proportion of elderly people lived in rural areas.

When considering the number of applications by area type, differences occur during the early years but lessen during the remaining years. It is difficult to ascertain in a sample of this size whether the differences occur because of fluctuation over the years as shown in Figure 1.C.(i) or whether the proportion of each client group applying to each area type is a factor. This point is discussed further in 5.1.F. Applications by Client Group and Year.

## 1.D. APPLICATIONS BY SEX.

The table 1.D.(i) is used as the expected level for the analysis of data in both this section and Applications by Age and is taken from the 'D.H.S.S. Census of Population 1986'.

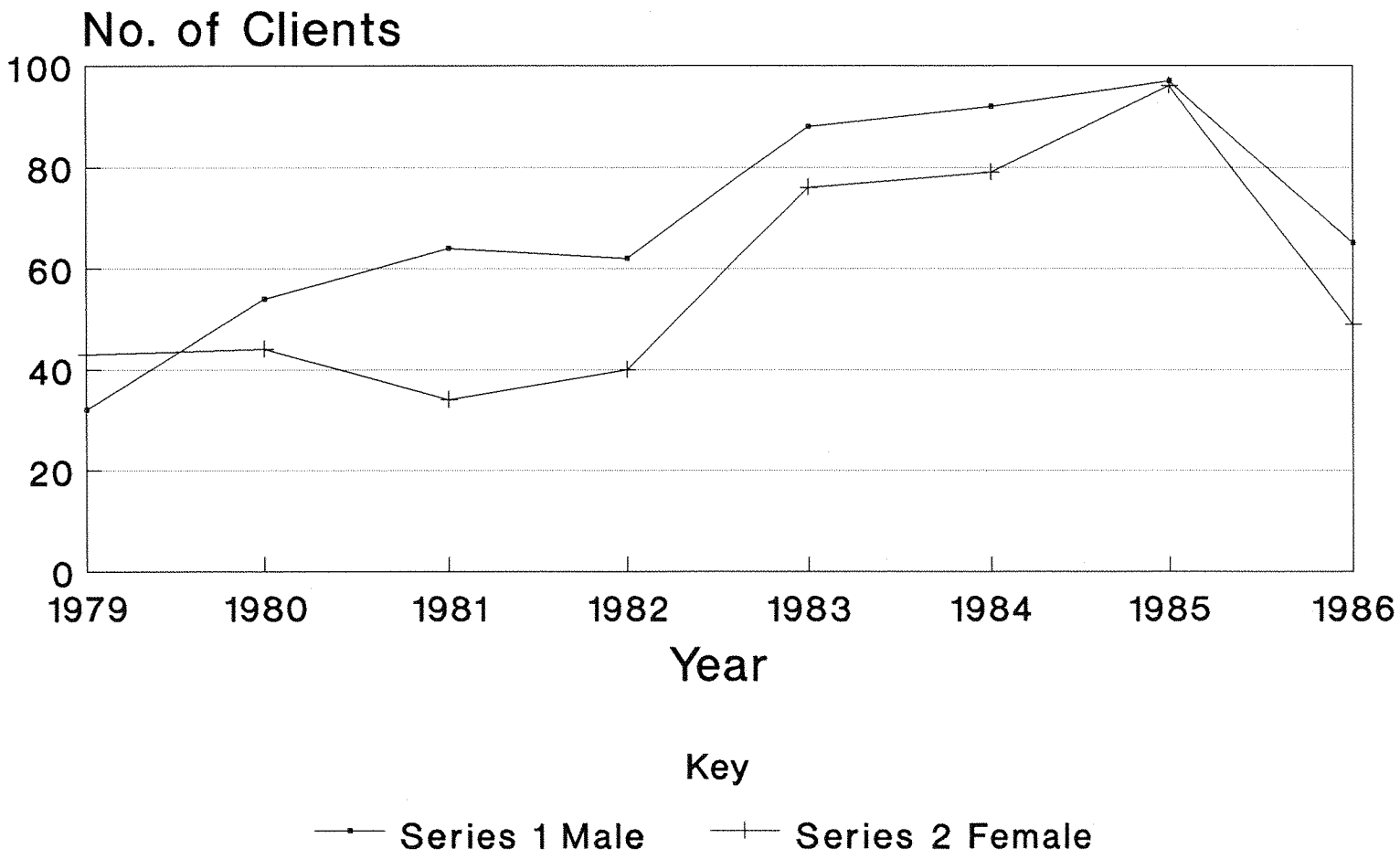
The County statistics for the resident population of Hampshire show a slightly higher proportion of males to females in the age group 18-59 years, ranging between 50% to 53% for males. From 60 years of age there is a higher proportion of females to males. (Approximately 54% of the 60-69 age group, to 71% of the 80+ age group.) This gives an overall proportion of 52% female to 48% male.

**Table 1.D.(i) - Usually Resident Population Of Hampshire:Age By Sex. 1986**

| Ages | Males | Females | Total | % of Total Adult Population. | |
|---|---|---|---|---|---|
| **18-19** | 27,316 (54%) | 23,687 (46%) | 51,003 | [5%] | |
| **20-29** | 107,574 (52%) | 99,811 (48%) | 207,385 | [20%] | |
| **30-39** | 105,856 (53%) | 105,162 (47%) | 200,018 | [20%] | |
| **40-49** | 82,618 (50%) | 81,160 (50%) | 163,778 | [15%] | |
| **50-59** | 77,350 (49%) | 80,339 (51%) | 157,689 | [15%] | |
| **60-69** | 62,840 (46%) | 73,036 (54%) | 135,876 | [13%] | }Elderly from }60years |
| **70-79** | 39,950 (41%) | 57,279 (59%) | 97,279 | [9%] | }58% Eld F. }42%Eld M. |
| **80+** | 11,261 (29%) | 27,477 (71%) | 38,73 | [4%] | |
| | 514,765 (48%) | 547,951 (52%) | 1,062,716 | 100% | |

Percentages by row. Eld.F. = Elderly female. Eld.M. = Elderly male.

# Fig.1.D.(ii) - Applications by Sex and Year



Given that there are slightly more females than males both in the general adult population and in the elderly age groups, which the scheme targeted in particular, it could have been expected that there would be a slightly higher level of application from females. The scheme was also directed at those who had been coping in the community with other disabilities but found that they needed a greater level of care as they reached later middle age, (50 years plus) where a greater proportion of females is also shown. However, the ratio between males and females differed between client groups. (The differences shown by client group, including the number of elderly people is discussed in 5.1.I. Applications by Client Group and Sex.)

The scheme also targeted people who were able to cope with a move into the community and it was expected that a large proportion of these applicants would be in the younger groups where, as shown by general population statistics, there are slightly more males than females. This latter emphasis may have redressed the proportional balance of males to females. It was therefore expected that overall the scheme would attract similar levels of application from both males and females.

Figure 1.D.(ii) demonstrates the number of applications made by both males and females and considers the actual number of applications by sex for the years 1979-1986. With the exception of 1979, male clients made more applications than females achieving a 10% higher total overall. The proportion of each group and the expected frequency of each sex is given in Appendix E, Table E.1.D.(ii).

When considered against the Hampshire County statistics, the results indicate a higher level of male applications than would be expected with the greatest difference in 1981. However, even this small percentage discrepancy is surprising as it is in the direction opposite to that expected. (This is further magnified if consideration is given to the targeting of the specific client groups and the age groups.)

It is possible that as the family group has traditionally been a place where males have received care from females, social workers viewed adult placement as a particularly appropriate form of care for males, or that women were better at managing on their own. Alternatively, this higher level of male applicants may be due to the age of the applicants, particularly from the younger age groups as it is possible that male elderly clients sought care at a slightly earlier age than their female counterparts. (This point will be discussed further in 1.J.(i) Applications by Client Group and Age.)

The varying proportions of client groups making applications may also have affected the proportion of males and female applications. For example, if there were more applications from people with a mental handicap where there are similar

proportions of male and female applicants, the differences between the sexes would have been less than if there were large numbers of applications from elderly people. These factors are discussed further in 1.E. Applications by Age and 1.F. Applications by Client Group.

## 1.E. APPLICATIONS BY AGE

The following table considers the actual number of applications by age for the years 1979 to 1986 and compares the proportion of each age group against the expected frequency of age groups shown by Hampshire County statistics.

**Table 1.E.(i) - The Distribution of Application by Age Group with Proportional Expected Frequency**

| | 18-19 | 20-29 | 30-39 | 40-49 | 50-59 | 60-69 | 70-79 | 80+ | Years |
|---|---|---|---|---|---|---|---|---|---|
| **Applications** | 125 | 219 | 155 | 111 | 140 | 113 | 123 | 29 | (1015) |
| **Actual %** | (12%) | (22%) | (15%) | (11%) | (14%) | (11%) | (12%) | (3%) | |
| **Apps. Expected** Using Hampshire Stats. | 51 | 203 | 203 | 152 | 152 | 132 | 91 | 41 | |
| **Expected %** Using Hampshire Stats. | (5%) | (20%) | (20%) | (15%) | (15%) | (13%) | (9%) | (4%) | |

Apps. = Applications, Stats.= Statistics

Percentages by Row. ( $\chi^2 = 173.97$ DF=7 $\rho<0.5$ )

The above table shows that the largest group of applications falls within the 20-29 year group, representing 22% of the total, but this is only 2% higher than expected. However, a chi-square test shows that applications were higher than expected from the 18-19 and 20-29 year age groups and slightly higher in the 70-79 age group. The age groups from 30-69 and 80+ years of age show a lower than expected number of applications.

It is probable that the younger age groups are more highly represented than in the general population due to the high priority given in the County to the transfer of 18 year olds in care from child-based services to adult services. All young people with disabilities who were in care and who were reaching 18 years of age were offered a range of residential alternatives, including adult placement, within the County.

The scheme was also seen as appropriate for people who would benefit most from a move from institutions to family care, with younger people viewed by social workers as the group most able to benefit from this type of transfer. It was

expected that the mentally handicapped and physically handicapped groups would have been more highly represented than others as people with these disabilities were more frequently in residential care below 18 years of age.

The age groups over 69 years which included people from all client groups are also more highly represented than expected, possibly as their need for greater care encouraged applications for residential services. It was expected that there would be less applications from the 30-59 year age groups as people in their middle years would generally have secured an established residence with little need for change. These points will be explored in greater depth in 1.F. Application by Client Group.

## 1.F. APPLICATIONS BY CLIENT GROUP.

The following abbreviations are used in all tables relating to client groups:-

**Ment.H.or M.H.** - People with a mental handicap (learning disability).

**M.Ill. or M.I** - People with mental health problems.

**P.H.** - People who have a physical disability.

**Elderly or Eld** - People over 60 years with no previous disability.

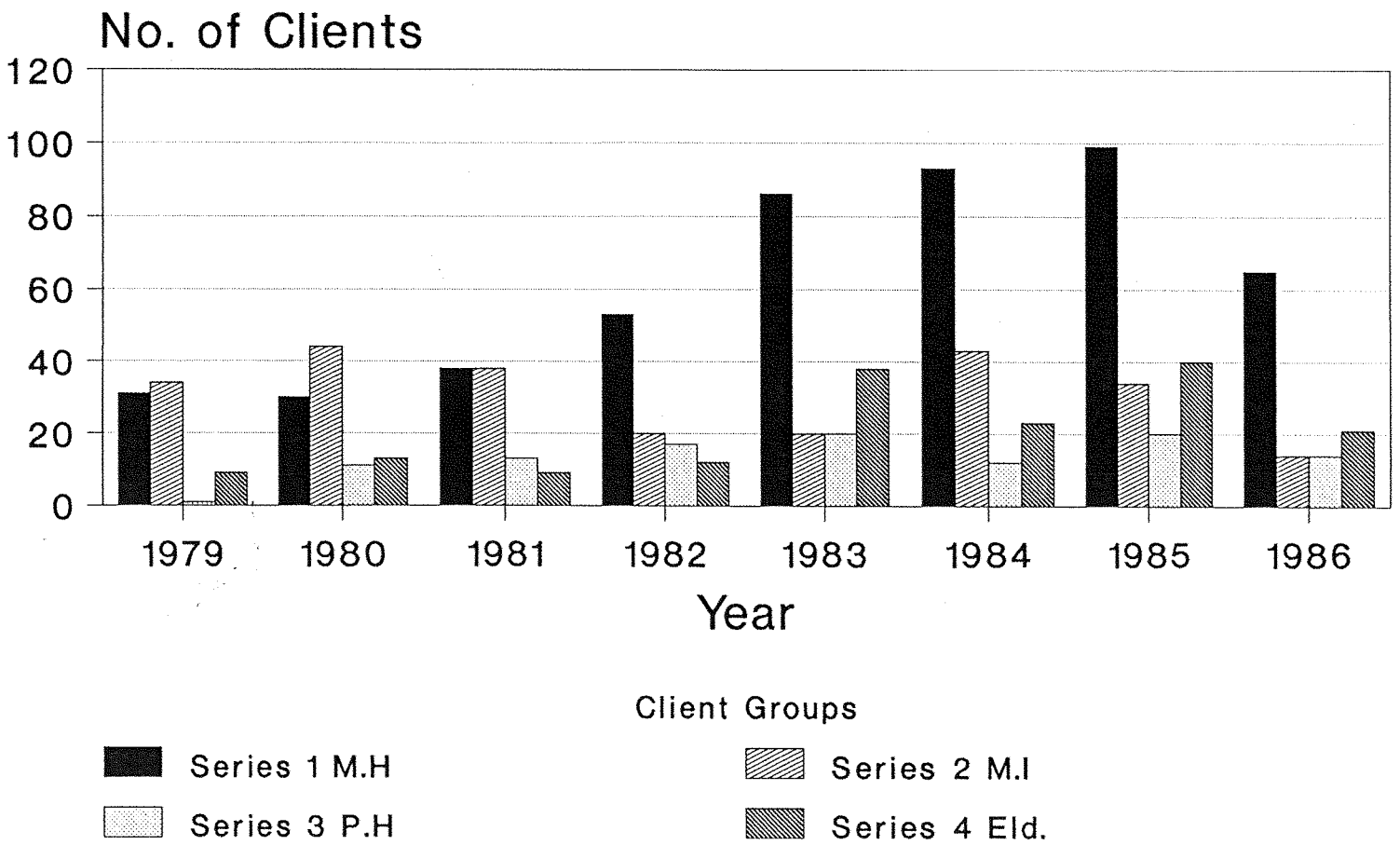
People who had multiple disabilities were categorised according to the disability which had most effect on their lives. As the category did not change once someone reached 60 years of age, people with single or multiple disabilities over 60 years of age remained categorised by their original disability.

### 1.F.(i) Applications by Client Group and Year

Whilst the scheme's primary aim in the early years was to place people with a mental handicap, with some acknowledgement of the potential placement of people with mental health problems, clients from other groups were not prohibited from applying. The scheme was expanded in 1983 to promote placement opportunities for all groups by increasing the number of adult placement officers and designating specialist social workers to all area offices.

Figure 1.F.(i) shows the number of people in each client group who applied to the scheme from 1979 to 1986 and indicates that despite the initial emphasis towards people with a mental handicap, more people with mental health problems applied in the first two years of the scheme with the elderly and physically handicapped making few applications. By 1983, although the scheme policy was to target all groups equally, half of the applications during that year are shown to have been made by people with a mental handicap. A chi-square test shows that the greatest variation from the expected number of applications occurs in the mentally ill group (see Appendix E, Table E.1.F.(i)). There were fewer applications than expected from the physically handicapped in 1979 and from the

# 1.F.(i) - Applications by Client Group and Year



mentally handicapped in 1980. Figure 1.F.(i) Applications by Client Group and Year clearly indicates the extent of the growth in the mentally handicapped group.

1.B.(i), Applications by Division showed that between 50% and 66% of all applications in the first three years of the scheme were made in the South-West division where links with the Mental Health Services were particularly strong. It appears likely that these links encouraged applications from the mentally ill group in this division, thus giving a higher number of applications than expected. This factor is discussed further in 1.G. Applications by Client Group and Division.

To consider the effect of the policy change in 1983 that aimed to target all client groups equally, the following table has been compiled by grouping applications received from 1979 to 1982 and those received from 1983 to 1986. The number of applications by client group has been considered by both actual number and as a proportion of the total applications made.

**Table 1.F.(ii) - Applications by Client Group and Year**

| | 1979-82 Applications | % | 1983-86 Applications | % | 1979-86 Applications | % |
|---|---|---|---|---|---|---|
| **Ment.Hand.** | 152 | {41%} | 343 | {53%} | 495 | (49%) |
| **Ment.Ill.** | 136 | {36%} | 111 | {17%} | 247 | (24%) |
| **P.H.** | 42 | {11%} | 66 | {10%} | 108 | (11%) |
| **Elderly** | 43 | {12%} | 122 | {19%} | 165 | (16%) |
| | 373 | | 642 | | 1015 | |

{} sub-total and ( ) final total % by column. $\chi^2$=51·7 D.F=3 $\rho$<0·01)

The dominance of applicants with a mental handicap is shown in the first four years of the scheme and continues during the next four years accounting for 53% of the total applications from 1983-1985. The percentage of applicants from the mentally ill group decreases from 36% to 17% in the latter years. The chi-square test shows that more people with a mental health problem applied than would be expected during the years 1979-1982.

Although there were similar numbers of applicants from the physically handicapped and elderly groups in the first four years of the scheme, this trend does not continue. The table shows that the elderly group made 122 applications in the years 1983 to 1986 compared with only 66 applications made by the physically handicapped group. Both the figure and table indicate that despite the expansion of the scheme to target all client groups equally, applications from the mentally handicapped increasingly dominated the scheme.

The consequence of Health Service policy which stressed the need to close long-stay wards in hospitals for people with a mental handicap and mental health problems may have contributed to the growth in the number of applications from these groups as clients required alternative accommodation. As Hampshire Social Services Department had traditionally provided this alternative accommodation for people with a mental handicap, the development of the scheme enabled this responsibility to continue, possibly on an increasing scale, without further County building programmes for this group. Therefore, there was a direct benefit for the County in increasing scheme placements for people with a mental handicap that did not exist for other groups.

It was noted in the early documentation of the scheme that:-

> The capital cost, excluding debt charges, of providing a 24 place hostel for the mentally handicapped would be in the order of £300,000 and the revenue cost, excluding debt charges, would be approximately £55,000 per annum.(Policy Document 1979)

This appears to indicate a direct link with the savings made by not building any further hostels, particularly hostels for people with a mental handicap, and expenditure involved in setting up and maintaining the scheme.

The change in managerial structure from a generic divisional structure in 1984 to a centralised Mental Disability Team also encouraged applications from people with a mental handicap. From this period, Day Care and Residential Service Managers (Mental Handicap) worked from the same offices as the adult placement officers, enabling casual, daily links with professionals assisting people with a mental handicap, whilst the services for people with mental health problems and the assisting professionals continued to be situated in local psychiatric hospitals. With the exception of the South-West division, these services were generally slower to develop than the corresponding service for people with a mental handicap. However, following the managerial change, links that had formed in the South-West with the mental health services team diminished. As the majority of applications were made in the South-West in the early years (1.B.(i) Applications by Division), it appears that these changes were sufficient to cause a decrease in the number of applicants with a mental health problem from 1984. This point is considered further in 1.G.(i) Applications by Client Group and Division.

Links with other disability teams were clearly not established in the early years and little progress appears to have been made after the extension. The high number of applications from people with a mental handicap may have led to an assumption by social work staff that the scheme was primarily for people this group and may have encouraged further applications from this group. These external factors may have counteracted the internal policy of the scheme to target all client groups equally, as it is evident that despite the increase in staff to

encourage this expansion, applications from the mentally handicapped continued to predominate.

## 1.G. APPLICATIONS BY CLIENT GROUP AND DIVISION

The following tables have been compiled to enable comparison of the four client groups in the first year of the scheme and before and after the extension of the scheme in 1983. The years 1982 and 1986 have been chosen as they represent the year prior to the extension and the final year of the study. The latter year also highlights differences after the extension of the scheme in 1983 and after the managerial changes in 1984

**Table 1.G.(a) - Applications by Client Group and Division 1979.**

| | Mental H. | Ment Ill | PH | Elderly | Total |
|---|---|---|---|---|---|
| North | 4 (13%) | 5 (15%) | 0 (0%) | 4 (44%) | 13 (17%) |
| South-East | 7 (23%) | 3 (9%) | 0 (0%) | 3 (33%) | 13 (17%) |
| South-West | 20 (65%) | 26 (76%) | 1(100%) | 2 (22%) | 49 (65%) |
| | 31 | 34 | 1 | 9 | 75 |

Percentages by Column

**Table 1.G.(b) - Applications by Client Group and Division 1982**

| | Mental H. | Ment Ill | PH | Elderly | Total |
|---|---|---|---|---|---|
| North | 16 (30%) | 4 (20%) | 2 (12%) | 3 (25%) | 25 (25%) |
| South-East | 17 (32%) | 3 (15%) | 9 (53%) | 5 (42%) | 34 (33%) |
| South-West | 20 (38%) | 13 (65%) | 6 (35%) | 4 (33%) | 43 (42%) |
| | 53 | 20 | 17 | 12 | 102 |

Percentages by column

**Table 1.G.(c)- Applications by Client Group and Division 1986**

| | Mental H. | Ment Ill | PH | Elderly | Total |
|---|---|---|---|---|---|
| North | 15 (23%) | 4 (29%) | 6 (43%) | 5 (24%) | 31 (27%) |
| South-East | 10 (15%) | 2 (14%) | 4 (29%) | 4 (19%) | 20 (18%) |
| South-West | 40 (62%) | 8 (57%) | 4 (29%) | 12 (57%) | 63 (55%) |
| | 65 | 14 | 14 | 21 | 114 |

Percentages by column.

As previously shown in 1.B.(i) Applications by Division the South-West received the highest overall proportion of applications and the highest number of

applications from people with a mental handicap in all three years. The distribution of total applications throughout the divisions shows greater similarity in 1982 although the number of applications made by groups other than the mentally handicapped and the mentally ill are small, resulting in percentages which exaggerate the differences between the divisions. Other trends shown in Applications by Division are also apparent, notably the increasing number of applicants with a mental handicap and the decreasing number of applicants with a mental health problem.

The tables show that the South-West division received the highest number of applications from the mentally handicapped and mentally ill groups in all three years. Although applications from people with a mental handicap had increased by 1982 in the South-East and North, the South-West division shows no increase until 1986. The earlier increase in applications in the North and South-East divisions may have been a consequence of the earlier employment of additional officers to these divisions in 1982 as the second officer designated to the South-West did not commence work until 1983. As it is suggested from the table that both the South-East and North divisions concentrated on encouraging applications from people with a mental handicap, it is therefore not surprising that the number of applications from this group increases with the increase in officers.

The number of applications from the mentally ill group in the South-East and North show little variation throughout the years. However, the number of such applications received from this group in the South-West decreases over the years confirming suggestions made in 1.F.(i) Applications by Client Group and Year, that the main difference between the years prior to the extension of the scheme is due to the high proportion of applications from the mentally ill group in the South-West. From 1979 the North and South-East divisions show an increasing percentage of the total applications received each year (as shown in 1.B.(i) Application by Division). This appears to be a result of increased numbers of applications by the mentally handicapped group.

With the exception of 1979 the number of applications made by the physically handicapped group show little variation over the years. Applications from the elderly group show a small overall increase which is particularly noticeable in the South-West division in 1986.

## 1.H. APPLICATIONS BY CLIENT GROUP AND AREA

This table is that of Applications by Area (see Appendix E, 1.C.(i)) further divided by client group. The table has been calculated as in Applications by Area to show demographic difference. It is therefore only a proportion of the total applications.

**Table 1.H (i) - Applications by Area and Client Group**

| | Mental H. | Ment Ill | P.H. | Elderly | Total |
|---|---|---|---|---|---|
| **Urban** | 98 (37%) | 74 (54%) | 19 (33%) | 21(23%) | 212 (38%) |
| **Mixed** | 88 (33%) | 19 (14%) | 17 (29%) | 27(29%) | 151 (27%) |
| **Rural** | 81 (30%) | 45 (33%) | 22 (38%) | 46(49%) | 194 (35%) |
| | 267 | 138 | 58 | 94 | 557 |

Percentages by column. ($\chi^2 = 30{\cdot}68$ D.F.$= 6$ $\rho < 0{\cdot}01$)

The chi-square test confirms the expectation that more applications would be made by the mentally ill group in the urban areas, probably due to the higher density of people with mental health problems accommodated around the acute medical services based in the cities. Also as expected the elderly group made more applications from rural areas. (See discussion in 1.C. Applications by Area)

The differences noted in 1.C. Applications by Area and Year, are reflected above. Additionally, 1.F.(i) Applications by Client Group and Year shows that 45% of applications in 1979 were made by people with mental health problems. As the above table shows that 54% of applications made by this group came from urban areas, it is probable that the significant difference between areas in 1979 (with a higher number of applications from urban areas than expected) was due to the high percentage of people with mental health problems applying in this year.

In 1986 only 15% of applications were made by people with mental health problems which is reflected in the low number of applications from urban areas in this year. Similar examples can be drawn from the elderly group who are shown to have applied largely from rural areas. thus increasing the total proportion of applications received from rural areas. Therefore, it appears likely that differences between area types reflect differences in the client group population of the area.

## 1.I. APPLICATIONS BY CLIENT GROUP AND SEX

As discussed in 1.D. Applications by Sex and Year, although a higher number of applications were received from males, a chi-square test does not show this discrepancy to be significant. However, the chi-square test conceals the differences that would be shown if due regard was paid to the proportion of males and females in each client group.

Although there is little proportional difference between the sexes in the mentally handicapped population in England and Wales, females outnumber males in the psychiatric population. (Hospital/Hostel Resident - Males 32,485 (42%) [144 per 100,000] - Females 45,581 (58%) [188 per 100,000] Admissions - Males

83,865 (43%) [364 per 100.000] - Females 113,386 (57%) [468 per 100,000]. (Mental Health Statistics for England and Wales. 1986 Government Statistical Service D.H.S.S.).

When the number of people with a physical handicap are considered at a national level, there is a slightly higher number of males in the 16 to 30 year old age group, but an overall prevalence of females when all age groups are considered (3.6 million disabled women (58%) compared to 2.6 million disabled men (42%) (1987 OPCS Disability Survey). As previously discussed, the elderly resident population of Hampshire shows a proportion of 58% females to 42% males.

Figure 1.I.(i) shows the actual and expected proportions (National Statistics) of applications by sex for the years 1979-1986. The overall chi-square test shows that although there was a higher number of males in each client group, there was no significant difference in the proportion of male to female clients within each group. However, as discussed above, it was not anticipated that there would be a greater proportion of male applications (10% higher than female in the overall application figures) or that these would occur consistently throughout the client groups.

The high proportion of males within the mental health group was equally unexpected and the reasons for this are less clear. It is possible that males within this group were less able or willing to continue to care physically for themselves, and in times of stress sought a nurturing environment. The scheme may have offered such a retreat. (see 'Tony' Adult Placement Case Studies - Chapter 6.2.(1).

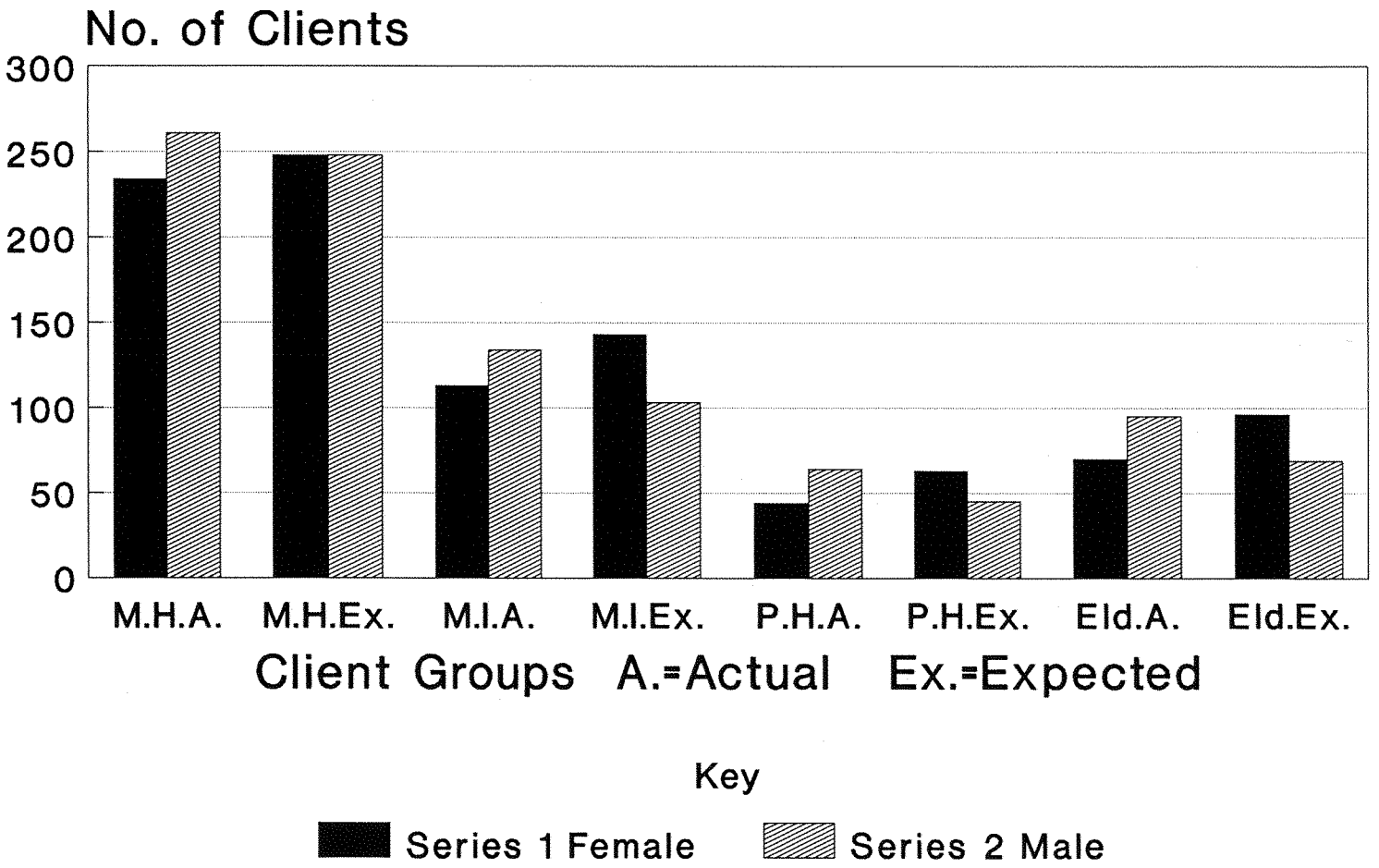
The higher than expected number of male applicants from the elderly group may have been due to the comparative lack of self-care skills compared with females of this age and the need for alternative care at an earlier age. (See 'Ted' Adult Placement Case Studies - Chapter 6.2.(5) or as suggested in Applications by Sex, 1.D.(i) a higher level of coping skills in elderly females.

It is also possible that some disparity may have resulted from the targeting of specific age groups within the client groups. For example, it was expected that more males would apply from the physically handicapped group as there are slightly more males in the younger age groups in this client group. (See 'Ian' Adult Placement Case Studies - 6.2.(7)) The following section considers this factor in greater detail.

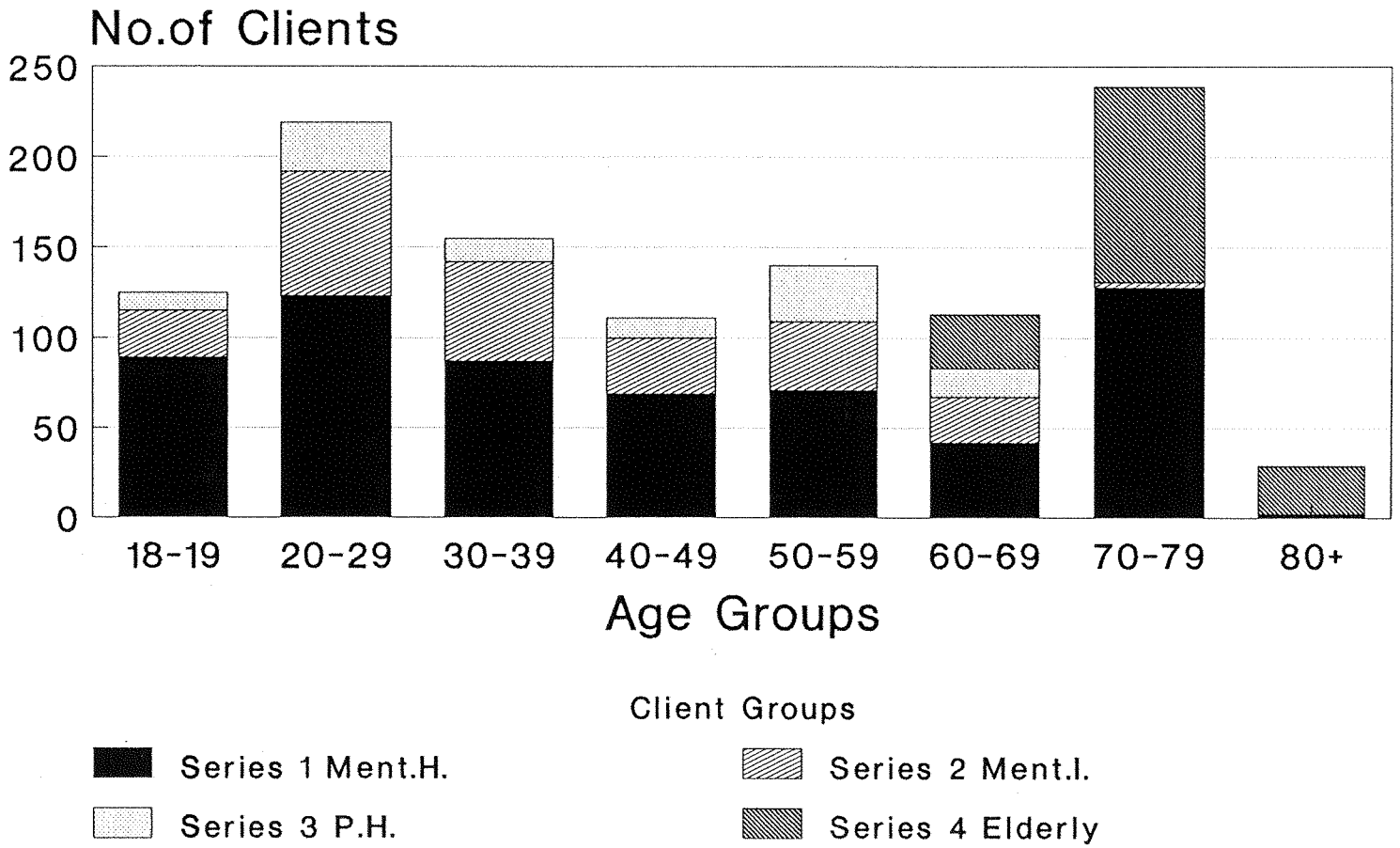
## 1.J. APPLICATIONS BY CLIENT GROUP AND AGE

As previously suggested, the scheme is targeted towards people at the extremes of the age groups. Therefore, difference between the client groups was expected in the proportion of applications occuring in each age group. Figure 1.J.(i) considers the distribution of applications by both client group and age. This figure indicates the tendency for people with a mental handicap to request

# Fig.1.I.(i) - Applications by Sex.



# Fig.1.J.(i) - Applications By Client Group and Age.



placement at an earlier age than people with mental health problems, probably due to an earlier onset of diagnosis and institutionalisation of people with a mental handicap. The higher number of people with a mental handicap applying in the 18-19 year old group causes the higher than expected number of applications as shown in Applications by Age 1.E.(i).

The figure also demonstrates that the largest number of people with mental health problems applied to the scheme whilst between 20 and 39 years of age. However, 28 people were over 60 years of age. Experience shows that although people of all ages with both acute and chronic disabilities were making applications to the scheme, there were higher proportions of the latter group in the older age groups as would be expected. Traditional residential institutions did not readily offer the individual care required by such people and were generally more suited to the care of the over 70's. People with more acute disabilities tended to be in the younger age groups and returned to their own environment after only a brief period in adult placement.

Table E.1.J.(i) (Appendix E.) shows that 78% of applications from people with a physical handicap occurred in the 18-19, 20-29 and 50-69 age ranges. It is probable that this high proportion of people with a physical handicap in the younger age groups was partially due to applications from those living in residential schools who needed alternative care as they reached 18 years old, and partially due to initial rehabilitation following an accident. There is some indication in these figures that, as suggested in 1.I.(i) Applications by Client Group and Sex, the higher than expected number of applications from males in the physically handicapped group is due to the disproportion of males in the younger age groups in this client group. However, only 34% of the overall applications occurred in these younger age groups.

It is likely that people in their middle years had established a place of residence, but those people with physical disabilities in the 50-59 year old group were seeking alternative care as they planned for the latter years of their lives. This move was necessary as County policy did not permit hostels to be used by people with a physical handicap once they reached 60 years of age.

The mode for the elderly category falls in the 70-79 year group accounting for 108 people (66%) with 27 people (16%) over 80 years of age, a clear acknowlegement of the scope of the scheme.

Apart from the increased tendency for applications to come from males in the younger age groups within the physically handicapped group this figure gives no other indications as to the reasons for the over-representation of male applicants to the scheme.

## 1.K. OUTCOME OF APPLICATIONS BY YEAR

Once an application had been received, one of three outcomes was possible;-

a) **Successful applicant** - The term 'successful applicant' is used to describe those applicants who were offered and accepted trial placements.

b) **Pending** - The pending category comprises those applications unresolved at the end of the year who were still requiring placement and therefore continued to be counted in the following year.

c) **Closed** - The closed category includes those applicants who were found alternative accommodation within other services such as hostels, hospitals, out-of-county placements, voluntary or private homes or where family or friends offered accommodation outside the scheme.

Once an application was received the adult placement officers' primary task was either to initiate a trial placement or to decide together with the social worker and client that adult placement was not a suitable option. The following table considers applications offered trials or closed and those remaining pending.

**Table 1.K.(i) - Applications Offered Trials Or Closed By Year**

| Year. | Applications pending from previous year | New Apps. | Total Apps. | Applications offered trials or closed | Applications Pending at End of Year. |
|---|---|---|---|---|---|
| **1979** | - | 75 | 75 | 45 (60%) | 30 (40%) |
| **1980** | 30 | 98 | 128 | 90 (70%) | 38 (30%) |
| **1981** | 38 | 98 | 136 | 79 (58%) | 57 (42%) |
| **1982** | 57 | 102 | 159 | 99 (62%) | 60 (38%) |
| **1983** | 60 | 164 | 224 | 164 (73%) | 60 (27%) |
| **1984** | 60 | 171 | 231 | 162 (70%) | 69 (30%) |
| **1985** | 69 | 193 | 262 | 132 (51%) | 130 (50%) |
| **1986** | 130 | 114 | 244 | 93 (38%) | 151 (62%) |

(Apps.= Applications) Percentages by row calculated from the total number of applications. The number of applications pending from the previous year has been added to the number of new applications for each year to give the total number of applications. (For example, 30 applications pending at the end of 1979 added to 98 new applications in 1980, gives a total of 128 applications to be considered in 1980.) Pearson Correlation Co-Efficient between:-

Total applications and resolved $\rho = +0{\cdot}62$ Moderate Correlation.

Total applications and applications pending $\rho = +0{\cdot}77$ High correlation.

Although the table indicates that between 38% and 73% of the total applications per year were resolved (i.e. offered trials or closed per year) and that the number of applications made increased from 1979 until 1985, a Pearson

Product Moment correlation indicates that there is a moderate correlation between these two factors. It has been suggested that the employment of extra staff in 1982/3 (see 1.A.(i) Applications by Year) was responsible for this increase in the number of applications at this time. A further explanation is that this increase in staff brought about a higher profile for this service which began to be seen as a panacea by other social workers thus increasing referrals.

Although a similar percentage of applications appears to be resolved each year until 1985, 130 applications were pending from the end of this year, with a further 114 new applications received during 1986. From this total of 244 applications only 93 were able to be considered. It is possible that officers were able to restrict the number of new applications in 1986 by a reduction of the promotion of the scheme, however, the loss of an officer in this year may also have increased the workload of the remaining officers resulting in only 38% of the total applications in that year being considered.

In order to ascertain the proportion of applications which were successful and the proportion of applications closed the following table has been included. (The applications pending account for the applications not shown in the table.)

**Table 1.K. (ii) - Outcome of Applications by Year.**

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | Total |
|---|---|---|---|---|---|---|---|---|---|
| **Applications** | 75 | 98 | 98 | 102 | 164 | 171 | 193 | 114 | 1015 |
| **Breakdown of resolved Apps.** | | | | | | | | | |
| Successful Apps. | 40 | 72 | 60 | 67 | 79 | 104 | 55 | 59 | 536 |
| % of all Apps | (53%) | (73%) | (61%) | (66%) | (48%) | (61%) | (28%) | (52%) | |
| Applications closed | 5 | 18 | 19 | 32 | 85 | 58 | 77 | 34 | 328 |
| % of total Apps. | (7%) | (18%) | (19%) | (31%) | (52%) | (34%) | (40%) | (30%) | |

Apps=Applications. Percentage by column. Pearson Product Moment Test:-
Successful applicants and closed shows $\rho = +0{\cdot}41$ Moderate correlation
Applications and successful applicants $\rho = +0{\cdot}42$ Moderate correlation.
Applications and closed $\rho = 0{\cdot}94$ Very High correlation.

The table shows a decreasing percentage of successful applicants from a peak of 73% in 1980 to a low of 28% in 1985. The percentage rate of successful applicants was particularly high during the period 1980-1982 and also in 1984 following increases in staffing. It appears that the ability of the staff to offer trial placements was reduced as the scheme developed and only regained momentum when additional staff were employed during the years 1982-1983. This initially reduced each officers' workload and enabled more applications to be properly

considered and conclusions made, not only increasing the number of successful applicants but, as alternative options were found for some applicants, also increasing the closed rate. (The percentage of applications closed each year varies between 7% in 1979 to 52% in 1983.)

By 1984 the new officers would have had time to locate and register new carers and match applicants thus increasing the successful applicant rate. The gains thus engendered by the increase in staff lessened following 1984 possibly as the number of placements in progress increased (See 3.A. Placements by Year). This is shown by the decrease in the number of both successful applicants and applications closed. The number of pending also increased substantially at this time, see 1.K.(i) as the ability of the officers to offer trial placements or to close applications decreased.

Although there is a large increase in the percentage of successful applicants in 1986 the table shows that there is an increase of only four successful applicants in this year. (The decrease in the number of applications in that year caused the proportional increase.)

The Pearson Co-Efficient shows a moderate correlation between the number of successful applicants and both the number of applications and the number of closed applications each year. However, there is a very high correlation between the number of applications and the number of applications closed. Experience suggests that when each officers' caseload reached a critical number cases were closed to reduce the outstanding applications.

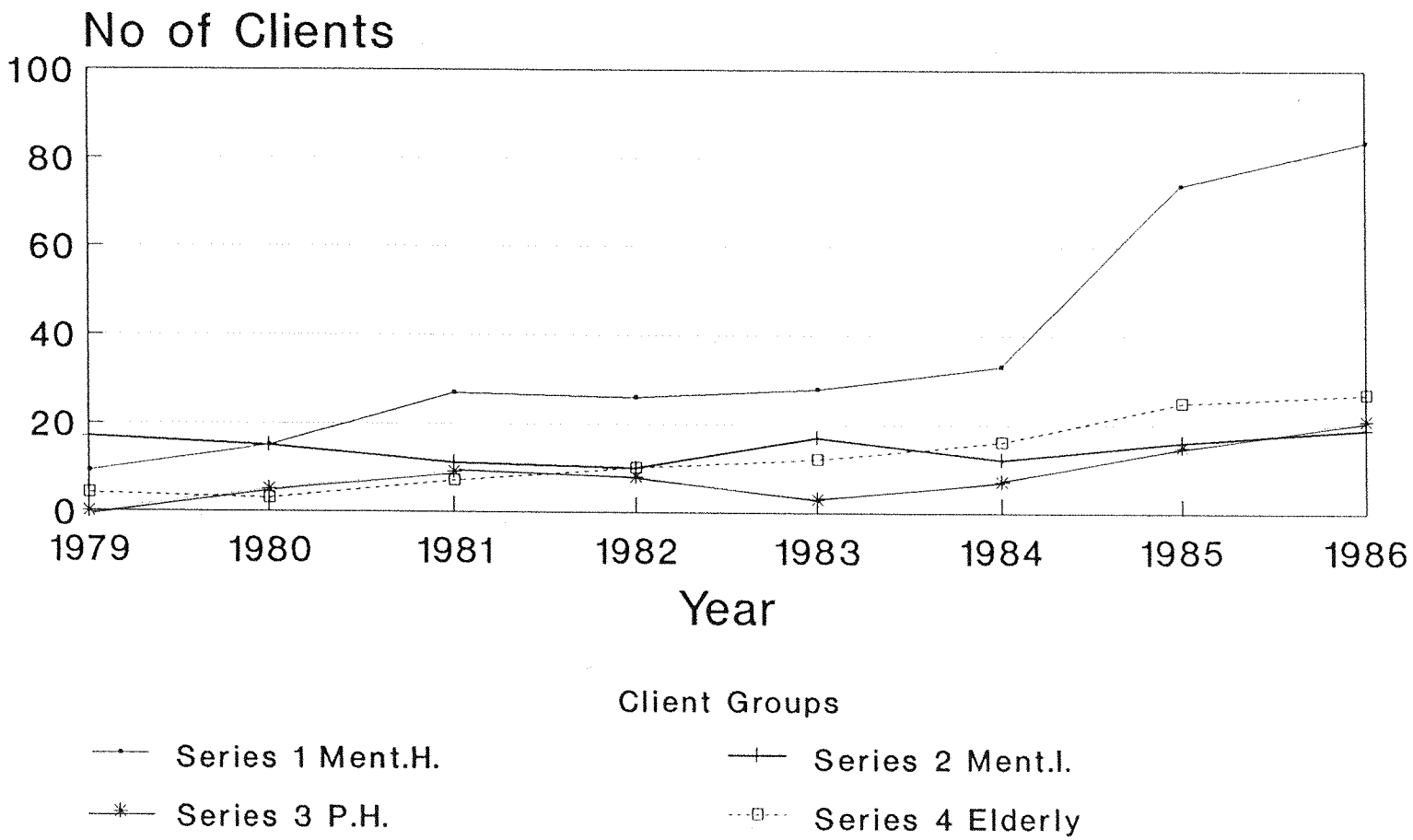
## 1.L. APPLICATIONS PENDING BY CLIENT GROUP

As discussed in 1.K.(i) Outcome of Applications, the number of applications pending increases over the years, which, when combined with the new applications, increased the number of cases requiring attention. As the total number of applications per year was also increasing, it was expected that there would be more applications pending in all groups in the latter years of the scheme.

Figure 1.L.(i) demonstrates that this tendency is shown in all groups except the mentally ill where the number of pending applications shows little variation. It is possible that, although applicants in this group with chronic difficulties could await a suitable placement and therefore become part of the applications pending, those applicants with acute mental health problems required an immediate solution which, if not available via the scheme, necessitated an alternative placement and were therefore resolved by closure.

As expected, the mental handicap group shows the greatest number of applications pending as this group also made the largest number of applications.

# Fig.1.L.(i) - Applications Pending At End of Year by Client Group.



As the total number of applications received from the physically handicapped and elderly groups were lower than for other groups, it was expected that the overall number of pending applications for these group would also be lower.

To consider the proportion of applications in each client group which resulted in applications pending the following table has been prepared. The number of applications pending by client group and year and the number of applications made in each client group is shown in Appendix E.Table E.1.L.(ii).

**Table 1.L.(i) - Applications Pending as a Proportion of Applications by Client Group**

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 |
|---|---|---|---|---|---|---|---|---|
| **M.H.(P) Rate** | (0·29) | (0·5) | (0·71) | (0·49) | (0·33) | (0·35) | (0·75) | (1·29) |
| **M.I.(P) Rate** | (0·5) | (0·34) | (0·29) | (0·8) | (0·85) | (0·28) | (0·47) | (1·36) |
| **P.H.(P) Rate** | (0·0) | (0·45) | (0·69) | (0·47) | (0·15) | (0·58) | (0·75) | (1·5) |
| **Eld.(P) Rate** | (0·44) | (0·23) | (0·78) | (0·83) | (0·32) | (0·7) | (0·63) | (0·95) |
| **Total(P) Rate** | (0·4) | (0·39) | (0·58) | (0·6) | (0·37) | (0·4) | (0·67) | (1·32) |

(P) Rate.= Pending Rate

The pending rate for people with a mental handicap rises from 0·29 in 1979 to 0·75 in 1981, reducing in the following three years before rising again to 1·29 in 1986. The latter rate is due to 74 applications pending in 1985, (see Appendix E.Table E.1.L.(ii), which when added to the 65 new applications in 1986 results in a total of 139 applications to be considered in 1986.

The pending rate for people with mental health difficulties decreases from 0·5 in 1979 to 0·37 by 1981, both these years showed a high proportion of successful applications (1.K Outcome of Applications). The following years show fluctuations of applications pending, between 0·3 in 1984 and 1·36 in 1986 (Table 1.L.(i)).

The lowest and highest pending rate both occur in the physically handicapped group, probably due to the comparatively low number of applications by this group, a factor which tends to exaggerate the differences in the percentage rates.

The pending rate for the elderly group was expected to be lower than the other groups due to the anticipated requirement for early resolution to care needs in view of the age of some of the applicants (above 80 years of age in some cases). It is surprising that such a high percentage remain in this category and do not terminate their applications or find alternative accommodation. However, this section does not indicate the length that an application was pending and it was

expected that the winter months would promote a high number of applications from this group. Applications made late in the year may have been outstanding at the end of the year and would lead to a high percentage of applications pending.

The Pearson Product Moment Test between the number of applications and the number of applications pending each year shows moderate correlation (r = +47 Appendix E. Table E.1.L.(ii)) suggesting that the overall number of applications pending is correlated to the number of applications made by each client group. However when this test was repeated by client group there was considerable variety in the correlations with a high correlation between the number of applications and applications pending in the elderly group and a low negative correlation between the number of applications and applications pending in the mentally ill group.

## 1.M. APPLICATIONS CLOSED BY CLIENT GROUP

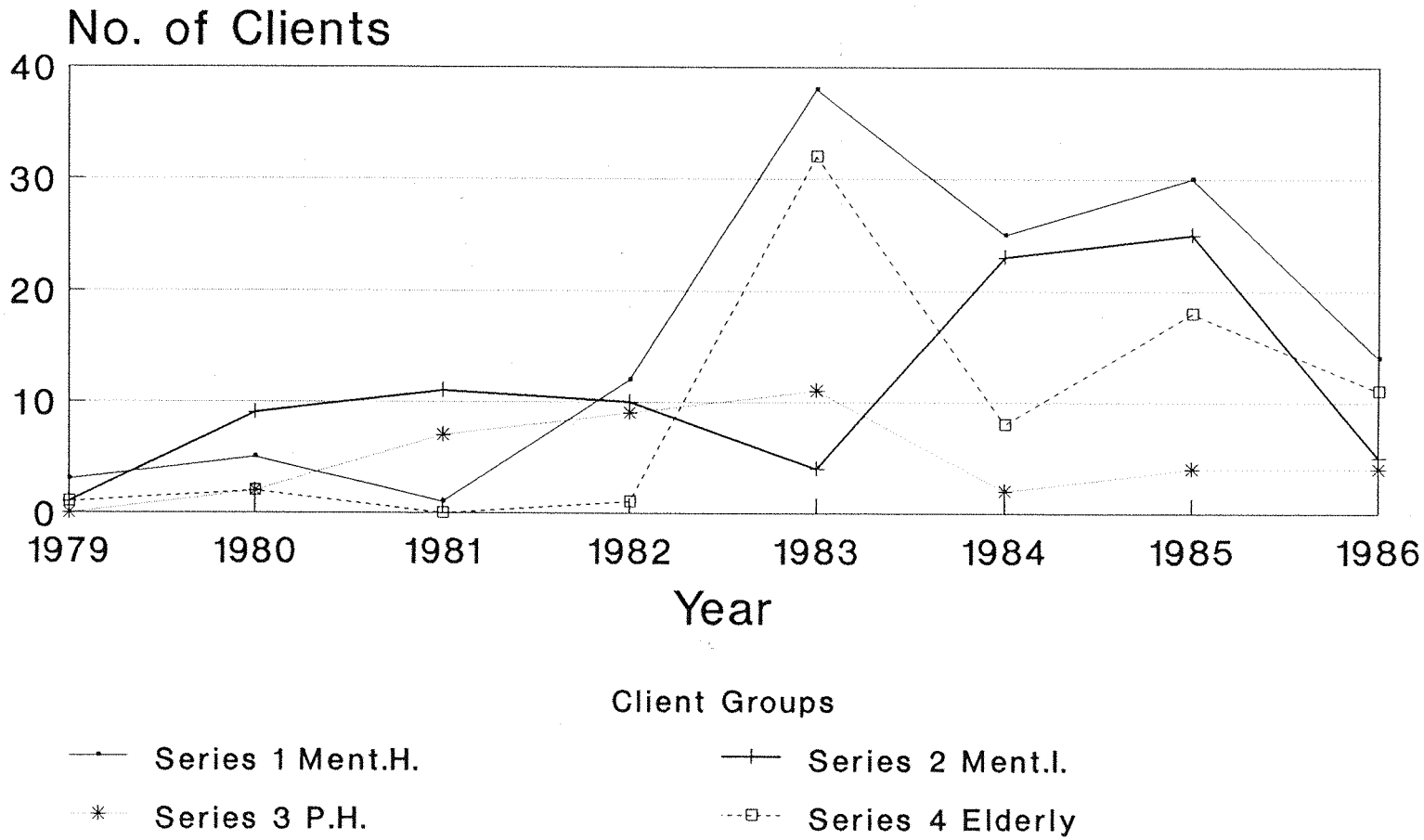
Applications were considered closed if no carer could be found within the period of time stated on the application form. In these instances social work staff found alternative accommodation for the user within other services or with relatives or friends or the user remained within their current accommodation. When adult placement officers' workload was low there was also time available for the officers to seek alternative solutions using the links developed between the officers and other service professionals.

It is clear from experience that this category also included applicants who were potentially suitable for the scheme but required more immediate accommodation than may have been available. When adult placement officers' workload was high there was little time available for them to recruit suitable carers and arrange trial placements or to seek alternative solutions. It is therfore probable that given greater staff time cases which were closed could have become successful.

It has been shown that the number of applications closed show a very high correlation to the number of applications made (1.K.(ii). Figure 1.M.(i) enables comparison of the number of applications closed by client group and year. As the total number of applications per year was increasing until 1986 (see 1.F.(i) Applications by Client Group), it was expected that there would be more applications closed in all groups as the scheme developed. Figure 1.M.(i) indicates that this tendency is shown only until 1985 following which there is a decrease in the number of applications closed in all group.

Figure 1.M.(i) and Table 1.M.(ii) show that there were more applications closed in 1983. For example, the elderly group shows 44% of the total closed for this group. This increase may be due to the new officers appointed in 1983 having

# Fig 1.M.(i) - Applications Closed By Client Group & Year



greater time to consider applications which included closing and possibly finding solutions outside the scheme for applications without an immediate solution.

It is also shown that, as expected, there are more applications closed in the mental handicap group. However, the highest number of closed applications in the second two years of the scheme occurred in the mentally ill group, possibly as a result of the high number of applications received for this group at this time.

There appears to be a tendency for more applications to be closed when there were both a high number of applications received and a capacity for additional work to be undertaken by the officers, conditions which were particularly apparent following the appointment of the additional officers in 1982/3.

In order to demonstrate the number of applications closed as a proportion of the number of application for each client group, the following table has been formulated. The table is given in full in Appendix E.Table 1.M.(i)

**Table 1.M.(ii) - Applications Closed as a Proportion of Applications by Client Group**

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | Total |
|---|---|---|---|---|---|---|---|---|---|
| M.H.Cl.R. | (0·1) | (0·17) | (0·03) | (0·23) | (0·44) | (0·27) | (0·3) | (0·22) | (0·26) |
| M.I.Cl.R. | (0·03) | (0·2) | (0·29) | (0·5) | (0·2) | (0·53) | (0·74) | (0·36) | (0·36) |
| P.H.Cl.R | (0·0) | (0·18) | (0·54) | (0·53) | (0·55) | (0·17) | (0·2) | (0·29) | (0·36) |
| Eld.Cl.R | (0·11) | (0·15) | (0·0) | (0·08) | (0·84) | (0·35) | (0·45) | (0·52) | (0·44) |

Cl.R· = Closed Rate.
Pearson Product Co-efficient $\rho = + 0{\cdot}94$ Very High correlation.
Ment.Hand. $\rho = +0{\cdot}9$ Ment.Ill. $\rho = +0{\cdot}41$ P.H. $\rho = +0{\cdot}73$ Eld. $\rho = +0{\cdot}92$

The Pearson Product Moment co-efficient shows that there was a very high correlation between applications and applications closed for both the mentally handicapped group and the elderly group. The tendency shown in Table E.1.M.(i) (see Appendix) for applications to be closed when there are higher numbers of applications is also shown in this table by all groups. For example, during the first three years of the scheme, the mentally handicapped group show a low closure rate which rises to a peak of ·44 in 1983. The remaining three years show less variation in the closure rate in that group.

The Pearson Product Moment co-efficient for the mentally ill group shows only a moderate correlation between the number of applications and the number of applications closed. The high number of applications closed in 1984 and 1985 possibly resulted from the high number of applications at that time. It has been

suggested, in Applications by Client Group and Division, (1.G.(i)) that links with the mental health team, that had been strong in 1979 and 1980 were no longer as frequent due to re-organisation in 1984 with the result that less applications, may have been successful.

The percentage of applications closed for the physically handicapped group also show a general increase until 1984, with the last three years showing the lowest closure rate of all client groups for these years. However, both the number of applications closed in these years, (totalling only 10 applications closed), and the number of applications for this group are small. A Pearson Product Moment co-efficient indicates that applications from this group were highly correlated to the number of applications closed.

The closure rate of applications for the elderly group was 0·15 or below in the first four years, rising in 1983 to a high of ·84 before dropping to a more even rate in the last three years. This group shows the highest overall closure rate, possibly due to the anticipated requirement for early resolution to care needs in view of the age of some of the applicants (above 80 years of age in some cases).

The Pearson co-efficient test indicates a high correlation between the number of applications and the number of applications closed by client group.

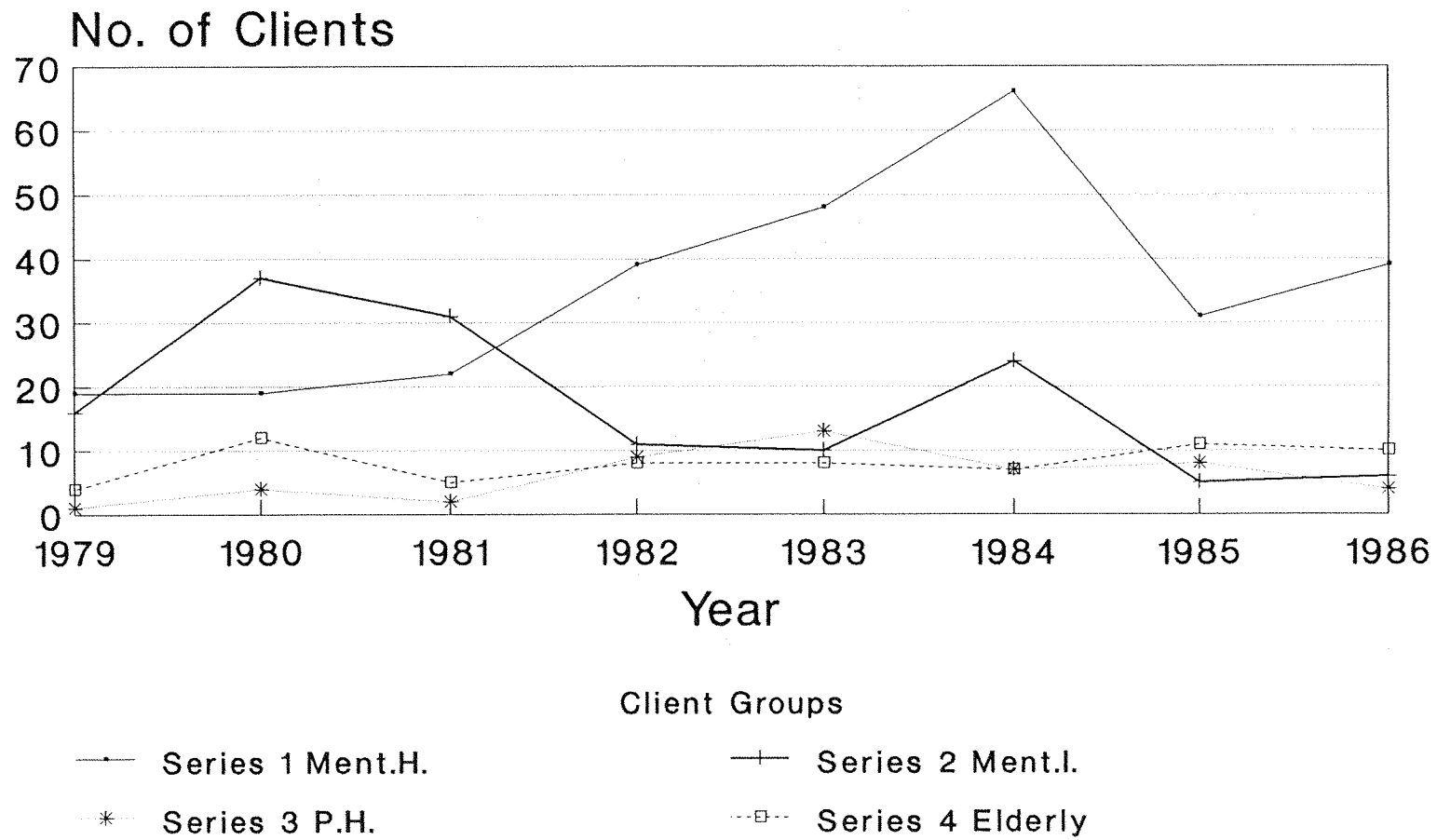
## 1.N. SUCCESSFUL APPLICANTS BY CLIENT GROUP

As discussed in Applications by Client Group, 1.F (i), although there were more applications from the mentally ill group in the first three years of the scheme an increasing number of people with a mental handicap applied to the scheme throughout the years. Therefore, it was expected that there would be a significant difference between the number of successful applicants in each client group due to the variation in the number of applicants in each client group. It is also suggested that as the number of applications closed have been shown to be proportional to the number of applications each year, the number of successful applicants would also be related to the number of applications per year.

In 1980 and 1981 the number of applications made from the mentally ill group were higher than for other groups and therefore, as expected, Figure 1.N.(i) shows that the mentally ill group made the greatest number of successful applications during that time. This figure also shows that from 1982 to 1986 the greatest number of successful applicants were from the mentally handicapped group due to the higher number of applications made by this group during these years.

When comparison is made to the number of applications the largest percentage of successful applicants in the mentally handicapped group is shown in 1984 following the increase in staff and the subsequent increase in the number of applications received from this group. It is also noticeable that the number of

# Fig 1.N.(i) - Successful Applicants By Client Group and Year



successful applicants in the physically handicapped group showed a slight increase in the years 1982 to 1983 but despite the increase in staff in 1983 to encourage applications to the scheme, the number of applicants (and the number of successful applicants) remained small. The number of successful applicants in the elderly group show little variation over the years and appear unaffected by this staff increase.

As it was expected that the number of successful applicants would be correlated to the number of applications in each client group, the following table has been compiled to show the success rate by client group. This table is given in full in Appendix E.Table E.1.N.(ii)

**Table 1.N.(ii) - Success Rate of Applicants by Client Group**

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | Total |
|---|---|---|---|---|---|---|---|---|---|
| **M.H.Suc.R.** | (0·61) | (0·63) | (0·58) | (0·74) | (0·56) | (0·71) | (0·31) | (0·6) | (0·57) |
| **M.I.Suc R.** | (0·47) | (0·84) | (0·82) | (0·55) | (0·5) | (0·56) | (0·15) | (0·43) | (0·57) |
| **P.H.Suc R.** | (1·) | (0·36) | (0·15) | (0·53) | (0·65) | (0·58) | (0·4) | (0·29) | (0·44) |
| **Eld.Suc R.** | (0·44) | (0·92) | (0·56) | (0·67) | (0·21) | (0·30) | (0·28) | (0·48) | (0·39) |

Suc. R. = Success rate
Pearson Product Co-efficient $\rho$ = +·44 Moderate correlation.
Ment.Hand. $\rho$=+0·76 Ment.Ill. $\rho$=+0·77 P.H. $\rho$=+0·79 Eld. $\rho$=+0·44

A Pearson product moment co-efficient calculated on each of the client groups shows that a high correlation is achieved by all client groups with the exception of the elderly group which is only moderately correlated to the number of applications.

The mentally handicapped group shows less variation in the successful applicant rate over the years in contrast to the mentally ill group who achieve an extremely high success rate in 1980 and 1981 (0·84 and 0·82 respectively), contrasting with 1985 in which year only 0·15 of applicants were successful. It is noticeable that the former years were those in which the largest number of applications were from the mentally ill group. Although twice the number of mentally handicapped than mentally ill were successful, overall, the success rate of applicants in this group is identical to that achieved by the mentally handicapped group (·57).

The 1·0 success rate shown by the physically handicapped in 1979 is misleading in that it merely represents the application and subsequent success in

achieving a trial by only one applicant. The small numbers of applicants both in this group and the elderly group show a wide variety of percentages over the years but only a small difference in the number of successful applicants. The overall success rates for these two groups are similar, showing ·44 for the physically handicapped and ·39 for the elderly.

Although Table E.1.N.(i) Appendix E. shows that the proportion of successful applications increased following the extension of the scheme (for groups other than the elderly), the above table shows that the success rate of applicants fell in 1983 in all but the physically handicapped group, possibly as new officers were being introduced to the scheme. The rate increases during the following year for all but this latter group.

In 1985, both the number of successful applicants and the success rate decrease for all groups, possibly as officer time available for matching clients to carers diminished as workload increased in other areas such as placements in progress. If the success rates for the first four years of the scheme and the second four years of the scheme are compared it can be shown that there is an overall decrease for all groups other than the physically handicapped. This is particularly noticeable in the elderly group where the decrease in success rate is most pronounced.

As previously shown, the highest number of mentally ill applied from the South-West division where links with the mental disability services were particularly strong in the first three years of the scheme. Therefore, it is suggested that had these links remained, the subsequent decrease in successful applicants in the following years may not have occurred. In contrast, links with the mental handicap sections were maintained throughout and the more even success rate may have occurred as a consequence. Links between officers and staff concerned with the physically handicapped and elderly sections were minimal in all divisions throughout the scheme, which may have contributed to a lower overall success rate, (Section 1.G. Applications by Client Group and Division.). An initial interest appears to follow the appointment of the additional officers in 1982/3, and is shown by increases in both the proportion of successful applications in 1982/3 and in the success rate in these years (Table E.1.N.(i) (see Appendix E.) and Table 1.N.(ii)). However, this momentum does not continue.

The higher success rate in the mentally handicapped and mentally ill groups may indicate that with larger numbers of applications a higher success rate can possibly be expected as there was a range of individuals within these groups who were slightly easier to place or that staff were more committed to offering trials to these groups. Alternatively it is also indicated that higher success rates occur when staff time is available to offer trials to a higher number of applicants, e.g. during the

early years of the scheme and following the extention. Consideration of these points will be discussed in Analysis by Client Group (Chapter 6.1.A. and 6.1.B.).

## 1.O. SUMMARY OF LONG-STAY APPLICATIONS.

The yearly number of applications to the long-stay scheme remained at approximately 100 from 1979 until 1983 when the scheme expanded as a result of the employment of additional officers. This increase in applications, above that of the population growth rate, continued until 1986 when a decrease in the number of applications occured, possibly due to an increase in the adult placement officer's workload which prevented them from taking on further work.

Applications pending (those not resolved in the year in which they were accepted) added to the number of applications which required attention each year. A moderate correlation is shown between the yearly number of applications and the number of applications pending which may suggest that the officers ability to offer trial placements decreased as the number of applications pending increased.

Although the scheme began with an emphasis towards the mentally handicapped group, there were more applications from people with mental health problems in the first two years of the scheme. Despite a policy alteration in 1982 to encourage all client groups equally, the physically handicapped and elderly groups did not apply to the scheme in large numbers at any time and applications from the mentally ill group diminished after 1984. Over the years, the scheme attracted an increasingly large proportion of people with a mental handicap, achieving 49% (495) of the total applications made (1015). This disparity may have resulted from the managerial structure of the scheme which amplified the links with residential and day care officers for this group but it is possible that provision other than in residential hostels was of such financial benefit for the County that the internal policy to target all client groups equally was disregarded.

The South-West division received the largest proportion of the total applications possibly due to a combination of factors such as the earlier development of the scheme in this division, the large proportion of applications made by the mentally ill group and a more flexible application process. However, management policy which attempted to eliminate differences in procedures between the divisions, and the re-structuring of the County, which weakened links with professionals in psychiatric hospitals, may have been the cause of a more even distribution of applications in the latter years .

Whilst significant difference was found between the number of applications received from each area type, this appears to be due to fluctuation over the years and the proportion of each client group applying from each area type. For example, applications from the mentally ill group increased the proportion of

applications from urban areas in the early years and the elderly group made a greater proportion of applications from rural areas than was expected.

Despite a higher proportion of females in the general population of disability groups, the figures show a higher number of male applicants in all client groups. However, no significant difference is shown between the overall proportion of male and female applicants. It is suggested that despite similar levels of disability, women may have greater skills or willingness to live on their own or that males, due to their comparative lack of self-care skills, may seek a nurturing environment in times of stress within a family setting, a traditional milieu for the care of males.

Although the majority of applicants to the scheme were aged between 20 and 29 years, the substantial over-representation which occurs in the 18-19 year old age group was largly due to the number of people in the mentally handicapped and the physically handicapped group who required alternative care as they transferred from child-based services to adult care. A smaller over-representation also occurs in the 70-79 age group as those more elderly people in all client groups required additional care. It is presumed that people in their middle years would have secured an established residence, reducing their need for alternative care.

A tendency is shown for more applications to be closed when there was both a high number of applications and the appointment of additional officers. It is possible that some unsuccessful applicants would have been successful had they applied at a different time.

Despite a decrease in the percentage of successful applicants from a peak of 73% in 1980 to a low of 28% in 1985, there is a moderate correlation between the yearly number of applications and the number of successful applicants. With the exception of the elderly group, which shows a moderate correlation, a high correlation is shown between the number of applicants and the number of successful applications made by each client group. However, the success rate throughout the years shows considerable variation, with the mentally handicapped (who demonstrate the least variation over the years) and the mentally ill group showing identical overall rates, and the physically handicapped and the elderly groups showing lower overall rates.

## 5.2. TRIAL PLACEMENTS - AN INTRODUCTION TO LONG-STAY PLACEMENT

A period of introduction as preparation for a placement was considered to be essential by the adult placement officers to give both the user and the carer the opportunity to consider the formation of a long-stay placement (See Process for Placement 4.4.1.and 4.4.2.). It was anticipated that there would be users and carers who did not wish to continue with trial placements. However, as users and carers had previously experienced living together for brief periods prior to the trial placements, it was anticipated that this would occur infrequently.

Trial placements were originally set up for an initial period of four weeks, aiming to give both user and carer an opportunity to consider the viability of the placement. During this trial period, both the user and carer could consider the practical details of the placement and the relationship opportunities that the placement could give. At the end of four weeks, the user, social worker, carer and adult placement officer could consider the continuity of the placement.

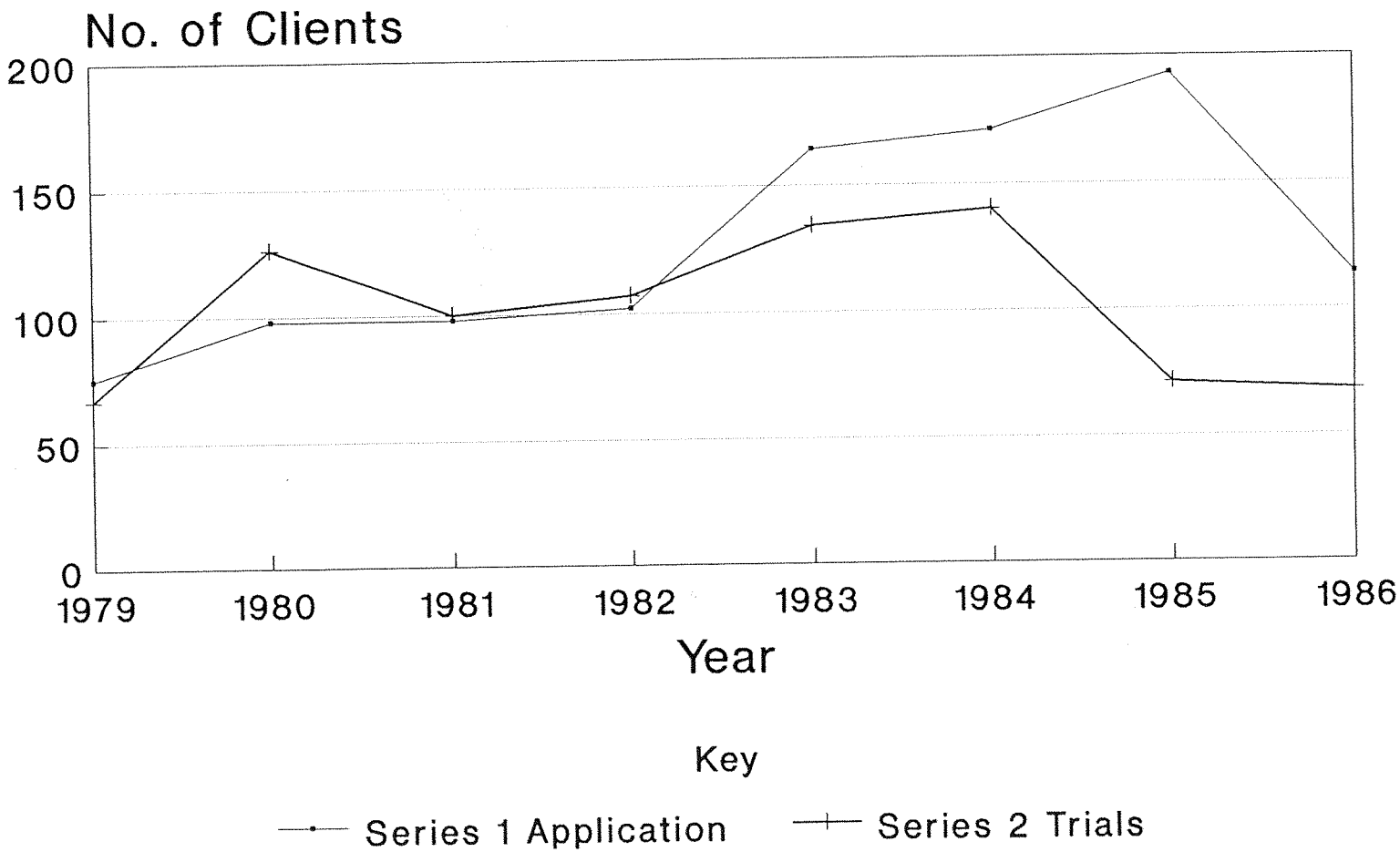
The number of trial placements reflect the number of 'new' combinations of user and carer placements that were made in any given year. These are counted by event, not by person. The data were collated during 1986, representing 813 trial placements of 536 successful applicants.

### 2.A (i) TRIAL PLACEMENTS BY YEAR.

It is suggested that the number of trial placements was affected by the number of applications requiring consideration and the capacity of officers to process applications. As suggested in Applications by Year, (5.1.A.), growth occurred when the caseload per officer was low enough to enable expansion to take place. Table E.2.A.(i) Appendix E. shows that at the beginning of the scheme, a growth of 88% in trial placements (from 67 to 126) occurs. However the following year shows a reduction of 21% in the number of trial placements made (from 126-100) as the existing caseload required a greater proportion of officer time (see Chapter 4 sections 3.3.B (iii) and 3.3.C (iv)). The appointment of new officers in 1982 resulted in a further increase of 7% in that year and a 25% increase in 1983.

Figure 2.A.(i) shows clearly the increasing difference between the number of trials and the number of applications made from 1984 suggesting that the capacity of the officers to increase the caseload existed only until 1984. The decrease in the number of trials occuring in 1985 was unexpected as the number of new applications was rising at this time but may have been due to the high number

# Fig 2.A.(i) - Application and Trial Placement Numbers By Year.



of applications that were being processed in this year or the re-organisation of management at that time. However, it has also been shown (Figure 1.A.(ii) and Table 1.K.(i)), that there was a large increase in the number of applications pending in 1985 and 1986 which added to the number of new applications considerably increased the workload in these years.

Despite the increase in the number of officers in 1982/3 the capacity to deal with the workload appears to reduce as the scheme develops. The increasing number of clients in trials and placements may have reduced the time available for new trials to be arranged. However, the higher percentages shown in the early years may indicate that when adequate staff time was available, more trial placements could be made. (For example, it has been suggested in section 1.M. that included in the closed category were potentially suitable applicants who were found accomodation outside the scheme probably due to lack of staff time to arrange trials.)

The following table enables the development of the scheme to be viewed over the eight year period, taking into account that applications were not always resolved in the year in which they were made.

**Table 2.A.(ii) Cumulative Frequency of Applications and Cumulative Trials by year**

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 |
|---|---|---|---|---|---|---|---|---|
| **Applications** | 75 | 173 | 271 | 373 | 537 | 708 | 901 | 1015 |
| **Trials** | 67 | 193 | 293 | 400 | 534 | 674 | 745 | 813 |
| **Trial rate** | (·89) | (1·1) | (1·1) | (1·8) | (·99) | (·95) | (·83) | (·8) |

Cumulative trials are shown as a proportion of cumulative applications.

This table shows a similar pattern of increase/decrease to that of Figure 2.A.(i). However, the decrease shown in 1985 is not as dramatic as that shown in the preceding figure. Although proportionally fewer trials occurred in these latter years, the number of trials arranged represented at least .8 of the number of applications in all years.

As it was possible for applicants to be offered several trial placements, it is important to consider the average number of trials per successful applicant.

**Table 2.A.(iii) - Average Number of Trials per Successful Applicant**

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | Total |
|---|---|---|---|---|---|---|---|---|---|
| **Trial Placements** | 67 | 126 | 100 | 107 | 134 | 140 | 71 | 68 | 813 |
| **Successful Applicant** | 40 | 72 | 60 | 67 | 79 | 104 | 55 | 59 | 536 |
| **Average Trials /SA** | (1·7) | (1·8) | (1·6) | (1·6) | (1·7) | (1·4) | (1·3) | (1·2) | (1·5) |

/SA = Per successful applicant. Rate in ( )

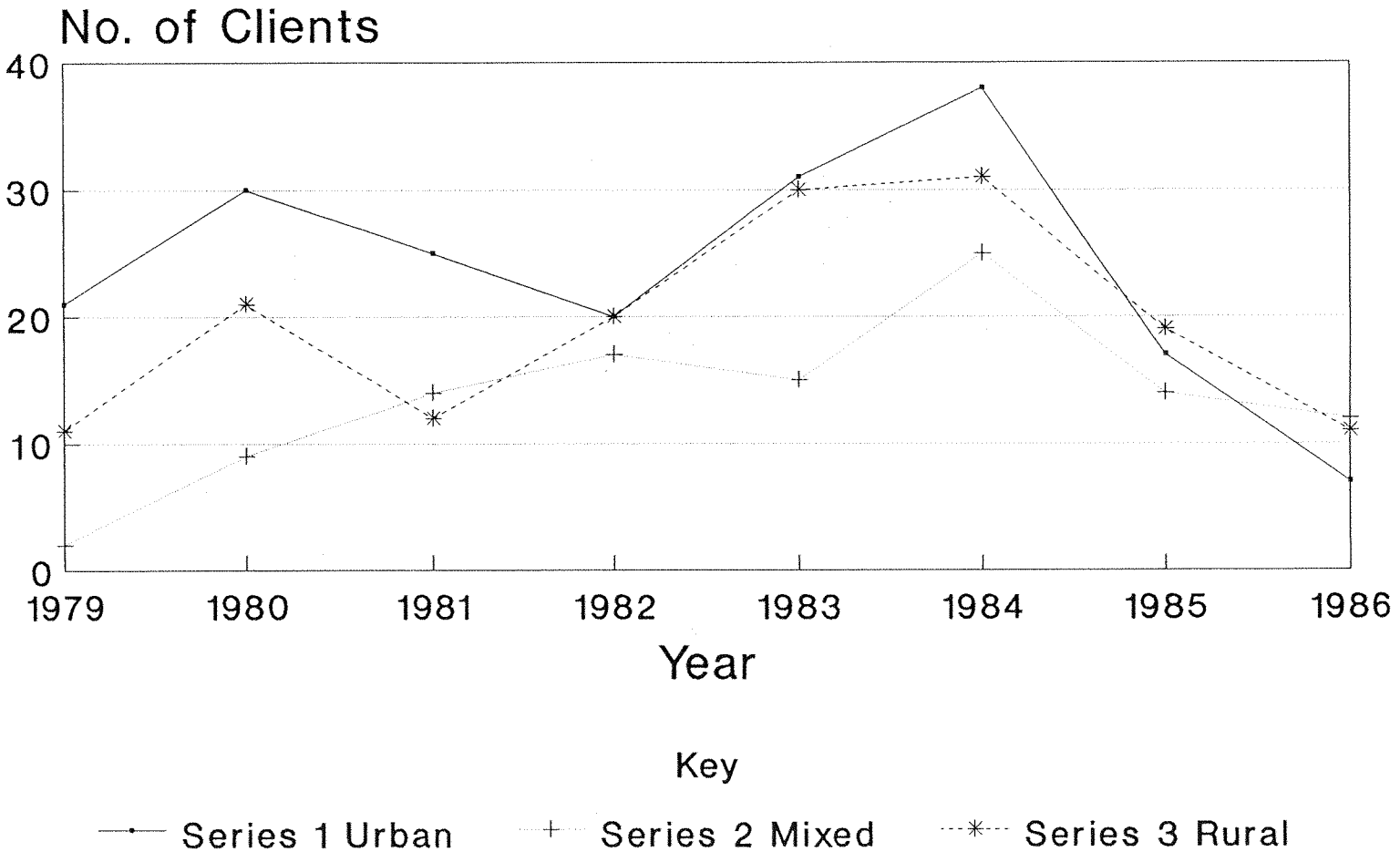
This table indicates that not only were there less trials offered in the latter years of the scheme but the number of trials offered per successful applicant was decreasing. Although it has been suggested that the number of trials that were arranged was adversely affected by the increasing workload of the officers, this table indicates that the reduced number of trials could indicate that officers had greater experience in matching applicants to carers and therefore there was less need for multiple trials.

## 2.B. TRIAL PLACEMENTS BY AREA.

Unlike the figures given for Applications by Area which show the area from whence the applicant applied, the figures shown for trial placements indicate the area in which the trial took place. Although there are no data available, experience suggests that the majority of clients wished to remain in the area from which they applied and that this was usually possible to achieve. A trial placement made in the applicant's area of origin could be more easily arranged than trials made outside that area as the existing network of friends, work and leisure activities could be maintained. Social workers and other professionals were often known to the applicant and could continue contact. It can therefore be assumed that although there were exceptions, trial placements were arranged on behalf of applicants from that area.

The number of trials was dependent not only on the number of suitable applicants to the scheme but also on the number of suitable carers offering placements. As the data from Applications by Area, (5.1.C.), show that there is a difference between the number of applications made and area type, it was expected that these differences would be reflected in the number of trial placements by area type. Consequently, it was expected that the urban areas would offer the greatest number of trials both due to the variety of housing and the higher number of applications that were received from urban areas.

# Fig.2.B.(i) - Trial Placements by Area Type and Year. (Sample Group)



To consider the effect of demographic differences and offer a similar sample group to that used in applications [See 5.1.C (i)], the same Social Service Area Offices have been used to group trials. The sample represents 452 trials.

As in Applications by Area 5.1.C.(i), Table 2.B.(i) Appendix E. shows that there is little difference in the overall proportion of trials received by each area. However, there were more trial placements made in urban areas than other areas (38% of the total trials). Although the number of trials in each area type fluctuates over the years differences diminish in 1982 when all areas show a similar number of trials. Although Figure 2.B.(i) demonstrates that there is a increase in all areas from this time subsequently all areas show a decrease in trial placements from 1984.

A Pearson Product Moment Correlation Co-efficient shows that there is a high correlation between the distribution of the sample number of applications made and the sample number of trials received by area. For example, 35% of applications in the sample were made in rural areas, which received 34% of the sample trial placements.

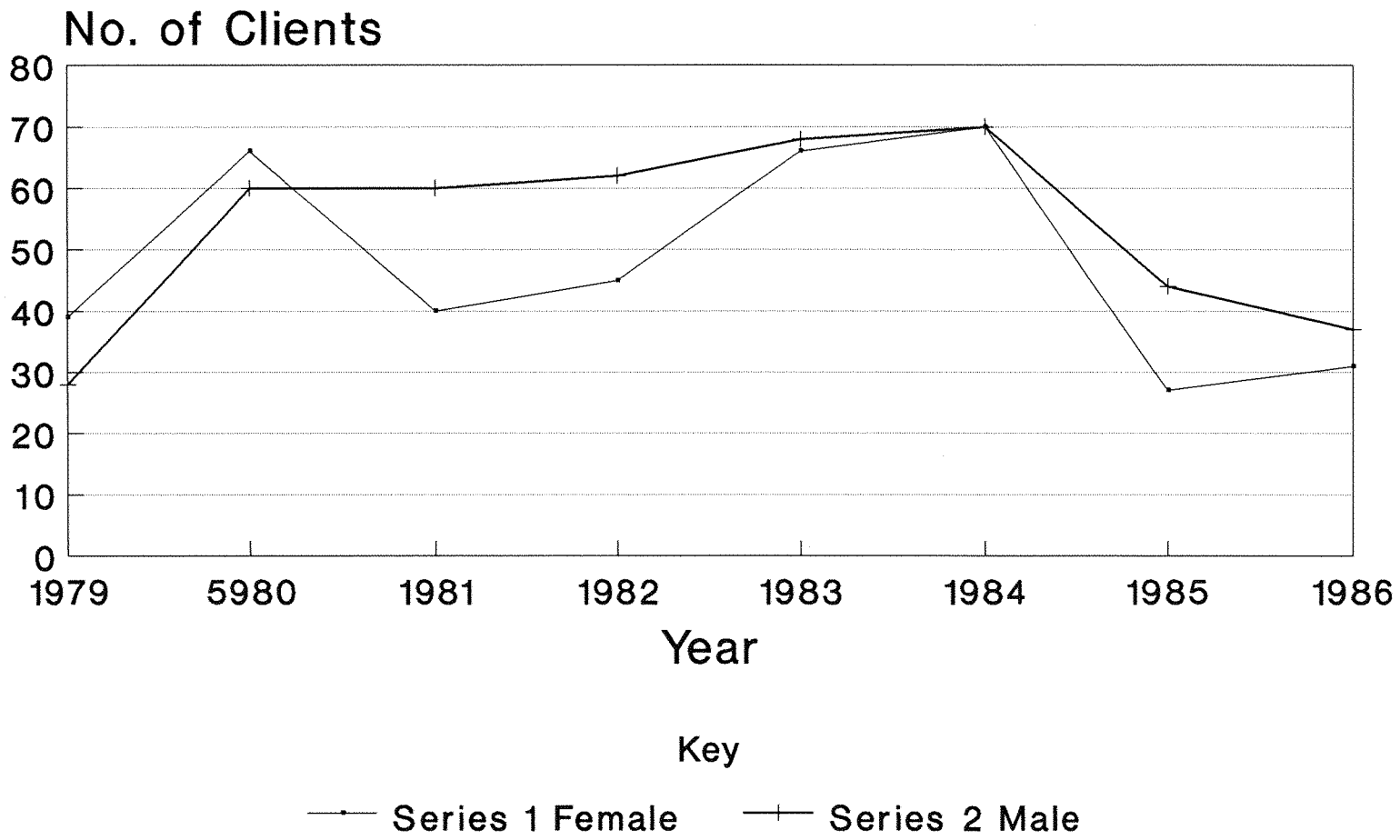
## 2.C. TRIAL PLACEMENTS BY SEX

As discussed in Applications by Sex section 5.1.D (i), the Hampshire County Statistics show an overall proportion of 52% female to 48% male. A detailed table of the County Statistics of Age by Sex is given in section 1.D (i) of this chapter.

As the proportion of applications showed no significant difference between males and females, it was expected that there would be no difference between the sexes in the proportion of trial placements received (See discussion in Applications by Sex 5.1.D.(i) and Applications by Client Group and Sex. 5.1.H.(i)). Figure 2.C.(i) shows that with the exception of 1981, there is a similar pattern of increase / decrease over the years for both sexes.

The following table demonstrates the number of male and female successful applicants and the average number of trials per successful applicant for each year.

# Fig.2.C.(i) - Trial Placements by Sex



**2.C.(i) Table - Trial Rate Per Successful Applicant by Sex and Year**

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | Total | % |
|---|---|---|---|---|---|---|---|---|---|---|
| **Female T.** | 39 | 66 | 40 | 45 | 66 | 70 | 27 | 31 | 384 | [47%] |
| **Female Succ** | 24 | 33 | 26 | 33 | 41 | 48 | 26 | 27 | 258 | [48%] |
| **Average T/SA** | (1·6) | (2) | (1·5) | (1·4) | (1·6) | (1·5) | (1·) | (1·1) | (1·5) | |
| **Male T.** | 28 | 60 | 60 | 62 | 68 | 70 | 44 | 37 | 429 | [53%] |
| **Male Succ** | 17 | 38 | 34 | 34 | 41 | 54 | 29 | 31 | 278 | [52%] |
| **Average T/SA** | (1·6) | (·6) | (1·8) | (1·8) | (1·6) | (1·3) | (1·5) | (1·2) | (1·6) | |

T.= Trials. Average T/SA = Average Number of Trials per Successful Applicant, (figures given in () brackets).
[] = % of successful applicants / trials by sex.
Pearson Product Moment Correlation:-
Female r= +0·85 High Correlation Male r= +0·86 High Correlation.

The table also shows similar proportions of both female trials to female applications, and male trials to male applications. Although the average number of trials per successful applicant varies between the years and between the sexes, there is little difference in the total average number of trials per male and female applicant, (1.5 females and 1.6 males). A Pearson Product Moment Co-efficient shows that as expected there is a high correlation between the number of trials and the number of successful male and female applicants.

## 2.D. TRIAL PLACEMENTS BY AGE GROUP.

As it was expected that trials would occur in proportion to the number of successful applicants in each age group, the following table shows these data and the difference between the proportions of each category. The expected frequency is also shown as indicated by the Hampshire statistics.

**Table 2.D.(ii) - The Distribution of Trials by Age Groups with Proportional Expected Frequency**

| | 18-19 | 20-29 | 30-39 | 40-49 | 50-59 | 60-69 | 70-79 | 80+ | Total |
|---|---|---|---|---|---|---|---|---|---|
| **Expected % Using Hampshire Stats** | (5%) | (20%) | (20%) | (15%) | (15%) | (13%) | (9%) | (4%) | |
| **Succ. Apps** | 71 | 108 | 101 | 69 | 79 | 53 | 42 | 13 | 536 |
| | (13%) | (20%) | (19%) | (13%) | (15%) | (10%) | (8%) | (2%) | |
| **Trials** | 111 | 167 | 149 | 102 | 130 | 73 | 65 | 16 | 813 |
| **Trials %** | (14%) | (21%) | (18%) | (13%) | (16%) | (9%) | (8%) | (2%) | |
| **Diff.Trials & Apps** | 1 | 1 | 1 | 0 | 1 | 1 | 0 | 0 | |
| **Average T/SA** | (1·5) | (1·5) | (1·4) | (1·5) | (1·6) | (1·4) | (1·5) | (1·2) | (1·5) |

Percentages by Row.
Diff.Trials & Apps=Percentage difference between trials / applications.
Average T/SA = Average number of trials per successful applicant.
The trial rate represents the number of trials as a proportion of applications. Pearson Moment Correlation $\rho = +0{\cdot}99$

The table shows that as expected there is a very high correlation between the proportion of successful applicants in each age group and the proportion of trials received. Most of the age groups show only a small variation from that anticipated.

The 18-19 age group shows the greatest difference between the actual percentage of trials made and the expected percentage as taken from Hampshire Statistics, a pattern previously discussed in applications (5.1.E.(i)). The largest number of trials occurs in the 20-29 age group, representing 21% of the total trials made, showing little difference from that expected from Hampshire statistics. With the exception of the 18-19, 20-29 and 50-59 age groups, the remaining groups show fewer trials than expected by the host population. It is particularly surprising that there were fewer trials than expected in the 60-79 age groups as these were part of the elderly group specifically targeted for inclusion into the scheme.

The age groups show little difference in the average number of trials per successful applicant, with the exception of the 80+ age group who received the lowest average of only 1·2 trials per successful applicant. In view of the frail nature of some of these elderly people, officers were extremely careful to ascertain the suitability of the placement before a trial was made and this may account for the lower trial rate of this group.

## 2.E TRIAL PLACEMENTS BY CLIENT GROUP.

It is important to remember that unlike applications, the trial placements were recorded by event rather than by person. Consequently, although trial placements numbers can be shown by client group, the number of applications by client group are not uniformally related to these figures. However, experience suggests that although there were individuals who required several trial placements, there appeared to be little difference in the average number of trials offered to each client group. As it was possible that within each group there would be clients with particularly stringent requirements who would be more difficult to place, it was expected that applicants would be considered for trial placements both in the year in which they applied and in the following year if their application could not be resolved initially.

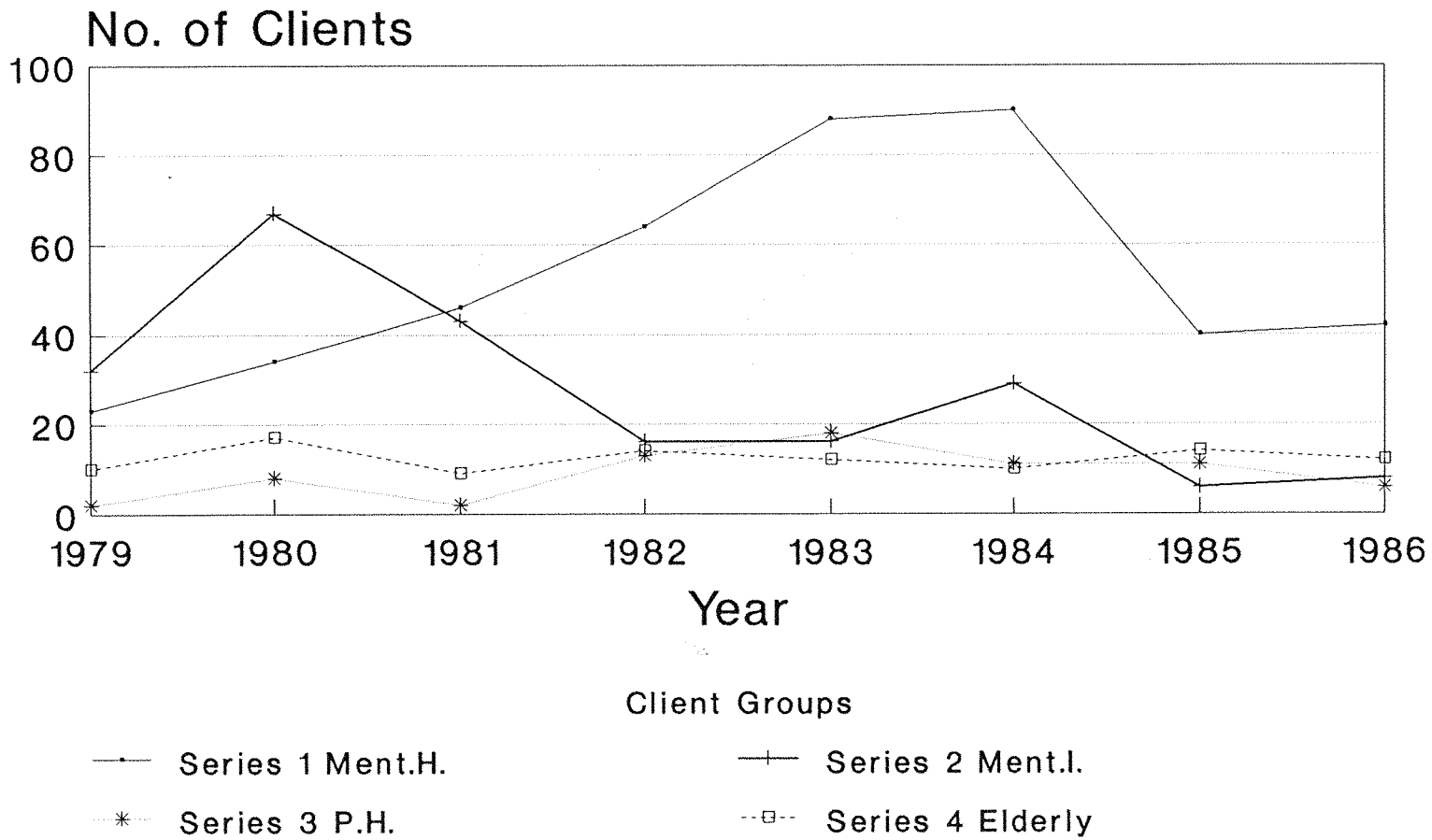
The yearly variation in the number of trials received by each client group is shown in Figure 2.E.(i). To consider the average number of trials each applicant received, the number of trials have been considered as a proportion of the successful applicants by client group and year. Figure 2.E.(ii) shows this trial rate. The data for both these figures are given in Table 2.E.(i) Appendix E which also enables identification of the yearly and the overall trial rates by client group.

As shown in Figure 2.E.(ii), the yearly trial rate fluctuates over the years but shows a general decline from an average of 1.9 trials per successful applicant in 1979 to 1.3 in 1986. It is possible that the decreasing trial rate resulted from a refining of the matching process between the carer and client as the scheme developed. It is also shown in Carers Table 6.6.A.(ii) that a greater number of carers was available as the scheme progressed, thus enabling the officers to identify carers who could meet a greater proportion of the client's requirements, resulting in less likelihood of breakdown.

Table 2.E.(i) (Appendix E.) shows that there is little difference between the client groups in the average number of trials required by a successful applicant with the average trial rate for the mentally ill group only 0.1 higher than for the other client groups .

Due to the dissimilar number of successful applicants in each of the four client groups, the question is raised as to whether the proportion of trial placements reflects the proportion of applications by client group or whether one client group receives trial placements disproportionately. To demonstrate the different patterns for the first four years and following four years of the scheme, a sub-total has been taken in 1982 and 1986 and percentages given of the number of successful applicants and trial placements made for the two periods.

# Fig.2.E.(i) - Trial Placements By Client Group and Year.



# Fig.2.E.(ii) - Trial Rate

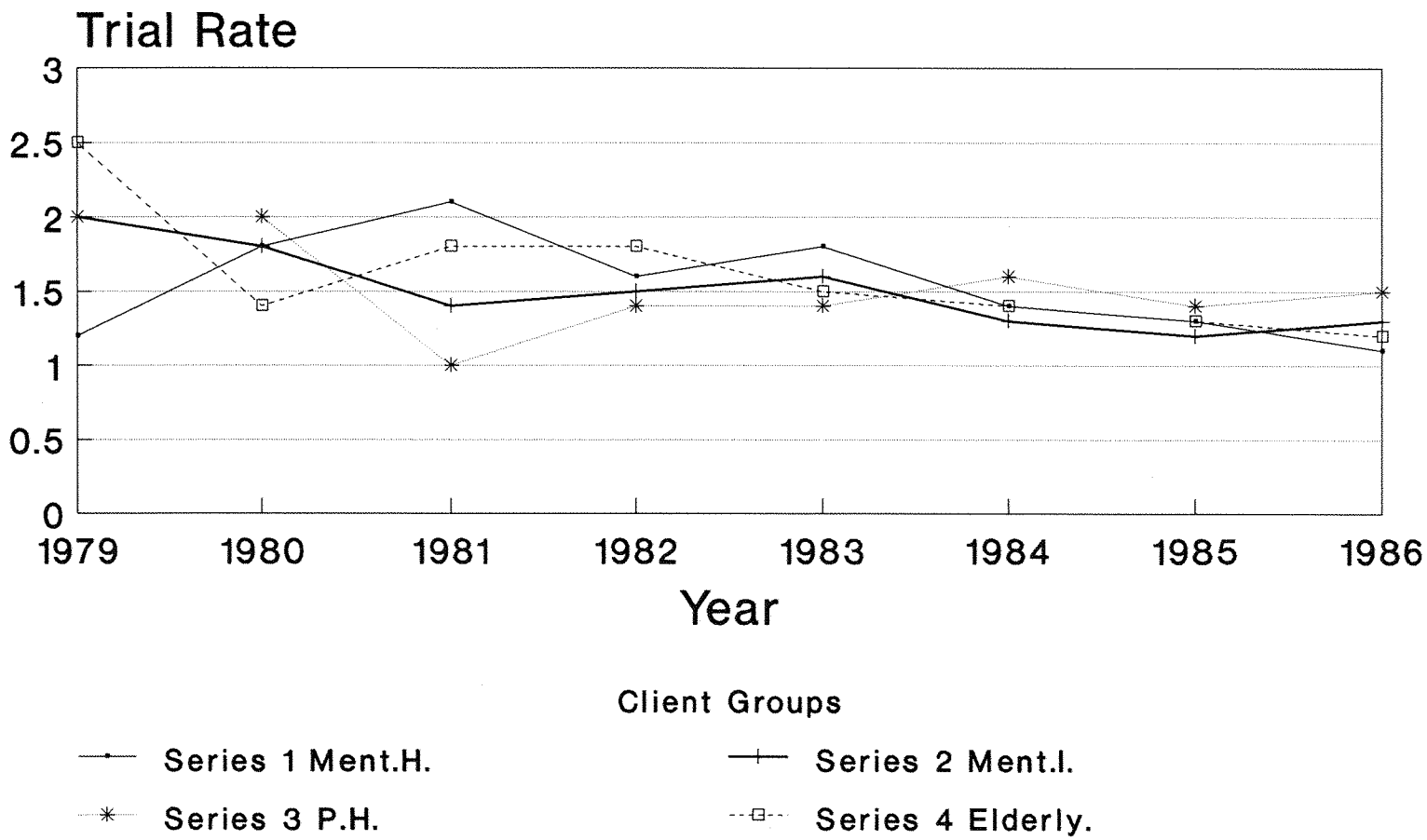


**Table 2.E.(iii) Sub-Totals of Successful Applicants and Trial Placements1979-1982 and 1983-1986**

| | 1979 - 1982 Succ.Applicants | Trials | 1983 - 1986 Succ.Applicants | Trials |
|---|---|---|---|---|
| **M.H** | 99 (41%) | 167 (42%) | 184 (62%) | 260 (63%) |
| **M.I.** | 95 (40%) | 158 (39%) | 45 (15%) | 59 (14%) |
| **P.H..** | 16 ( 7%) | 25 ( 6%) | 32 (11%) | 46 (11%) |
| **Elderly** | 29 (12%) | 50 (12%) | 36 (12%) | 48 (12%) |
| **Total** | 239 | 400 | 297 | 413 |

Percentages by column. Succ.Applicants = Successful Applicants

It is interesting to note that the disparity between the percentage of successful applicants and trials received is extremely small between all client groups.

As shown in applications, the number of trials received by people with a mental handicap predominate both in the early and latter years. Although 42% of trials were made in the first four years and 63% in the latter four years, these proportions show a similar pattern to that of applications received for this group (41% and 62%).

The proportion of trials received by people with mental health problems decreases from 39% in the first four years to 14% in the period 1983-1986. The reduction in the officers' ability to process the relatively high number of applications made by this group in the first four years of the scheme has been noted in both Applications by Client Group, 1.F.(ii) and Successful Applications by Client Group, 1.L.(i).

The proportion of trials made by the physically handicapped group increases from 6% to 11%. The elderly group achieved 12% of the successful applications and trials placements in both periods. As the additional staffing in 1982/3 was envisaged as increasing the number of elderly and physically handicapped people participating in the scheme, these results are particularly disappointing.

## 2.F. TRIAL OUTCOMES.

As stated earlier, trial placements were set up for an initial period of four weeks, following which a decision was made as to whether the trial placement would continue. Those trials remaining successful at the end of the four week period were then recognised as long-stay placements.

Figure 2.F.(i) shows that in the unsuccessful trial rate (i.e. unsuccessful trials as a proportion of total trials) there is considerable variation in the yearly proportion of trials which were not successful. Table 2.F.(i) Appendix E. gives the data for this figure and demonstrates that there is close similarity between the client groups in the percentage of trials which were terminated. This was expected as the proportion of trials and the trial rates (the number of trials per successful applicant) were similar between the client groups. As shown in the figure, the years 1984-1986 show a lower proportion of unsuccessful trials than during the early years of the scheme. This could indicate an improvement in the officers' ability to match applicants to carers as previously noted in section 2.A.(iii) and 2.E.(i).

2.F. (ii) Outcome of Successful Applicants

The following table shows the outcome of the successful applicants including those who after experiencing a trial placement, did not continue on the scheme. It is based on the total number of applicants who commenced trials (i.e. successful applicants) and unlike the preceding tables in this section, is based on people not event.

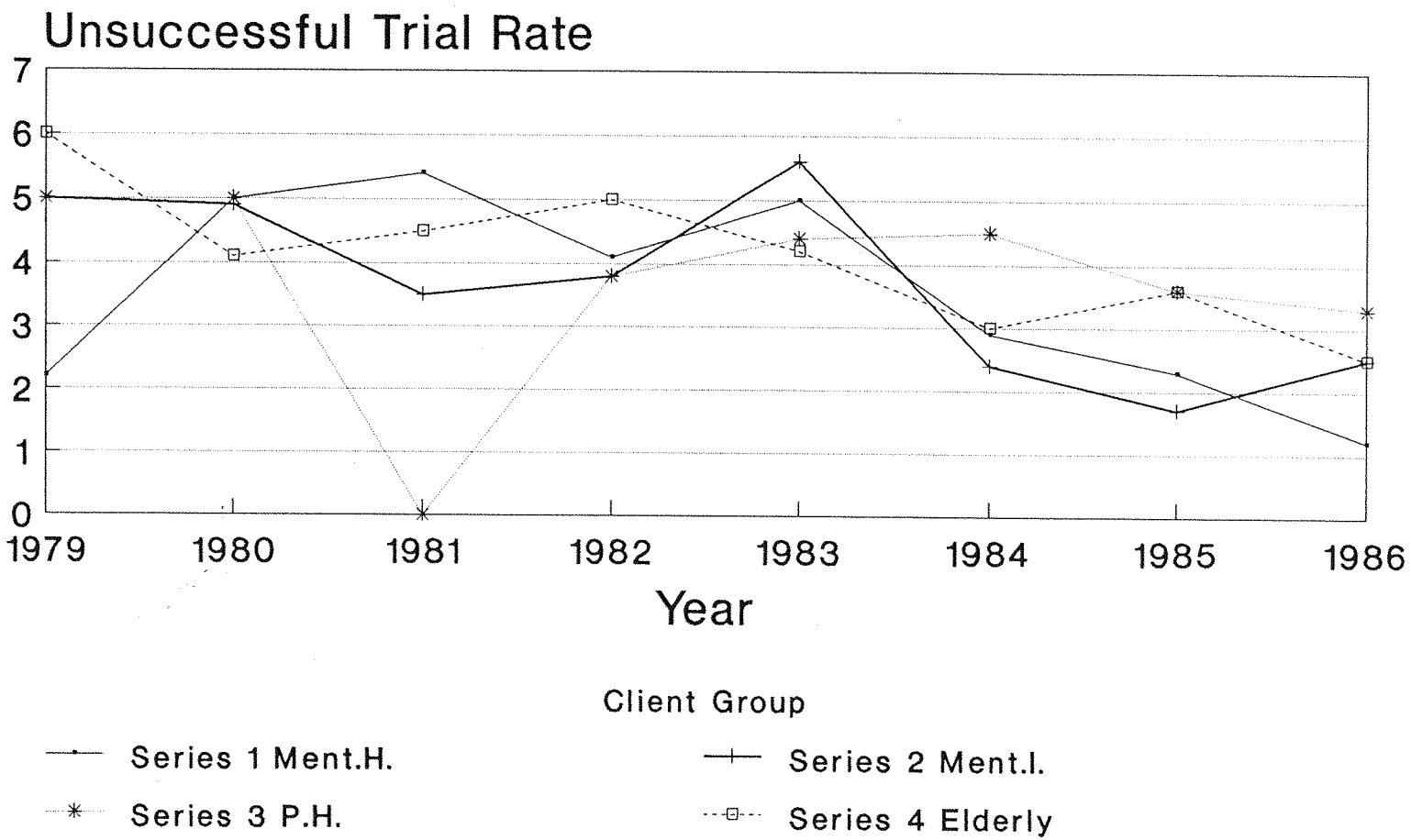
**Table 2.F.(ii) Outcome of Successful Aplicants**

| | Long-stay Placement | Alternative Care | Hospital | Died | Total |
|---|---|---|---|---|---|
| **M.H.** | 270 | 9 | 1 | 3 | 283 {53%} |
| | (96%) | (3%) | (<1%) | (1%) | |
| **M.I** | 128 | 10 | 2 | 0 | 140 {26%} |
| | (92%) | (7%) | (1%) | (0%) | |
| **P.H.** | 42 | 4 | 2 | 0 | 48 {9%} |
| | (88%) | (8%) | (4%) | (0%) | |
| **Elderly** | 58 | 1 | 3 | 3 | 65 {12%} |
| | (89%) | (2%) | (5%) | (5%) | ---- |
| | 498 | 24 | 8 | 6 | 536 |
| | [93%] | [4%] | [2%] | [1%] | |

()Percentages by row. []= % by column. {}= % of successful applicants.

The table shows that once an applicant was offered a trial, long-term placement resulted for 93% of the applicants. It appears that despite some applicants choosing not to remain in the initial trial offered, a high percentage of all applicants chose to attempt one or more alternative trials until the needs of both carer and applicant were satisfied.

# Fig 2.F.(i) - Unsuccessful Trial Rate



The highest percentage of permanent placements (96%) resulting from trials occurred in the mentally handicapped group. The physically handicapped group formed the lowest level of long-stay placements (88%) with 8% of this group choosing an alternative form of residential care and 4% requiring hospital care. However, only six successful applicants within this group did not continue to seek a long-stay placement. The death rate is highest in the elderly group as would be expected. The movement of elderly people from their own homes is considered generally to be a difficult time in terms of personal stress and may account for the higher proportion of deaths in this group.

Once a trial had been offered, the percentage of successful applicants progressing to a long-stay placement was high in all client groups with little difference between the groups. The officers' ability to find a trial placement that was acceptable for practically all successful applicants, regardless of client group, is a strong indicator that the scheme was equally suitable for the wide range of people who were offered and accepted a trial placement.

## 2.G. SUMMARY OF TRIAL PLACEMENTS

The number of trial placements made appears to have been adversely affected by both the increasing number of applications requiring consideration and organisational changes, resulting in a decreasing number of trials from 1984. However, the higher proportion of trials to applications in the early years may indicate that when adequate staff time was available, more trial placements could be made. It was also established that there is a high correlation between the proportion of total applicants and the corresponding proportion of trial placements made in each area type.

On average male and female successful applicants received 1.5 and 1.6 trials respectively. Despite the imbalance of the sexes in some client groups, the scheme catered equally for males and females, perhaps due to factors such as carer preference and the prevalence of people with a mental handicap using the scheme where the disparity between males and females is not significant.

With the exception of the 80+ age group, which received fewer trials per successful applicant, the average number of trials per successful applicant showed little variation across either the age groups or client groups.

Both the average number of trials per successful applicant reduced and proportionally fewer unsuccessful trials were made in the latter years of the scheme which may give an indication of the officers' increased experience in the matching process. However, once an applicant had been offered a trial, long-term placement resulted for 93% of the applicants.

The data generally show little difference between client groups, age, sex and area type in the proportion of applicants who obtained a trial placement, and subsequently a long-term placement, indicating that the scheme was equally suitable for the wide range of applicants who accepted trial placements.

In conclusion, it appears that the number of officers and available staff time are the main factors affecting the proportions of applications closed and applications pending, although the success rate of the client groups may also be affected by the relationship between the adult placement officers and the officers representing specific client groups.

## 5.3. LONG-STAY PLACEMENTS

Having considered applications made to the scheme and the proportion of applicants who achieved a trial placement this section will consider the placements that resulted. The computer was programmed to count placements both per year and cumulatively. Where cumulative counts were taken, each placement was counted once for each year of placement, (see Methodology. Analysis of Hampshire Data 2.D.(iii)). Other tables give the number of placements at the end of each year. These figures represent the number of people who were placed on the scheme and do not include secondary placements, although it is known that some people changed carers during their placement.

It is expected that the outcome of applications will reflect either the trends shown by the applications analyses or the pre-planned intentions of the service.

### 3.A. CLIENT PLACEMENTS BY YEAR

3.A.(i) New Client Placements by Year.

To ascertain changes over the eight years of the study of the scheme, the following table shows the number of new placements made each year and, as in Applications 1.A., compares this rate to the expansion of the Hampshire adult population.

**Table 3.A.(i) - New Placements By Year**

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | Total |
|---|---|---|---|---|---|---|---|---|---|
| **Placements** | 39 | 65 | 56 | 63 | 68 | 99 | 52 | 56 | 498 |

(Hampshire Adult Population increased by 7% 1981-1986)
Expected growth in placements from 1981 (56 + 7% = 60)

From 1981-1986, the general Hampshire population increased by 7%. Projecting this increase on the number of new placements made in 1981 gives a figure of 60 new placements which were expected to be made in 1986. In contrast to the number of new applications it is shown that the scheme did not keep pace with the growth in population over this period.

However, the years 1982-1984 show that new placements increased far in excess of the expected growth in these years. The unexpected decrease in the number of placements from this time may be due to the officers' decreasing abiltity

both to maintain the number of placements in progress and create new placements or, as indicated in trials (2.A.(i)), could be related to the number of applications made per year. The following table (which is given in full in Appendix E.3.A.(ii)) has been included to consider this relationship.

**Table 3.A.(ii) - New Placements and Applications By Year - Rate of Applications resulting in Placements**

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | Total |
|---|---|---|---|---|---|---|---|---|---|
| Placement Rate | (0·52) | (0·66) | (0·57) | (0·62) | (0·41) | (0·58) | (0·27) | (0·44) | (0·49) |

Pearson Product Moment co-efficient. $\rho = + 0{\cdot}49$ Moderate correlation.

This table shows that there was a moderate correlation between the number of applications made and the number of new placements made each year. Figure 3.A.(ii) indicates that although there was a rapid growth in new placements in 1980, the ratio of placements to applications decreased in 1981, possibly caused by the increase in the number of placements in progress. The increase in the number of new placements from 1982 appears to be due to the increase in new officers in this period (which also increased the number of total applications).

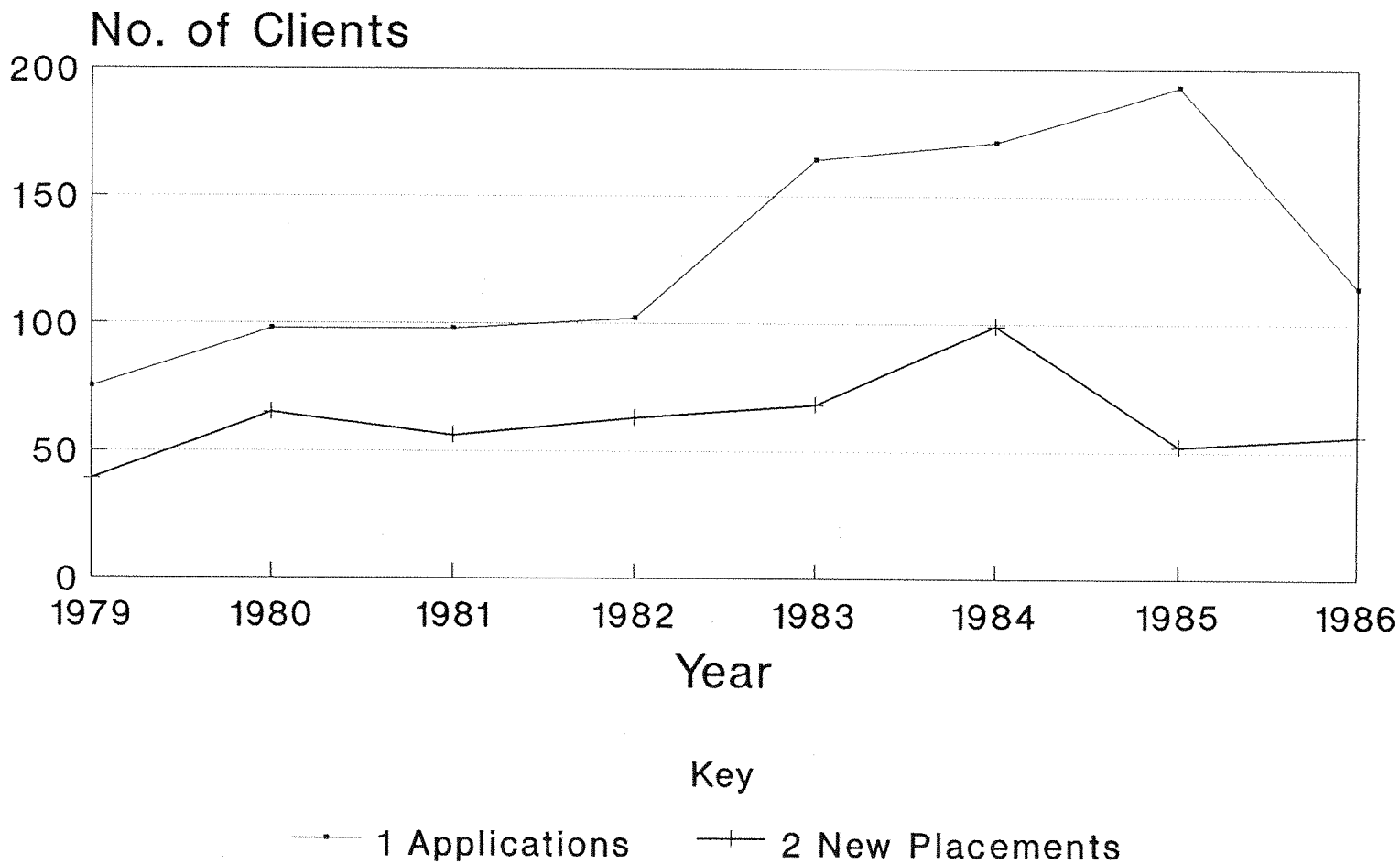
Despite the increasing number of new applications there was a decrease in placements from 1984 onwards which could have resulted from both an increase in workload and changes following re-organisation which necessitated a move of office for four out of the six officers and a change of line management for all officers.

As only successful applicants (those applicants who accepted a trial placement) could be considered for a long-stay placement, it was expected that the relationship between successful applicants and the number of placements would be significant. Table E.3.A.(iii) indicates that the number of new placements is highly correlated ( $\rho = +{\cdot}98$) to the number of successful applicants indicating that, as discussed in Outcome of Trials, 2.F(ii), once a trial had been accepted an applicant was highly likely to progress to a long-term placement.

## 3.B. PLACEMENTS BY CLIENT GROUP.

It was also expected that when placements were considered by client group there would be a similar distribution to that shown by applications. Appendix E.Table E.3.B.(i) New Placements by Client Group and Year, reflects that, as in Applications by Client Group (1.F.),there was a high proportion of people with a

# Fig 3.A.(ii) - New Placements and Applications By Year



mental handicap gaining a placement with this group dominating the scheme from 1982 onwards and accounting for over 59% of the new placements each year until 1986.

A chi-square test shows that the greatest variation from the expected distribution occurs in 1980 when there are more placements of people with a mental handicap and mental health problems than would have been expected in this year. As the early years of the scheme were directed primarily at these two groups, it may not be surprising that this over-representation occurs. The mentally ill group shows the greatest total variance in distribution, with more placements made than expected in the first three years and less in the later years of the study.

The number of placements made does not appear to be affected by carer bias towards one client group. The carer survey shows that most carers expressed a preference towards the category of the client currently in placement rather than a fixed preference towards a particular client group. (See Carer Survey 6.3.6.)

However, as previously discussed, it was expected that the number of placements would be in proportion to the number of applications and more especially to the number of successful applicants in each client group. The following table considers the percentage of successful applicants obtaining a placement by client group and year.

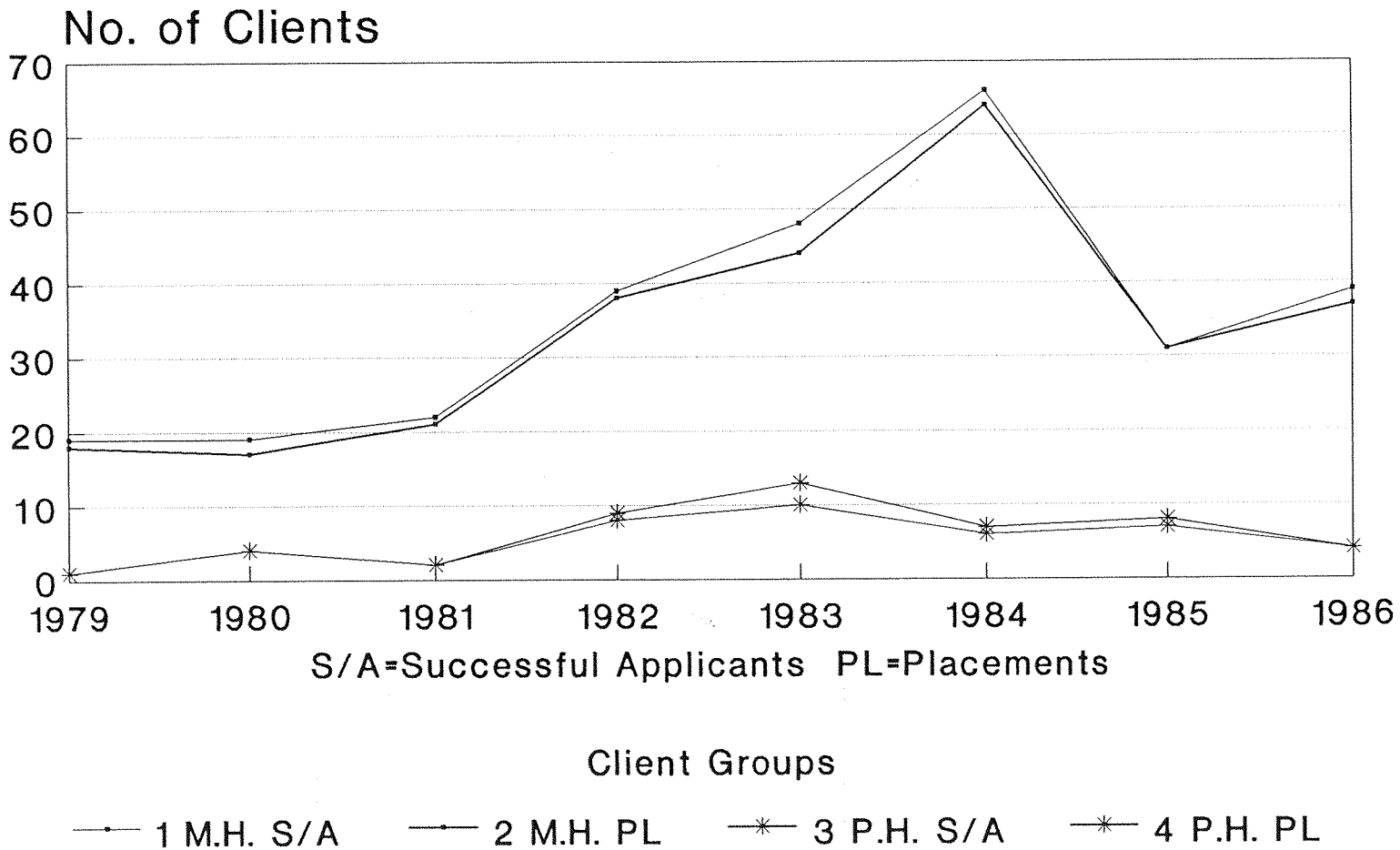
**Table 3.B.(ii) Total Number of Placements as a Proportion of Applications and Successful Applications by Client Group**

| | Applications | Succ.Apps | Placements | P./Apps | P./S.Apps. |
|---|---|---|---|---|---|
| **Ment.Hand.** | 495 (49%) | 283 (53%) | 270 (54%) | [·55] | {·95} |
| **Ment.Ill.** | 247 (24%) | 140 (26%) | 128 (26%) | [·52] | {·91} |
| **P.H.** | 108 (11%) | 48 (9%) | 42 (8%) | [·39] | {·88} |
| **Elderly.** | 165 (16%) | 65 (12%) | 58 (12%) | [·35] | {·89} |

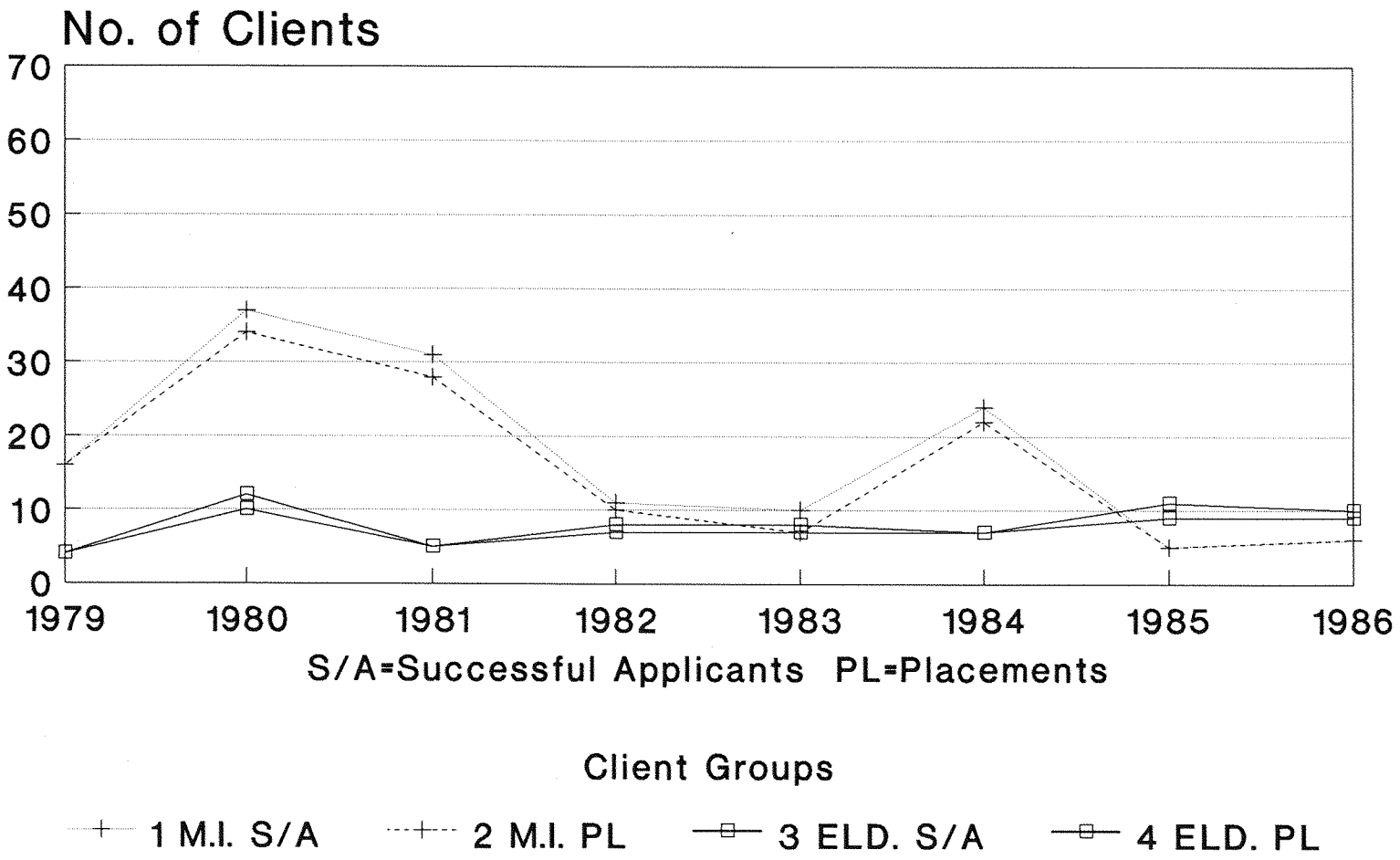
( ) % by column. Succ.Apps = Successful Applicants.
P./Apps.= [] Placements as a proportion of applications.
P./S.Apps = {} Placements as a proportion of successful applicants.

The table shows that although there are similar proportions of successful applicants to new placements made in each client group, the proportion of applications which result in placements varies slightly between client groups. The initial emphasis towards the placement of people with a mental handicap or mental health problems may have perpetuated the number of applications made by these groups and subsequently resulted in higher numbers of placements in the early years. Figures 3.B.(ii)a and (ii)b (Corresponding to Table E.3.B.(ii)a Appendix E.) show that although the number of successful applicants from the mentally ill group

# Fig.3.B.(ii)a- Placements and Successful Applicants By Client Group & Year



# Fig.3.B.(ii)b- Placements and Successful Applicants By Client Group & Year



decreased from 1980 resulting in a subsequent decrease in the number of placements received by this group, the number of successful applicants from the mentally handicapped group increased from this time. These figures also shows the corresponding rise in the number of placements received by this group, which rose sharply until 1984. However, there is little indication from these proportions that people from these groups were easier to place. (See discussion in Analysis of Client Groups 6.1.)

Although the number of people in the elderly and physically handicapped groups increases over the years, the proportion of these applicants gaining placements is slightly lower than that of other groups. As the main aim of the extension to the scheme in 1982/3 was to increase the proportion of people participating from these groups, this trend is disappointing. (See discussion of these points in Applications 1.F.(i) and Success Rate of Applicants, 1.N.(ii)).

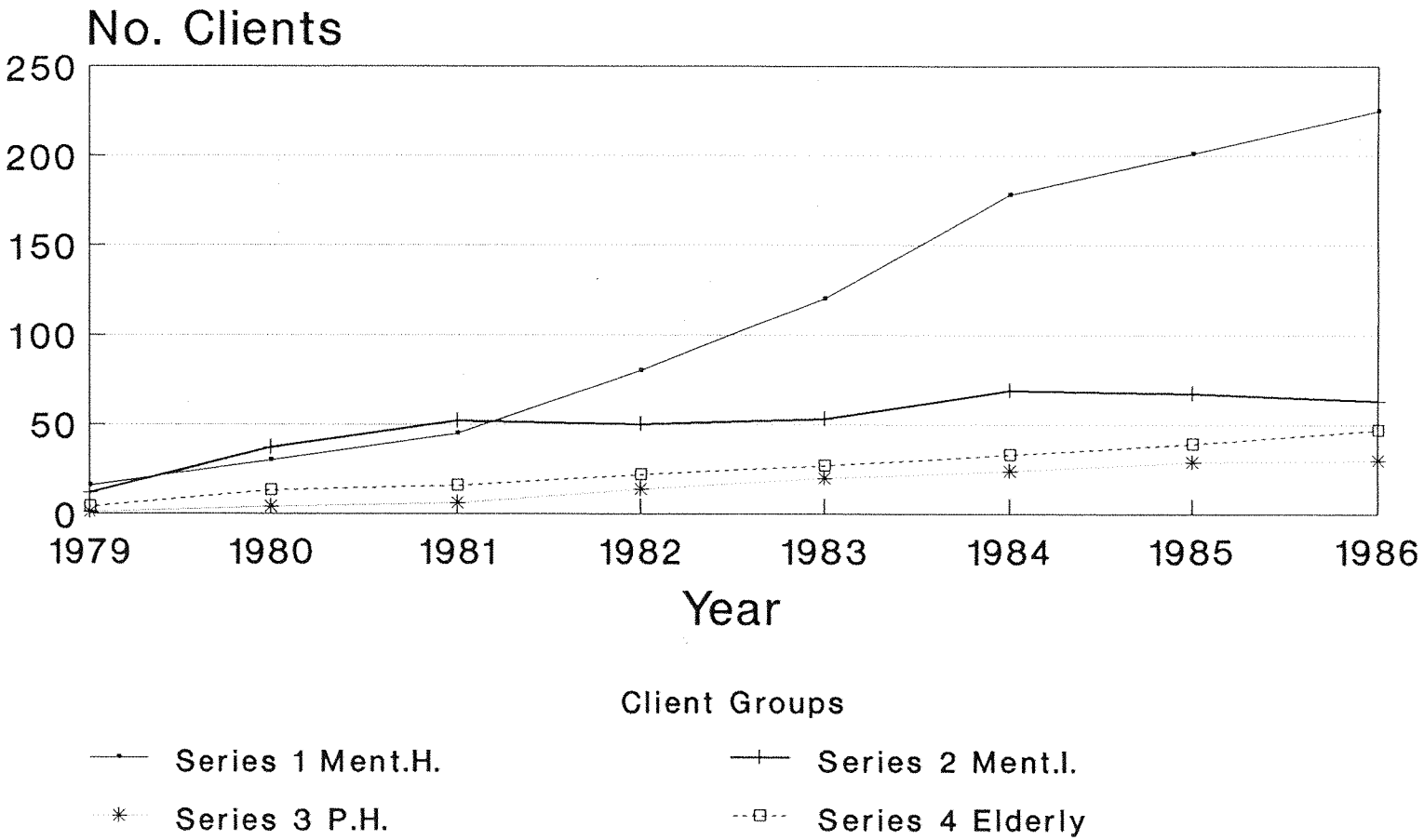
3.B.(iii) Total Placements in Progress

Figure 3.B.(iii) shows that the mentally handicapped group achieve a lower number of placements in progress than the mentally ill until 1982 when the number of placements increases in the former group. Table E.3.B.(iii) Appendix E., from which the figure is drawn, indicates that by 1986 the elderly group show a higher percentage of placements in progress to that of the percentage of total new placements. The mentally handicapped group increased their number of placements in progress over the years in contrast to the mentally ill group. However, as a higher number of placements were made by people with mental health problems in the early years of the scheme it is possible that these placements ended before 1986, whereas the placements made by the mentally handicapped group predominated in the middle and latter years of the scheme and were more likely to be in progress in 1986. (Further discussion in Outcome of Placements 3.G.)

## 3.C. PLACEMENTS BY DIVISION

To consider the changing proportions of the client groups within the divisions, three sample years have been used to consider the proportion of clients in placement on 31st December of each year. These years are those used in Applications by Client Group and Division, 1.G.(i), (the first year of the scheme, before the extension in 1982 and the final year of the study, used to highlight changes occuring after both the extension of the scheme and the managerial changes in 1984)..

# Fig 3.B.(iii) - Placements in Progress By Client Group and Year



3.C.(i) New Placements by Client Group and Division

It was expected that the distribution of placements by division and client group would also reflect the proportion of applications made in each division. (Applications by Division and Client Group, 1.G). The tables show the number of placements made from the total number of applications received in each year, i.e. the combined number of new applications and those that were pending from the previous year.

**Table 3.C.(i)a - Placements by Client Group and Division 1979**

| | Men H. | Ment Ill | P.H. | Elderly | Total | T.%.Apps | P/A % |
|---|---|---|---|---|---|---|---|
| North | 2 (13%) | 3 (25%) | 0 (0%) | 2 (50%) | 7 (21%) | 13 [17%] | {54%} |
| South-East | 5 (31%) | 2 (17%) | 0 (0%) | 1 (25%) | 8 (24%) | 13 [17%] | {62%} |
| South-West | 9 (56%) | 7 (58%) | 1 (100%) | 1 (25%) | 18 (55%) | 49 [65%] | {37%} |
| | 16 | 12 | 1 | 4 | 33 | | |

**Table 3.C.(i)b - New Placements by Client Group and Division 1982**

| | Men H. | Ment Ill | P.H. | Elderly | Total | T.%.Apps | P/A % |
|---|---|---|---|---|---|---|---|
| North | 10 (26%) | 2 (20%) | 1 (13%) | 2 (29%) | 15 (24%) | 25 [25%] | {60%} |
| South-East | 12 (32%) | 1 (10%) | 4 (50%) | 2 (29%) | 19 (30%) | 34 [33%] | {56%} |
| South-West | 16 (42%) | 7 (70%) | 3 (38%) | 3 (43%) | 29 (46%) | 43 [42%] | {67%} |
| | 38 | 10 | 8 | 7 | 63 | | |

**Table 3.C.(i)c - New Placements by Client Group and Division 1986**

| | Men H. | Ment Ill | P.H. | Elderly | Total | T.%.Apps | P/A % |
|---|---|---|---|---|---|---|---|
| North | 9 (28%) | 2 (29%) | 2 (29%) | 2 (20%) | 15 (27%) | 31 [27%] | {48%} |
| South-East | 6 (19%) | 1 (14%) | 2 (29%) | 2 (20%) | 11 (20%) | 20 [18%] | {55%} |
| South-West | 17 (53%) | 4 (57%) | 3 (43%) | 6 (60%) | 30 (54%) | 63 [55%] | {48%} |
| | 32 | 7 | 7 | 10 | 56 | | |

T % Apps = Total percentage of Applications. Percentages by column.
P/A % = Placements as a percentage of applications.

In each of the sample years the proportion of applications made in each division is similar to the proportion of placements in all divisions. Although in 1979, the South-West division achieves the lowest proportion of placements when compared to the total number of applications received, this division achieves the highest porportion of placements in 1982. The South-East division shows the highest proportion of placements made from the total applications considered in

1986. However, the percentages of placements made from applications received are lower in all divisions in 1986.

Tables E.3.C.(ii)a and (ii)b Appendix E. offer a comparative view of the number of applications and placements in progress. As the data for placements in progress by division are cumulative, and applications are given as the proportion of new applications received in each year, direct comparison was difficult to achieve. Although neither of the tables show an exact profile of the number of applications resulting in placements, both sets of data show that there is a strong similarity between the divisions in the proportion of applications that result in placements.

## 3.D. PLACEMENTS BY CLIENT GROUP AND AREA.

The table has been calculated as in Applications by Area (1.H.(i) from 15 area offices to show demographic difference. It is made up of 215 placements, 59% of the total placements in progress on 31st December 1986. Placements made at the end of the period of study have been used as this is the largest group available from which to consider placements by area type. There are no data available showing the total placements made by area type.

**Table 3.D.(i) - Placements by Area and Client Group (Sample)**

| | Mental H. | Ment Ill. | P.H. | Elderly | Total Pl. | Total Apps |
|---|---|---|---|---|---|---|
| **Urban** | 45 (36%) | 21 (51%) | 10 (53%) | 7 (23%) | 83 (39%) | 212 (38%) |
| **Mixed** | 42 (34%) | 7 (17%) | 4 (21%) | 9 (30%) | 62 (29%) | 151 (27%) |
| **Rural** | 38 (30%) | 13 (32%) | 5 (26%) | 14 (47%) | 70 (33%) | 194 (35%) |
| | 125 | 41 | 19 | 30 | 215 | 557 |

($\chi^2$=0·65 p>·05) ($\chi^2$=3·28 p>·05) ($\chi^2$=2·28 p>·05)
($\chi^2$=7·23 p<·05) ($\chi^2$=2·6 p>·05)

Percentages by column. Pl.= placements. Apps = Applications.

Chi-square tests show that the greatest difference between areas occurs in the mentally ill group where, as in applications, the placements in the urban areas are greater than expected causing a significant difference between area type. The chi-square test shows that there is no significant difference between area type in the other client groups.

Although there are difficulties in making a statistical comparison between the total proportion of placements and the total proportion of applications made by area, the table shows that there are close similarities between the total percentages

given indicating that as expected the proportion of placements received is correlated to the proportion of applications made in each area type.

## 3.E. PLACEMENTS BY SEX

3.E.(i) Placements by Sex and Client Group.

Figures 3.E.(i)a and (i)b have been included to show cumulative figures of placements by year and client group and have been further divided into male and female groups. This figure and Tables E.3.E.(i)a and b (Appendix E.) demonstrate that both the female and male mentally ill groups show an increasing proportion of placements in progress in the first three years. This trend reverses from 1981, when an increase occurred in the proportion of mentally handicapped placements in progress reflecting the trend shown in Placements in Progress by Client Group (3.B.(iii)). From 1980, the table shows an increasing proportion of placements for the physically handicapped group and there was little variation in the proportion of elderly clients throughout the years.

The most noticeable trend was the increase in the number of male and female placements in progress within the mentally handicapped group. Although the number of male placements in the mentally ill groups shows a general increase in the number of male placements in progress, the number of females in this group show little variation from 1980. However, the proportion of the yearly total for both male and females in this group decreases from 1981 for females and 1979 for males.

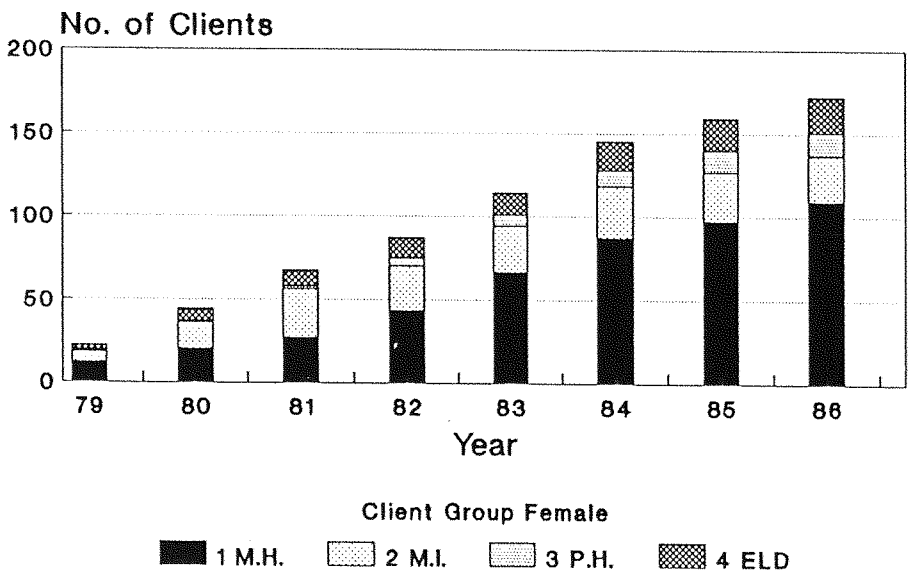
The total number of female placements were higher from 1979 until 1983 from which time the number of male placements were higher in all groups. As Carer questionnaire Part I, shows that 55% of carers expressed no preference as to the sex of the client, 25% preferred female clients and 20% preferred males (See 6.4.A.(ii) Question 8) this does not appear to be related to carer preference for male clients. It is possible that males were continuing in placement for longer periods than females.

3.E.(ii) Placements by Sex and Client Group on 31st December 1986.

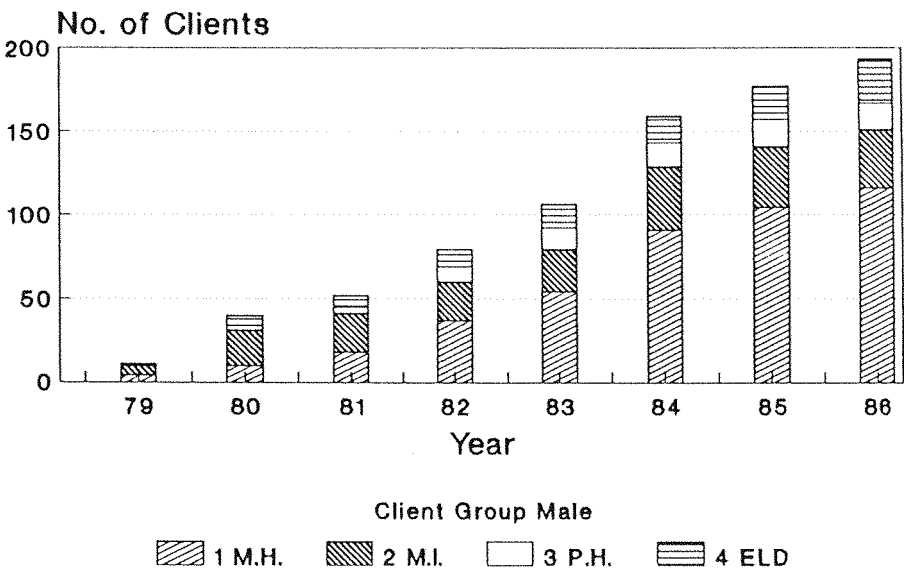
As it was expected that the proportion of male and female placements would be similar to the proportion of male and female applicants, Figure 3.E.(ii) has been included. It is based on the data given in Table E.3.E.(ii) Appendix E. and demonstrates the relationship between the number of applicants and number of placements received by males and females in each group.

The figure shows that there were similar proportions of male and female placements made by the end of 1986 to those of the total number of applications received. As previously shown in Applications by Client Group and Sex, 1.I.(i)., 

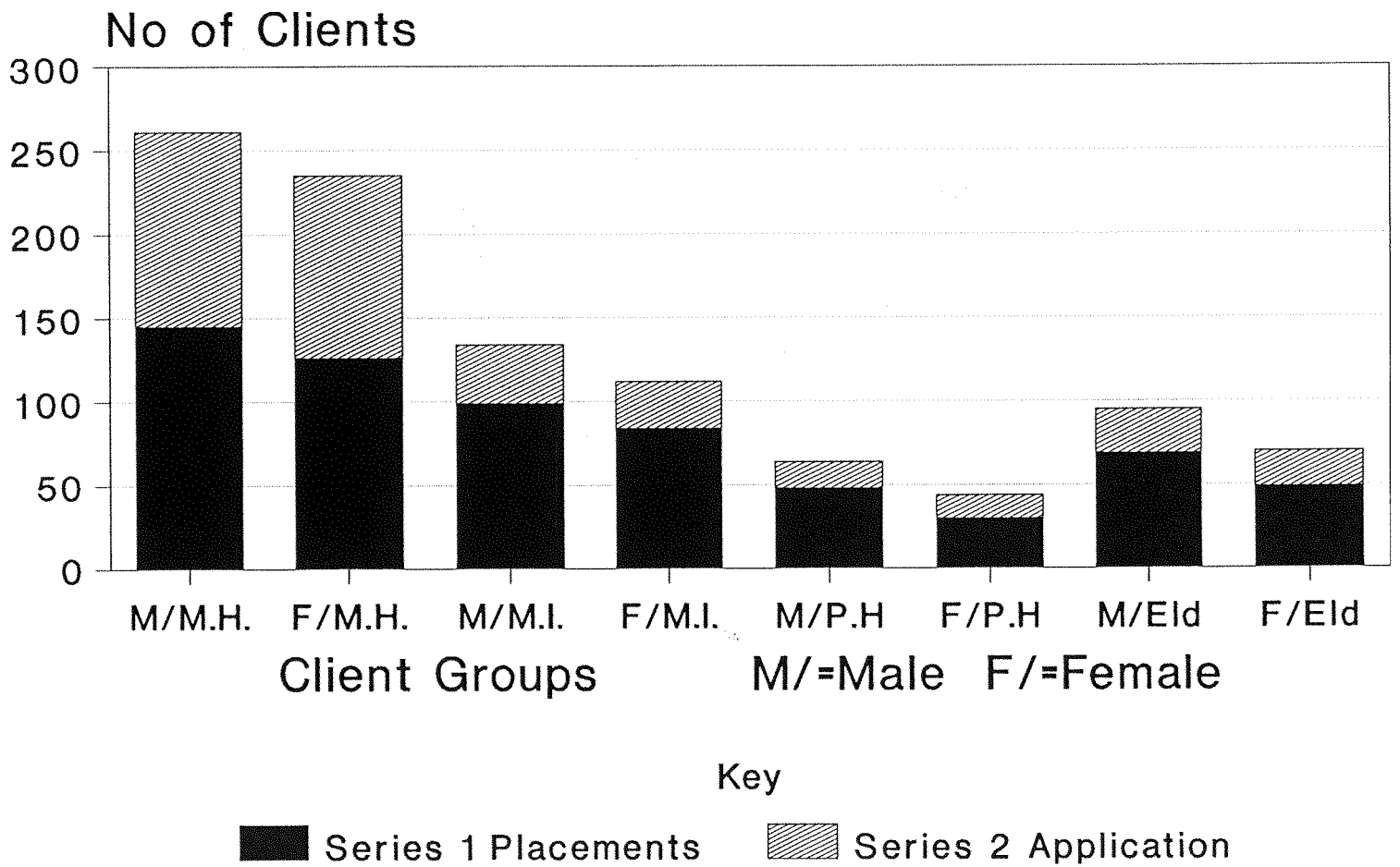
## Fig.3.E.(i)a - Female Placements By Sex, Year and Client Group




## Fig.3.E.(i)b - Male Placements By Sex, Year and Client Group



# Fig 3.E (ii) - Placements & Applications By Sex on 31 December 1986



the proportions of female placements are smaller than those expected by the national statistics for each client group, particularly for the mentally ill group.

There is a marginally higher overall placement rate for female applicants, (·37 female, ·35 male), especially in the physically handicapped group, (·31 female, ·25 male). Although females in the mentally ill group show a lower rate, these differences are small. The relationship between placements and applications has been established in 3.A.(ii) and it appears that this similarity is maintained when considering placements by sex. Factors that may have increased the number of male applicants to the scheme have been previously identified (Applications by Sex 1.I.).

## 3.F.PLACEMENTS BY AGE

3.F. (i) Placements By Age

The following table is an extract from Table E.3.F.(i) Appendix E. and shows the proportion of placements achieved from the applications made by age group during the period of study.

**Table 3.F.(i)a - Total Placements in Progress and Applications Received by Age on 31st December 1986- Placement Rate**

| | 18-19 | 20-29 | 30-39 | 40-49 | 50-59 | 60-69 | 70-79 | 80+ | Total |
|---|---|---|---|---|---|---|---|---|---|
| Pl. Rate | 0·27 | 0·29 | 0·37 | 0·5 | 0·38 | 0·43 | 0·31 | 0·37 | 0·36 |

Pl. Rate = Placement Rate.

Pearson Product Moment Correlation Co-Efficient:-
1986 placements to total applications $\rho = +0{\cdot}84$ High correlation.

Overall, there is little difference between the proportions of applications and those of placements in each age group. With the exception of the 40-49 year age group, the placement rate shows little variation. The number of placements made in this age group may be affected by slight carer bias towards age. The carer survey shows that 35% of carers expressed a preference towards the 31-60 year age group (See Carer Survey 6.3.B.7.).

3.F.(ii) Placements in Progress by Client Group and Age Group.

As shown in other sections of this chapter, placements are closely correlated to the number of applications made. To ascertain whether this trend also includes client group and age, placements have been identified by client group and age and these figures have been compared to the proportion of applications received in each age group.

As tables demonstrating the number of new placements made each year show low figures for each age group and give little validity when compared to the application figures for each year, the number of placements in progress at the end of 1986 has been used for the purposes of comparison with the total number of applications. This table is given in full in 3.F.(ii) Appendix E. The placement rate has been calculated from the total number of applications made from 1979 to 1986.

**Table 3.F.(ii) - Placements in Progress by Client Group and Age Group 31 December 1986 - Placement Rate**

| | 18-19 | 20-29 | 30-39 | 40-49 | 50-59 | 60-69 | 70-79 | 80+ |
|---|---|---|---|---|---|---|---|---|
| **Pla.Rate M.H.** | 0·34 | 0·35 | 0·41 | 0·65 | 0·48 | 0·64 | 0·66 | 1· |
| **Pla.Rate M.I.** | 0·08 | 0·23 | 0·28 | 0·6 | 0·37 | 0·36 | 0·67 | 0 |
| **Pla.Rate P.H.** | 0·2 | 0·19 | 0·54 | 0·55 | 0·19 | 0·19 | 0 | 0 |
| **Pla.Rate Eld.** | 0 | 0 | 0 | 0 | 0 | 0·33 | 0·26 | 0·33 |

Pl.Rate = Proportion of Total Applicants achieving Placements.

The placement rate for people with a mental handicap was highest in the 40-49 and 60-69 age groups, but young people (18-19yrs.) with mental health difficulties achieved the lowest placement rate. The physically handicapped group achieved a high placement rate in the two groups 30-39 and 40-49 years. For the elderly group, the 60-69 year group show the highest placement rate although the largest number of placements were found in the 70-79 year group. The mentally handicapped group are shown to be distributed throughout the age groups, indicating the wide variety in the ages of people in this client group. In view of the recent literature indicating increased longevity for this group, it is interesting to note that there were two people over 80 years of age in this group, (See Research Background to Case Study 6.2.A.(ii)d.). The table also shows that people with a mental health problem or physical handicap can also be placed throughout a wide age variation.

The greatest difference between the proportions of applications and placements are shown in the mentally ill group. For example, in the 18-19 age group 11% of applicants achieved only 3% of placements but 22% of placements resulted from only 15% of applications in the 50-59 year age group. The younger mentally ill group may have been more difficult to place but experience indicates that this group tended to use the scheme for a limited period only and this finding is probable the result of fewer placements remaining in progress in 1986.

It is clear that although there are differences between the proportions of applicants and placements when comparison of the age groups are made, there is a general pattern of similarity betweeen these proportions.

## 3.G.OUTCOME OF PLACEMENTS

Each placement aimed to meet the needs of both client and carer. It was not anticipated that all placements would provide permanent care but that the placement would continue until the needs of the carer or client altered, when either an alternative placement could be found which matched more closely the needs of the client and carer or a different type of accommodation such as hostel care, self-contained flat or lodgings could result. Six monthly reviews enabled formal consideration of the needs of both parties. This process was supplemented by informal discussion between officers and carers, and social workers and clients.

### 3.G.(i) Outcome of Placements

The following table shows the number and relative proportions of placements that were in progress, the number of placements closed and the number of people who had moved to alternative placements by the end of each year. All figures are cumulative to give an indication of the development of the scheme.

**Table 3.G.(i) - Outcome of Placements on 31 December 1979-1986**

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 |
|---|---|---|---|---|---|---|---|---|
| **Original placements** | 10 | 21 | 19 | 30 | 46 | 86 | 45 | 51 |
| | (26%) | (20%) | (12%) | (13%) | (16%) | (22%) | (10%) | (10%) |
| **Alternative Pla.** | 23 | 63 | 100 | 86 | 174 | 216 | 291 | 314 |
| | (59%) | (61%) | (63%) | (61%) | (60%) | (55%) | (66%) | (63%) |
| **Cessations.** | 6 | 20 | 41 | 57 | 71 | 86 | 106 | 133 |
| | (15%) | (19%) | (26%) | (26%) | (24%) | (22%) | (24%) | (27% |
| **Total Cumulative Pla.** | 39 | 104 | 160 | 173 | 291 | 390 | 442 | 498 |

**Pla. = Placements.**

The 'original placement' category shows the number of people remaining in their original placement at the end of each year. It is not possible to discern length of placement from this table. The table shows that there is little variation between the years in the proportion of each outcome. Between 56% and 66% of the clients each year were in an alternative placement, with between 10% to 26% remaining in their original placement. By 1986, 27% of the total placements made over the eight years of the scheme had ceased.

## 3.H. CESSATION OF PLACEMENTS BY CLIENT GROUP

Cessation of placement could occur for a variety of reasons including a client's move to a more independent lifestyle, a need for hospital care, death or a change in a carer's family circumstances. Subtle changes in the type of care required, for example from maternalistic care to encouragement of an independent lifestyle could also cause cessation of placement.

As it was anticipated that the proportion of cessations would be correlated to the proportion of placements made by each client group, the following table shows these proportions and cessations as a proportion of the placements made. This table has been calculated from data shown in Table E.3.H.(i)a Appendix E. which also indicates the number of cessations by client group and the percentage of cessations in each group per year.

**Table 3.H.(i)b - Placements and Cessations by Client Group**

| | Placements | Cessations | Cessation Rate |
|---|---|---|---|
| **M.Hand.** | 270 [54%] | 45 [34%] | 0·17 |
| **M.Ill.** | 128 [26%] | 65 [49%] | 0·51 |
| **P.H.** | 42 [8%] | 12 [9%] | 0·29 |
| **Elderly** | 58 [12%] | 11 [8%] | 0·19 |

[ ] Percentages by column.

Although the proportion of applications and placements made by each client group show similarity over the years (Applications by Client Group 1.F. and Placements by Client Group 3.B.) the proportion of cessations in the mentally handicapped group (34%) is lower than expected. As it was intended that the scheme would provide a viable alternative to long term hostel/hospital care for this group of people, the low rate indicates that this was partly achieved.

In view of the short term nature of some mental health problems, it was expected that a proportion of this group would use the scheme as rehabilitation into independent living. The cessation rate made by the mentally ill group (0·51) is higher than that shown for other client groups and indicates that placements were of shorter duration than those made by other users. This was possibly due to the use of the scheme as a rehabilitation resource for this group or an indication that placements were not a viable long term solution to care needs for some users. (See discussion in Type of Accommodation 3.I.)

It was also anticipated that although a proportion of the physically handicapped group would need long term family care, a proportion of this group

would also use the scheme as an intermediate step towards independent living. The cessation rate of 0·29 could indicate that this expectation was achieved.

The cessation rate shown for the elderly group is surprisingly low in view of the trauma experienced by elderly people moving from their own homes into residential accomodation (Sprackman J. opp.cit.). It was expected that the cessation rate would reflect increasing dependence and deterioration in health, leading to a higher percentage of this group needing hospital or residential care. This low cessation rate indicates that elderly people could be successfully integrated into family care and may demonstrate that as indicated by experience, people remained with their carers beyond the point where frailty or ill health could have necessitated hospital admittance (See Case Study Sheila 6.2.A.).

## 3.I. TYPE OF ACCOMMODATION : PLACEMENT AND OUTCOME

Adult placement was set up to place people from a variety of settings, the community, hospitals and local authority hostels. At the beginning of the scheme, adult placement provided a range of facilities, family care, lodgings and bed-sitting rooms or flats. Lodgings and other more independent arrangements were only approved if a named carer had responsibility to provide additional care if required.

3.I.(i) Outcome of Placements from Community, Hospital and Hostel Care.

The following tables show the number of placements made from various types of residential and community accommodation, the type of placements made and the outcome of those placements which were closed.

The years 1979-1981 and 1982-1983 have been chosen as these were the only data easily available, (the tables were originally used in internal reports for Hampshire County Council staff).

The revised policy of 1983 decided to use placements only within family homes so there were no further placements made within lodgings, bed-sitting rooms or flats after this time. If users required this type of accommodation, placements were still sought but such provision was no longer considered to be part of the scheme. Therefore, there are no figures for the various types of placements after 1983 and no records kept of the relative proportions of people placed from different residential origins.

**Table 3.I.(i)a - Placements by Type of Accommodation,1979-1981**

| Placements from:-Community | Hospital | Hostel | | Total |
|---|---|---|---|---|
| 83 | 43 | 34 | | 160 |
| (52%) | (27%) | (21%) | | |
| **Placements to:-Family Care** | **Lodgings** | **Bedsits/Flats.** | | |
| 149 | 9 | 2 | | 160 |
| (93%) | (6%) | (1%) | | |
| **Cessations;- Own Accomm.** | **Hospital** | **Hostel** | **Deaths** | |
| 24 | 10 | 4 | 3 | 41 |
| (59%) | (24%) | (10%) | (7%) | |

**Table 3.I.(i)b - Placements by Type of Accommodation 1982-1983**

| Placements from:-Community | Hospital | Hostel | | Total |
|---|---|---|---|---|
| 73 | 33 | 25 | | 131 |
| (56%) | (25%) | (19%) | | |
| **Placements to:-Family Care** | **Lodgings** | **Bedsits/Flats.** | | |
| 121 | 7 | 3 | | 131 |
| (93%) | (5%) | (2%) | | |
| **Cessations;- Own Accomm.** | **Hospital** | **Hostel** | **Deaths** | |
| 21 | 3 | 2 | 4 | 30 |
| (70%) | (10%) | (7%) | (13%) | |

Percentages by row.

A greater number of placements were made in the first three years of the scheme than during the following two years, a result of the difference in the number of years covered by the two tables. However, the proportion of each origin of people being placed on the scheme shows little difference between the tables, indicating that the scheme continued to be used in a similar way over the years by field social workers in the community as well as hospital and hostel staff.

As the majority of people with disabilities are cared for in their own homes by relatives, it was predictable that the majority of requests for alternative care would come from the community. However, the fact that almost 50% of placements were made from hospital/hostel care indicates that emphasis was given to placing people from these groups.

It is not possible to assess from these tables whether applications from the community result in a differing proportion of placements than applications from residential care establishments and there are no data available which would clarify

this point. Experience indicates that applications from people living in hostels and hospitals were seen by officers to have a high level of priority but people who lived in the community may have been easier to place as they had recent experience of living in family settings. Further research would be required to consider these factors.

As the scheme was mainly concerned with placements to family care it is not surprising that these placements predominate in both tables. A high percentage of cessations resulted from clients moving into their own accommodation, demonstrating that, as suggested in Outcome of Placements 3.H, some clients, particularly those from the mentally ill group, were able to use the scheme as an intermediate step towards more independent living.

## 3.J. APPLICATIONS TO PLACEMENT BY CLIENT GROUP.

As shown in Table 3.B.(ii)a, once an applicant was successful in obtaining a trial, it was likely that applicants would continue to a long-term placement. There is little difference between the client groups in the overall placement rates calculated from the number of applicants in each group and it appears that successful applicants of all client groups were equally successful in obtaining a placement.

It has also been shown that, with the exception of the elderly particularly in the latter years of the scheme, there is a high correlation between the number of applications in each client group and the number of placements in each client group. Table 3.J.(i) compares the proportions and the correlation co-efficients of the number of applications to successful applicants, successful applicants to placements and an overall correlation of applications to placements by client group. (data from Table 1.N.(ii) and Table 3.B.(ii)a).

**Table 3.J.(i) - Comparison of Applications and Placements**

| | Applications to Succ.Apps | | Succ. Apps to Pl. | | Apps to Placement | |
|---|---|---|---|---|---|---|
| | Rate | Co-efficient | Rate | Co-efficient | Rate | Co-efficient |
| Ment.H. | 0·57 | [0·76] | 0·95 | [0·99] | 0·55 | [0·73] |
| Ment.Ill | 0·57 | [0·77] | 0·91 | [0·93] | 0·52 | [0·78] |
| P.H. | 0·44 | [0·79] | 0·88 | [0·98] | 0·39 | [0·8] |
| Elderly | 0·39 | [0·44] | 0·89 | [0·93] | 0·35 | [0·41] |

Succ.Apps = Successful Applicants. Pl.= Placements.
Correlation Co-efficients have been calculated using Pearson Product Moment Co-efficient.

The table demonstrates the high correlation between the proportion of successful applicants and placements within each client group. Any difference between this correlation and that of applications to placements results from the differences which occur prior to the successful applicant stage. This difference is shown most clearly in the elderly group, where although there is only a moderate correlation between the number of elderly applications and successful applicants, once successful applicant status had been achieved it was highly likely that a placements would result.

Figures 3.J.(i)-(iv) show the relationship between placements and successful applicants in all client groups. Figure 3.J.(iv) demonstrates that from 1982 there is little correlation between the number of applications received from the elderly group and the number of successful applicants in this group.

It is therefore established that the substantial difference between client groups occurs as a result of the number of applications received in each client group and in part to the proportions of these applications being offered trials. Discussion of these points has previously been given in Applications by Client Group 1.F.(ii) and further analysis will be contained in Analysis of Client Groups,(6.1.).

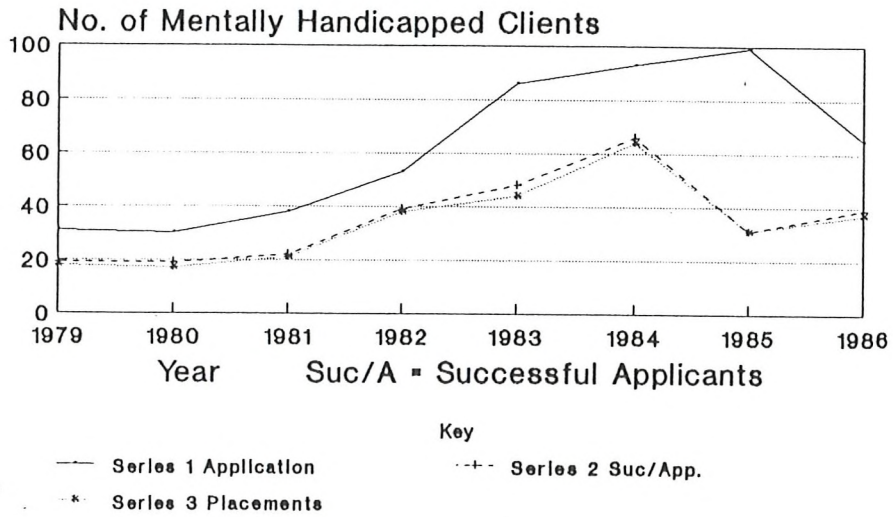
Despite the imbalance between the client groups in the number of applications and the resulting imbalance in the number of people placed, the disability of an applicant does not appear to be a major factor in the probability of a placement occuring.

This finding could have important consequences, particularly as current schemes throughout the country have concentrated mainly on the placement of elderly clients or people with a mental handicap. (See Survey of Other Adult Placement Schemes Chapter 3.5.) It has been shown that the majority of schemes in the survey are currently placing only a selective range of people. These findings should encourage the development of schemes for a wider range of client groups.

## 3.K. SUMMARY OF PLACEMENTS.

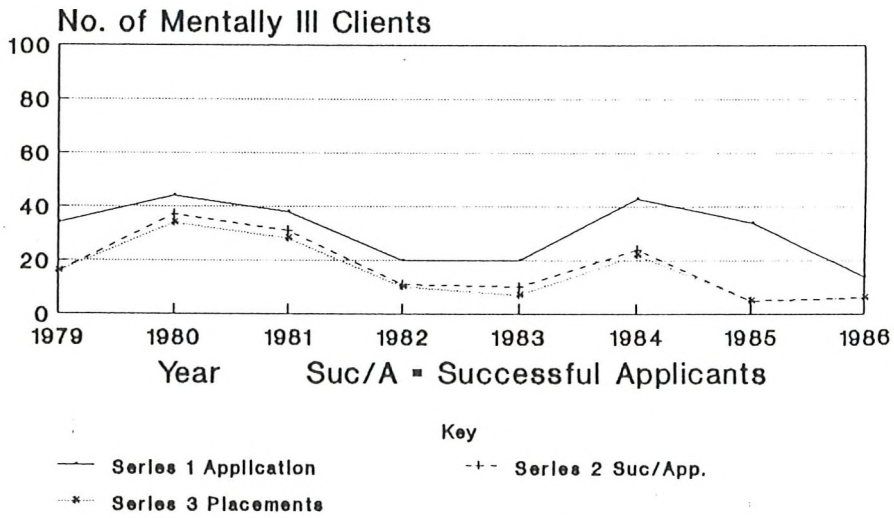
The wide variation in the number of new placements (from 39 at the commencement of the scheme to a peak of 99 placements in 1984) results in only a moderate correlation between the number of applications received and the number of new placements made each year. This decrease in placements from 1985 is in line with that occuring in trials and appears to be a result of both an increase in workload and changes following re-organisation in the county. When the number of new placements are compared to the number of successful applicants, a very high correlation is shown, indicating that once an applicant received a trial, a placement was highly likely to result.

## Fig.3.J.(i) - Applications, Successful Applicants and Placement Numbers by Year



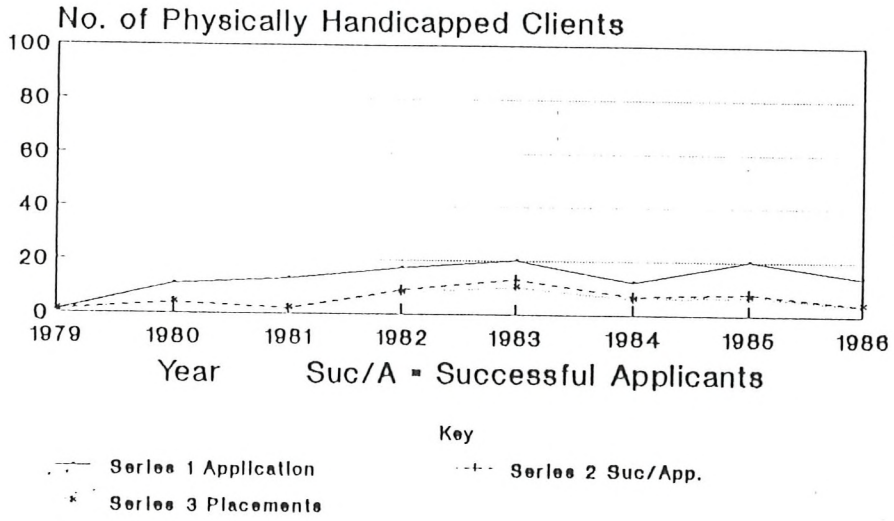

Mental Handicap Group

## Fig.3.J.(ii) - Applications, Successful Applicants and Placement Numbers by Year



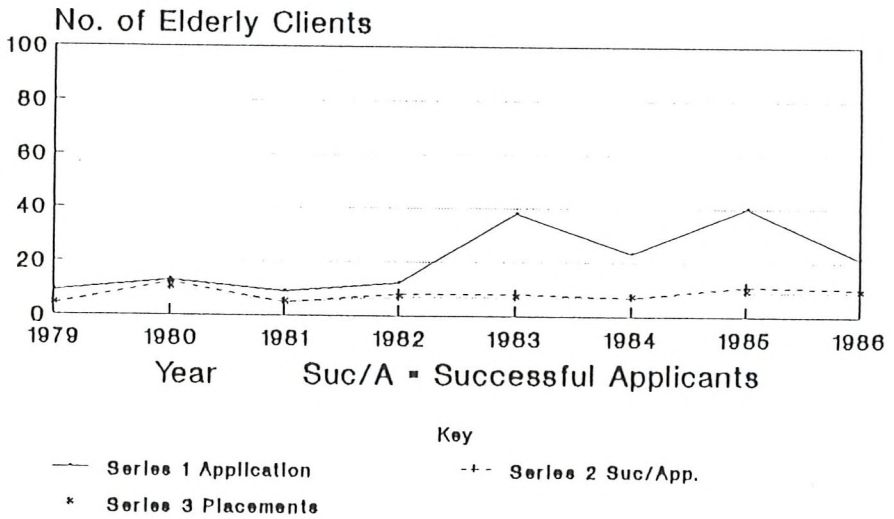

Mentally Ill Group

Fig.3.J.(iii) - Applications, Successful Applicants and Placement Numbers by Year




Physically Handicapped Group

Fig.3.J.(iv) - Applications, Successful Applicants and Placement Numbers by Year




Elderly Group

As expected, there was little difference between the proportion of successful applicants and the proportion of placements received by each client group. The higher placement rates for the mentally handicapped and mentally ill groups in the first two years of the scheme resulted in a higher overall placement rate for these groups. Although the mentally ill group received the highest number of placements in progress in the first three years, by 1986 only 17% of the placements were received by this group with 62% of placements received by people in the mentally handicapped group. There was only a slight increase in the the number of placements of elderly and physically handicapped people occuring in the latter years of the scheme.

With the exception of the physically handicapped group in 1986, the South-West division shows the highest number and proportion of each client group in all years, trends similar to those noted in Applications by Client Group and Division, 1.C. A similar proportion of applications resulted in placements in all divisions and any differences between the divisions appear to be the result of differences in the proportion of applications made in each division.

With the exception of the mentally ill group which show a greater number of placements in the urban area than expected, there is no significant difference between the client groups in the proportion of placements made in each area type. Comparison with applications show that the proportion of placements made is similar to the proportion of applications made by client group in each area type.

In all client groups more males than females received placements, a trend which appears to be the result of a higher proportion of male applicants. However, with the exception of the elderly, all groups show a wide distribution of placements in all age groups. Predominant age groups for the mentally handicapped, mentally ill and physically handicapped were those up to 59 years of age. For the elderly group, the 70-79 year group received the largest number of placements.

Although there is some variation between the client groups in the proportion of placements received by each age group it appears that these differences were related to the proportion of applications in each age group.

Approximately two thirds of the number of clients in placement in any given year had moved from their original placement. By 1986, 27% of the total number of placements made over the eight year period had ceased.

Placements were used both as an alternative to long-term hostel/hospital care and as rehabilitation for community living. The highest percentage of cessations occurred in the mentally ill group where 49% of the total cessation occurred. Although figures are available only until 1984 it is shown that over 50% of placements were made from the community with the remainder from hospitals and hostels. As expected, placements to family care account for more than 90% of

the total placements made, the remainder being made in lodgings or flats with oversight from carers living in the premises.

There is a high correlation between successful applicants and placement within each client group demonstrating that the disability of an applicant does not appear to be a major factor in the probability of a placement occuring once a trial is obtained. The difference between client groups in the number of people being placed on the scheme occurs as a result of the number of applications received by each client group and in part to the proportions of these applicants offered trials.

The effects of financial factors in the county, the organisation of staff which specifically encouraged links with professionals involved with people with a mentally handicapped and early county policy to place people with mental disabilities may have led to a higher profile for these groups. However, the data show no major differences between the proportions of applicants achieving placements with regard to sex, age or client group.

## 5.4.SHORT STAY PLACEMENTS

The short-stay data were collected entirely separately from the long-stay data contained in the previous sections, (Long-stay Applications, Trials and Placements, 5.1, 5.2, 5.3) and short-stay placement figures are not included in those sections. As in Long-stay Applications, short-stay placements are counted by event.

The Hampshire scheme was not originally intended to provide more than 'a limited amount' of short-stay accommodation. (See 2 (g) Aims of Scheme in 'Policy and Working Document 1979') and was designed to offer alternative or respite care for clients who were mainly cared for in their own homes by relatives. However, the short-stay scheme was extended to give clients in long-stay placements a 'holiday' break and to enable carers to have time to share with family members or friends. This use of the short-stay placement became an important part of the long-stay scheme. Therefore the data includes both clients living with relatives and clients who were part of the long-stay scheme.

Short-stay placements were arranged for a limited period varying from one week to eight weeks maximum. Short-stay placements continuing longer than this were not considered an appropriate use of the short-stay placement facility and stays of less than one week are not included in these figures.

### 4.A. SHORT-STAY PLACEMENTS BY YEAR

In order to ascertain changes of short-stay placements over the eight years of the study the following table has been included. Although the data do not show the proportion of short-stay care provided for people in long-stay placements experience suggests that approximately 50% of clients were placed on the scheme.

**Table 4.A.(i) - Total Short-Stay Placements by Year**

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | Total |
|---|---|---|---|---|---|---|---|---|---|
| **Short-Stay Placements** | 1 | 1 | 2 | 32 | 54 | 107 | 238 | 219 | 654 |
| | ↑ | (<1%) | ↑ | 5%) | (8%) | (17%) | (36%) | (34%) | |

Percentages by Row. Due to the small numbers the years 1979-1982 have been combined.

Short-stay placements were not a main feature of the scheme until 1982 when a total of 32 short-stay placements had been made. The greater number of adult placement officers employed in 1982 and 1983, following the extension of the scheme, appears to have enabled the number of short-stay placements to increase annually. However, this increase is not maintained after 1985, possibly due to the

number of full time placements that were also in progress at this stage of the scheme. This trend is also shown in Long-stay Applications by Year, 1.A.

## 4.B. SHORT-STAY PLACEMENTS BY YEAR AND CLIENT GROUP

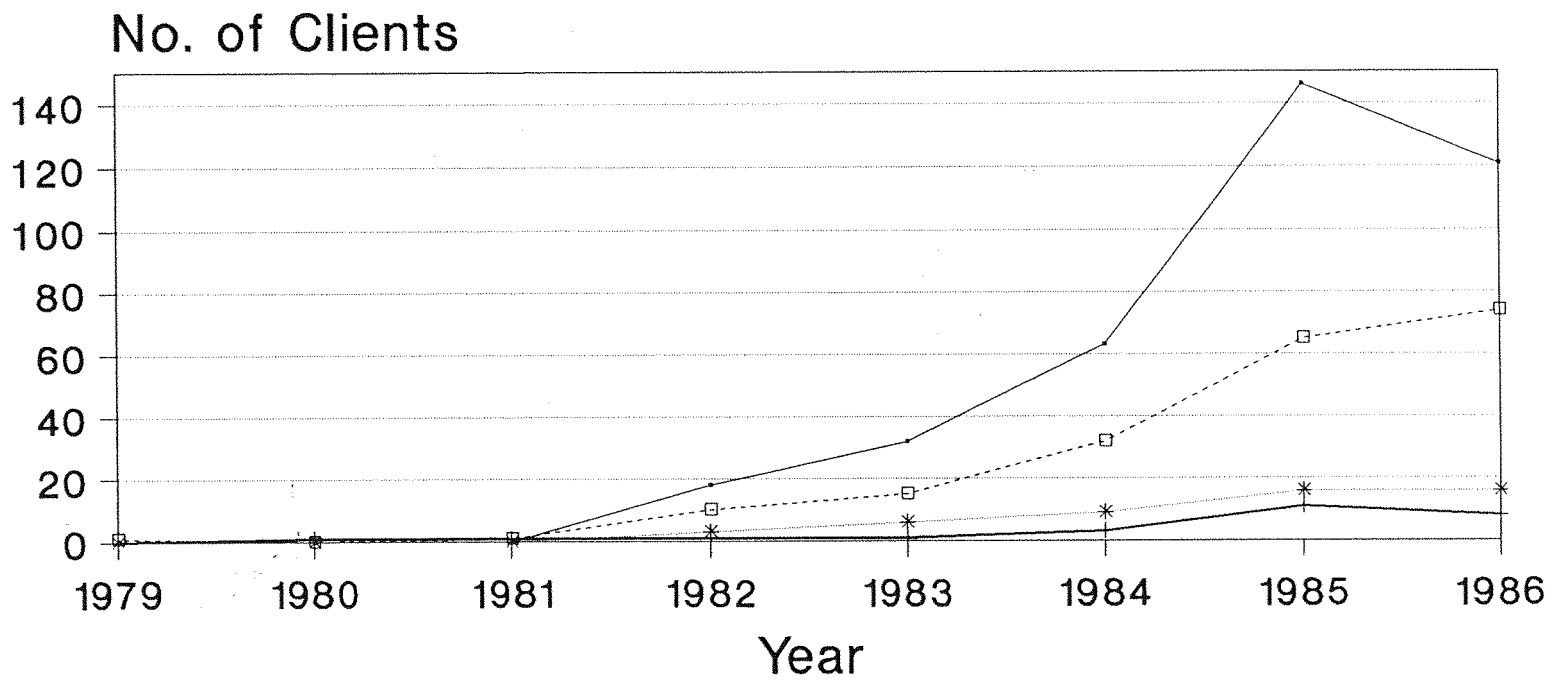
As short-stay placements did not become an established part of the Hampshire adult placement scheme until 1982/83, the officers had time to consider other schemes in the country which were already established. It was noticeable at that time that a number of short-stay schemes in the rest of the country specialised in placing elderly people only, (for example the Leeds Scheme, Leeds City Council 1979 see also Chapter 3.3.) It was considered therefore that short-stay placements might be particularly suitable for elderly people. Short-term schemes for other client groups in other parts of the country did not feature in reports at this time.

As users of the long-term scheme requested holiday placements and carers requested relief care the short-stay scheme was developed primarily to meet the needs of these long-stay clients. Short-term carers were chosen to cater specifically for a variety of clients over a short period of time. As the long-stay scheme was placing users with a wide range of disabilities, the short-term carers were expected to cater for a much wider client group than other schemes in the country. However, as the long-term scheme placed more people with a mental handicap it was anticipated that there would be a high demand of short-stay placements for this group.

The use of the scheme for people who were not in adult placement was generally aimed at elderly people or people with a mental handicap. It was not anticipated that people with mental health problems would use adult placement for respite or relief care as it was felt their holiday needs could be more suitably met by holidays that were available to the general public. Similarly, physically handicapped people had a range of voluntary provision which had already developed to meet their needs, for example, the Physically Handicapped and Able-Bodied (P.H.A.B.) holidays which aimed to involve both handicapped and non-handicapped people. Table E.4.B.(i) Appendix E. and Figure 4.B.(i) show the distribution of short-stay placements by both year and client group.

There is a general rise in short-stay placements until 1986 following which there is a decrease in all groups, with the exception of the elderly group which continues to increase. As expected the highest number of short-stay placements are made on behalf of people with a mental handicap (58%), slightly higher than the proportion of long-stay placements (54%). Also as anticipated the mentally ill (4%) and the physically handicapped (8%) groups do not use the short-stay placement scheme as frequently as other groups. These proportions indicate that although the Hampshire scheme did not promote the service to these people as

# 4.B.(i) - Short Stays by Client Group and Year



fully as for the other groups, short-stay placements were possible for these client groups.

However, there is a higher than expected proportion of elderly short-stay placements made (30%) when compared to the percentage of long-stay placements made (12%) by client group. In view of the targeting of the elderly group for short-stay placements and the need for alternative care for the mentally handicapped group, it was not surprising that these two groups dominate the proportions of short-stay placements.

## 4.C. SHORT-STAY PLACEMENTS BY AREA

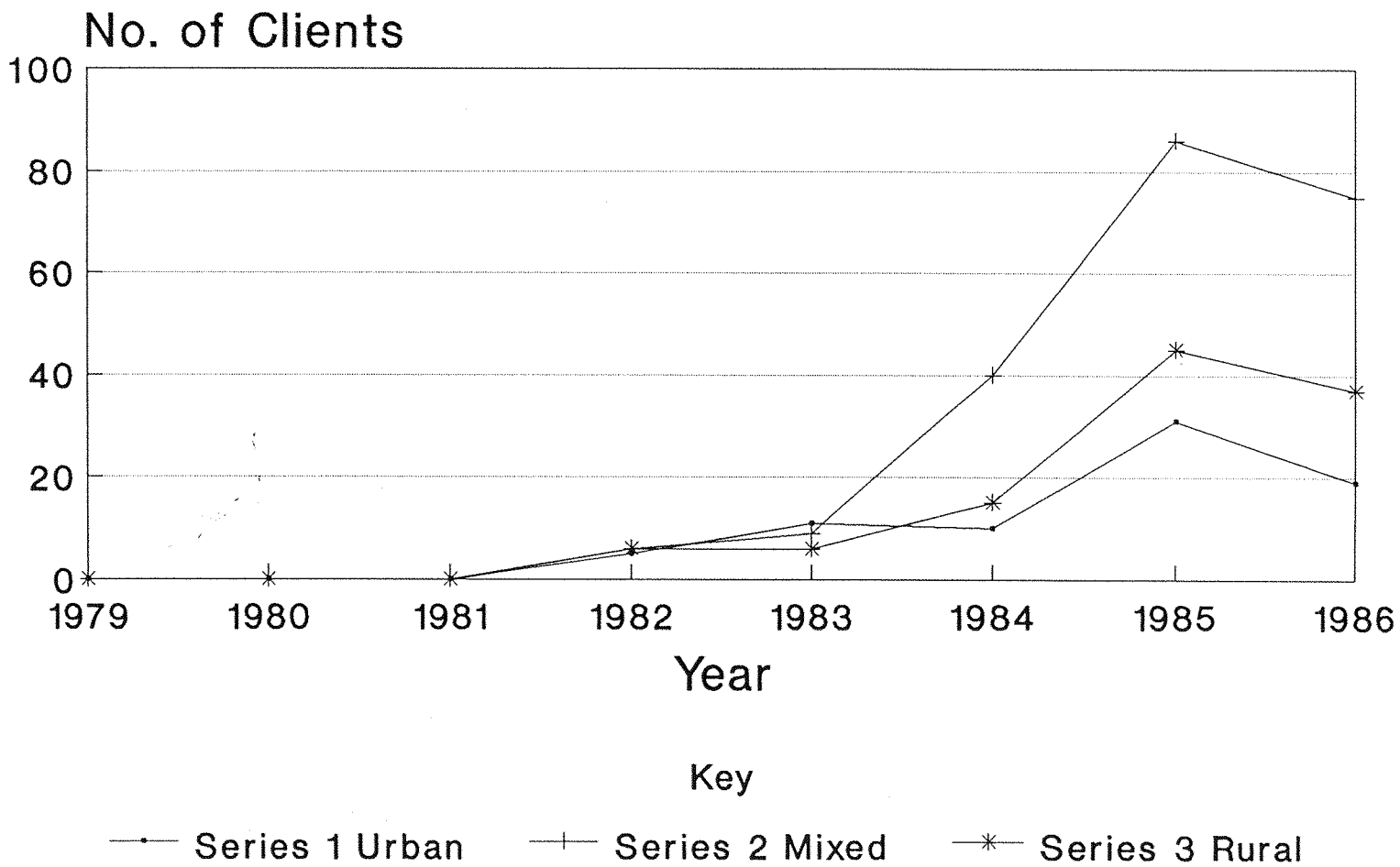
In order to consider the effect of demographic differences, the short-stay placement figures have been grouped by type of area. Applications for short-stay placements were made in the area offices in which applicants lived, including those in long-stay placements, and it is these data that are used. No data are available for the area in which the short-stay placements were made. As short-stay placements were intended to be a holiday break it was anticipated that placements would be made in areas unlike that in which the client was living.

The same 15 Social Service Area Offices have been used for Appendix E.Table E.4.C.(i) as when grouping long-stay applications by area, (1.C.(i)), eg. the five most rural areas have formed the 'rural'group, the five most densely populated areas make up the 'urban' group and the median group and the two areas falling either side of the median formed the 'mixed' group. As discussed in Applications by Area, each area office contained a similar proportion of the population.

As none of the four short-stay placements prior to 1982 occurred in the above 15 areas, Figure 4.C.(i) shows the years 1982-1986 only and represents 61% of the total short-stay placements made.

Comparisons between the proportion of short and long stay placements made from each of the areas show that from 1984-1986 the mixed areas made a larger proportion of short-stays and a smaller proportion of short-stays were shown from people who lived in urban areas. The reasons for this are not apparant. It has been demonstrated previously, Long-stay Applications by Client Group (1.A.), that people with a mental illness applied mainly from urban areas. As a lower proportion of people from this group applied for short-stay care than were in long-stay placement, it is possible that the proportion of short-stay placements from the urban areas would also be reduced (4.B.(ii)).

# Fig.4.C.(i) - Short Stays by Area & Year (Sample Group)



## 4.D. SHORT-STAY PLACEMENTS BY SEX AND CLIENT GROUP

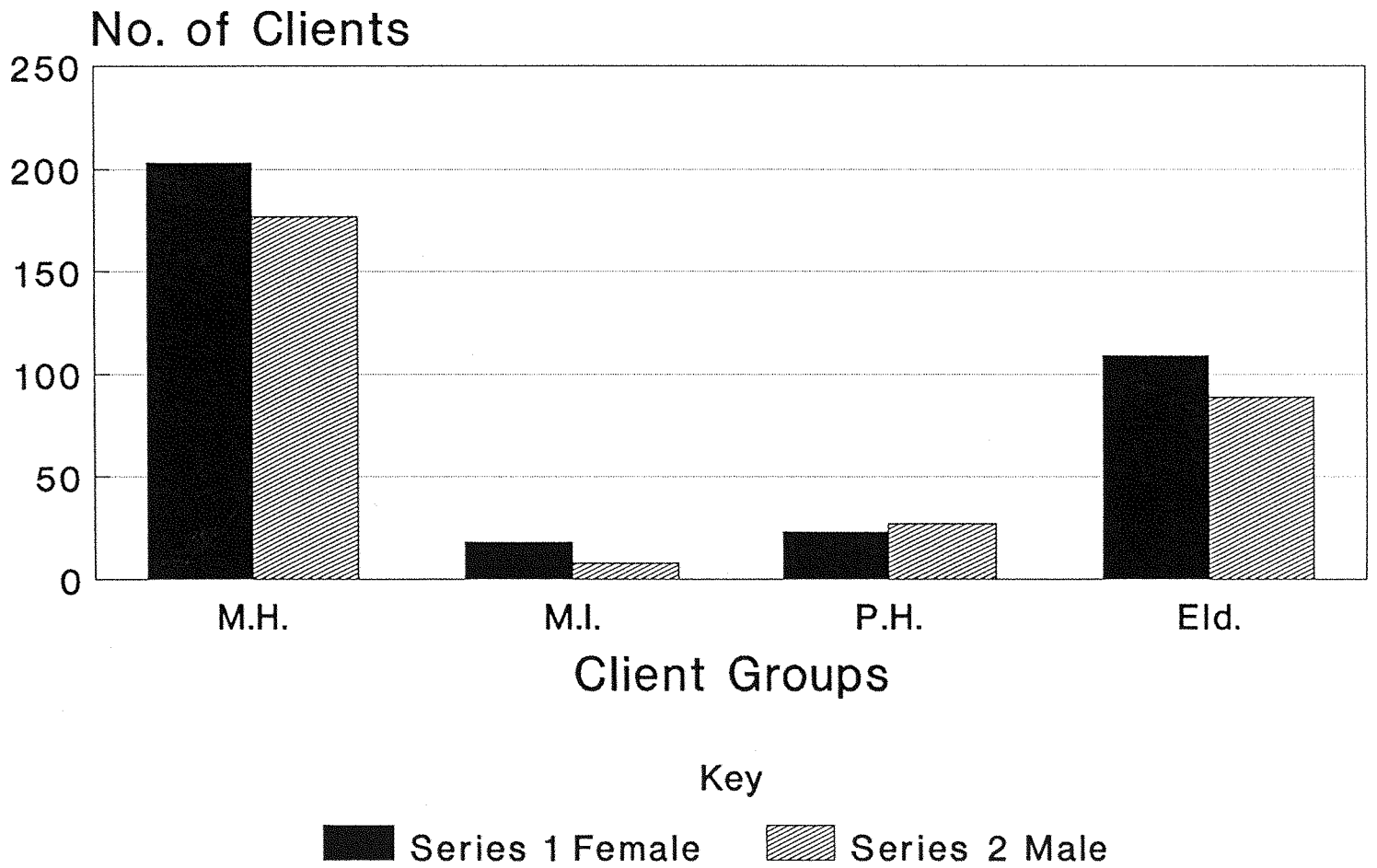
This section considers the proportions of short-stay placements made by males and females from 1979 -1986. The details of methodology for this section are discussed in Applications by Sex (1.D.) and Placements by Sex (3.E.) The Hampshire County Population Statistics show an overall proportion of 52% females to 48% males. However it was expected that the proportions of male and female short-stay placements would be similar to the proportions of long-stay placements by sex, 47% female, 53% male, 3.E. (Long-stay Trials indicate similar percentages 2.C.).

Table 4.D.(i) indicates that the overall proportions of short-stay placements by sex (54% female) do not appear to be correlated to long-stay placements. However the overall figures show that the percentage of short-stay placements for females is only 2% higher than would be expected from Hampshire statistics. It appears that the higher than expected female short-stay placements reflect the proportion of males and females in the County population rather than those shown by the long-stay placements possibly due to the proportion of clients living with their own families. It is also possible that the targeting, and subsequent short-stay placements made in the elderly group, where the proportion of females is also high, has affected this distribution. In order to consider this possibility Appendix E.Table E.4.D.(ii) and Figure 4.D.(ii) Short-stay by Sex and Client Group has been compiled to consider the effect of the proportion of each sex within each client group.

The proportion of female short-stay placements (69%) is shown to be considerably higher than expected by national statistics for the mentally ill group (1986 Government Statistical Service figures for mental health indicate:- Hospital/Hostel residents Female 58%) and may be due to the preference of females to continue to maintain their own homes and seek care only for limited periods. It has been suggested, in Applications by Sex and Client Group 1.I.(i) that males within this group are less able or willing to continue to care physically for themselves. The short-stay scheme may have been a valuable alternative to long-stay care for females in this particular group.

In the physically handicapped group similar proportions of each sex made short-stay placements as made long-stay placements. The prevalence of males is particularly noticeable as there are generally more females registered with a physical disability than males, (O.P.C.S. Disability Survey 1987, shows 58% female and 42% male). However, this survey notes a higher proportion of males in the 18-30 year age group. If the majority of short-stay placements for this group were made in the younger age groups this may account for the higher level of males in

# Fig.4.D.(ii) - Short Stays by Sex and Client Group



these short-term figures. It is not possible to test this with the current data but 34% of long-stay applications were made of behalf of 18-29 year old clients in this group.

The higher proportion of both mentally handicapped and elderly female short-stay placements to that of long-stay placements shows greater similarity to the distribution of these groups nationally than the proportions of females in long-stay placements.

## 4.E. SHORT-STAY PLACEMENTS BY AGE

Table E.4.E.(i) Appendix E. considers the number of short-stay placements by age for the years 1979-1986 in order to demonstrate the distribution of age groups within the short-stay placements. The method of calculation for the expected age groups is shown in Applications by Age (1.E.(i)). The expected percentages shown for each age group have been taken from the Hampshire County Population Statistics.

As in long-stay applications, the percentage of short-stay placements is marginally greater in the 18-19 year old age group than that expected by the County population statistics, but much higher than expected in the 70+ year old age groups. These figures also indicate that, as a greater number of short-stay placements was made in this age group (264) than shown by the elderly client group (198), older people from other client groups were also using this provision.

As discussed in Short-stay Placements by Client Group (4.B.) the short-stay scheme was envisaged as being particularly relevant to the needs of the older people who may have been using the scheme as an alternative to long-stay placement or as an alternative to residential care. It is known that major changes of any form are not easily acceptable to elderly people and the availability of a short-stay alternative may be of great importance to this age group.

The remainder of the groups show proportions which are slightly lower than expected. This is particularly noticeable in the 20-39 year old groups. This may be due to people of this group accepting other alternative holiday placements. It was anticipated by the officers that where possible, short-stay holidays that were not solely for handicapped people would be more appropriate than short-stay placements with an alternative carer. Several voluntary groups offered such holidays which included people with and without disabilities.

The short-term scheme was also used by people as an introduction to adult placement, with people using the scheme on a temporary basis before applying to the long-term scheme. This facility may have been particularly useful to the youngest age groups who were living in residential schools or colleges during term time and using the scheme for holiday periods.

## 4.F. SHORT-STAY PLACEMENT CESSATIONS

As discussed at the beginning this section (See 4.A.), short-stay placements were specifically arranged for a limited period which could vary from one week to eight weeks maximum. However, there were some short-stay placements which did not continue for the planned time or which continued longer than eight weeks and became permanent placements.

4.F.(i) Short-Stay Placement Cessations by Year and Reason

Table E.4.F.(i) Appendix E. demonstrates the proportion of short-stay placements which closed for reasons other than the completion of the placement. The term 'resolved other' refers to those short-stay placements that were terminated early, usually due to family difficulties in the carers' homes or ill health on the part of either carer or user, i.e. reasons other than unsuitability of the client.

As anticipated, the majority of short-stay placements (95%) were completed at the expected time. However, there were a total of 30 short-stay placements which either continued after or were terminated before the expected time. The greatest proportion of these alternatives occurred during 1985 when 10 short-stay placements continued to long-stay placements and six were discontinued.

Twelve short-stay placements continued into permanent placements with a similar number regarded as 'resolved other'. Only 6 short-stay placements (1%) were rejected as being unsuitable once placement had commenced. This extremely low proportion may be due both to the practice of a lengthy preparation for short-stay placements which, although not as complete as that for long-stay placements, gave carer and client several hours of contact before a short-stay placement was commenced, and to the tolerance of carers who were flexible enough to cope with unexpected difficulties.

4.F.(ii) Total Short Stay Outcome by Handicap and Reason

As the majority of short-stay placements were made on behalf of the elderly and mentally handicapped groups it was expected that the highest proportion of cessations would occur in these groups. The following table shows the proportions of cessation by client group.

**Table 4.F.(ii) - Outcome by Client Group and Reason**

| | Completed Short Stay | Permanently Placed | Resolved Other | Rejected Unsuitable | Terminated | Total |
|---|---|---|---|---|---|---|
| **M.H.** | 369 (97%) | 5 | 6 | 0 | 11 (3%) | 380 |
| **M.I.** | 22 (85%) | 0 | 1 | 3 | 4 (15%) | 26 |
| **P.H.** | 46 (92%) | 1 | 2 | 1 | 4 (8%) | 50 |
| **ELD** | 187 (94%) | 6 | 3 | 2 | 10 (5%) | 198 |
| **Total** | 624 (95%) | 12 | 12 | 6 | 30 (5%) | 654 |

Percentages by row.

The table shows that although the highest number of unexpected terminations occurred in the mentally handicapped and elderly groups, a higher proportion of the short-stay placements made for the mentally ill group terminated unexpectedly. However, there were only four such cessations in this group. Generally the number of terminations was small, a total of 30 cessations, 5%, out of a total of 654 short-stay placements demonstrating the low proportion of incomplete short-stay placements occuring in each client group.

## 4.G. SUMMARY OF SHORT-STAY PLACEMENTS

Short-stay placements formed a distinct part of the adult placement scheme and the data for this section were collected separately from that of long-stay placements.

The Hampshire scheme did not originally intended to provide more than a limited amount of short-stay accommodation. Therefore short-stay placements were not a main feature of the scheme until 1983 after which the numbers of short-stay placements increased until 1985. In 1986 reduction in the number of short-stay placements paralled that shown by new long-stay placements possibly due to the overall number of placements which were being maintained at this time.

As there were alternative schemes offering short-stay placements for clients with a physical handicap and clients with mental health difficulties were encouraged to seek holidays available to the general public, the short-stay placement scheme was specifically targeted towards the elderly and mentally handicapped groups. Consequently there was predominance of clients from the targeted groups, particularly from the mentally handicapped group. Experience suggests that approximately 50% of short-stay placements were made by clients who were not placed on the long-stay scheme.

It was not expected that there would be differences in the distribution of short-stay/long-stay placements. However, although the urban areas give the highest proportion of long-stay placements, the mixed areas show a higher

proportion of short-stay placements, possibly due to the targeting of specific client groups and the acceptance of clients to the short-stay scheme who were not in long-stay placements.

There is a higher percentage of female short-stay placements (54%) than expected in comparison to long-stay placements where it was shown that there was a greater percentage of male placements. However, as in long-stay placements, there is no significant difference in the number of placements made by either sex over the years. The proportions of short-stay placements appear to reflect the proportions of males and females in the County population rather than the proportions shown in the long-stay placement scheme.

There are more short-stay placements in the 18-19 year old age groups than expected when compared to the County population statistics and a much higher proportion in the 70+ age group. This is similar to the trend shown in the long-stay scheme and reflects the specific targeting of the elderly population.

As anticipated, the majority of short-stay placements were completed at the expected time (95%). Twelve of the 30 short-stay placements which were not completed at the expected time became long-stay placements.

## 5.5. SUMMARY OF RESULTS OF ANALYSIS OF HAMPSHIRE ADULT PLACEMENT DATA

The number of applications to the scheme showed a yearly increase from 1979 reaching a peak of 193 in 1985. Some of these applications were not processed until the following year and these 'applications pending' increased the number of applications which required attention by the adult placement officers. Unexpectedly there was a reduction in new applicants in 1986 possibly due to the adult placement officers' inability to take on additional work because of the combination of new applications and applications pending which required attention.

Despite emphasis in the County towards the mentally handicapped group, there were more applications from the mentally ill in the first two years of the scheme which may have been due to the early development and high profile of the scheme in the South-West division (48% of the total applications occured in this division a high proportion of which originated from the mentally ill group, probably due to this division's links with the psychiatric services evident in the early years of the scheme).

From 1981 the number of applications from the mentally handicapped group continued to increase, perhapes aided by the South-East and North divisions almost exclusive targeting of this group. A change in policy in 1982 to encourage equally all client groups did little to increase the proportion of the physically handicapped and elderly groups. Instead, applications from the mentally handicapped group increased substantially and continued growth resulted in this group achieving 49% of the total applications made, partially due to the managerial structure of the scheme which amplified the links between adult placement officers and other care officers for the mentally handicapped group. This factor, combined with the County's financial incentive to find alternative, cheaper care for this group, may have affected the internal policy of the scheme to target all client groups equally.

Some of the differences in the proportion of applications received from each area type were caused by the proportion of each client group residing within an area. The higher than expected proportion of applications from the urban areas in the early years of the scheme may have resulted from applications from people with mental health problems who tended to be based in urban areas, in addition, a greater proportion of applications from the elderly were received from rural areas than were expected. The differences between area types lessened during the latter years of the scheme.

Although there is a higher proportion of females in the host population, there were more male applicants to the scheme. This is surprising especially as specific targeting of the scheme towards people with handicaps should have

resulted in a greater number of female applicants. Only in the mental handicap group was there a similar proportion of male/female applicants to that expected by the national statistics suggesting that despite similar levels of disability, women may have greater skills or willingness to live on their own.

There were substantially more applicants in the 18-19 age group than expected, due to the targeting of mentally handicapped and physically handicapped young people as they transferred from child-based services to adult care. A smaller over-representation in the 70-79 age group also occurred as those elderly people in all client groups required additional care.

Overall 86% of applicants were either offered trials or closed. The percentage of applicants achieving a trial decreased during the middle years of the scheme, perhaps due to factors such as the number of officers and available staff time. However, the number of applications pending showed a moderate correlation to the number of applications in each client category. With the exception of the mentally ill group where there was little variation, the number of applications pending in the other client groups increased over the years as the ability of the officers to offer trial placements decreased.

A high correlation was found between the number of applications and number of applications closed in each client group. It appears that more applications were closed when there was a high number of applications and the officers had the capacity to undertake the additional work necessary to close applications.

The success rate in obtaining a trial increased following the employment of additional staff in 1982/3. The mentally handicapped and the mentally ill groups were equally successful in obtaining a trial, with the physically handicapped and the elderly groups showing lower success rates. With the exception of the elderly group, there is a high correlation between the number of applications and the number of successful applications in each client group.

There is low correlation between the yearly number of applications and the yearly number of trials. The average number of trials per successful applicant reduces as the scheme develops, possibly as a result of increased experience in the matching process. The disparity between the proportion of successful applicants and trials received is extreemly small in all client groups.

The pattern of a higher percentage of applications from males is reflected in the higher percentage of trial placements made and there is a high correlation between the number of successful applicants and the number of trials received by sex, age group and area. Once an applicant had been offered a trial, long-term placement resulted for the majority of these applicants. The data show little difference between the client groups in this proportion.

The decreasing number of trials offered corresponds to a decreasing number of placements made. There is a high correlation between the number of successful applicants and the number of placements received by each client group and a high correlation between the proportion of applications made and placements received by all groups other than the elderly. Although the number of elderly and physically handicapped people in placement increases over the years, their proportion of the placements in progress each year shows only a slight increase.

A similar proportion of applications made and placements received by each client group occurs in each division, therefore, the South-West shows a higher number of placements than the other divisions in each client group. With the exception of the mentally ill group which show a greater number of placements in urban areas there is no significant difference between the sample of client groups in the proportion of placements made in each area type. As expected from the higher proportion of male applicants and successful applicants, more males than females received placements in all client groups.

Approximately two thirds of the number of clients in placement in any given year had moved from their original placement. Although figures are available only until 1984, over 50% of placements were made from the community with the remainder from hospitals and hostels. Placements to family care accounted for more than 90% of the total placements made, the remainder being made in lodgings or flats with oversight from carers living in the premises.

The difference between the number of placements received by each client group occurs mainly as a result of the proportion of successful applicants in each client group. Therefore the disability of an applicant does not appear to be a major factor in the probability of a placement occuring once a trial has been obtained.

Short-stay placements formed a distinct part of the adult placement scheme and the data for this section were collected separately from that of long-stay placements. As there were alternative schemes offering short-stay placements for the physically handicapped and mentally ill groups, the short-stay scheme was specifically targeted towards the elderly and mentally handicapped groups. Approximately 50% of short-stay placements were made by clients who were not placed on the long-stay scheme.

With the exception of the physically handicapped, all groups show a higher percentage of female short-stay placements compared with long-stay placements where males predominated. However, as in long-stay placements, there is no significant difference in the number of placements made by either sex over the years. Unlike the data for long-stay placements the mixed areas show a higher proportion of short-stay placements than shown in the long-stay scheme.

As in the long-stay scheme, there were more short-stay placements in the 18-19 age groups than expected and a much higher proportion in the 70+ age group. This indicates that the short-stay scheme was perceived as particularly relevant to the needs of young people, who may have required alternative respite care as they became adults, and elderly people whose carers may have required some support. The majority of the thirty short-stay placements which did not cease when expected occurred in the mentally handicapped and elderly groups. Twelve of these became long-stay placements.

## CHAPTER SIX CONTENTS

## CHAPTER SIX LIST OF TABLES AND FIGURES

# CHAPTER 6. EVALUATION OF HAMPSHIRE ADULT PLACEMENT CLIENTS

## 6.1. ANALYSIS OF CLIENT GROUPS

**Introduction**

The data section describing the Hampshire Adult Placement Scheme, although noting discrepancies between the client groups at each stage of the placement procedure, did not show that there were obvious difficulties in meeting the needs of the members of each client group. Notwithstanding these findings, the number of applications made to the scheme by each client group varied considerably. Comment has been made on the original emphasis towards the mentally handicapped group with some recognition for people with mental health problems, and the change in 1982 to the Adult Placement Policy which included the targeting of people from all client groups. However, the figures from subsequent years showed that the proportion of applications and successive placements in each client group showed little variation which was disappointing in view of the additional staff appointed in 1983/4 specifically to encourage equal participation by all client groups.

Additional discussion in Applications by Client Group, 5.1.F.(ii), noted the importance of links between adult placement officers and professionals involved with each client group and the effect of an increase or decrease in these links. Social worker bias towards one client group may have also affected the number of applications to the scheme. The Hampshire scheme indicated that the mentally handicapped group were the preferred group. In contrast, other studies concerned with social worker bias indicated that a greater proportion of social workers preferred working with the elderly and physically handicapped (Howe, D. 1980). These issues appear to have such a major effect on the proportion of placements made, that further discussion is warrented. The following section considers these and other aspects that may have affected the proportion of applications made from each client group.

When considering the following tables, it is necessary to note that the term 'successful applicant' is used (as in Chapter 5) to describe an applicant obtaining a trial. The data have been taken from sections 1-3 of Chapter 5.

## 6.1.A. PEOPLE WITH A MENTAL HANDICAP

### 6.1.A.(i) Application to Placement

The mentally handicapped represented the largest group of clients placed on the scheme. The table shows this group's yearly progression from application to placement, the percentage of the total of each category achieved and the rates shown in sections 1-3 of Chapter 5.

**Table 6.1.A.(i) - Application to Placement - Mental Handicap Group**

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | Total % |
|---|---|---|---|---|---|---|---|---|---|
| **Applications.** | 31 | 30 | 38 | 53 | 86 | 93 | 99 | 65 | 495 [49%] |
| **Succ. App.** | 19 | 19 | 22 | 39 | 48 | 66 | 31 | 39 | 283 [53%] |
| **Suc Ap Rate** | (61%) | (63%) | (58%) | (74%) | (56%) | (71%) | (31%) | (60%) | (57%) |
| **Trials.** | 23 | 34 | 46 | 64 | 88 | 90 | 40 | 42 | 427 [53%] |
| **Av. Trial Rate** | 1·2 | 1·8 | 2·1 | 1·6 | 1·8 | 1·4 | 1·3 | 1·1 | 1·5 |
| **New Placements** | 18 | 17 | 21 | 38 | 44 | 64 | 31 | 37 | 270 [54%] |
| **Plac. Rate** | (95%) | (90%) | (95%) | (97%) | (92%) | (97%) | (100%) | (95%) | (95%) |

Suc.App = Successful Applicant. Plac.Rate = Placement Rate. [ ] = % of total.
Average trial rate is the average number of trials per successful applicant. Placement rate is the percentage of successful applicants obtaining a placement.

The consequence of Health Service Policy which stressed the need to close long-stay wards in hospitals for people with a mental handicap and the budgetary benefit to the County in providing accommodation and care without the need for capital expenditure appears to have encouraged applications from the mental handicap group who comprised 49% of the total number of applications. It has also been suggested that this emphasis may have encouraged further applications on behalf of this group as the scheme was accepted by social work staff as being particularly suitable for this client group. (See 1.F.(ii)).

The managerial change in 1984 appears to have increased the proportion of applications made by this group possibly due to office changes which encouraged daily contact between adult placement officers and other professionals assisting this client group. Applications by Division also show that both the South-East and North divisions concentrated on encouraging applications from the mentally handicapped group resulting in an increase in applications from this group as the increase in staff enabled greater promotion of the scheme.

Although a greater number of applications and placements were made by this group, the percentage of successful applicants is identical to that achieved by the mentally ill group. Both the number and the percentage of successful applicants increase following the appointment of additional officers in 1984 and the

success rate may be attributed in part to the maintenance of the links between officers and staff concerned with this group throughout the scheme. A correlation is suggested between a higher number of applications, greater availability of staff time and a higher success rate.

From 1982, the trial rate for this group reduces to give an overall rate similar to all other groups, possibly due to a refining of the matching process. In total, 95% of these successful applicants were placed, slightly higher than the other client groups. These results suggest that once a trial placement has been successfully arranged, a placement almost invariably results. However, Outcome of Placements (5.3.J,) indicates that the mentally handicapped group show the lowest percentage of cessations, demonstrating that the scheme could satisfy the long-term care needs of these people. (See Ann. Case study 6.2.B,(ii)6.)

In 1986 there were 225 people in this client group on the scheme, a similar number of people to those in residential hostels for the mentally handicapped in Hampshire. The scheme appears to have been successful in finding an alternative form of care for people for whom residential care would have been previously provided whilst avoiding growth in the number of hostel beds. (Carer Case Study.7.3.(ii)A. Pamela).

It is difficult to assess why some people in this group were not offered trials. For people urgently needing care, speed of finding a suitable trial placement was essential and could have prevented adult placement officers from having sufficient time to match carer and user. For others, alternative residential care was available and was a known option for social workers and for clients who had previously used this service. The availability of suitable carers for this group and adult placement officer time to organise new trials in addition to the on-going workload may also be relevant factors. Since there were users with a wide range of disabilities, the level of dependency does not seem to affect placement opportunity for this group. For example, there were people with mild disabilities who after a few months in placement were able to use the experience to move into flats and bedsitting rooms to establish an independent style of living, some clients finding work in the local area. (See Case Study 6.2.B.(ii)3. Tony.) By contrast, a small project which commenced in 1985 to place people from the Winchester Health District who were severely or profoundly handicapped or who were considered to have behavioural difficulties was able to meet the needs of ten people, eight of whom remained in placement in August 1988. (One client had died whilst still in placement and the other placement was terminated due to difficulties in the personal circumstances of the carer unrelated to the client. A case study of one these people has been included in this chapter (Case study 6.2.A Sheila.)

### 6.1.A.(ii) Short-Stay Placements

**Table 6.1.A.(ii) - Short-Stay Placements - Mental Handicap Group**

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | Total % |
|---|---|---|---|---|---|---|---|---|---|
| **Short Stays** | 0 | 0 | 0 | 18 | 32 | 63 | 146 | 121 | 380 |
| **% of Total** | (0%) | (0%) | (0%) | (56%) | (60%) | (59%) | (62%) | (55%) | (54%) |

( ) = Percentage by row. [ ] = Percentage of total short-stays made.

The short-stay scheme was developed to meet the needs of both users of the long-stay scheme and clients living with their families who required a holiday break or relief care. As there were a higher proportion of the mentally handicapped group in long-stay placements, it was anticipated that the highest percentage of short-stays would be made by this group.

### 6.1.A.(iii) Conclusion

As there is shown to be little difference between the client groups in the proportion of the applications resulting in long-stay placements, the larger number of applications made on behalf of the mentally handicapped resulted in the larger number of placements made by this group. Although there are no data to show the average period of time between commencement and cessation of placement for each client group, the cessation rate is particularly low, suggesting that the mentally handicapped group remained in placement for a longer period than other groups.

## 6.1.B. PEOPLE WITH MENTAL HEALTH PROBLEMS

### 6.1.B.(i) Application to Placement

Although the first years of the scheme indicated that the mentally ill group achieved both the highest number of applications and placements, the subsequent decrease in both of these categories resulted in this being only the second largest client group in the scheme. The table shows the progression from application to placement by year for this client group, the percentage of the total of each category this group achieved and the rates shown in sections 1-3 of Chapter 5.

**Table 6.1.B.(i) - Applications to Placements - Mentally Ill Group**

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | Total % |
|---|---|---|---|---|---|---|---|---|---|
| Applications. | 34 | 44 | 38 | 20 | 20 | 43 | 34 | 14 | 247 [24%] |
| Successful Apps. | 16 | 37 | 31 | 11 | 10 | 24 | 5 | 6 | 140 [26%] |
| Succ. App Rate. | (47%) | (84%) | (82%) | (55%) | (50%) | (56%) | (15%) | (43%) | (57%) |
| Trials | 32 | 67 | 43 | 16 | 16 | 29 | 6 | 8 | 217 [27%] |
| Trials Rate | 2·0 | 18 | 1·4 | 1·5 | 1·6 | 1·3 | 1·2 | 1·3 | 1·6 |
| New Placements | 16 | 34 | 28 | 10 | 7 | 22 | 5 | 6 | 128 [26%] |
| Placement rate | (100%) | (92%) | (90%) | (91%) | (70%) | (92%) | (100%) | (100%) | (91%) |

Succ.App.=Successful Applicant. [ ]= % of total. Average trial rate is the average number of trials per successful applicant. Placement rate is the percentage of successful applicants obtaining a placement.

As stated in Applications by Client Group (5.1.F(ii)) the number of applications made on behalf of this group are higher for the first two years of the scheme than any other group and show an average of 36% of the total applications in the years 1979-1982. However, the proportion of applications decreases to 17% in the years 1983-1986.

The Health Service policy discussed in 'People with a Mental Handicap', (6.1.A) encouraged the closure of long-stay psychiatric hospitals which led to the initial inclusion in the scheme of people from this group. (See Case Study 6.2.B 1.Tony). In the early years of the scheme, a close working relationship developed between hospital staff and the adult placement officer in the South-West division which resulted in a high number of applications from this group in this division (Applications by Client Group and Division 5.1.G). It has been suggested that the subsequent placement of these applicants encouranged applications from this group in this division.

However, Health Service co-operation with Voluntary Housing Associations provided alternative accommodation for this group and consequently pressure from the Health Service to provide accommodation, or to request this service from the Social Services Department, was reduced. The managerial changes in 1984 diminished the links between adult placement officers and staff with specific responsibility for this group (who were located in the local psychiatric hospitals) resulting in the decreased percentage of applications received in the years 1983-1986. (Applications by Client Group 5.1.F(ii).

As expected from the high numbers of applications, this group achieved the highest number of successful applicants in the years 1980 and 1981. The successful applicant rate was high in these early years but had decreased by 1985

when the number of applications had also fallen substantially. However, the overall success rate was identical to that shown by the mentally handicapped group.

Although the overall trial rate was only slightly higher in this group than in the other client groups, the yearly rate was substantially higher in the first two years of the scheme than from 1984-1986. It is suggested that experience increased the officers' ability to make successful matches between carer and client and that assessment of needs was more carefully considered in these latter years, a similar trend to that of applications and successful applications. A high proportion of placements were made in the first three years of the scheme. The low placement rate in 1985 may be partially accounted for by the small numbers in this year and management factors which affected all groups, but nevertheless the overall rate is very similar to that shown by the mentally handicapped group. Only in Cessations of Placements (5.3.G.) are major differences identified, 49% of the placements made in this group result in cessation compared to 34% of the placements made by the mentally handicapped group. However, this may be due in part to the short-term nature of some mental health problems and an expectation that the scheme would be used as rehabilitation for independent living (Case Study 6.2.B.(ii)4.Janice).

**6.1.B.(ii) Short-Stay Placements**

**Table 6.1.B.(ii) - Short-Stay Placements - Mentally Ill Group**

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | Total % |
|---|---|---|---|---|---|---|---|---|---|
| **Short Stays** | 1 | 1 | 1 | 1 | 1 | 3 | 11 | 8 | 26 [4%] |
| **% of Total** | ↑ | | (15%) | | ↑ | (11%) | (42%) | (31%) | |

( ) = Percentage by row. [ ] = Percentage of total short-stays made.

As it was not anticipated that people with mental health problems would use the adult placement scheme for short-stay holiday or relief care, the small percentage of the total number of short-stay placements in this group (4%) was not unexpected.

**6.1.B.(iii) Mental Health Survey**

To test the officers' views and to give further detail to the number and percentage of cessations which were shown to be substantially higher for this group, two small survey projects were undertaken. The first considers a group of people with mental health problems who were in placement in 1982. Details of the referring agency and the length of time in placement are shown. The second

survey was undertaken in 1986 to ascertain adult placement officer views concerning this group.

A description of the organisation of this survey can be found in Methodology 2.E.(ii). By 31st December 1982, 50 people with mental health problems were in placement, with 27 of these people placed in the South-West division. In order to gain greater understanding of some of the factors involved in the placement of this group over a four year period, the sample has been examined in greater detail.

**Table 6.1.B.(iii) - Referral of Mentally Ill Clients in South-West Division in 1982**

| Referring Agency. | Placements of Mentally Ill. |
|---|---|
| Department of Psychiatry Acute Unit | 9 |
| Long-stay Psychiatric Hospital | 4 |
| Part 111 Elderly Home | 1 |
| General Hospital Social Work Team | 1 |
| Health Department Hostel | 1 |
| Community. Local Authority Social Work Team | 11 |
| Total Placements in Progress 31.12.1982 | 27 |

The sample shows some of the variety of agencies referring this group.

The members of the sample had been placed for various lengths of time prior to the survey but by the end of 1984, five clients were no longer in their first placements:-

**1&2** Two people had spent almost three years in the first placement before the first placement carer gave up the scheme. Both clients accepted a second placement.

**3** One person spent one year in the first placement and accepted an alternative placement as the carer was considered no longer suitable.

**4** One person moved to another placement when the first carer divorced 18 months from the time of initial placement.

**5** One person moved to another placement when the first carer moved ten months from the time of initial placment.

All five placements were still in progress on 31 December 1986. From the 22 remaining in their original placements in December 1984, the following nine people had moved on to alternative accommodation by December 1985:-

**6,7,8**Three clients had moved from placement into various lodgings in Southampton. One man had regular paid employment, one lady had returned to her boyfriend, and another lady had accepted a part-time job.

**9** One man returned to live with his mother.

**10** A young man moved into a hostel with people of his own age.

**11 & 12** Two people required hospital care, one in an acute unit, from which he returned to the scheme after approximately six months. One elderly man broke his hip and was admitted to the general hospital for several weeks,

following which he moved to a convalescent unit and later into an Retirement Home for Army Personnel.

**13 & 14** Two clients requested change of placement and both accepted alternative placements with carers who offered less material comfort but a more independent life style.

By December 1986 the following six people had found alternative accommodation:-

**15** One lady left placement to live nearer to relatives in London.

**16** One lady was offered accommodation in a warden assisted council flat.

**17** One man returned to hospital and then to a shared group home placement.

**18** One lady had to find alternative accommodation as her carer was taking up full time work and withdrawing from the scheme. A new placement was located.

**19 & 20** Two clients living in one placement had been working towards living more independently. Both left the placement during 1986, one found a bed-sitting room near her place of employment, and the other was offered sheltered employment and went into lodgings.

Although from the 27 placements in progress in 1982 only seven remained in their original placement in December 1986, the survey gives some idea of the range of people using the scheme and some appropriate but short-term uses of the long-stay scheme for people who may not require permanent placements. It is also shown that for some people with mental health problems, adult placement can be an appropriate long-stay placement in which users can remain for considerable lengths of time.

## 6.1.B.(iv) Officer Views Concerning Users with Mental Health Problems

Although the figures show that there was originally a high proportion of users with mental health problems, this group appeared to demonstrate a decreasing interest in the scheme and the success rate dropped in the later years of the study. Although there is no evidence to show that this group were more difficult to place, moved placement frequently, required more care or were more unsettled in placement, it is suggested that the opinions held by officers concerning this group were not as positive as the opinions held concerning other groups of users. To consider these views, a training day was held in 1986 which was designed to highlight the needs of this group. Points discussed at this meeting were collated as were solutions to specific problems associated with this group.

### 6.1.B.(iv)a Difficulties in Placements

The general opinion was that placements for people in this group were more difficult to set up and to maintain than for other groups. Reasons were given as follows:-

1) Nature of condition. Due to the varying degree of disability that mental health problems cause, (from acute stages to more passive stages or to

absence of disability) people in this group often needed to move on to other settings.

2) Day care - There was only limited Local Authority Day-Care in the county, originally only one unit which was based in Southampton. This may account for the higher proportion of applications from this group in this division. Lack of day care causes difficulties for carers and clients who need social and work related opportunities (Carer Study 7.3.C. Jim).

3) Speed of referral system - The emphasis in psychiatric hospitals as distinct from mental handicap hospitals is that acute wards offer patients limited recovery time. There was an expectation from hospital staff for placements to be offered without sufficient time for introduction to placement or a good matching process to be undertaken.

4) Initial placement assessments to determine whether clients were suitable for transfer to other accommodation were based on medical criteria and as a result were often the decision of the consultant rather than a social worker or client.

5) Lack of specialist carer training.

6) Lack of specialist carer recruitment.

7) Inappropriate referrals - the client had not recovered from the effects of the illness and required further skilled specialist care.

8) In people with multiple handicaps, the element of mental illness was not seen as in need of specialist help.

6.1.B.(iv)b High Risk of Breakdown

It has been suggested that although the cessation rate for the mentally ill group is higher than for other groups, the reasons for the termination of placements appear to be other than inherent difficulties related to the disability of the client. However, the study day confirmed that the adult placement officers assumed that there was a higher risk of breakdown due to the innate difficulties of the disability and therefore assessment and support was required at a greater level than for people with other disabilities.

6.1.B.(iv)c Avoidance of Breakdown

Discussion from the staff group indicated that there were ways of avoiding the risk of breakdown, as follows:-

1) A high level of preparation for both the client and the carer and carer's family. Carers were sometimes wary of odd behaviour and feared violence.

2) A slow introductory period with plenty of opportunity to discuss the placement.

3) More opportunities for carers to meet together to discuss ways of helping people with mental health difficulties and learning about specific mental illness.

4) A team approach with hospital staff and social work staff to look at the difficulties of placing this group of people.

5) A good back up service to care for people while placements are being made.

6) Clients in this group are often able to voice their own opinions as to the suitability of the placement. This should be used to maximum effect.

### 6.1.B.(v) Conclusion.

Although the proportion of applicants in this group receiving a trial is shown to be identical to that of the mentally handicapped group and the difference between these groups in the proportion of successful applicants accepting placements is extremely small, the difference between the number of people in each client group increased over the years.

It is shown in the early years, particularly in the South-West, that both the number and proportion of applicants achieving placement were in excess of those made by the mentally handicapped group. However, in the latter years of the scheme the proportion of applicants achieving placement was reduced. Reasons for this discrepency have been discussed in chapter 5, particularly Applications by Client Group (5.1.F.(ii)) and Applications by Division and Client Group (5.1.G.(i)).

Experience indicates that although the proportion of applicants with mental health problems who applied to the scheme was similar to those in the mental handicap group, adult placement officers generally considered that placements were not as easy to arrange or support for this group. However, there were carers who nominated this group as their preferred choice who generally considered that difficulties in caring for this group did not outweight advantages. (See 7.3.(ii)C Jim.)

## 6.1.C. PEOPLE WITH A PHYSICAL HANDICAP

### 6.1.C.(i) Applications to Placement

People with a physical handicap formed the smallest proportion of clients participating in the scheme. Reference has previously been made to the specific targetting of this group from 1982 onwards and the lack of substantive growth in the proportion of this group making application or gaining placement despite the increase in the number of adult placement officers specifically for this purpose. The following table shows the number and proportion of the application, trials and placements made in this group over the years 1979-1986.

**Table 6.1.C.(i) - Application to Placement- Physically Handicapped Group**

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | Total | %. |
|---|---|---|---|---|---|---|---|---|---|---|
| **Applications** | 1 | 11 | 13 | 17 | 20 | 12 | 20 | 14 | 108 | [11%] |
| **Successful App.** | 1 | 4 | 2 | 9 | 13 | 7 | 8 | 4 | 48 | [9%] |
| **Suc App Rate** | (100%) | (36%) | (15%) | (53%) | (65%) | (58%) | (40%) | (29%) | (44%) | |
| **Trials** | 2 | 8 | 2 | 13 | 18 | 11 | 11 | 6 | 71 | [9%] |
| **Av. Trial rate** | 2 | 2 | 1 | 1·4 | 1·4 | 1·6 | 1·4 | 1·5 | 1·5 | |
| **New Placements** | 1 | 4 | 2 | 8 | 10 | 6 | 7 | 4 | 42 | [8%] |
| **Plac.Rate** | (100%) | (100%) | (100%) | (89%) | (77%) | (86%) | (88%) | (100%) | (88%) | |

Suc.App = Successful Applicant. [ ] = % of total. Average Trial Rate is the average number of trials per successful applicant. Placement rate is the percentage of successful applicants obtaining a placement.

Although the scheme was not targeted towards people with a physical handicap until 1982/3, these clients were not prohibited from applying in the early years. However, in 1979 only one application had been received from this group increasing to a total of 42 applications (39% of this group's applications) by 1982. The latter four years show a further 66 applications, a total of 11% of the applications for all client groups.

On average, 44% of applicants in this client group were successful in obtaining a trial, a lower percentage than that shown by the mentally handicapped and mentally ill groups, but similar to that shown by the elderly group. Contacts were required between the placement officers and professionals with knowledge of specific client needs. Once these contacts were established, they could be used frequently and the time required to build these contacts was more cost-effective. Therefore, the small number of applications received from the physically handicapped group may have discouraged officers from building contacts with the relevant professionals thus failing to give equal opportunities to these applicants.

The trial rate decreases over the years in line with all other groups and is identical to all groups other than the mentally ill. Due mainly to the lower successful applicant rate, the overall percentage of applications resulting in placement is lower than both the mentally handicapped and mentally ill groups. The percentage of placements which terminated over the eight year period is not excessive, averaging 29% of the group placed, with this group achieving 9% of the total cessations (Cessation by Client Group 5.3.G.).

It is more difficult to perceive trends with these small figures than with the higher numbers shown by the mental disability groups, but the successful applicant and placement rates do not vary substantially from those for other groups. This may indicate that although the figures are low, the trends are similar and therefore,

if the number of people with physical difficulties applying for the scheme were higher, the placement rate would be similar to that shown by other client groups.

Bearing in mind the increase in staffing in 1983 to encourage people within this client group to the scheme, it is unclear from the data as to the cause of the small number of applicants. However, it was suggested in 5.1.F.(ii) that the external factors affecting the scheme, such as Health Service policy and budgetary implications for the County in creating alternative provision for the mentally handicapped group in particular, may have counteracted the internal policy of the scheme to target all groups equally.

The effect of carer preference does not appear to be a major issue for this group and the Carer Survey does not show that the carers objected to the inclusion of aids or adaptations into their homes which may have been thought to have caused problems (Carer Survey 7.2.24.).

## 6.1.C.(ii) Short-Stay Placements

**Table 6.1.C.(ii) - Short-Stay Placements -Physically Handicapped Group**

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | Total % |
|---|---|---|---|---|---|---|---|---|---|
| **Short Stays** | 0 | 0 | 0 | 3 | 6 | 9 | 16 | 16 | 50 [8%] |
| **% of Total** | ↑ | (6%) | | ↑ | (12%) | (18%) | (32%) | (32%) | |

( ) = Percentage by row. [ ] = Percentage of total short-stays made.

It was not expected that this group would make frequent use of the short-stay scheme as more appropriate holiday resources had been developed by the voluntary sector. Nevertheless fifty short-stay placements were made in the period shown, possibly as a result of young clients using the scheme as an introduction to long-term placement and users of the long-term scheme using a known option for respite care.

## 6.C.(iii) Discussions with Occupational Therapists

In order to consider other professional views of the scheme and to attempt to increase the number of physically handicapped clients placed, discussions were held in 1986 between the author and occupational therapists who were the main link between these clients and the placement officers. (Specialist Social Workers with an interest in this disability group were later appointed in the County.)

The occupational therapists' experience of placing people with a physical handicap on the scheme suggested that alterations to policy or practice were unnecessary and generally staff who had used the scheme held positive views

concerning future developments. For example there were people within the mental handicap group who were also physically handicapped but the additional disability was hardly recognised as a problem (Case-study 6.2.B.6.Ann). As links were already established with professionals concerned with people with a mental handicap, good liaison was ensured and major problems were dealt with on a daily basis. Specific difficulties relating to people with a physical handicap were referred to one occupational therapist with whom links were formed and who could be part of any future placements which required such specialism. People in the elderly group with physical disabilities were able to be successfully placed, aided by professionals from both disability groups (see Case-Study 6.2.B.5.Ted).

Six occupational therapists from different area offices were interviewed for this study (See Methodology 2.E.(ii)). These officers offered the following comments:-

There is considerable lack of resources for this group of people and alternatives to residential care would be useful.

There are similarities between people with a physical handicap and other client groups which indicate that adult placement could be equally effective in offering a comparable service.

They considered the aims of the placements would be similar to those for other client groups, that is to:-

Minimise physical limitations,
Improve quality of life by offering an individual setting.
Offer a normalised environment free from stigma.
Enhance personal relationships.
Use community resources to the full.
Give opportunity to reach maximum potential within realistic limits.

They stated that they could assist adult placement offices by offering the following services:-

**a)** Assessment for :- Specialist services, aids, voluntary services.
**b)** Advice to both clients and carers on aspects of care - handling/lifting/movement and mobility.
**c)** Aids - standard and specially adapted.
**d)** Continued treatment - physiotherapy, occupational therapy, school, work, leisure skills.
**e)** Group work.
**f)** Adaptations :-
Assessment, information gathering (G.P., client, family).
Recommendation to grant officer, drawing plans, collecting estimates, applications, consideration/result, extra funding, interim assessment, final assessment, payment.

They felt that the County gave low priority to people with a physical handicap and that occupational therapists were a part of main stream social work but not identified as a strong element of the generic social work office team.

There were obvious practical problems in ordinary homes such as wheelchair access and use of small bathroom and toilet areas, but these were

difficulties that had to be considered in all community placements. All therapists stated that adult placement would not offer problems that could not be overcome by co-operation with other local government services.

When considering adaptations, the criterion for expense was often based on the anticipated time that the adaptation was expected to be used. Some difficulty was envisaged whilst setting up a trial and establishing that the placement was going to be used for a settled period. It was accepted by the therapists that a client could use an aid in one placement which another person could use later on. In practice there were examples of carers who had either stair lifts or individual lifts installed that were used for a variety of clients.

**6.1.C.(iv) Conclusion**

As with the mentally ill group, there appear to be no specific difficulties that could not be overcome in order to extend adult placement to people with a physical handicap. The experience gained from those in placement and the general Hampshire data indicate that those placed on the scheme represented a wide range of disabilities and when comparison is made to other groups, a similar percentage of applicants in this group were able to be placed and remain in placement.

One of the critical issues appears to be a management factor which included the Adult Placement scheme within the Mental Disability Team following re-organisation of the Social Services Department in 1984. This increased links between placement officers and other mental handicap specialist staff to the detriment of other staff liaison.

It is suggested that the links formed between placement officers and staff with responsibility for specific client groups is important in establishing a network for discussion and encouraging applications. It appears that although it was not perceived by the occupational therapists involved with the scheme that there were any inherent difficulties concerning the building of these contacts that nevertheless these links were not sufficiently developed to enable clients from this group to participate fully in the scheme (See Case-Study 6.2.B.7.Ian).

The use of other accommodation such as the growth in voluntary homes which were being developed specifically for people with physical disabilities may have been used as an alternative to adult placement thus reducing pressure on the local authority to provide resources for this group as compared with the mentally handicapped group.

## 6.1.D. THE ELDERLY

### 6.1.D.(i) Long-stay Placements

Although the elderly formed one of the smallest groups in the scheme, there was also a range of older people with other disabilities who were classified according to their primary disability. In Applications by Age. 5.1.E.(i), it is shown that over 25% (265) of the total applications were made by people over 60 years of age. (The additional 100 applications from older people in other groups would have increased the proportion of those over 60 years by 10%) The placement figures show a similar proportion with 27% (99 people) of older people in placement on 31st December 1986.

The Hampshire data have only included people in the elderly group who were not considered to be within an alternative client group prior to their 60th birthday. The following table is similarly based and demonstrates the progression of the elderly group from application to placement to show comparison with other client groups.

**Table 6.1.D.(i) - Application to Placement- Elderly Group**

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | Total | %. |
|---|---|---|---|---|---|---|---|---|---|---|
| **Applications** | 9 | 13 | 9 | 12 | 38 | 23 | 40 | 21 | 165 | [16%] |
| **Successful App.** | 4 | 12 | 5 | 8 | 8 | 7 | 11 | 10 | 65 | [12%] |
| **Suc App Rate** | (44%) | (92%) | (56%) | (67%) | (21%) | (30%) | (28%) | (48%) | (39%) | |
| **Trials** | 10 | 17 | 9 | 14 | 12 | 10 | 14 | 12 | 98 | [12%] |
| **Av. Trial rate** | 2·5 | 1·4 | 1·8 | 1·8 | 1·5 | 1·4 | 1·3 | 1·2 | 1·5 | |
| **New Placements** | 4 | 10 | 5 | 7 | 7 | 7 | 9 | 9 | 58 | [12%] |
| **Plac.Rate** | (100%) | (83%) | (100%) | (88%) | (88%) | (100%) | (82%) | (90%) | (89%) | |

Suc.App = Successful Applicant. [ ] = % of total. Average Trial Rate is the average number of trials per successful applicant. Placement rate is the percentage of successful applicants obtaining a placement.

As noted in the physically handicapped section of the Analysis by Client Group, 6.1.C.(i), the scheme was expanded in 1982/3 to promote placement opportunities for the elderly and the physically handicapped groups. As also shown in the previous section, an almost equal number of applications was received from these groups prior to the expansion. However, from 1983-1986, the percentage of applications made by the elderly group increased to 19% (122 applications) averaging 16% of the total applications made.

Although the number of applications increases following the staff increase in 1982/3, the number of successful applicants shows little variation over the years and the success rate subsequently decreases. This reduction results in an average

success rate of 39%, slightly lower than that for other groups. The number of trials offered to this group also shows little variation over the years although the trial rate decreases from 2.5 in 1979 to 1.2 in 1986 averaging 1.5 (identical to all groups other than the mentally ill group).

Similarly, the number of new placements made shows little variation over the years achieving placements for 35% applicants in this group. This is slightly lower than the percentage of applications resulting in placements for other groups and reflects the similar but also slightly lower placement rate for successful applicants (89%). However, the cessation rate for this group is amongst the lowest (19% of placements received by this group) representing only 8% of the total cessations. This stability was not unexpected and results in 47 placements in progress in 1986, 13% of the total placements.

Although there are similarities between the number and proportion of applications and placements made by this and the physically handicapped group, there is less variation in the number of users in this group over the years than in any other client group. It appears that the increase in staff in 1982 had an effect only on the number of applications made to the scheme, other aspects of the data show little variation.

As noted in Analysis of the Physically Handicapped Group (6.1.C.(i)), the smaller figures in these sections makes comparison more difficult with the other two larger client groups but it is shown that successful applicant rates and placement rates do not vary substantially across the client groups.

The elderly group appear to have been disadvantaged by the lack of promotion at the beginning of the scheme thus being unable to demonstrate a high profile of success which could be expanded. The management of the scheme did little to encourage daily links with staff representing this client group and external factors, as noted in previous sections, appear to have prevented the equal targeting of all client groups that was anticipated. Despite these disadvantages the elderly group continued to be represented throughout the study.

## 6.1.D. (ii) Short-Stay Placements

**Table 6.1.C.(ii) - Short-Stay Placements - Elderly Group**

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | Total % |
|---|---|---|---|---|---|---|---|---|---|
| **Short Stays** | 1 | 0 | 1 | 10 | 15 | 32 | 65 | 74 | 198 [30%] |
| **% of Total** | ↑ | (1%) | ↑ | (5%) | (8%) | (16%) | (33%) | (37%) | |

( ) = Percentage by row. [ ] = Percentage of total short-stays made.

It has been stated (6.1.A.(ii)) that the short-stay scheme was developed for both users of the long-stay scheme and clients who were not part of the scheme. The use of the short-stay scheme for people who were not in long-term placement was generally aimed at elderly people as it was expected that this group would be particularly suitable for short periods of care within a family group. As expected a high proportion of the total short-stay placements (30%) were made by the elderly group despite the low proportion of elderly people using the long-stay scheme.

## 6.1.D.(iii) Older Age Groups

Although the elderly group show the lowest placement rate, it has been suggested that a larger proportion of applications and higher profile for this group with more links between professionals could result in rates similar to those of other client groups.

If inclusion is made of older people over 60 years from other client groups, it can be shown that over a quarter of applications and placements were made by this older group. The following table shows the number of applications and placements made in the age-groups 60-80+ and the placement rate of these older age groups. Comparison can then be made with the elderly group. Figures have been drawn from Placements in Progress by Client Group and Age Group. 5.3.E.(ii).

**Table 6.1.D.(iii) Applications to Placements - Older Age Groups**

| | 60-69 | 70-79 | 80+ | Total |
|---|---|---|---|---|
| **Apps. M.H, M.I, P.H.** | 83 | 15 | 2 | 100 |
| **Pla. M.H, M.I, P.H.** | 39 | 11 | 2 | 52 |
| **Placement Rate.** | ·47 | ·73 | 1·0 | ·52 |
| | | | | |
| **Applications.Eld.** | 30 | 108 | 27 | 165 |
| **Placement. Eld.** | 10 | 28 | 9 | 47 |
| **Placement Rate.** | ·33 | ·26 | ·33 | ·29 |
| | | | | |
| **Total Applications** | 113 | 123 | 29 | 265 |
| Total Placements | 49 | 39 | 11 | 111 |
| **Total Placement Rate.** | ·43 | ·31 | ·38 | ·42 |

Apps.= Applications. Pla.= Placements.

The table shows that when the older age groups from all client groups are combined, the total placement rate is higher in all age groups when compared to the elderly client group alone. Although this increase is not great, it is sufficient to indicate that a different definition of the term 'elderly' would increase the proportion of applications in that group and would reduce the difference shown

between the placement rates of the mental disability groups and the two smaller client groups.

There is little to indicate that people who were in other client groups prior to their 60th birthdays were easier to place than those who had no previous disability. (It may be easier to justify the reverse proposal as old age and frailty alone could be considered less of a handicap than when combined with other disabilities ((Case-study 6.2.B.2. Bill). It is therefore unlikely that the elderly group had difficulties which would cause a low placement rate regardless of the proportion of applications received. However, the management factors which have been suggested as causing some difficulties for the elderly group by discouraging equal placement of all client groups are reduced when the older age groups are combined. For example, it can be shown that the older mentally handicapped group show the highest placement rate, (37 applications / 56 placements giving a placement rate of .66), when compared with other client groups. If the suggestion that the management factors work positively to promote the mentally handicapped group is valid then this example can be more easily understood.

However, this may be only one of several relevant points when considering the elderly group, an issue which is addressed in the following section.

**6.1.D.(iv) Factors Pertinent to the Placement of the Elderly**

The limited number of applications may have resulted from the wide variety of private and public sector residential placements available for this group of people. It was acknowledged by the officers that despite attempts to highlight adult placement for this group, adult placement for elderly people was not generally well established and therefore was not considered by social workers or their clients as a proven alternative to residential care. It was for this reason that short-stay placements were often used for this group as an introduction to the long-stay scheme.

Although no additional systematic research has been undertaken, several factors have emerged as a result of the use of adult placement for this group and which may have bearing on the future use of the scheme.

Whilst there may be sufficient residential facilities for this group in private and local authority homes for the elderly, there are several factors which could be seen as detrimental to people entering Part III accommodation.

**1)** There is a high mortality rate amongst residents during their first year in a residential home. This may be as a result of the change from individual to institutional living with the loss of status, control and identity. The loss of home, possessions, relationships and self-determination may all increase apathy and grief. (Spackman. A.J.1982)

**2)** The level of care given in residential homes is shown by some research studies to be sometimes inappropriate for as many as 64% of residents. (50 %

being more able to care for themselves than is required and 14 % needing more intensive care in either medical or psychiatric terms than is offered). (Plank.D. 1977)

For further discussion of these points see section 3.2.A.

In order to propose adult placement as an alternative to residential homes, it should be clear that the scheme can offer a more appropriate form of care. Applicants for Part III are assessed on their functional abilities but care workers and planners are constrained by an established structure. Regardless of differences of need, applicants are admitted to the same residential home whose ability to adapt to the needs of an individual may be difficult to achieve. However, adult placement has attempted to be more specific in attempting to create individual placements which are sensitive to changes of those needs.

Adult placement is also a similar environment to the elderly person's own home, encouraging a clear role for the elderly person and the possibility of greater self-determination. Self care can be more easily continued within a small, known environment and relationships are immediate and unavoidable.

The mortality rate for those on adult placement appears to be less than that of residential care. (However, this may simply be a matter of more healthy people using the scheme). Many of those admitted to Part III accomodation are admitted as emergencies, with a high percentage (90% according to Spackman A.J.(op cit.)) destined to become permanent residents. It is therefore important that needs for this group of people were met as quickly as possible within the scheme.

A factor in extending the scheme to this group could be the establishment of a reactive service. The use of 'emergency carers' who could offer care for a limited time to people needing a fast response to their demands could be one way of achieving this.

Some placements were made without taking some of the steps considered theoretically vital for other groups, for example, some placements were made directly from short-stay placements. This was only attempted in situations that became critical during a short-stay but although no formal studies were set up there is no indication that these placements were less stable than others which were introduced more slowly. This may indicate that an 'emergency' service could be effective for this group.

Evaluation and monitoring of placements were fundamental parts of the scheme. If a more reactive service were to be developed, it would be crucial to set up clear goals and realistic standards that could act as guidelines for placements. Support in terms of day services, breaks for carers, high level of involvement by Community Health Services and access to medical and para-medical expertise would also need to be developed.

Other schemes in England have concentrated all their resources on placements for elderly people and have been shown to be successful. (Thornton. P. 1980.) (See also Chapter 3.3. Development of Boarding Out Schemes in England and Wales.). It is suggested that an organisational structure which brings together the full range of care and accommodation resources for residential care can offer maximum choice to the user. Opportunities exist for developing an individual service which includes day and night care services across the health and social service boundaries. Adult placement could be one way of increasing this provision.

**6.1.D.(vi) Conclusion**

Adult placement offered individual family care which met the needs of a wide range of elderly people, including people who were reported to have been physically and verbally aggressive, those who were incontinent of urine and occasionally faeces, people who were confused and a few people who had advanced senile dementia with no self help skills. Some people remained in placement until their death However, this care which appears suitable for such a wide range of people appears to be limited to relatively few elderly people.

One of the major reasons appears to be the low number of applications received from this group. As a high percentage of successful applicants obtain placements, it is suggested that if there were greater numbers of applicants not only would this increase the numbers of placements but the placement rate would increase. It is shown that when elderly people from other client groups are included in the calculations that this statement is verified. The management of the scheme, and the resulting difficulty in forming links with professionals working with this group, is therefore considered to be one cause of the lower placement rate for elderly people achieving placement

It is further considered that a rational basis for devising a model of care would be to identify the functional needs of the elderly person and to provide for those on an individual basis. Ideally, users' needs would be translated into a resource provision by demand. Adult placement can be a sensitive resource able to expand (and contract) according to demand with no capital expenditure requirements to meet. Carers can be recruited according to the need expressed and the type of provision can be adjusted as necessary. It is therefore suggested that a higher proportion of elderly people could be placed on the scheme if measures to counteract the pressure to place people from the mental handicap group were addressed.

## 6.1.E.OVERALL SUMMARY

Although the data appear to show that people with a mental handicap dominate the scheme throughout all stages, it has been shown that despite the variation in numbers, both the success rate and the placements rates are similar in all groups.

The critical point for all client groups appears to be the opportunity for an applicant to accept a trial. The figures also show that the first trial placement does not always result in a permanent placement but a high proportion of people who accepted a trial were eventually placed. This was possibly due to the additional knowledge of the client gained by the adult placement officer and social worker while the initial trial was progressing, with the resulting information being used to aid the matching process between carer and client.

It is difficult to formulate reasons for users being offered or failing to be offered a trial, or for users accepting or refusing to continue the trial period. For some, speed of finding a suitable trial was essential and gave insufficient time to match user and carer. For others, alternative residential care was available and was a known option. Adult placement officers also required time to arrange new trial placements. This was additional to on-going work and had to be a secondary priority to placements which were already in progress.

Users placed on the scheme represented a wide range of disabilities in each client group so that it appears unlikely that people were excluded from placement because of the degree of their handicap. For example, as stated in People with a Mental Handicap, 5.A.(i), there were people with mild disabilities who after a few months in a placement were able to use the experience to move into flats and bed sitting rooms and establish an independent style of living, some finding work in the local area. By contrast, there were people who were severely or profoundly handicapped by their disability or who had multiple handicaps and behavioural difficulties.

The major reason for the high proportion of people with a mental handicap achieving placements appears to lie in the disproportionate number of applications received from this client group. Reasons given for this are outlined in various sections of the preceding chapter, (5.1.F(ii), 5.1.N.(i), 5.3.B.(i)). However, the wide range of other users of this scheme and the number of schemes in the country which specialise in other client groups indicates that there is scope for people from a range of disability groups (see Study of Other Schemes, chapter 3.3.).

As there is little difference between the client groups in the proportion of applicants gaining placement, it appears that in order to increase the number of placements, either the number of applicants or the proportion of successful

applicants would have to increase. Additional staff in 1982-1983 increased the number of people obtaining a trial although this made little difference to the proportion of applicants receiving trials. However, the number of trials per successful applicant dropped for all client groups after 1982, possibly due to a refinement of the matching process. (From 1985 there was also a reduction in the number of applications and subsequent number of new placements perhapes resulting from the increased number of placements in progress).

It has been shown that when there are higher numbers of applications, for example, in the mentally ill group during 1979-1981, the placement rate is shown to be higher than in latter years when the number of applicants was lower. This finding is also demonstrated when the applications made by all clients over 60 years are compared with those from the elderly group. The reduction in the proportion of applications and placements in the mentally ill group from 1982 may be due to the changes in the management policy at this time.

It has been further suggested that, in view of the lack of significant differences between client groups in the proportion of applicants being offered trial placements and in the trial outcomes, the discrepancy between client groups could be due primarily to management policy. Therefore, it appears that although there are no major difficulties inherent in the placement of people from any client groups once application has been made, there are factors which can support or inhibit the proportion of placements made from each client group.

The discussions contained in the sections for each client group indicate some of the views and difficulties expressed as to the causes and possible solutions to the variations shown in the data. It was particularly disappointing that the extension to the scheme in 1983 appears to have had such a limited effect, in some instances showing no increase in the proportion of people from client groups.

In view of the lack of substantive data to show that there are significant differences between the proportion of people from each group gaining placements, the numbers of applications received from each group appears to be the only significant difference between client groups in the overall Hampshire data.

## 6.2.CASE STUDIES OF CLIENTS PLACED WITH THE HAMPSHIRE SCHEME

### 6.2.(i)Introduction

The preceding section of this chapter analysed factors affecting client groups that were placed on the scheme, and showed that placement was not an automatic procedure once an application had been received. Although there were differences in the proportion of placements achieved by each client group, the probability of achieving placement was not dependent on a client's type of disability but was due to factors such as management policy and the specific targeting of some client groups.

Although an attempt was made to study the clients' personality traits, this project did not materialise as the management staff involved considered that social work time was not available to complete the questionnaires. However, it was anticipated that the study would have enabled analyis of attributes that were present in people who were placed or absent in people who were not offered a trial or did not complete the trial period.

The early policy documentation clearly indicates that the absence of certain skills or levels of competence would negate placement.

Particular priority will be given initially to the placement of any mentally handicapped person who was residing in a departmental hostel and who was capable of living more independently. (Hampshire Policy Document 1979) (see Development of Policy. Chapter 4.5.)

In retrospect it is clear that the degree of disability did not negate the possiblity of placement being offered, as from the early years of the scheme clients with a wide range of disabilities were offered trials and remained in placements for considerable time.

To demonstrate the wide variety of people included on the scheme, this following section describes eight people who were successful in achieving a placement. No attempt has been made to show the total range of individuals nor can generalisations be made that would have consequence for other individuals considering placement. Each example is included to demonstrate a particular aspect of the placements achieved. Whilst a need for brevity inhibits a full description of each placement, the first study is given in greater length to give an indication of some of the complexities and interactions involved.

This study was chosen as it demonstrates the use of placements for clients who appear to have little alternative to residential care and who clearly was not capable of living more independently. The placement also made demands on the

author which, once overcome, extended the use of the scheme to other clients who would have previously been excluded. It further demonstrates the scheme's flexibility to meet rapidly changing needs and the essential nature of links with other professional staff.

## 6.2.A. CASE-STUDY - SHEILA

### 6.2.A.(i). Introduction

It has been noted that in the early years of the scheme officers were encouraged to be fairly conservative in their views concerning clients' suitability; guidelines were laid down in the Working Policy and a list of essential skills were included (Working Document, 1979.). As the scheme developed, this view was challenged by the prevailing premise that people were individuals regardless of their disabilities and that a placement was based on the interaction between the carer and client regardless of disability.

It is acknowledged that the research involvement of the author, (who was the initiator of this particular placement) was also a factor both in developing the initial contacts that enabled this client to be considered and in the subsequent establishment of the placement. A personal interest in the extent of dementia amongst people with Down's Syndome had initiated discussion between professionals with particular responsibility for people with a mental handicap concerning the type of care suitable for older people with a mental handicap. It was generally felt by the group that institutional care was the most appropriate, if not the only solution available. The author held the view that residential care for people unused to such a life style could cause greater confusion and subsequent loss of self-care skills but that adult placement could offer a more sympathetic life style and greater adaptation to the needs of the individual. It was against this background that the following placement was developed.

### 6.2.A.(ii)a Background to the Placement

Sheila was fifty one years of age and had Down's Syndrome. She had lived in a long-stay hospital for people with a mental handicap for ten years before being moved into a locally based Hospital Unit. Her speech was difficult to understand and limited in content but she was competent in all self-help skills, and in many domestic tasks including cookery. Sheila knew her way around the locality, attended a training centre, local Gateway Club, the Physically Handicapped and Able Bodied Club, and had a part-time job cleaning for a local family who had expressed satisfaction with her work. She enjoyed swimming and netball and could knit, make rugs and baskets. She could do her own shopping but needed help with

budgeting. She was considered to be open and friendly but uncertain of new situations and strangers.

Due to a re-organisation of the Health Authority, Sheila was moved to an unstaffed group home then to a minimally staffed unit and later that year, returned to the unstaffed group home. No details are documented as to the reasons for these changes but as a result of this unsettled period, Sheila gave up her part-time work.

In 1984 staff of the local training centre began to be concerned about Sheila's apparent loss of vision. Although an opthalmic specialist reported that there was no lack of sight, her apparant loss of vision continued to be blamed for her decreasing abilities; Sheila became dis-orientated and unable to feed or dress herself. A full baseline assessment of Sheila's ability was undertaken.

This review showed a mis-match of Sheila's needs and the level of care she was receiving with an urgent need for a higher level of support. As neither additional staff time within the hostel nor alternative residential provision within the Health Service were available, re-admission to a long-stay hospital was sought. It was at this point that the possibility of using adult placement was discussed.

6.2.A.(ii)b Introduction to Placement

Sheila was used to living within a small unit in the community and an intimate, variable level of care was considered to be most appropriate. However, the placement scheme had no framework for placing people who were clearly 'Health Dependant' and the review meeting subsequently held to discuss the possiblity of a placement which included staff from both Health and Social Work Services was unique. A carer was found who could offer both a supportive environment and an increasing level of care if the need arose.

The carer was a warm, capable person with a strong but maternal personality whose husband had worked previously as a nurse in a long-stay Mental Handicap Hospital. A series of short stay visits for Sheila was planned to ascertain the level of the demands that the placement would make on both Sheila and her carers.

Before the first visit was made, the assessments of Sheila's level of need were showing a critical level. Sheila appeared unable to distinguish between food and inedible things and was on one occasion found crawling around her garden. Her ability to communicate had deteriorated further and she could no longer recognise close friends. Following the introductory visit, Sheila was accepted immediately into the placement, her carers, considering that Sheila urgently required a far greater level of care than was possible elsewhere.

6.2.A.(ii)c The Placement

The placement offered a high, consistent level of supervision. There were no staff changes, no confusion over information, no need to pass on notes from day to night staff. Sheila and her carers quickly set up a routine which offered a framework for each day.

The training centre agreed to continue to offer Sheila a full-time programme and for a while Sheila continued to participate. However, the time spent at the centre was gradually reduced and was finally discontinued as Sheila became distressed. With some additional help in the home the carers were able to continue their normal routines and Sheila could choose whether or not to accompany them. Sheila's placement continued to offer not only a high standard of accommodation but a high level of understanding of her needs and an attachment to her as an individual.

A review team met every three months to consider ways of adapting to meet Sheila's needs. A continued deterioration in Sheila's abilities and changes in temperament was noted until she lost any ability to care for herself and gradually became unable to be left on her own. By August 1985 reports indicated a 'severe generalized dementia' and it was anticipated that Sheila would not have long to live. Bereavement counselling was set up with Sheila's close friends, the carers and their family. Sheila continued to lead a quiet, well-ordered life until she died in November 1985.

6.2.A.(ii)d Research Background

As dementia is normally associated with old age and people with Down's Syndrome have been shown to have a reduced expectancy of life, one might expect to find little association between Down's Syndrome and dementia. However, past research concerning people with Down's Syndrome has shown a disproportionate frequency of a syndrome similar to senile dementia. (Heaton Ward. 1967)

Although this early view was not without contradiction (Richards, B.W. 1974), when a clinical psychiatric diagnosis adapted from the reaction types described by Batchelor (1969) was used to examine the link between dementia and ageing people with a mental handicap, it was found that a 'syndrome phenomenologically similar to senile dementia does occur with disproportionate frequency and prematurely in mongols.' (Reid, A.H. and Aungle P.G. 1974). They concluded that 'the liability for people with Down's Syndrome to dement at an early age was associated with the chromosomal abnormality found in this group of people.' Research also showed that the life expectancy for people with a mental handicap was increasing and it was later confirmed that the life expectancy of people with Down's Syndrome was rising. (Richards and Diddiqui, 1980).

More recent evidence has shown a relationship between people with Down's Syndrome and Alzheimer type presenile dementia. It was found that the neuropsychiatric status tends to increase with advancing age; '45% of Down's Syndrome individuals aged forty-five years or older had full syndrome of dementia compared to 5% of controls.' (Thase M.E. 1982).

The findings imply that there is an earlier onset of ageing and a higher number of demented Down's Syndrome people in the population than expected although an increased expectancy of life is now predicted. If the hypothesis is correct, this will be reflected by a higher number of elderly mentally handicapped people in hospitals, at home and in other residential settings. Not only will resources need to be provided for people who at a relatively early age will need more care, but the care required will be of at high level of dependency.

As previously discussed (See Chapter 3.1), the emphasis on creating new placements within hospitals had been replaced by alternative forms of community care. However, some writers issued a note of caution. Carter G. and Jancar (1980) note that 'it may be that the community placements at present suitable for relatively young individuals will be less appropriate for an ageing population.' This research indicated that additional thought would need to be given to the accommodation and care needs of mentally handicapped clients who may develop a dementia syndrome in their middle years.

6.2.A.(ii)e Implications for Future Placements

The research evidence demonstrates that there may be a greater number of people with Down's Syndrome who may be susceptible to Dementia Syndrome in their later years than previously thought. Sheila's case study indicates an alternative to hospital admission for people who may require a high level of care. Sheila was given the opportunity to live within a family, a situation with which she was familiar and which offered her continual care which could be extended according to her need for greater supervision and personal help.

As a direct result of this placement, a project was set up with Winchester Health Authority to place people who were severely or profoundly handicapped or who were considered to have behavioural difficulties. Although not all those considered for the scheme with this level of difficulties were found placements, there were people with similar difficulties who were subsequently placed on the scheme. (From the ten people considered from the Winchester District in 1985, eight people were found suitable carers and all of these placements were still in progress in August 1988). Therefore, it appears that adult placement could offer an alternative type of provision for a group of people with complex care needs.

## 6.2.B. PEN PICTURES

**Introduction**

One major difficulty when describing the scheme is that categorisation of the users was necessary to reduce the one thousand applicants to the scheme into manageable groups so that comparisons could be made. The essence of the scheme was that each of the applicants was unique and the officers were required to respond to each user individually. The individuality of the client and carer was of prime importance during the matching process and it was this individuality that caused both the positive and negative reactions within each family unit.

The following pen pictures are included to indicate the tremendous variety of people who participated during the years of the study. To attempt to ameliorate the author's bias in choosing examples and include examples from throughout the county, most of the pen pictures chosen have been selected from the annual adult placement reports which were written by various placement officers.

The officers' brief advised them to give examples of a 'typical' placement in progress during the year of the report. Reports were written every 6 months and included an example of a placement in each of the three divisions, resulting in six examples for each year. Reports were not written after the re-organisation of the scheme in 1984 so studies of people in the South-West divisions have been used to illustrate these latter years. These studies were chosen from the reports to include clients from all client groups and to illustate aspects that may not have been previously discussed in great detail such as an unsuccessful placement (see Ian.(7)) and clients who have previously been accommodated in a variety of settings such as Homes for the Elderly or Health service hostels.

### 6.2.B.(ii) Outline of the Studies

The studies reflect not only the variety of people who have used the scheme but some of the alternative aims which are highlighted throughout the thesis. The studies include;-

1) A young man with mental health problems and a mild mental handicap, who moved into adult placement from a young persons unit in a psychiatric hospital in an inner city.
2) An elderly man with a mental handicap, who moved from a long-stay rural hospital into a family home.
3) A young woman with a mental handicap, living at home and capable of greater independence but needing guidance to achieve this.
4) A woman with mental health problems, living in a caravan, who used adult placement to re-establish her own self-care pattern then moved into a council flat.
5) An elderly man, confined to a wheelchair, able to move from a Home for elderly people into a family home.

6) A severely mentally handicapped lady who moved into adult placement from a Health Hostel.
7) A young man with a physical handicap who was placed unsuccessfully from a hospital unit later moving on to a hostel before settling into an adapted flat.

## 6.2.B.(i)a TONY

'Tony, a 29 year old man resident in a young persons unit in an inner city psychiatric hospital, was recommended by the hospital review meeting to be boarded out in adult placement. The unit staff recommended that this man, who had been in residential care nearly all his life having previously lived in children's homes and adolescent units, could benefit from an experience of family living. Tony had a long history of periodic absconding from a variety of settings and he also presented nutritional problems which hostel staff had unsuccessfully tried to manage. At the point of referral he was not eating well and staff felt that his psychiatric problems were causing more difficulty than his mild mental handicap.

Accommodation was found for this young man with a district nurse and her family and he appeared to settle well. Tony required help in organising social activities and guidance about the kinds of behaviour which were appropriate in a family as opposed to a residential situation. He did not abscond while he was in this placement and his medication was reduced. Tony was very pleased with a small dog which has been given to him by his new family who felt it would be a companion to him and would also provide him with some responsibility and social interest.

Although Tony's problems did not disappear overnight, his carers appeared to cope well and he was 'very happy in the placement' (Adult Placement Review 1979-1980).

This placement continued for three years, ceasing only when the carer moved home and Tony found a more independent life-style in a voluntary single housing unit.

## 6.2.B.(i)b.Emergent Issues.

This brief pen picture demonstrates that hospital care may not be intensive enough for some clients' needs and the individual care offered in an adult placement setting could ameliorate some difficulties that appear intransigent in an institution. People with mental health problems who were in hospital were particularly targeted from 1979 until 1983 resulting in a large proportion of the placements for this group in this period. (See 5.3.B.) A consultant, with a particular interest in the scheme, arranged regular monthly meetings to cover several rehabilitation units. These links were later to be lost but formed an important means of considering applicants in this client group in the early years. (See Chapter 5.1.F.).

The study is 'typical' in several other aspects. The majority of the applications for this group came, as did Tony, from the urban areas where most psychiatric units were situated (5.1.C.). Tony also falls into the average age group for the mentally ill group (see 5.1.E.(i)). It has also been shown that there are more

males than expected on the scheme particularly in this client group, possibly due to males seeking a mothering situation in times of stress (5.1.I.). Tony's acceptance of a nurturing placement and dependency may have encouraged the carer to continue.

It may be only co-incidental that this young man's eating patterns changed to a more acceptable level and that having achieved a better food intake, his medication was more effective and could be reduced. However, the move to adult placement appears to have offered an environment which suited his needs. The vacated hospital bed was used for another person and the Department of Social Services provided an allowance which met the weekly board and lodgings costs. Thus adult placement increased the overall provision of care without increasing the level of financial output from the department.

**6.2.B.(ii)a. BILL**

'Bill, a 68 year old man with a mental handicap who was living in a long-stay rural hospital, had been hoping to move into a group home with some other patients but, as administative problems had delayed the project, Bill decided not to wait for an alternative. His social worker referred him to adult placement as he was anxious to find other accommodation. Bill had some contacts in the area around the hospital and it was felt that he would be able to expand his social activities more if he was living in the community near to the hospital.

Family type accommodation was found with a very caring lady who lived within five minutes walk of the hospital. The carer knew Bill well, having seen him wandering about the area and calling in at the shop in which she worked part-time and had heard about his need for accommodation when an advert was placed in the shop window.

Bill moved into his new home after a series of visits. He liked the carer and told everyone about the visits he had with her. A longer stay was arranged and after a month in this trial placement, Bill remained extremely positive about his move. Arrangements were made for his discharge and he left, happy to be going 'outside'.

The carer had attended the meetings at the hospital to discuss the placement and had shown a great deal of interest in Bill. She felt that he had previously had a very 'poor' life and did her best to get him to join some of the local clubs. She had been a widow for some years previously but had several close friends living nearby and her adult children were often visitors. The carer thought that Bill had changed since his first visits to her. He had shown himself to be quite an independent person and he was often out of the house taking part in social functions, shopping, or visiting friends.

The carer helped Bill to choose clothes and shoes which he would find 'comfortable but smart'. He had a generally cleaner look about him and smiled more easily if chatted to. Bill stated that he was very happy in his new home and was pleased not to be in hospital any longer. He appeared well cared for

and had continued to help with household chores and some gardening. The placement appears to be very settled.' (Adult Placement Review 1980-1981)

The placement was still in progress five years later.

**6.2.B.(ii)b. Emergent Issues**

Bill was one of the number of older people, up to 80 years of age (See Table 5.3.E.(ib)), in this client group who were placed on the scheme. There were also slightly more males than females placed in this client group (5.3.E.(ii). The majority of placements of people with a mental handicap, as described in Applications by Client Group and Area, 1.H.(i), were made from hospitals in rural settings and in these respects the case study concerns a 'typical' placement. However, although this group were specifically targeted for inclusion on the scheme due to the current Health Policy, (5.1.F.(i)) it was stated in the Adult Placement Working Document that:-

> people with a mental handicap in long-stay hospitals could only be discharged to a hostel setting and could not be discharged directly to the placement scheme. (Development of Policy 4.5.)

This study suggests that direct placements were possible, given an individual who was able to make friends easily and had built up sufficient skills to be independent. Bill had managed to make friends in the community despite the hospital system and moving into the community reduced the physical barriers that had been created between community and hospital settings. Given more open access he was able to utilize his skills more easily.

The carer had good links within the community which gave her an opportunity to offer accommodation to this man and subsequently to introduce him to local organisations where he would find companionship. Fears were expressed by Charity Organisations such as MENCAP. and MIND. that people in adult placement could be isolated and left without oversight once placement was established. This case study shows that this point was specifically pursued and demonstrates the advantages of a placement assimilating individuals into the local community over a hospital setting. Although the study does not state how long the placement was used there is indication that it was a stable, mutually beneficial arrangement.

**6.2.B.(iii)a. SUSAN**

> 'Susan was a mentally handicapped young lady of 22 years of age who was unable to cope at home, being disturbed by the repeated incidents of violence between her father and stepmother. She had tried to run away from home and had been seeking alternative accommodation for some time. Her social worker had been in regular contact with Susan since she left a residential school and had been trying to link her to a sheltered work scheme in the County. Attempts had been made to find work for Susan but the youth

schemes had offered some training but no long-term employment. Susan appeared to be unconcerned about her future work prospects and made little attempt to go out from her home. The social worker was concerned that considerable distress was being caused to this girl, with possibly some physical violence and she felt that Susan was withdrawing into herself.

The adult placement officer was contacted by the Social Worker and an application was made on Susan's behalf. The officer advertised for a suitable carer and later interviewed a number of prospective respondents. A mature couple whose family had grown up and left home, were interested in letting a room in their home and offering a family life to someone needing some care.

The social worker had been discussing the possiblity of a placement with the girl's father and had met with some difficulty. The father was extremely unhappy that Susan wanted to move away from home and insisted that there was 'nothing going on' and Susan was 'just mopping about' and needed something to do rather than spend her time imagining things. Several visits followed both with Susan and with her family and eventually initial meetings between Susan and the proposed carers were arranged. Susan visited the carers' home and a weekend placement was arranged. This was accepted and Susan was anxious to stay for a longer period. After a further long weekend a trial placement was made. Susan's father agreed to Susan leaving home and a placement followed.

Susan soon settled in, and continued to visit her family, also renewing the links with her natural mother. She started a job in a local supermarket and enjoyed the work, becoming more outgoing, attending local youth clubs and visiting other young people in their homes.

The carers aimed to assist Susan to become as independent as possible, and hoped that it would be possible to introduce another young woman with a view to setting up a small flat within the home for the two girls to enable them to learn together how to live independently.' (Placement Review 1981-1982)

**6.2.B.(iii)b.Emergent Issues.**

This placement was made from within the community and shows the possibility of using adult placement for people who were already used to living within a family home. Although there was no particular policy relating to people who were living at home, the early documentation suggests that the scheme would be suitable for more able clients, 'those capable of living more independently' (4.5.(i)). The study outlines the offer of an alternative to hostel care for a person used to residential life and for whom a hostel placement would have been the only alternative prior to the scheme. The young age at which Susan came into placement is not uncommon in a group of people whose disability is diagnosed early in their lives and there was a policy of targeting this age group who formed a considerable proportion of this client group in placement. (See 5.1.E.& 5.1.J.)

Presumably Susan had considerable skills in family living but the quality of care within her own home was insufficient to give her a satisfying life. Her adult placement gave her an opportunity to live without the level of tension to which she

had become accustomed. She could demonstrate her home-making and social skills and learn new skills in a sympathetic environment. The Analysis of Client Group, 6.1. suggests that the level of dependency does not appear to be a factor which affected the probability of being offered a placement and that people with mild disabilities were able to use the scheme for a short period of rehabilitation before finding independent living accommodation and possibly work.

The considerable addition to Susan's life of finding work in the locality may have been the impetus required to enable her to seek companionship and contacts outside the home, including continuing to visit her old home and build a new relationship with her mother.

**6.2.B.(iv)a. JANICE**

'Janice was a 31 year old lady with a disturbed background which had necessitated residential care in special psychiatric units for adolescents and later for young adults. She had moved from one lodgings to another and at the time of referral she was living in a caravan in a derelict district of a large town. She was existing on take-away meals or just bread and jam and was obviously not caring for herself. Her social worker was anxious that she was losing weight and that she should not spend the winter in a leaky caravan.

There were no hostels available for people with mental health problems and Janice was not sufficiently ill that she required hospital care. Janice did not want another experience of residential care but agreed to consider an adult placement.

A young couple who lived about five miles from the caravan expressed an interest in helping Janice and after a couple of meetings offered her accommodation. After some hesitation, Janice decided to accept their offer. The first few weeks were difficult as Janice did not wash much, or change her clothes. She slept late into the morning and ate copious amounts of food. She had little respect for the privacy of other family members. The family needed a lot of support from the adult placement officer during this time and Janice's social worker spent time with her on several occasions.

Gradually the problems were resolved and the family's stamina in dealing with these difficulties was impressive. Janice attended occupational therapy sessions at her local psychiatric hospital and was referred by them for an employment rehabilitation course which she completed with a recommendation for employment in the clerical field.

Janice rebuilt relationships with her parents and visited them regularly. The local Housing Department agreed to offer her a council flat and by the end of a year in placement she was able to move into her own accommodation. During her stay she became a more confident, self-disciplined and motivated lady. The carers helped her move into her flat and they continued to visit her and include her in some of their social activities. After a while they also offered their home to another client with mental health problems.' (Adult Placement Review 1982-1983).

**6.2.B.(iv)b. Emergent Issues.**

This study is a further account of a placement for a person with mental health problems, of similar age to the first study, 6.2.B.1a. This group of people were considered by the adult placement officers as being the most difficult to place despite the high placement rate of this group in the early years of the scheme (5.3.B.). (Discussion of the difficulties that officers felt were pertinent to this group are found in Analysis of Client Groups 6.1.B.(iv)).

Behaviour such as sleeping late, and over indulgence in food are not easily accepted by carers. This example shows that in time, these problems were resolved. Whether this was due to the attitude and example of the carers is difficult to ascertain but gave encouragement to the carers that other difficult behaviours could also be modified.

Without local authority hostel units for people with mental health problems, only voluntary housing units were available to take single people in this group and referrals for these units usually came from the rehablitation units of the hospital psychiatric services. The use of adult placement for short-term care for this group was an important resource in the county and the mentally ill group made particular use of this facet of the scheme. (See discussion in Cessation by Client Group, 5.3.H. as to the causes of the higher number of cessations for this client group than for other groups.)

The use of a rehabilitation course at the local hospital unit gave encouragement to Janice concerning her future job opportunities and encouraged her social worker to make an application on her behalf for council housing. The adult placement was not seen as being necessary for an extensive period of Janice's life but, having been used effectively, became part of a series of steps which led to Janice's independence. The expectation that the scheme would be suitable for rehabilitation may not have been incorporated into the early documentation but this purpose was an effective use of the flexible nature of the scheme.(6.1.B.(i))

**6.2.B.(v)a. TED.**

'Ted, an elderly man of 73 years of age, was paraplegic and confined to a wheelchair and was not settling into a local authority home for elderly people. His social worker had received complaints that Ted was wandering away from the home and staying out too late and smelling of alcohol when he returned. Ted had a lot of local friends in the area and refused to inform the home of his whereabouts. He was used to visiting his friends at the local public house and could not conform to the rules of the home.

Discussions with Ted and the staff at the home led to the discovery that although Ted was confined to a wheelchair, he was less frail and dependent than the other residents and generally felt he was not part of the group. It was suggested that alternative accommodation in a local family home would be more suitable and Ted immediately agreed.

A widow living in the area had been offering accommodation for some time but her council house was in the centre of a noisy estate and there was a constant stream of relatives though her home during the day. It had been considered too active a household by some people.

Ted and Mrs.M. were introduced and had an immediate rapport when they met. Ted was offered a weekend stay in her home following which he moved in for a two week stay. He had taken all of his belongings out of the residential home prior to this stay and considered he was quite capable of choosing on his own whether he stayed permanently. He would not return to the home to consider his move and simply agreed with Mrs.M. that they got on 'just fine.'

Ted had few problems in his new home. His regular, but not overly excessive drinking sessions were tolerated and any excess led to a confrontation which curbed future outings for a while. He enjoyed the constant flow of people in the home and began to relax more in the evenings. He said that he was sleeping well and his appetite and general health improved. Mrs. M. was busy caring again, a role she had obviously enjoyed throughout her life. (Adult Placement Review 1983-1984.)

**6.2.B.(v)b.Emergent Issues.**

The use of adult placement as an alternative to residential care was envisaged as a solution before the need for a Home for the Elderly was required, not after someone had been placed in such a Home. Applications from people in the age group formed the largest proportion of the elderly group (5.1.E.) possibly as the need for greater care encouraged applicants to seek alternatives to living on their own. It has been suggested that males may seek earlier care than females due to their lack of self-care skills (5.1.I.).

Residential care was considered to be a well established form of care for elderly people (5.1.F.) and despite considerable attempts by the officers to expand the scheme towards this group, there was little increase in the proportion of applicants or placements over the years (5.3.B.). It has been suggested that adult placement could adapt to the individual needs of elderly people and may be a more appropriate resource for this group, 6.1.D.(iv).

Ted's style of living did not match the structured environment of the home and the system was not flexible enough to enable him to live in his own way whilst being a member of the group. A well matched carer was able to offer a style of living to which he was accustomed with the resultant ease of placement. It is noted that the carer had unsuccessfully met previous clients who were seeking accommodation, but her particular life-style was thought to be undesirable indicating the importance of the matching process. (See 4.7.(iii))

Ted's physical disabilities that had occurred as a result of diabetes and gangrene in later life did not appear to cause any additional difficulties to the placement. The carer gave Ted the additional care he required until the occupational therapist was able to arrange a few bathroom aids which enabled him

to be more independent. The placement also gave the local occupational therapist an opportunity to work with a user in an adult placement and she was able to offer experience of the placement to other clients with whom she had contact. (Her views of this placement were used in the discussion with Occupational Therapists in Analysis of Client Group 6.1.C.(iii).

**6.2.B.(vi)a. ANN.**

Ann was a 51 year old lady with a severe mental handicap, living in a Health Hostel but attending a training centre special care unit. She had spent her childhood in a children's ward at the local hospital and after a brief period in a local authority childrens's home had returned to the adult wards of the same hospital. She was later offered a place at a smaller hostel managed by the hospital unit. She had been at the hostel some years and was very well settled. She had a quiet personality and could do some simple tasks. Her speech was limited and she had some mobility problems.

Dawn, another training centre member, became a close friend and Dawn's mother also got to know Ann quite well particularly following a period of voluntary help at the centre. Dawn's mother lived near to the centre in a pleasant, comfortable home and she felt she could care for Ann with her daughter's help.

Introductory visits were arranged so that Ann could see if she would like to move into a family home. Quite a few visits had to be arranged and it became clear that Ann was enjoying the best of both settings. She began to stay at the hostel during the week and spent most weekends with the family. Ann was asked to make a decision as to which setting she wished to use.

Ann decided, with help, to move into the family home. (Placement Made in the South-West Division 1984-1985.)

**6.2.B.(vi)b. Emergent Issues.**

Since living with Dawn and her mother, Ann maintained all her old interests but became more venturesome, joining a health club and a local social club. Ann fitted in well with her new family who appeared very fond of her, and spent time with Dawn who also appeared to be more confident since Ann moved in.

The case study gives an example of a user who had little communication and few self-care or social skills. The scheme was not considered to be a suitable alternative for people with only minimal skills according to the criteria of skills required for placement, which is included in the first Policy and Working Document.(4.5.(i)) However, despite her disabilities, Ann was able to make a relationship with Dawn.

It is unclear whether Ann's decision to accept the placement was influenced by the need for her hostel vacancy as it appears that she would have preferred to continue in the placement for weekends only. The requirement for her hostel placement on this occasion does not create a long-term problem but in other cases the outcome may not have been so satisfactory. As one of the stated aims of the scheme was to vacate hostel beds in order to 'permit long-stay hospitals to discharge patients to the hostels or offer hostel vacancies to clients in the community'(4.5.(i)), it can be seen that there were some practical difficulties in maintaining both a hostel vacancy and a placement for people who were adapting to a new situation.

As shown in the preceding study clients often had multiple handicaps which did not cause undue problems in a scheme that did not specify a particular client group. Other services throughout the County were often designated to be used by only one client group and clients with muliple handicaps experienced difficulty in meeting their individual needs.

The degree of Ann's disabilities caused her to be dependent on others and this may have enabled a symbiotic relationship to develop quite rapidly between carer and client. This type of relationship appears to be a feature of many of the longer term placements. It is a relationship pattern that is common between adults and appears to be an essential requirement for a close, bonded relationship in a placement where the client and carer both rely on each other and gain from the arrangement. It can be inappropriate if the carer uses the relationship to dominate the client, a situation that requires careful monitoring in a placement where clients may not be able to verbalise their feelings clearly. Actions such as showing enjoyment of new experiences or 'becoming more venturesome' may be the only clues given to understanding the pattern of the relationships in these placements. This placement appears not only to have been satisfactory for Ann but also offers Dawn opportunities she would not otherwise have had.

**6.2.B.(vii)a. IAN.**

Ian was a young man who had been involved in a motorbike accident and lost the use of both legs. Until his accident, he was a lively, fairly athletic young man who enjoyed going out in the evenings with his friends, playing football on Saturdays and dating a variety of young women. Ian lived with his family but there were constant arguements. He occasionally slept at friends' homes when he and his father were particularly angry with each other. His mother intervened once the level of anger reduced and he usually returned home after a few days.

After his accident Ian spent considerable time in hospital and both parents enjoyed the absence of rows in the home. On his occasional visits home during the period of convalescence, Ian appeared to have become more difficult to live with. The trial visits to his home were fraught with problems apparently due to his disability which occupational therapists battled to ameliorate.

The family finally stated that they didn't want Ian home as he was obviously not well enough to cope and refused to get up at all some weekends. Ian was moved to a rehabilition unit in the hospital to try to overcome his difficulties. Although his mobility improved in time, and his ability to cope with his disability appeared to be no longer a problem, Ian remained quiet and slightly morose.

Hospital staff agreed that he no longer needed the high level of care given in the unit and felt Ian was ready to move to a less sheltered setting. An application was made to the local authority for a hostel placement. There were no vacancies at the local hostel for people with physical handicaps and the waiting list appeared endless. Adult placement was suggested as an alternative.

After a period of several months, during which time Ian remained in the rehabilitation unit, a family was located and an introduction and a weekend stay was arranged. Ian was unsure of the move and clearly stated his objections, he thought he could get on with the carers if he could get out to see his friends but as he couldn't he thought he would be isolated. The first weekend was nonetheless tried, Ian agreeing without enthusiasm. However, he politely but firmly insisted on meals being served in his room, he did not join the family during the evenings and only occasionally spoke to the carers.

A further week's trial did not improve what appeared to be complete lack of co-operation from Ian and an enforced degree of isolation. A long period of discussions began with help being given to the carers as to possible reasons for Ian's behaviour and ways of helping him settle more easily. Ian was also given the opportunity to discuss the weekend and to consider alternative ways of living in the family. Short trial visits were set up over a period of two months, neither Ian nor his carers wishing to give up after such a brief period. The problems were gradually overcome and longer visits were agreed.

Finally, several months later, Ian moved into the home. Almost immediatly the situation returned to a replica of the first weekend. This time there was less tolerance from both Ian and his carers to the powerful feelings this engendered and the carers asked for him to be removed. Ian's responded with anger and in some crisis he was offered a short-term emergency placement at the local hostel. Ian considered this would be suitable whilst waiting for a flat of his own. (Placement Made in the South-West Division During 1985-1986).

**6.2.B.(vii)b. Emergent Issues.**

Ian spent a year in his short-term placement at the hostel and was finally offered an adapted flat in a warden assisted unit. His carers requested a time on their own but were later introduced to a young person with a mild mental handicap and offered her a home. The latter placement was still in progress in August 1988.

The study has been included to give one example of a placement that did not achieve a permanent placement. Ian, a young, recently disabled man had not become used to his disability over a long period of time nor had he been transferred from a residential placement. (Young people from this client group were most often considered for the scheme when transfering from residential schools, 5.1.E.).

This client group were usually transferred from hospital care to the local authority hostels for physically disabled people and it was to this service that application was first made (5.1.F(i)). The case is 'typical' in that there were more

males in this age group who made application to the scheme, (5.1.I.) mainly due to the road accidents to which this age group are particularly prone. There are also more placements made in this age group for males, 5.3.E.(ii).

The case study demonstrates that despite negotiation and many trial stays, there are some circumstances that are difficult to alter. It is possible that the professionals' lack of experience of placing this group in adult placement may not have helped Ian's situation. (See Analysis of Client Groups 6.1.C.)

The cause of the breakdown does not appear to be Ian's physical disabilities as others with similar disabilities appeared to enjoy the experience of adult placement (see previous study. 6.2.B.6a.), but rather the enforced change of life-style and the expectation of roles within the carer's home. It may have been that Ian's own experience of family life was too ingrained to be changed or that the total change caused by his accident was difficult for him to incorporate within a family setting.

Ian had strong views concerning his own life and when the accommodation he had envisaged was not forthcoming, he had difficulty in adapting the way he wished to live. Ian's views were clearly not considered by the professional staff as being sufficiently important to prevent further visits to the carer's home. Alternatively the lack of other accommodation forced staff to continue to encourage a situation that was seen to be difficult.

Unlike the previous study, Ian was not prepared to accept a dependent role and therefore offered no gratitude to the carers, neither did any alternative relationship pattern develop during the trial visits. The first re-occurance of difficulty caused a breakdown.

Ian was able to adapt to hostel life, possibly because the institutional model of care is not dependent on forming relationships, or possibly because the temporary nature of the vacancy gave hope to Ian that an alternative independent unit would be made available.

## 6.2.C. CONCLUSION

The preceding case-studies have been included to show the variety of people who have used the scheme in the period of the study. It has been demonstrated that adult placement offers an alternative form of care and accommodation for people in all client groups, including those with multiple disabilities, and for people who have been accommocated in all types of care facilities. For Tony, adult placement was an alternative to hospital care, offering a more individual type of care than he had previously received. Adult placement for Susan was an alternative to hostel care and for Ted, adult placement was an alternative to a Home for the Elderly.

Not only was adult placement used as a facility to meet accommodation needs, it could be used in a variety of ways to meet dependency needs. Ann required a high level of care which necessitated her being extreemly dependent on her carer, Janice, by contrast required the space to develop her own self discipline in a structure that offered her new experiences without taking away her independence. Bill and Tony both required some nurturing without feeling unwanted but also an environment which built on their abilities and did not demand a syle of living which would have been foreign to their past experiences.

Adult placement has also been shown to be suitable for people with all levels of skills. Ann had minimal self-help skills which, in the early years of the scheme, would have been considered too few for adult placement. Susan had a highly developed range of skills and was able to use adult placement to become totally independent.

Not only was there a range of people using the scheme but adult placement was able to incorporate a range of goals. Ann and Ted required a long-term setting which would offer security and stability. Janice required a re-habilitative environment which could be a stepping point to a different type of accommodation.

However, the main facet of the scheme appears to be highlighted by the range of relationships that were developed by users and carers. The case-study of Ann shows the development of a symbiotic relationship that was important for both carer and user. Susan sought a more inter—dependent relationship which she used to gain confidence and which allow her to move to a more independent setting. Janice found that she built an independent relationship with her carers that offered little constraint but gave her some structure. It is possible that Ian's rejection of the relationship that was offered by the carers was the main reason for that placement not continuing. Experience indicates that this factor would be pertinent to other breakdown situations.

It is the individuality of each placement that appears to be the main strength of the scheme. Each case-study considered shows users from a variety of client groups and ages, gaining from accommodation and care that differs widely from one example to the next. The examples are not comprehensive and there is opportunity for other research papers to consider other facets of the individual placements. However, in this study it is intended that the examples express some of the main characteristics of placements made during the study of the scheme.

# CHAPTER SEVEN CONTENTS LIST

## CHAPTER SEVEN LIST OF TABLES AND FIGURES

# CHAPTER 7.EVALUATION OF HAMPSHIRE ADULT PLACEMEMT CARERS

## 7.1. ANALYSIS OF HAMPSHIRE ADULT PLACEMENT SCHEME CARER DATA 1979-1986

### 7.1.A. CARERS BY YEAR

The process of carer registration is described in Chapter 4.3.(iv)b. This process commenced with a series of interviews by an adult placement officer and the completion of a carer application form. If references and inquiries made through the carer's local social services offices were positive and the officer was confident that the family would be sui, a contract was sent to the carer. The carer was registered once the contract was returned.

#### 7.1.A.(i) New Carers Registered by Year

Although the number of new carers registered is shown from 1979-1986, the initial enquiry figures are available only for the first four years of the scheme as the manual records on which this information was held were not maintained after 1982 (See Methodology 2.D.(ii)).

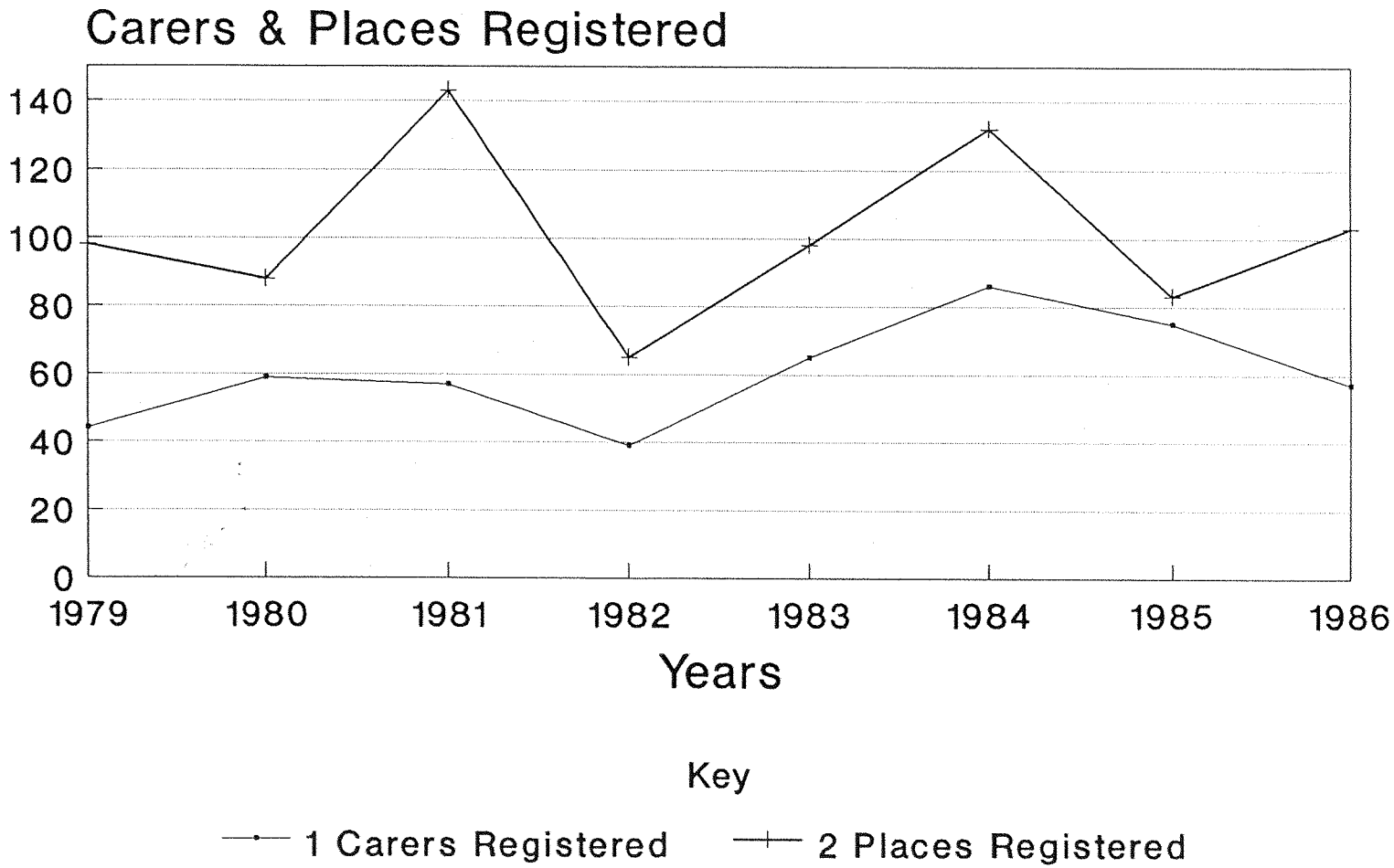
**Table 7.1.A.(i) - New Carers Registered Each Year**

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | Total |
|---|---|---|---|---|---|---|---|---|---|
| **Carer Enquiries.** | 83 | 133 | 101 | 56 | (<90) | (<90) | (<90) | (<70) | N/A |
| **Carer Registered** | 44 | 59 | 57 | 39 | 65 | 86 | 75 | 57 | 482 |
| **Reg.as % Enqs..** | 53% | 44% | 56% | 70% | | | | | |
| | ↑____ ρ = +0·93 ____↑ | | | | | | | | |
| | (Average 56% for 1979-1982) | | | | | | | | |

Reg = Registered. ( ) = Estimation of Carer Enquiries.

After initial growth during 1980, the number of enquiries falls substantially during 1981 and 1982. Estimation, based on figures for one division only, indicates that the number of enquiries did not exceed 90 per year for the years 1983-1985 and fell to approximately 70 in 1986. Although lack of information over the total period reduces the significance of these figures, the percentage of registered carers appears to increase as the number of enquiries reduces, possibly due to specific targeting of advertising which produced a higher proportion of suitable enquiries. The percentage of registrations made averages 56% over the first four years of the scheme.

# Fig 7.1.A.(i) - New Carers Registered and New Registered Places by Year



It is probable that the initial growth, in both enquiries and registrations, was due to a determined effort from the adult placement officers to promote and encourage the development of a group of carers. However, the level of advertising was reduced during 1981 as placements in progress were encroaching on development time. From this time more specific attempts were made to advertise the requirements of individual clients, resulting in a lower response to advertising.

The appointment of additional officers in 1982/1983 appears to have enabled greater time to be allocated to carer recruitment, a benefit which was gradually eroded as placements numbers increased. Each registered carer could offer up to a maximum of three places in order to conform to the Registered Homes Act. Graph 7.1.A.(i) shows the number of new carers registered each year and the number of registered places thus produced.

**7.1.A.(ii) Registered Places by Year**

The table shows the number of registered places and the average number of registered places per carer. If a registered carer offered an additional place this increases the number of new places but does not add to the number of new carers registered.

**Table 7.1.A.(ii) - New Carers Registered and New Registered Places**

| | 1979 | 1980 | 1981 | 1982 | S/T | 1983 | 1984 | 1985 | 1986 | S/T |
|---|---|---|---|---|---|---|---|---|---|---|
| **Carers Reg.** | 44 | 59 | 57 | 39 | (199) | 65 | 86 | 75 | 57 | (283) |
| **Places Reg.** | 98 | 88 | 143 | 65 | (394) | 98 | 132 | 83 | 103 | (416) |
| **Av.No.New Pl.Reg** | (2·2) | (1·5) | (2·5) | (1·7) | (1·9) | (1·5) | (1·5) | (1·1) | (1·8) | (1.5) |

Av.No.New.Pl.Reg = Average number of new registered places per carer.

The table indicates the variety in the number of registered places per carer made over the years. It is shown that the number of registered places does not increase in proportion to the number of registered carers. This is particularly noticeable in 1981 when fewer new carers were registered than in 1980 but the number of new places registered increased to 143 indicating that existing carers were able to offer more places.

The increase in the number of carers registered in 1983 and 1984 follows the appointment of additional adult placement officers. This increase is not maintained and there is reduction in the number of carers registered in 1985 and 1986, probably due to caseload in other areas of work. The increase in the number of places registered from 1982 until 1985 and the decrease in numbers in 1985 is

similar to that shown by the figures of new carers but there is an unexpected increase in the number of places registered in 1986.

It was possible that when officers were anxious to expand, for example at the beginning of the scheme or in 1986 when the number of new carers were not being maintained, encouragement could be given to existing carers to increase the number of places per carer. This enabled the number of places to increase without the need for officers to advertise and recruit new carers. (Carer Questionnaire. 7.2.B.(v).)

The later four years of the scheme show both a greater number of carers (283) and places registered (416) than the early years (199 carers and 394 places registered). Carers registering in 1979-1983 showed a higher number of average places per carer (average 1.9) than the latter four years (average 1.5). Due to the possibility of carers who were previously registered offering additional places in other years to that in which they were registered (thus making comparison between the two sets of imformation ambiguous) the following table has been compiled giving cumulative imformation which can be compared more reliably.

## 7.1.A.(iii) Growth in Total Carers and Registered Places

The following table shows the cumulative number of carers and registered places on the 31st December each year. By including the figures for the number of placements in progress at the end of the year, the table also reflects the percentage of places used on 31st December each year.

**Table 7.1.A.(iii) - Carers and Places Registered 31st December**

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 |
|---|---|---|---|---|---|---|---|---|
| **Carers Reg.** | 44 | 94 | 144 | 163 | 211 | 226 | 254 | 267 |
| **% Growth Carers Reg.** | +113% | +53% | +13% | +29% | +7% | +12% | +5% | |
| **Places Reg.** | 102 | 172 | 308 | 337 | 408 | 437 | 451 | 494 |
| **% Growth Places Reg.** | +68% | +79% | +9% | +21% | +7% | +3% | +9% | |
| **Av.No.Places Per Carer.** | 2·3 | 1·8 | 2·1 | 2·1 | 1·9 | 1·9 | 1·8 | 1·8 |
| **Placements** | 33 | 84 | 119 | 166 | 220 | 304 | 336 | 365 |
| **% Places Used** | 32% | 49% | 39% | 49% | 54% | 70% | 75% | 74% |
| **Average Used** | ( 44% ) | | | | ( 68% ) | | | |
| **Total Average of Places used.** | 60% | | | | | | | |

Reg.= Registered. Av.No.= Average number

The growth in the number of registered carers is greater in the first two years than at any other time. However, growth occurs during 1983 following the increase in staff. However, this growth does not continue at this level and the latter years from 1984-1986 show only a small growth per year.

The early years also show greater growth in the number of registered places per year. Growth was considerably reduced to 9% during 1982, probably due to lack of officers' time for development. There is a slight growth in 1983 following the extension to the scheme and additional officers but a decrease from this point onwards showing growth of less than 10% a year during 1984-1986.

It has been suggested that the average number of places offered by carers may be partially due to the officers' encouragment to increase the number of places without recruiting additional carers. It is shown by this table that although the first four years of the scheme show a higher average number of places per carer than the later years, as shown in the previous table, there is little difference in the average number of places per carer over the years with the exception of 1979.

The first year of the scheme shows that 33 possible registered places (32%) were used. Until 1983, an average of 44% of places were used each year increasing to an average of 68% available places used following the extension of the scheme. This suggests that fewer carers were available in these latter years from which to match user and carer, resulting in less choice of placement for clients.

## 7.1.A.(iv) Vacant Carer Places

The following table and Graph 7.1.A.(iv) indicates the number of carer places vacant by year.

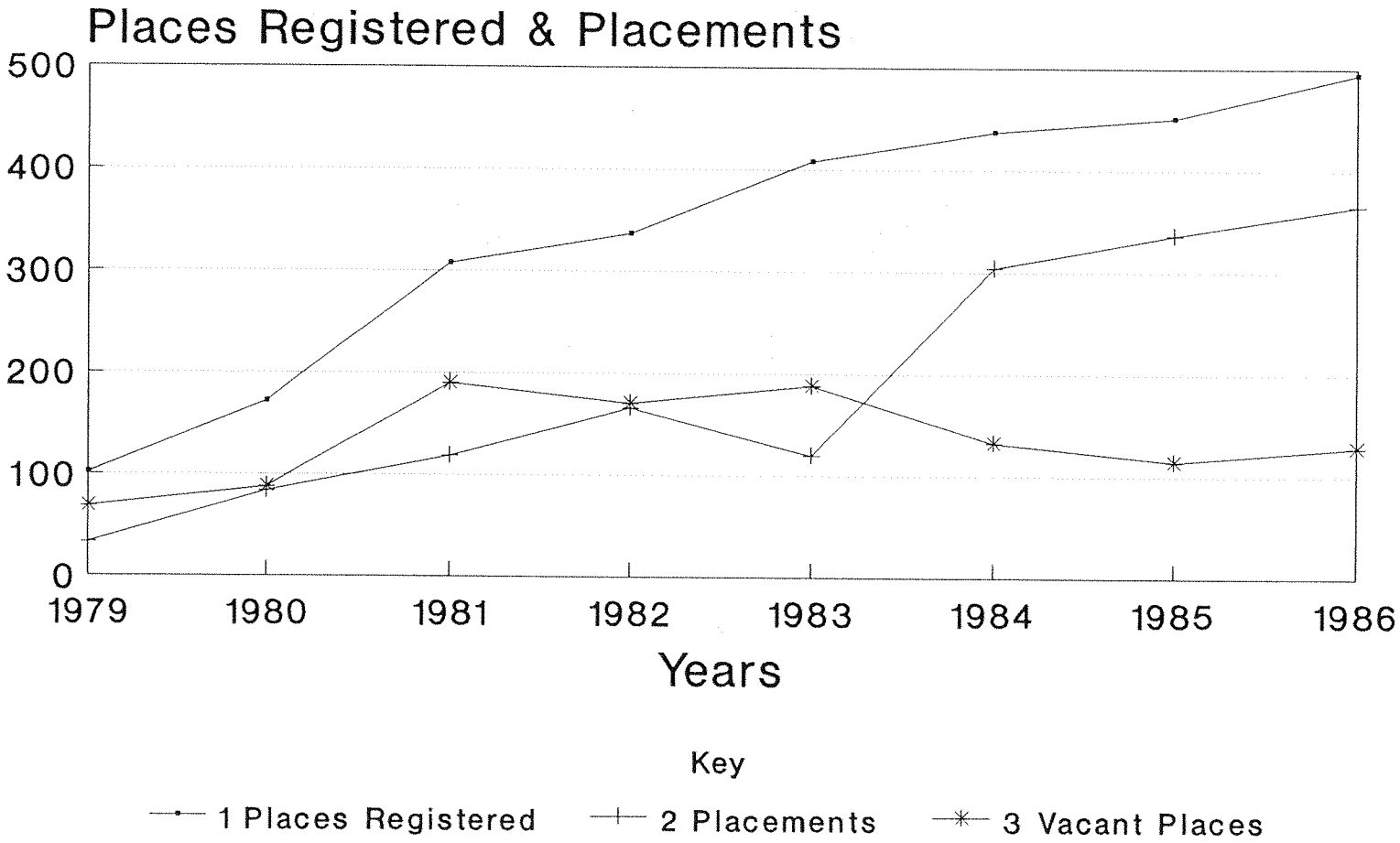
**Table 7.1.A.(iv) - Carer Places Vacant by Year**

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 |
|---|---|---|---|---|---|---|---|---|
| **Places Reg.** | 102 | 172 | 308 | 337 | 408 | 437 | 451 | 494 |
| **Placements** | 33 | 84 | 119 | 166 | 220 | 304 | 336 | 365 |
| **Vacancy Numbers** | 69 | 88 | 190 | 171 | 188 | 133 | 115 | 129 |
| **Vacancy Rate.** | (68%) | (51%) | (62%) | (51%) | (46%) | (30%) | (25%) | (26%) |

Reg = Registered. Percentages calculated by number of vacancies as a proportion of the Places Registered

Despite the increase in the percentage of carers used in the latter years of the scheme (7.1.A.(iii)) Graph 7.1.A.(iv) shows that from 1981 there were still over 100 carer places available each year an indication that, when seeking suitable

# Fig 7.1.A.(iv) - Carer Places Vacant and Registered Places by Year



placements for users, a variety of carers were available to match the needs of both carer and user.

The vacancy numbers also indicate the number of placements that could have been made if other factors were constant, such as time to make arrangements for placements and a range of users to match with carers. However, experience shows that if carers were not used they could become dissatisfied with the scheme and withdraw their services. This was not time efficient and could promote negative attitudes towards the scheme. The scheme therefore required both a balance of available places for clients, to allow choice for users seeking placement, and a range of clients seeking placement in order that carers did not become overly impatient and leave the scheme (See Development of Staffing. 4.7.B.).

This balance was often difficult to maintain particularly as the matching process required that the needs of the user were paramount and carers were chosen to meet those needs. It is also probable that whilst carers and places were available the officers' obligation to continue to advertise for new carers was diminished.

The loss of some carers over the years was therefore a direct result of the non-placement of users. As carers were a valuable resource, the practice (only used prior to the re-organisation in 1984) of allowing registered carers to claim a retainer for places unoccupied had some merit. This practice was not continued due to a management decision based on the disparity between the adult placement practice and the child fostering service and a need to reduce the yearly expenditure of the scheme.

The decrease in the cumulative growth of the carers registered from 1983, as shown in the above table, may have been due to an increase in the cessation of carers in these latter years. The discontinuing of retainer payments may have added to this loss. This point will be further considered in Outcome of Carers, 7.1.C.(i).

### 7.1.B. CARERS BY AREA

Carers have been grouped according to area type to ascertain the effect of demographic differences between the areas. As in Applications by Area, 5.1.C.(i) and Placements by Area, 5.3.D.(iii), the sample considers carers from 15 Area Offices. Registered carers were considered who were part of the scheme on the 31st December of each year. These cumulative figures for carers are the only figures available by area and therefore give only an indication of the way in which area type affects the total number of carers registered.

# Fig. 7.1.B.(i) - Carers by Area & Year (Sample Group)

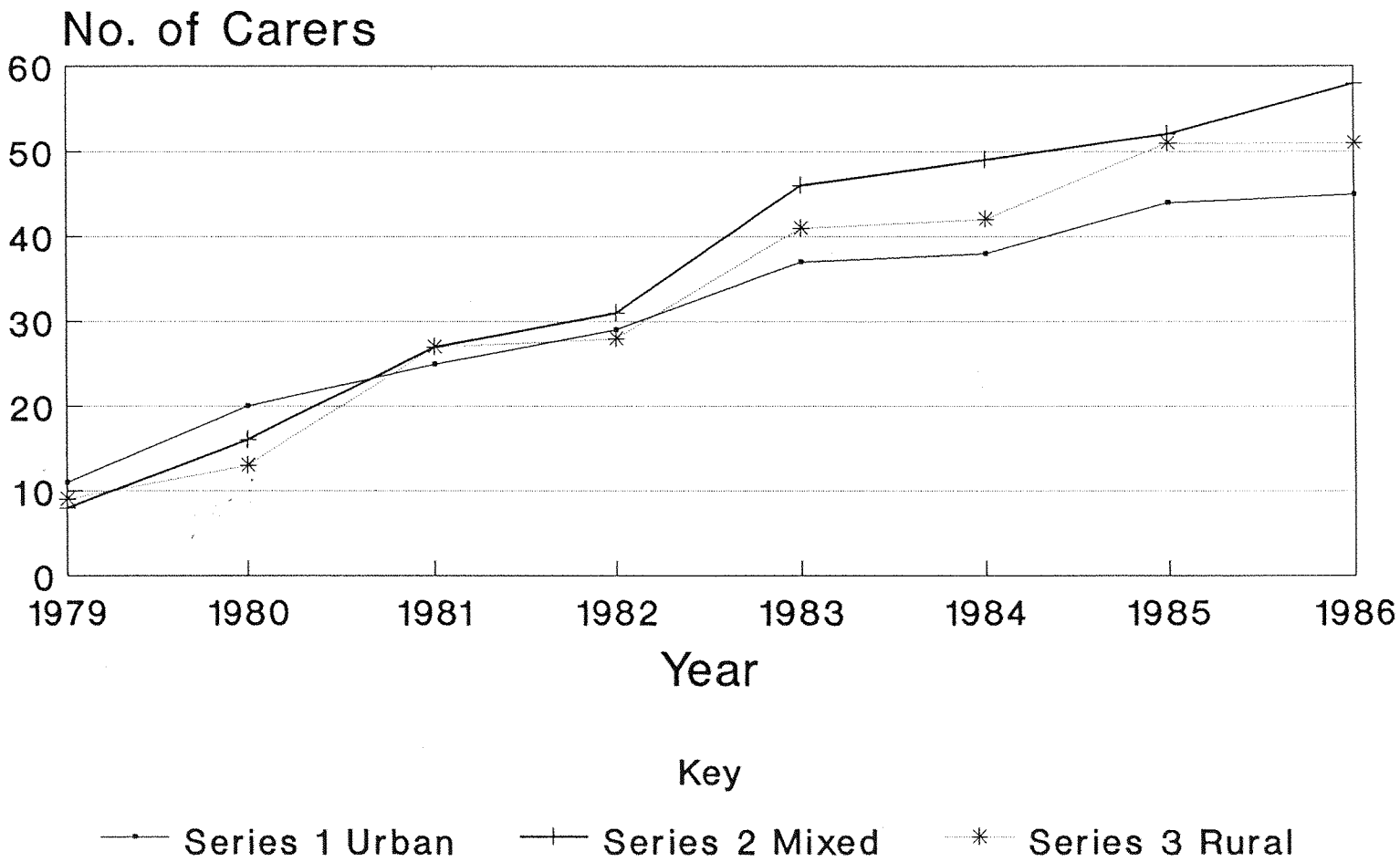


**Table 7.1.B.(i) - Cumulative Number of Carers by Area (Sample)**

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 |
|---|---|---|---|---|---|---|---|---|
| **Urban** | 11 | 20 | 25 | 29 (33%) | 37 | 38 | 44 | 45 (29%) |
| **Mixed** | 8 | 16 | 17 | 31 (35%) | 46 | 49 | 52 | 58 (38%) |
| **Rural** | 9 | 13 | 27 | 28 (31%) | 41 | 42 | 51 | 51 (33%) |
| **Total** | 28 | 49 | 79 | 88 | 124 | 129 | 147 | 154 |

Percentages are by column and have been calculated for 1982 and 1986.
Figure 7.1.B.(i) indicates the number of carers by area and year.

Although there is little difference between the proportion of carers in each area, the above table shows (with the exception of 1981) that from 1982 to 1986 the mixed areas offer the highest percentage of carers. It is only in the first two years of the scheme that the urban areas show the highest percentage of carers unlike the tables shown in Applications by Area and Placements by Area, (See 5.1.C.(i) and 5.3.D.(iii)) where urban areas show higher overall percentages.) It was anticipated that the mixed areas would offer housing that was more adaptable to additional household members, but that advertising would be more effective in more compact urban areas.

The lower proportion of carers in urban areas may be due to urban homes being smaller, and that well-established families are more likely to have moved into suburban districts as their own families expanded. When these children became adult and left the family home, spare bedrooms would have become available for alternative use. These mature parents were therefore in a better position to offer accomodation and care than those remaining in urban areas, a point discussed in Age of Carer. 7.2.B.(iii).

It was expected that there would be low number of carers in rural communities as advertising may have been more difficult. The table shows that carers were forthcoming from these areas probably due to the local advertising that was undertaken by the officers in these districts.

As previously stated those carers who were registered at the end of each year may or may not have had clients in placement at that time. There is no data available to show the proportion of carers with clients in placement in each area but as the proportions of placements by area show that urban placements were higher than for other areas, it is possible that the majority of carers without placements were to be found in the mixed areas.

## 7.1.C. OUTCOME OF CARERS

It was stated in 7.1.A.(iii), that the decrease in the cumulative growth of registered carers from 1983 may have been due to an increase in the cessation of carers in these latter years. In order to consider the number of carers who did not continue with the scheme, the following table has been calculated.

**Table 7.1.C.(i) - Cessation of Carers by Year**

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | Total |
|---|---|---|---|---|---|---|---|---|---|
| **New Carer Reg** | 44 | 59 | 57 | 39 | 65 | 86 | 75 | 57 | 482 |
| **Carers Rem.From Previous Year.** | 44 | 94 | 144 | 163 | 211 | 226 | 254 | | |
| **Total Carers** | 44 | 103 | 151 | 183 | 228 | 297 | 301 | 311 | |
| **Carers Rem.At End of Year.** | 44 | 94 | 144 | 163 | 211 | 226 | 254 | 267 | |
| **Cessations.** | 0 | 9 | 7 | 20 | 17 | 71 | 47 | 44 | |
| **% Cessations** | (0%) | (4%) | (3%) | (9%) | (8%) | (33%) | (22%) | (20%) | |

Rem.= Remaining. Percentages are by row.

The table shows that there were few cessations of carers in the first years of the scheme. However, as the scheme developed there was a substantial rise in the level of carers who ceased registration. This rise is most pronounced following the re-organisation of the County in 1984. Not only did this entail a change in management structure with a consequent effect on the officers of the scheme (see 5.1.F.(ii)) but there were policy changes at this time. For example, the revised policy stipulated that only placements made in family homes would be considered as being an integral part of the scheme. As a consequence of the reduction of the general workload in 1982 due to the appointment of additional officers, the officers appear to have had sufficient time in 1984 to re-appraise the wide range of carers that had been registered. This process resulted in the removal of 71 carers from the registered list who:-

**a)** were registered exclusively for lodgings and bedsits. (The Review of the Hampshire Scheme stipulated that this group were no longer to be part of the adult placement scheme.)

**b)** had accepted other work, which would have precluded the acceptance of a client.

**c)** were frequently unable to accept clients suggested by officers,

**d)** were consistently not being used for varying reasons and who decided not to remain on the scheme without retainer payments.
**e)** no longer wished to be registered for other reasons.

It is not known how many of these carers came into each category but it is shown that 20 clients had used lodgings or bed-sits until 1983 (see 5.3.F. Placements by Type of Accommodation). Experience indicates that no more than 20 carers would have been removed from the list due to this change in the policy.

Following this re-assessment, the number of carers who ceased registration by the end of the year continued to remain higher than the early years but had decreased to 44 in 1986.

### 7.1.D. SUMMARY OF CARERS

There is less information available for carers and registered places than in sections of chapter 5 which gives data analysis for clients in the scheme during the same period. However, it is established that although there is an overall reduction in the number of carer enquiries as the scheme develops, the number of carers registered each year varies from between 39 in 1982 to 86 in 1984. The number of registered places available does not rise in proportion to the number of carers registered and it is shown that there is a decrease over the years in the average number of registered places per carer in the latter years of the scheme.

The growth in the number of new carers is greater in the first two years than at any other time although there is a slight rise in the percentage growth in 1983 following the staffing increase. The growth in the number of registered places is also greatest during the first two years of the scheme. However, the percentage of carer places used increases during the latter years giving an average vacancy rate of 60% in these years. Despite reduction in percentage of carers with vacancies, the years 1981-1986 show that there were at least 100 places vacant each year. The number of carers ceasing registration increases sharply in 1984, probably due to policy changes following re-organisation and the officer time that was then available to review carers during that year.

The greatest number of carers are to be found in mixed areas, with the urban areas, where type of housing may be a factor, showing the lowest number of carers.

## 7.2. HAMPSHIRE CARER SURVEY

### 7.2.(i) INTRODUCTION

The previous section (Carers, 7.1.A.), considered the information that was held on the computer in the Headquarters of Hampshire County Council Social Services Department concerning carers that were participating in the scheme during the years 1979 - 1986. Since the information was not as detailed as that kept on the clients using the scheme (for example there is no data on the age or sex of the carers) it was necessary to conduct a survey that would give such details and that could be extended to consider other factors that might be of interest.

From a total of 267 registered carers throughout the County, a survey of 97 carers was undertaken in 1986 from those carers registered in the South-West Division. This division was chosen as the author had access to both the carers in that division and the written information that related to them. The survey was based on two methods of aquiring data. The first part considered detailed information concerning the carers which had been collated at the time of carer application and a second section involved the carers in the completion of a questionnaire.

A request was sent to all registered carers in the South-West division to gain permission to use information, previously given to assist the process of registration for the purposes of the thesis. A simultaneous request to complete a questionnaire was also sent. Eighty carers completed and returned the questionnaires leaving 17 carers (18%) unrepresented in this survey. (A full account of the pilot surveys and the subsequent decision to survey only those carers who were registered in 1986 is given in Methodology, Chapter 2.E.(vi)).

It was co-incidental but not surprising that all the carers who completed the questionnaire had users living with them at the time of the survey. It was predictable that these carers were more involved with the placement officers and more amenable to some insistence to complete the questionnaire. Thus, the survey is based on information given by carers who had users in placement. Future control studies could consider carers who were registered but not used and carer applicants who were not registered.

## 7.2.A. CARER SURVEY

### 7.2.A.(i) Introduction

Having established the extent of the carer survey the following section describes the information extracted from form AP3 (Carer Assessment Form Appendix B.2.) which had been completed by an adult placement officer at the time of each carer's application. This form was originally used to provide a standard basis of interview and assessment which could be used by the officers to assertain suitability of the carer for the scheme.

To attain maximum uniformity and objectivity, a Social Services Department clerk transcribed the information from the A.P.3. to the Carer Questionnaire Part II (Appendix C.1.) at approximately the same time that Part I was completed by the carers in 1986. The information describes the same 80 carers who completed the questionnaire but is intended to give background information about the carer. This information is given in full in the Appendix to this thesis (Appendix C.2.).

As the information in this section was given at the time of application (which varied from 1979 to 1986) and the information in the following section was given in response to a questionnaire in 1986, similar questions may have elicited different responses due to changes in carers' circumstances during this period.

Although some questions could have produced numerous responses, a pilot survey of the Carer Application Forms showed that the responses recorded by the officers was very limited. The clerk completing the questionnaire could either categorise according to a pre-coded response, or by completing an 'other' category with a direct quote from the form. The following tables include all suggested responses and list all 'other' comments in full. Responses that identified carers are not included in this survey.

Percentages included in the following tables have been calculated as a proportion of the 80 responses received unless stated otherwise.

7.2.A.(ii). Carer Attitudes (Questions C.2.Q.3. - C.2.Q.8.)

Seventeen carers knew the person for whom they wished to provide care before they applied to the scheme and stated this as a reason for joining. Seventy-five carers commented that they wished to provide care for people with a handicap and eleven carers stated that they wished to continue in a caring role as their own children had left home.

Although only one carer stated that a financial reason had initiated a request to join the scheme, experience indicates that finance was at least partly the cause of many carers' willingness to participate. However, finance was possibly not seen by the carers as a 'good' reason and it is possible that this indicates that

this question was answered rather cautiously by the carers who may have been attempting to create a favourable impression with the officers.

All carers stated that they had no personal experience of mental health difficulties or other handicap in own lives in the sense that they had themselves experienced a breakdown or were physically or mentally disabled. However, the following table shows that all the carers considered that they had previous relevant experience of the disability of other people.

**Table 7.2.A.(ii)a. - Relevant Experience**

| | | |
|---|---|---|
| Qualified nurse (general) | 18 } | |
| Qualified nurse (specialist) | 4 } | (55%) |
| Unqualified Nurse | 22 } | |
| Qualified Social Worker Residential | 2 } | |
| Unqualified Residential Social Worker | 9 } | (14%) |
| Caring for Relative (if no other experience) | 8 } | (23%) |
| Voluntary Worker (if no other experience) | 7 } | (9%) |

Over half of the carers (55%) had worked in a hospital or a home for elderly people as a qualified or unqualified nurse but only 14% of carers had experience of residential social work. As an understanding of the care of people with disabilities was one of the requirements for carers participating in the scheme, it is not surprising that most of the carers had some relevant work experience.

Officers noted that all carers viewed clients as 'adult individuals who have special needs' and no carer was thought by the officers to have discriminatory tendencies towards people with a handicap which would have presumably been sufficient reason for prospective carers not to have been accepted. With the exception of one carer, all carers had previous experience of living with others and were considered to have a good understanding of sharing their homes. It was noted that the one carer who did not have such experience appeared flexible and could be considered as a suitable carer despite this lack of direct experience. All carers stated that they were committed to integrating the client into their family.

Although all carers were prepared to co-operate with social workers, six carers were not prepared to co-operate with the client's own family and nine carers did not wish to use volunteers, suggesting that these carers did not consider those contacts to be as important as co-operation with the social worker. It is interesting to consider why these carers were registered and whether their views changed during participation on the scheme. These carers may have applied in the early

years of the scheme when a wide range of accommodation was sought. (See Placement by Type of Accommodation, 5.3.H.(ii).)

**7.2.A.(iii) Carer Support (Questions C.2.Q.9 - C.2.Q.13.**

Twenty one percent of carers did not wish to participate in carer group sessions which were an optional part of the scheme. Unlike other schemes in the country (see Other Schemes in England and Wales.3.5.E.) Hampshire did not use group sessions to assess carers or insist on attendence at support groups for carers although the use of these groups was a stated aim of the scheme. (See Organisation of Staff 4.3.)

It is not understood whether carers who had not chosen to take up employment with others had a preference for insularity which of itself would not be damaging to others. These carers may not have chosen to work in an organisation which demanded attendence at meetings organised by officers which may not have had direct relevance to the carers placement. The scheme was based on the self-employment of carers who were not paid by the county and who may have wished to join the scheme partly because of the autonomy that this gave. However, experience shows that carers who did not attend support meetings showed no avoidance of social gatherings and that these carers often had a well established network of friends.

Fifty-nine (74%) carers considered that day care was essential, the remaining 21 carers were prepared to offer 24 hour care. Although this level of commitment was encouraged by officers for some people, for example the elderly or terminally ill (See 6.2.A. Case Study; Sheila), this degree of contact between user and carer could create an overly dependent environment. For many people using the scheme, day care was essential, enabling clients to broaden their interests and develop additional skills and giving many carers the opportunity to maintain other responsibilities and interests outside their home which they wished to pursue during the day. (See Adult Placement Day Care 8.3.)

Holiday cover was requested by 70 of the prospective carers as being essential, the remainder considered that a holiday was part of the family situation and were prepared to include their clients or could make other arrangements. Experience shows that a variety of alternatives were developed to offer breaks to users and carers. (See Short-term Placement Scheme by Client Group 5.4.B.)

Until 1984, retainers were paid to carers when a vacant placement was held open for use by the scheme. Sixty-nine carers required this payment, indicating that the payment was welcomed. The practice was stopped in 1984 and the question was no longer included on the Carer Application Form. It is not known how many of the carers not requesting a retainer had not been asked this question

(an error made in the questionnaire design) but the majority of carers who approached the scheme before 1984 accepted the payment of retainers. The cessation of this practice is discussed in Outcome of Carers, 7.1.C.

Sixty six percent of carers requested a no smoking rule in the house with a further 28% requesting no smoking upstairs. Two carers requested that clients did not have pets. These rules were the only conditions quoted in the questionnaires, although experience shows that there were many implicit rules laid down by carers. The experience of having a client in placement often showed carers the extent of these implicit rules which they had previously accepted as 'just the way we live'. (See Case Study Janice 6.2.4b.)

### 7.2.A.(iv) Description of Carers (Questions C.2.Q.14.- C.2.Q.24.

Only five carers left school without formal qualifications, with twenty-one carers leaving school with C.S.E. or 'O' level equivalent. A further thirty-nine carers had completed vocational courses or 'A' level equivalent and fifteen went to a further education college or university. Only 3% of carers were considered to be unskilled, the remaining carers were considered to belong to either the professional/ managerial (40%) or the skilled manual/non-manual classes (58%).

The majority of carers (89% - 98%) were judged to show an excellent level of physical and mental health, to be resilient, patient flexible with common sense and good humour. Slightly fewer carers (84%) were judged to have an excellent level of firmness. All other carers were judged to have a fair level of each criterion.

**Table 7.2.A.(iv)a. - Attitude of Others to Adult Placment**

| | Positive | Passive | Negative | N/A |
|---|---|---|---|---|
| **Spouse** | 63 (79%) | 0 (0%) | 0 (0%) | 17 (21%) |
| **Rest of Household** | 73 (91%) | 2 (3%) | 0 (0%) | 5 (6%) |
| **Neighbours** | 70 (88%) | 5 (6%) | 4 (5%) | 1 (1%) |
| **Close family** | 72 (90%) | 6 (8%) | 1 (1%) | 1 (1%) |

**Percentages have been calculated by row.**

Few negative attitudes were noted amongst carers' friends and neighbours. This was not surprising as carers were only selected if they offered a range of positive relationships for clients. This survey shows that 63 carers were married, with all couples demonstrating a good relationship. The questionnaire indicates that only 55 carers were still married in 1986 presumably due to death or divorce.

All carers were prepared to help a client to develop personal interests and remained supportive of this idea in 1986. All carers also stated that they would involve clients in community activities if requested.

No carers had been convicted of an offence. This was not surprising since carers with a criminal record were unlikely to have been selected for the scheme. Detailed information shows that two members of the carers' families had criminal records. In both cases, these offences had been committed by carers' sons who no longer lived at home. (Additional care was taken when registering these two carers and both had subsequently been able to offer care to moderately able users over a period of several years.)

**7.2.A.(v) Registration of Carers (Questions C.2.Q.25. - C.2.Q.30.)**

All carers were asked to offer a relevant work or voluntary agency reference to indicate a professional view of the prospective carer's suitablity for the scheme. An additional personal reference relating to the total family and their suitablity to offer a placement was also requested.

A request was made to the area social work office to ascertain whether carers were known to the department. The majority of carers (89%) were not previously known although nine carers had worked in a voluntary capacity. The two carers who had been clients of the offices were those who had sons with criminal convictions committed whilst at home.

Not surprisingly, all recommendations were classified as 'excellent' (90%) or 'good' (10%) since potential carers were rejected unless these criteria were met. As this survey did not include carers who were registered for short-stay only, carers were almost equally divided between those who were registered exclusively for long-stays (53%) and those who were registered for both long and short-stay placements (48%).

**Table 7.2.A.(v)a. - Places Registered**

| | | | |
|---|---|---|---|
| **One Place Registered** | 21 (26%) | 21 places} | |
| **Two Places Registered** | 27 (34%) | 54 places} | (171 places in total) |
| **Three Places Registered** | 32 (40%) | 96 places} | |
| **Average number of Places Registered** | 2·1 | | |

These figures indicate that, although at the time of registration there was a smaller proportion of carers offering one place, there was little difference in the proportions of carers offering two or three places. It is also shown that the average number of places registered per carer in this division at the time of registration was 2.1. slightly higher than the county average number of places registered per carer. (1.9 places in the years 1979-1982 and 1.5 places in the years 1983-1986. Analysis of Carers (7.1.A.(ii))

## 7.2.B. CARER QUESTIONNAIRE

### 7.2.B.(i). Introduction

This section outlined responses given in the questionnaire which had been sent to the carers in 1986. The survey is based on the responses of the 80 registered carers who had agreed to participate in the survey, undertaken in the South-West division, with the aim of obtaining more information concerning the life-style and characteristics of carers that were participating on the scheme. A copy of the questionnaire and the detailed responses given are shown in the Appendix to the thesis.(See Appendix C.3 and C.4.)

A full account of the pilot survey and the subsequent decision to survey only those carers who were registered in 1986 is given in Methodology, Chapter 2.F.(ii).

### 7.2.B.(ii) Response to the Questionnaire

As all respondents completed the questionnaire in full there are 80 responses to each of the questions. Percentages shown in the tables have been calculated as a proportion of the 80 respondents unless otherwise indicated. The names of the carers has been withheld for reasons of confidentiality.

### 7.2.B.(iii) Carer Demographic Characteristics

(See Appendix C.4.Q.1 - C.4.Q.5. for results of questionnaire.)

Although some couples considered themselves to be equally responsible for the placements, one member of the household was registered as 'named' carer. As the female partner was more usually available the female was considered to be the 'named' carer. Therefore it was not surprising that 78 named carers were female. The two male respondents could be assumed to be single.

**Table 7.2,B.(iii)a. - Age of Carer**

| | 18-30 | 31-40 | 41-50 | 51-60 | 61-70 | 70+ | Total |
|---|---|---|---|---|---|---|---|
| Carer | 8 | 22 | 29 | 16 | 5 | 0 | 80 |
| | (10%) | (28%) | (36%) | (20%) | (6%) | (0%) | (100%) |

The majority of carers were between 31 years and 60 years of age with only 13 carers either older or younger than this range.

The officers considered that carers would not generally be raising their own families, but would be below the age of retirement. This finding is in line with studies on child foster families, 'every study of foster parents which has gathered data on age, has so far observed that the majority, commonly 60%, are over the age of 40 years.' (Mingay, G. 1986.)

The majority of carers (69%) were married. It can be assumed that as there were only 2 single male carers, the remaining 6 single respondents were female as were those carers who were separated, divorced or widowed.

**Table 7.2.B.(iii)b. - Carers with Other Household Members**

| Spouse | Children | | Parents | Lodgers |
|---|---|---|---|---|
| 55 | 19 | | 2 | 4 |
| (69%) | (24%) | | (3%) | 5%) |
| | **(under 16 yrs)** | **over 16 yrs)** | | |
| | 11 (14%) | 8 (10%) | | |

Although 24% of carers had children (14% had children under 16 years of age), there is no indication of their exact ages. Experience shows that this varied greatly, from young babies to older, mature adults remaining at home whilst working.

The number of carers living with parents was small and there were no other relatives in carers' homes, although carers were sometimes caring for relatives in the local vicinity. The number of carers with lodgers is also small as adult placement officers did not usually encourage carers who were involved with private care.

## 7.2.B.(iv) Preferences of Carers

(See Appendix C.4.Q.6 - C.4.Q.9. for results of questionnaire)

**Table 7.2.B.(iv)a. - Preferred Client Group**

| Ment.Handicapped | Ment.Ill | Phy.Hand | Elderly | No Preference. |
|---|---|---|---|---|
| 40 | 5 | 5 | 8 | 22 |
| (50%) | (6%) | (6%) | (10%) | (28%) |

Although half of the carers stated that they preferred caring for people with a mental handicap, it is interesting to note that all carers who had clients in their homes stated that they preferred the group from which the user came. The majority of carers who stated no preference (28%) had a range of clients in their homes at the time of the questionnaire. Although carers were usually matched according to the preference given to the placement officers on application, occasionally, users were placed from other groups following discussion with the carer.

Therefore, it appears that if a client from a group other than that noted as the preferred group at time of enquiry was placed with a carer and the family

became confident with the person placed, it was this group that subsequently became the 'preferred group'. Carers appear to assume that if the client in placement was acceptable that other applicants from that client group would also be acceptable. If this theory is valid, it shows that although preference for a particular client group should be noted on application, it is possible for the officers to consider placing people from other client groups.

**Table 7.2.B.(iv)b.- Preferred Age of Client**

| 18-30 | 31-60 | 61+ | No Preference |
|---|---|---|---|
| 22 | 28 | 21 | 9 |
| (28%) | (35%) | (26%) | (12%) |

The majority of carers stated that the age group of their current client was the age group they preferred. The 'no preference' group all had recent experience of users from different age groups. Both the preceding and the latter tables indicate strong identification with the current users of the scheme which appears to be a positive factor for both users and carers.

Over half the carers (44) stated that they had no preference as to the sex of the clients and a slightly lower number of carers preferred males to females. If this finding can be generalised, it presumably gave the officers opportunity to place the larger proportion of male users that applied to the scheme by choosing either carers who indicated either 'no preference' or preferred a male client. (Placements by Sex 5.3.D.) It has been previously suggested that the cause of more male placements could be due to carer discrimination, Trial Placements by Sex, 5.2.C., but it appears that there is sufficient flexibility in this category for users to be placed regardless of their sex.

**Table 7.2.B.(iv)c. - Preferred Length of Stay**

| **Less than 1 month** | **1 mth-6 mths** | **7 mths-12 mths** | **13mths-3 yrs** | **+3years** |
|---|---|---|---|---|
| 6 | 14 | 9 | 29 | 22 |
| (8%) | (18%) | (11%) | (36%) | (28%) |

Although the majority of carers (51%) preferred to have clients for more than one year, there were 23 carers who preferred to have clients for between one month and one year. As short-stay carers were used for under one month and long-stay carers were not anticipated to have a preference for time of stay, (this decision being made as the placement proceeded), this was an unpredictable result. If a generalisation can be made from the survey, it appears that there are a group of carers who although participating in a long-term scheme, preferred that the user remained with them for a prescribed length of stay.

It would seem important to ascertain which carers preferred a limited stay as this could indicate the use of the placement. For example, a carer preferring a stay of less than a year could be used for a short period of rehabilitation and may have preferred a client seeking a less dependent relationship. There was a higher proportion of placements which ceased in the mentally ill group than other groups indicating the frequent use of the scheme for short periods of rehabilitation for this group although it is also shown that people from other groups also used the scheme for rehabilitation. (See Cessation by Client Group.5.3.G. and Case Studies 6.2.C.3 (Susan) & 6.2.C.4 (Janice).

**7.2.B.(v) Carer Registration.**

(See Appendix C.4.Q.10 - C.4.Q.11. for results of questionnaire.)

The 80 carers in this study were registered for a total of 223 places, the highest percentage of carers being registered for three clients. The officers generally considered that one client per carer was the optimum number for individual care, although only 6 carers were registered for this number, but that two or three clients were often more practicable financially and could add to the social quality of the household.

It has been shown that, as the scheme progressed, vacancies fell in proportion to the number of places registered (26% in 1986 see Table 7.1.A.(iv) Vacant Carer Places). The responses show that from the 223 Places registered at the time of the survey, a total of 191 places were occupied, a vacancy rate of only 14% in this division.

**Table 7.2.B.(v)a - Number of Clients Placed per Carer by Client Group**

| No. of Clients. | One | Two | Three | Clients |
|---|---|---|---|---|
| M.H. | 1 (<1%) | 22 (12%) | 96 (50%) | 119 |
| M.I. | 1 (<1%) | 28 (15%) | 9 (5%) | 38 |
| P.H. | 5 (3%) | 6 (3%) | 0 (0%) | 11 |
| E.LD. | 0 (0%) | 8 (4%) | 15 (8%) | 23 |
| Total Clients 7 | 64 | 120 | 191 | |

**Percentages have been calculated as a proportion of the 191 clients in placement.**

The number of clients shown is similar to that shown in Placements by Client Group and Division for 1986 (See Chapter 5.5.B.), only 7 carers had one client, 32 carers had two clients and 41 carers had three clients per household.

The table shows that in 1986 the majority of clients are placed in a three placement household and that 51% of the clients in these households were within the mentally handicapped group. There were more people with a physical handicap placed individually possibly due to the additional practical difficulties that may be required in the placement of this group.

**Table 7.2.B.(v)b. - Number of Clients Placed per Carer by Lengthof Stay**

| | M.H. | M.I. | P.H. | Elderly. | Total |
|---|---|---|---|---|---|
| **1 - 12 months** | 16 | 4 | 3 | 6 | 29 |
| | (8%) | (2%) | (2%) | (3%) | (15%) |
| **13 months to 3 years** | 42 | 23 | 6 | 11 | 82 |
| | (22%) | (12%) | (3%) | (6%) | (43%) |
| **3 years +** | 61 | 11 | 2 | 6 | 80 |
| | (32%) | (6%) | (1%) | (3%) | (42%) |
| **Total Clients** | 119 | 38 | 11 | 23 | 191 |

Percentages have been calculated as a proportion of the 191 client in placement.

The table shows that at the time of the survey 85% of the total placements had been in placement for over 13 months indicating that long-term placements were appropriate for some clients in every group.

The percentage of clients in placement for less than 13 months is appears to be similar for each client group (ranging from 11% of the mentally ill group to 27% of the physically handicapped group). However, the mental handicap group differs from the other groups in that approximately half had been in placement for over three years. (See Cessations of Placements 5.4.F.).

7.2.B.(vi). Accomodation and Services

(See Appendix C.4.Q.12 - C.4.Q.27. for results of questionnaire.)

The majority of carers were owner occupiers (79%) with the remainder in rented or council accommodation. There was a requirement for council tenants to request permission from the relevant authority for the use of the premises but this was always granted. The type of housing varied between carers living in terraced (16), semi-detached (34) or detached houses (29). One divorced carer who had adult children living away from home, lived in a council flat.

Carers were asked if they lived in urban or rural areas but unfortunately the question did not identify the number of carers who considered that they lived in a 'mixed' area. (Although as the mixed area was by definition a combination of both rural and urban distrcts it would have been difficult for carers to decide the type of area in which they lived.) However, a similar proportion of carers (35%) lived in rural areas to the sample of carers taken from the county group (33% - Carers by Area, 7.1.B.(i)). This finding is also confirmed by the Placement by Area finding, 5.3.D.(iii) that 33% of placements were made in rural areas.

Two of the eighty carers considered that they were offering lodgings, all other carers stated that they offered family care. As the re-appraisal of carers in 1984 removed carers from the scheme who were offering either bed-sit or lodging accommodation, it is surprising that any carers still considered that they were offering lodgings. However, it is noted in the reasons for cessation of carers, (6.C.(i)) that if clients were in this type of accommodation and wished to remain part of the scheme for specific reasons, clients would continue to be offered a service.

As officers insisted that carers offered single bedrooms to all clients unless there was a particular request from the user, it is not surprising that 93% of carers offered this facility. Users who had chosen a shared bedroom were able to use the room thus released as a private lounge. In contrast, the majority of users shared lounge, kitchen and bathrooms with the host families. The private use of a kitchen offered by four carers was an advantage for clients learning to live more independently of the family.

Carers provided a variety of arrangements for meals although the majority of the carers (73%) provided all meals, there were users (23%) who could prepare their own midday snack if necessary which, as users were invariably in day care or work settings during the day, was a useful arrangement. Carers who offered 'lodgings' provided bed and breakfast and evening meals throughout the week. Those carers offering self-catering supervised all meals organised by the clients as part of the contract.

Although there were some carers who were absent from their homes for more than a few hours, the majority of carers (84%) did not leave their homes for more than three hours at a time. This period included shopping trips and either morning or afternoon visits. Occasional all-night absences by the carer were agreed for those two people in lodgings who could call on other adults in the premises if necessary.

Other carers were able to take weekend or overnight breaks if these were previously arranged by use of the short-term care scheme or hostel accommodation if required. These facilities were also available for longer holidays. Occasionally

carers arranged amongst themselves and the users that either the user could visit and stay with a known carer overnight or that a carer would offer to stay in the home for a period of a few hours to give general supervision. These arrangements gave additional flexibility to the carers and provided an added reciprocal support very much in the way that parents consider a friend's need for an occasional 'night out'.

As one of the main aims of the scheme was to offer care in the community, particular emphasis was placed not only on establishing not only accommodation but also on the social needs of the client. It was expected that carers had a knowledge of their local area which could offer informative help to the user. (See Aims of Scheme Chapter 4.1.A. for detailed analysis of the original concepts of the scheme.)

The following table has been included to give an indication of the awareness of general community facilities and specialist units which might be used by clients in the vacinity.

**Table 7.2.B.(vi)b. - Proximity to Local Facilities**

| | Less than ½ Mile. | 1 Mile | Plus 1 Mile | Not Known. |
|---|---|---|---|---|
| **Local Shop.** | 78 (98%) | 2 (3%) | 0 (0%) | 0 (0%) |
| **Shopping Area.** | 59 (74%) | 11 (14%) | 10 (13%) | 0 (0%) |
| **Sports Hall.** | 19 (24%) | 24 (30%) | 27 (34%) | 10 (10%) |
| **Swimming Pool** | 19 (24%) | 21 (26%) | 34 (43%) | 6 (8%) |
| **Cinema/Theatre** | 10 (13%) | 8 (10%) | 56 (70%) | 6 (8%) |
| **Public House.** | 78 (98%) | 0 (0%) | 2 (3%) | 0 (0%) |
| **Club.** | 39 (49%) | 14 (18%) | 13 (16%) | 14 (18%) |
| **Church.** | 65 (81%) | 10 (13%) | 3 (4%) | 2 (3%) |
| **Bus Stop.** | 78 (98%) | 2 (3%) | 0 (0%) | 0 (0%) |
| **Train.** | 22 (28%) | 23 (29%) | 32 (40%) | 3 (4%) |
| **Training Centre** | 14 (18%) | 8 (10%) | 42 (53%) | 16 (20%) |
| **Sheltered Work** | 8 (10%) | 8 (10%) | 24 (30%) | 40 (50%) |
| **Day Care.** | 13 (16%) | 8 (10%) | 21 (26%) | 38 (48%) |

It is shown that awareness of general community facilities is high among carers but there was less knowledge concerning special facilities for the disabled, approximately only 50% knew where the local sheltered work shop or training centre was located. However, as carers had a variety of clients, all of whom spent some time during the week at work or at a day centre, it can be presumed that most carers knew the location of at least one of these facilities.

Adequate means of creating a warm environment for users was essential. The use of calor gas heating was discouraged on safety grounds but modern appliances were permitted. Approximately 75% of properties were centrally

heated or had a combination of central heating and other means but there were homes which did not appear to have heated bathrooms (21%) and a few which did not appear to heat bedrooms (8%). Although some of the older houses traditionally did not have heating in rooms other than on the ground floor and some carers had adapted themselves to living in unheated bedrooms, this practice was not condoned and (subsequent to the study) the scheme officers insisted that bedrooms used by clients on the scheme would be heated.

It was essential that the carers provided a laundry service for at least the main items of laundry unless the users were given help to use a local launderette or were given the means and necessary supervision to do their own washing. The survey showed that all carers washed the main linen and all but four carers offered to wash all laundry. A quarter of the carers encouraged clients to use their washing machines and tumble driers or washing lines. Access to a garden was also encouraged as part of an attempt to keep standards as high as possible and this had been achieved in all but two homes, presumably flats.

**Table 7.2.B.(vi)d. - Safety Factors**

| | Yes | No | Not Known |
|---|---|---|---|
| **House has 2 exits** | 76 (95%) | 4 (5%) | 0 (0%) |
| **House has Fire Alarm System** | 6 (8%) | 64 (80%) | 10 (13%) |
| **House has Smoke Detectors** | 10 (13%) | 60 (75%) | 10 (13%) |
| **House has Fire Guards** | 26 (33%) | 28 (35%) | 26 (33%) |

These questions were not fully completed and there is therefore a 'Not Known' category. The absence of safety features may have been an embarrassment to those carers who subsequently avoided the questions. (It was hoped that by including this question the awareness of respondent to safety factors would be raised.)

All the carers were prepared to have aids or adaptations in their home if necessary, a consideration which might arise if carers were asked to care for people with a physical handicap. This group represented one of the smallest client groups on the scheme but it has been suggested that practical difficulties involved in the placement of this group were not a major problem. (See Analysis of Client Groups. Physical Handicap. 6.1.C. This finding appears to confirm this suggestion.

| Table 7.2.B,(vi)e. - Carer Interests | | |
|---|---|---|
| | **Yes** | **No** |
| **Listening to tapes / radio** | 74 (93%) | 6 (8%) |
| **Watching T.V.** | 76 (95%) | 4 (5%) |
| **Visiting places of interest** | 71 (89%) | 9 (11%) |
| **Handicrafts** | 67 (84%) | 13 (16%) |
| **Games / puzzles** | 62 (78%) | 18 (23%) |
| **Reading** | 73 (92%) | 7 (9%) |
| **Sport** | 18 (22%) | 62 (78%) |
| **Gardening** | 11 (14%) | 69 (86%) |

Carer interests were noted by the officers to aid matching. As the question was not directive as to how many interests should be noted or what degree of participation was required to respond positively, only a general indication is given. It appears that most carers were interested in a wide variety of home based hobbies but surprisingly few carers were interested in sport or gardening.

| Table 7.2.B.(vi)f. - Carer Involvement in Community Activities | | |
|---|---|---|
| | **Yes** | **No** |
| **Uses a local public house** | 36 (45%) | 44 (55%) |
| **Religious involvement** | 32 (40%) | 48 (60%) |
| **Clubs / associations** | 42 (53%) | 38 (48%) |
| **Cinema / Theatre** | 50 (63%) | 30 (38%) |

A similar proportion of carers used the local public house as were involved in religious activities or in a local club. Community activities were one indicator of the social group with which the carer and user might become involved. Although the officers intended no discrimination between type of community activity, some involvement was encouraged. It is interesting to note that slightly more carers would help a client to develop his/her own interests (100%) than would be prepared to involve a client in the carer's interests (98%). Two carers offering lodgings did not see this as an intrinsic part of the care given although it was one of the aims of the scheme.

## 7.2.C.CARER CHARACTERISTICS.

### 7.2.C.(i) Adult Placement as a Female Occupation.

In accordance with other examples of care in the community the carers in the Hampshire scheme were predominantly women. The previous section showed that of the 80 carers who were concerned in the Carer Survey, only 2 were male. (See Carer Survey I, 6.4.A.2.)

Experience shows that in this respect, the study was representative of the county as a whole and that the total number of registered male carers was small. The study made of other schemes in England and Wales, Chapter 3.5. offers similar examples of the propensity for this imbalance to continue. A report from Kent Community Care Scheme stated that;-

'People offering help ranged from those with previous caring experiences such as retired nurses to housewives with time to spare, not too many men it seems! (Finch. J.& Groves D.(1983).

Although the adult placement scheme represented one of the few ventures managed by the Social Services Department whereby the D.H.S.S. made finance directly available to the user who could 'buy' the services of the carer. The sum provided for this care was not great, however this venture gave women already spending the majority of their time in the home the prospect of an additional income without changing their life-style.

If the sum paid by the D.H.S.S. to clients requiring accommodation and care represented a working wage, it could have been viable for both male and female carers to view the scheme as an alternative to work,thus increasing the range of carers to include those who did not have a partner on whom they were financially dependent.

The only group who could gain sufficient finance from adult placement to replace outside work were those who were registered for three people and who had sufficient space in their homes to care for this number. This may have been one reason why the proportion of carers registered for three people increased over the years. (See Carer Survey II, 6.4.B.20 and Analysis of Carers, 5.3.A.(ii)).

Not all placement officers were of the opinion that greater financial reward would have been a solution to the number or type of carers offering to join the scheme. Some officers felt that the D.H.S.S. contribution for keep and accommodation made available to users was sufficient to pay for services without attracting carers who joined merely for financial reasons. However, it is debatable that economic dependence should be a criterion when judging the ability to care competently for another, a point frequently voiced in the discussion of payments to child foster carers.

The Hampshire scheme validates proposals such as Janet Finch's (op cit) that unless the current financial situation and sexual role stereotypes change considerably, 'the majority of carers will also continue to be to be women in the foreseeable future for both economic and ideological reasons'.

## 7.3. ADULT PLACEMENT CARER CASE STUDIES

### 7.3.(i) Introduction

During 1984 a team of three senior staff from the West Midlands requested that they visit Hampshire to assess the possibility of developing an Adult Placement Scheme in their County. The visit was approved and the team spent two nights in the South-West Division of the County. In preparation for the visit carers were asked to volunteer to host the team and twenty carers responded to the request. A brief outline of each carer was sent to the team who chose six homes in which to stay overnight to observe the placements.

Three of these homes were included in this study in order to reduce bias by the author in choice of carers. Although the carers had volunteered to be part of a previous study, and by doing so showed a confidence in their ability to care and willingness to be part of a study, they included a wide variety of carers and reflected some of the alternative aims of the scheme. (Names have been changed in respect of confidentiality).

The range of carers includes characteristics such as age, sex, marital status, class, number of children and reasons for joining the scheme. Examples of carers who were both similar and dissimilar to the norm are given and an indication is made as to the type of care each unit offered. As the placements concerned both carer and user equally, it has proved important to discuss the user in reference to the carer. Therefore each study also involves a brief outline of the user.

### 7.3.(ii) Case Studies in Outline

Pamala has been chosen as she was representative of the majority of carers participating in the Hampshire scheme offering a stable placement to a person with a mental handicap (Placement by Client Group, 5.3.A.& Cessation by Client Group,5.3.H.).

In contrast Linda has been used to demonstrate the use of the scheme for short-term rehabilitation. In many ways the contrast is more noticable as Linda is not typical of many of the carers in that she was divorced and was working full time in a professional career. She had a daughter at home and was comtemplating ceasing her employment. As in the previous study, she offered a placement to a mentally handicapped client but this carer offered a more independent setting for a shorter period of time. Although the analysis of Hampshire data (Cessation of Client Group,5.3.H.) and the previous case studies have shown that short-term care was used by this client group the study shows the use of a placement in an individual and flexible way which allowed the user to participate in the decision making process.

The study of Jim also offers a further contrast in that he was one of the few single male carers. He also offered a open care arrangement that was designed to extend the self-care skills and independence of the user, who had a mental health problem and appeared to need a short-term placement. This placement was representative of the younger people in this group (Placement by Client Group, 5.3.H.), a group which it has been suggested that were difficult to place (Analysis of Client Groups 6.1.C.). The study considers the individual situation of one client whilst also demonstrating the changes that can be made in a placement while it is being continued.

### 7.3.A. PAMELA

A detailed study of this carer is used as she typifies the majority of the carers in Hampshire in many ways as shown by the Carer Survey 7.2.A and Carer Questionnaire 7.2.B. This study also demonstrates the placement of a group of people who moved into placement from a hospital setting, without an intermediate move to a rehabilitation ward or hostel setting. It has been shown that this type of direct move was not anticipated for people in this client group when the scheme was originally designed (Analysis by Client Group, 6.1.A.).

When Pamela applied to join the scheme, she was forty-three years of age, married with three adult children who although married, still visited frequently and lived within a ten mile radius (see 7.2.B(iii)). Her husband, Graham, worked as an engineer and as she had worked as an unqualified nurse in a local long-stay hospital for people with a mental handicap (see Table 7.2.A.(ii)a and section 7.2.A.(iv)) she requested that her home was used for clients from the hospital in which she had worked (see section 7.2.A.(ii)). She stated no preference as to the sex of the clients but stated a preference to care for people in their middle years and considered that they would stay at least more than a year or two (see Table 7.2.B.(iv)a,b,c.). The carer was registered for three long-stay places all of which were utilized (see section 7.2.B.(iv)).

The couple owned a four bedroomed, semi-detached house in an urban area and maintained a comfortable standard of living in a family-type unit. All meals would be provided and the house was usually attended constantly or not left for more than three hours at a time. The clients would have their own bedrooms but would share the lounge, kitchen, bathroom and toilet with other members of the household. All the rooms were centrally heated, there was a garden and the standard of decoration and repair were high. Their house had two exits and a garden, but no smoke alarm, alarm system or fire guards (Table 7.2.B.(vi)d.). The clients would have the use of the washing machine, spin drier and washing line, but the carer anticipated managing the laundry (see section 7.2.B.(vi)).

The couple stated that they shared the household tasks but these tasks were defined into classic role divisions. Family and local friends formed the central focus of leisure activities and there were often other family members in the home. They both belonged to the local community club, although Graham's attendence was more frequent.

Graham, who was 45 years of age, ran a boys' football club on Saturdays and evening training sessions. He had maintained the house himself including extending the kitchen and building a conservatory.

Pamala, who was educated to 'A' level standard, (see section 7.2.A(iv)) listened to tapes, watched T.V., enjoyed handicrafts, read, played a regular game of badminton. She and her husband were prepared to involve the client in any activities in which they were interested or wished to try (see 7.2.B.(vi)e).

Whilst working, Pamela heard of the placement of one of the residents into the scheme and she felt strongly convinced that the idea of individual family care was 'right' and that she could easily offer that type of care. Her home was almost empty, her children having established their own homes, and she was skilled at caring for a wide range of people, not only in her home, where she had nursed her father during his terminal illness, but also in her work. She found out as much as possible about the scheme and telephoned the local adult placement officer. Her husband was ambivalent about her work in the hospital. He felt she 'put too much into her work and was a bit of a campaigner' but was well-disposed to the idea of offering a better life to some of the patients. He was confident 'that whatever Pamela takes on she'll do well and no one will suffer'.

Pamela had regularly invited residents back to her home as she had always felt that institutional care lacked individual concern. She had no reservations about joining the scheme. She stated that she would be able to offer a great deal more care than patients were currently receiving in the hospital and she would like to take three people into her home as soon as possible. During the interviewing process for application she approached the staff of the hospital ward in which she had worked and told them what she was planning. Her enthusiasm was clear, as was her ability. The placement officer was contacted by this ward as a number of possible residents were being considered for placement and the ward wondered how to proceed. At this point the local area social work team were consulted and the 'normal' procedures for client applications were instigated.

Pamela was a highly capable lady who had a great deal of understanding of the needs of individuals. She had spent 20 years of her life caring for a family and other family members when they needed help. She turned this knowledge into a work commitment but was happy to continue caring within her own home as soon as this proved possible. Her enthusiasm for the scheme was powerful and she was

a determined advocator. She had no prescibed limits on her time and acknowledged that caring was a long-term commitment, in her own words;-

> I used to think the children would leave home at 16 or so but look at them, they are now adults but they are still around all the time and I like it like that. I miss them being here all the time though and can manage to fit in a few more. Everyone needs a place they can call home. A hospital isn't like that. They try and treat all the patients in the same way but it's not all that successful. It's not like that when you're at home. Everyone is different and we all need individual care.

Close co-operation with the hospital by the local area office, and discussion with Pamela and her husband led within four months to the trial placement of the first user. The weekend care had been increased and Brian was delighted at the prospect of living with Pamela and her family. Another resident, Molly, was also being offered the possibility of extending the weekend care she had seen as being her main holiday break. Both users were convinced that the scheme was exactly what they wanted.

They were both able to discuss their feelings with their families and staff at the hospital and the social worker involved with them in the move. Molly also accepted a trial placement and both users fitted well into the family home. There was a more gradual introduction of the third person who was less able to discuss his views. He was also more dependent on external care and was slightly older than the carers and the other users. His placement was questioned by his relatives who were highly critical of what they considered was a more from a 'secure' environment to a 'new, untried, money-saving scheme.'

Pamela took up this challenge and invited the relatives to afternoon tea. She was happy to conduct these meetings on her own and subsequent formal meetings at the hospital to discuss the placement were less acrimonious. It took several introductory weeks and a trial month before the relatives agreed that they would 'give permission' for the placement to continue. The hospital consultant was aware that the long-term plans for the hospital were not likely to be extensive and also spent time discussing this with the relatives.

The placement was not free from problems but the social workers involved generally respected the carer and her husband and their aims. The users were seen to be healthy and they all spoke well of the placement. Both minor and sometimes major developments in the individual abilities of the users led to a more confident and optimistic view of their own lives. Some of these changes may have been due to the general environment and opportunities that were offered subsequent to the placement, but the overall care that was given cannot be discounted as a major factor to this increased ability.

**7.3.A.(i) Emergent Issues**

Although Pamela represents many other carers as shown by the Carer Survey 7.2.A.and 7.2.B., her approach to the scheme was far from average! Pamela took a very positive view of her own skills and was clear that adult placement was what she wanted to do. Her organisational skills were brought into full effect as she discussed the scheme with hospital staff and worked with social workers to arrange the introduction of residents into her home. This approach was generally more assertive than that of most carers who were often tentative about their skills and in their approach to local authority staff.

She and her husband were also clear about the commitment they were making and this aspect was more representative of other carers on the scheme. It was to be a long-term placement which would be available to users for many years. Users could regard the home as a substitute family home where care would be given as required but with encouragement to take up new challenges and risks. It was an environment that was comfortable, with genuine warmth but also relied on each member to act carefully towards others and contribute to the total organisation.

The involvement that Pamela had with the relatives was also a highly positive factor and reflected the contact that carers maintained with users and their families. She was prepared to display herself and her home as a 'good' model of care and felt that she could advocate for her users whom she knew well. Pamela and Graham had a positive self-regard and were confident in their care, enabling them to meet many of the needs of the users and their own needs to care.

The relationship Pamela offered to the families of those placed with her was also welcomed by the officers. The question of whether parents and other relatives have contact with users in adult placement does not appear from experience to have the same element of fear that the relationship between children and parents in child fostering situations may hold for foster parents. The views that natural parents automatically disrupt foster placements or that they are inconsistant with security for foster parents has recently been under attack and the inclusion of natural parents has become a feature of some long-term child placements. June Aldgate in her book 'Making or Breaking Families' concludes that:-

> the retaining of bonds with families of origin and the successful making of attachments to permanent alternative families are compatible concepts (Aldgate. J. Making 1984. Barnett House University of Oxford.).

However, possibly because the scheme did not attempt to substitute an alternative set of parents even in long-term placements, most carers accepted and often welcomed links between relatives and users. Generally relationships were also encouraged with other people previously known to the users in order to offer

stability. As previously stated, many users lacked the range of 'significant others' that non-handicapped people acquire in their lives, but development of these relationships was possible if carers worked with families and users in offering opportunities for meetings.

In contrast, some parents and relatives were concerned about a move to adult placement from the 'secure' environment of a long-stay hospital or hostel and needed considerable discussion with a variety of people before offering their support. It was felt by staff that this support was important to the long-term stability of the units and active antagonism was seen as damaging to this aim.

Pamela demonstrated to the relatives of potential clients that adult placement could be a secure environment that offered a high level of individual supervision within a caring and comfortable setting.

### 7.3.B. LINDA

Linda and her seven year old daughter Carrie, lived in a small cottage in the centre of a village near a main town in Hampshire. Linda was a capable lady in her early thirties who had used a combination of child minders, play schemes and her supportive mother to care for her daughter while Carrie was younger. During this time she had worked as a qualified occupational therapist in a local general hospital. Since becoming divorced a year prior to applying to the scheme, she had been considering ways of working on a part-time basis to fit in with school hours and holidays.

Linda had seen an advertisement for adult placement in the hospital and had discussed the idea with the hospital social worker. Although the social worker had only a vague idea of the scheme, she was encouraged to telephone the local officer for more information. Linda felt that she could offer a room in her home to a female who could both benefit from her experience but was different from the people with whom she worked.

She had a clear idea of the type of person she thought would settle into her home. She had also considered that her life might one day be very different in that she might meet another male with whom she would want to share her life. Any scheme user would need to be able to accept that the placement might cease after two or three years. She stated that she hoped that this would be a realistic time scale for a fairly able person who needed an interim placement before full rehabilitation back to the community.

Although Linda was motivated by a desire to work only part-time, she had clearly considered many alternatives and had what appeared to be a genuine wish to extend her working knowledge to encompass the needs of another person within

her home. She discussed both her need for finance and her need to care. She felt that she could live successfully with another adult and wanted to offer a consistent and constructive experience to someone who could benefit from that care.

There was some exploration concerning the time Linda would have available to care for her daughter and a client but Linda was convinced that this could be managed and her application was accepted. There was clearly an advantage in having a carer who would be able to offer skilled experience as well as a comfortable home and care.

Although the application was acceptable to the social services department, the suitability of the carer was often more effectively monitored by the users. As Linda had to continue working until she had been accepted by the scheme and a suitable placement had been agreed, several short-stay placements were made at the home, particularly for weekend stays. This not only gave additional experience to users of the scheme who wished to have opportunities for weekends away from their main carers, but also enabled Linda to consider the reality of having another adult in her home without committing herself financially.

Linda enjoyed these visits, as did Carrie. The busy, uncertain struggle to find an acceptable level of relationship and time for all those involved could be an interesting experience and often included both stress and pleasure. The visits were arranged on alternate weekends which gave an opportunity for consideration and shared time for Linda and Carrie.

One user, Jenny, a lady of 28 years of age who had Down's Syndrome, had requested respite care from her hostel placement as an opportunity to explore adult placement before considering the scheme as an option for her continued care. This lady gladly accepted the opportunity to have a weekend break and when visiting the placement discussed her willingness to cook for herself during the weekend. The first weekend showed that there were difficulties over the organisation of finance, the purchasing of food, and the overlap of meals and kitchen use, minor problems compared to the lack of transport on Monday morning to take Jenny to her training centre. The social worker involved was summoned to the home. Fortunately Jenny herself was calm and talkative and the social worker was impressed by this lively and obvously positive attitude.

Further visits were arranged, building on the experiences of the earlier visits and Jenny was soon pressing for extended visits. A conference of all those who knew and cared for Jenny was held and it was decided to continue to use the placement. Jenny was a major participant in the meeting and her mother, who had visited Jenny at the placement during a weekend stay, was reassured that a hostel vacancy would be maintained for Jenny for the first month of placement.

Future plans for Jenny were also discussed and a time scale of one year was put on the placement with flexibility to extend this period if Jenny either wished to continue to live at Linda's home after this time or if it was clear that a longer time would be in Jenny's best interest.

For Linda, the early discussions rapidly turned into reality, perhaps at a speed not entirely anticipated. Although the weekend visits continued for nearly four months, Linda had to leave her job before she had the assurance that Jenny's placement would be made permanent. Linda wanted an early decision to be accepted as Jenny's carer but would have preferred the time taken to change from short-stay visits to a month's trial visit to have been extended. Jenny could not contain her need to move into the home immediately following the review and the compromise of a further two visits before the trial was to begin was agreed and indeed suggested by Linda at the review. Linda was anxious that if she gave up her full-time job and the trial placement was not a success then Jenny would return to the hostel and she would have to wait for a new user without adequate finance.

The difficulties involved in organising the placements often concealed the ease with which the the actual partnership between carer and user was made. Although the notes were full of discussion concerning the difficult issues, there was an almost unstated acknowledgement that Jenny, Linda and Carrie were forming a strong bond together. The problems were centred in financial and organisational detail leaving unquestioned the central relationships.

The placement lasted for nearly two years, not because Jenny needed to continue on the scheme but because finding a suitable flat or bed-sit accommodation proved difficult. Jenny found that living in the house involved a necessity for self-care combined with support when required. She found that she could also contribute to the family and particularly enjoyed the relationship she had with Carrie. They were often out together and shopped happily in town offering each other the support each needed as they both learnt to be less dependent.

Linda suggested that adult placement should be a required part of every occupational therapist's course. She felt she had learnt a tremendous amount from sharing with Jenny particularly noting the difference between a 'book learning' that people with a mental handicap experience life in a similar way to people without handicaps, and the gradual and deeper understanding of that knowledge that comes from living with a person who happens to have a handicap.

### 7.3.B.(i) Emergent Issues

Linda was able to express a degree of clarity concerning the type of user that she had considered suitable. This was not unique amongst prospective carers but did represent a minority of carers, most of whom had a less detailed idea of the

type of person they envisaged. Whether all carers had an outline is uncertain, but experience shows that most carers had a mental picture of possible users. It was part of the work of the officers to discover this outline and either meet this image or try to broaden or sharpen the criteria to meet a realistic perspective.

It could be seen that Linda wished to re-establish her confidence in being able to care and share with another adult. Her stated need to care for someone other than her daughter is clear and recognition that carers both offered to meet another's need whilst meeting their own needs was part of the shared basis of adult placement.

The organisation involved in a placement was often considerable and time and care had to be taken to minimalise what could be difficult logistical problems. Had Jenny not been able to express her pleasure at being with Linda on this first visit the difficulties of the weekend could have prevented further opportunities to gain more experience.

The financial element which is shown during this study was usually present even if not quite so openly discussed. When establishing a placement, officers often had to balance the financial needs of the carer with acceptable time for introductory visits. The financial gain made by caring for a user may not have been great, a profit of £25-£35 per person in 1986 would be generally expected depending on the level of generosity of the carer, but the additional flow of finance into the home was often a contributory reason for offering to care. Carers often saw a vacant or only partially used room as a loss of income which they could not afford.

Linda's experience shows that she felt she had to take a 'risk' in giving up work in order to give Jenny a longer trial period. She would have preferred a decision that Jenny would stay permanently with her regardless of the result of the trial period. Although Linda could understand that there was no other alternative, she did not feel totally at ease with this decision. The result in the long-term was very positive for both Jenny and Linda and the early difficulties were able to be solved.

### 7.3.C. JIM

As a single man, Jim represents only a small number of carers. However, he depicts one of the variety of carers that were attracted to the scheme and it is for this reason that this study has been included. He also offered a placement to a person with mental health problems, a group considered by the officers as causing the most difficulty in placement (see Officer's Views 6.1.B.(iv)) and subsequently requiring a higher level of support than other users.

Jim was a self-employed gardener of 30 years of age. He lived in a small three bedroomed terraced property on the outskirts of a large town. He had previously used the spare rooms of his house for a range of lodgers but had noticed an advert in a local paper seeking accommodation for a young male who had been living in a hostel and needed 'a caring adult with time to spare who could offer accommodation and some guidence'.

The advert was specifically looking for an interim placement for Clive, a 19 year old who had been living in a range of local authority children's homes learning to cope with some behavioural/personality difficulties and a slight mental handicap. He wanted to live in an adult environment with non-handicapped people.

Only one hostel fitted the criteria required, this was primarily for young people with mental health problems, but there were no vacancies. A hostel was seen as the optimum placement where Clive could learn to live with other young people with sufficient supervision to contain any problems. The previous range of placements that Clive had experienced had not enabled him to live on his own in a bed-sit or able to share accommodation with young people, with other people in the group becoming angry at his lack of skills and unwillingness to participate in tasks.

Although adult placement was a 'second best' placement it was hoped that a less competitive environment without peer group pressure would enable Clive to attempt tasks which were expected to have been within his ability level. It was also expected that the placement would give a clear assessment of his skills.

When Jim approached the scheme he was hesitant about his offer particularly as to the level of commitment it would entail. He had previous experience of youth work when he worked at a local community centre as a volunteer but this had clashed with his working hours during the summer months and he had withdrawn his help. However, he felt that he could become involved with a young man who had been unable to find an appropriate placement. He described his own family as having been very supportive and that he felt that lack of family life accounted for some of the difficulty that many young people experienced in settling into adult life.

Jim could offer a reasonably furnished home which was clean and couldn't easily be spoiled. He hoped that it would be acceptable because he wanted to share it with someone who would gain something from the experience. He missed his voluntary work but felt that the scheme would be a good alternative and he hoped it would fit around his working hours. He had more free time during the winter months as he only worked while it was light. He presumed that the user would have a job and he would only be on his own in the house for brief periods of time. Jim expressed a need to be able to go out on his own for an occasional

evening although he stated that he usually restricted his social visits to the weekends.

He also anticipated that as he wouldn't continually be in the home, the user would need to be able to prepare simple meals or at least make a sandwich if required. He didn't mind helping with home skills and was interested in discovering ways of encouraging the development of confidence by increasing ability.

Until Clive met Jim there was a lot of anxiety on both sides. An early meeting seemed important as neither party wanted to proceed until there was some possibility of a viable unit. Jim felt it was vital to meet Clive before committing himself to the scheme although he appreciated that there were interviews and references to be collated he was wary of time spent talking without understanding the type of person who might be placed.

A first meeting was held at Clive's request at the hostel and Jim was interested in not only meeting Clive but in being shown round the unit. Other meetings followed at Jim's house and discussions began to be more focused. Jim was invited to Clive's review meeting and spent time visiting Clive and talking with staff at the unit. Clive was able to spend occasional weekends at Jims's home but was told that one of the essential parts of using the scheme would be the need for a full-time job. This wasn't easy but Clive eventually found two part-time jobs in the neighbourhood.

An enjoyable relationship began to develop and staff reported that Clive was talking about Jim a great deal and insisting that he wanted to go to live with him. Jim was interested in what Clive felt about his home and began calling into the hostel a couple of evenings a week to see how Clive was managing his new jobs and offering to let him spend more time at his home. Eventually a month's trial was arranged. This went well for Clive but Jim was anxious that Clive was not taking a very active role in the placement. He commented that Clive seemed to think he was 'another member of staff' and felt that the balance wasn't as he expected. Staff at the hostel recognised patterns that Clive had shown before and were concerned that these should not become established. Jim was able to discuss the type of care which Clive appeared to require and a contract with Clive was made.

Although Clive was highly involved in this process and agreed to participate, the contract proved difficult to maintain. For example, Clive would wait until Jim returned home before attempting to get anything to eat and Jim then found himself cooking for them both rather than insisting that a reluctant Clive joined in the process. Jim then felt he wasn't helping Clive and pushed him into washing up and clearing away. It was easy to see why previous situations had failed. Jim admitted that he too felt frustrated by Clive's lack of motivation and

discussed the feelings of anger that this engendered. Clive did not, unfortunately, change into a highly motivated young man who was able to continue progression to a flat of his own.

The problems that Clive had shown in the situations that he had already tried began to emerge. The difference was that his carer was a mature adult who did not simply become angry and break up the placement, thus adding another failure to Clive's life. Jim accepted that he was angry about what he considered was his own inability to help Clive but that the overall relationship that he had towards Clive was not based on whether Clive could or couldn't cook a meal.

Clive was likable as a person and Jim had enjoyed his company and his weekend visits. The relationship was not based on what Clive could do for Jim but on what they could offer each other. Jim ceased his attempts to enhance Clive's range of skills as it was not considered important work within the placement and only needed to be achieved if Clive wished to live more independently of others. However, he had clearly demonstrated that he had no such intentions.

Clive and Jim lived peacefully together for many months. Clive continued to wait until Jim got back from work until he bothered about food, he then chatted while Jim cooked a meal. Clive found the lack of pressure more satisfying and began to appear 'more contented'. Jim also relaxed and accepted that change if it was to be made would only appear when Clive wanted to alter his life. Gradually Jim and Clive found opportunities to go out together, to the pub or cinema, they went walking together at weekends and they visited friends together.

Clive unfortunately lost one of his part-time jobs, due to cuts in staff numbers. This became a major problem as Clive became less active and spent more time on his own in the home. He was unable to find a suitable alternative and eventually began to sleep during the mornings and arrived late for his remaining employment. After several warnings he was sacked. This was devastating to Clive who became angry with Jim and began shouting and swearing if Jim spoke to him, or alternatively remaining silent for long periods.

A series of discussions with Clive and others resulted. As the long-awaited hostel placement had become available and the adult placement was clearly not offering the level of care Clive now required, the placement was closed. The relationship that was built during that time still continues four years after the close of placement by occasional visits and outings.

### 7.3.C.(i) Emergent Issues

Unlike many of the carers, Jim did not offer a total commitment to the scheme. He had a full-time job and would not be totally available to care. He therefore expected that to some extent, the user would be self-sufficient, for

example being able to prepare simple meals. He also expected that the user would be employed during the week and would manage to occupy himself on some evenings if the house was unoccupied. In common with many carers, he had experience of voluntary work with adults and was interested in offering a limited involvement. This degree of commitment would need to be understood by the user and would need to be closely matched to the user's level of self-sufficiency.

It was also vital that the relationship that developed was based on the personal attributes of the user and carer and that there was an understanding of what was required of both client and carer. Perhaps relationships could, in more dependent couplings be based on the shared meeting of more obvious need. Carers enabled users to experience more opportunities, to enjoy an individual care that may not have previously been given and to be part of a small group in a family setting. These experiences may have sufficiently enhanced a user's life that the relationship could be founded partly on gratitude that gave an important start to a close bond. In return, users often filled a carer's need to be useful and contribute practically to another's life. This gave some balance to the relationship that is known by experience to be important in forming links between people.

In the above partnership, the relationship had to be based on other factors. There was less dependency and only a limited expression of gratitude. Jim did not obviously gain from Clive living with him. He could not feel that he was offering him experiences which he had been previously denied. Clive was not 'grateful' for being 'rescued' from a past life lacking in opportunities. Clive was looking for rest and not seeking opportunities to extend his skills. He appeared not to want further independence.

The example also considers the use of adult placement as a teaching environment. This was a common usage of the scheme and most placements encouraged learning of both life and social skills but this placement also highlights the need for willing participation. When the opportunities for observing and practising new tasks matched the desire of the user to expand their skills in that area, then learning was a natural consequence. Although this particular example does not offer that match, the possibilities for this usage are highlighted.

The use of the placement for assessment of the user and the carer was also a common occurrance. The carers often became the main source of knowledge concerning the users and as with the first example, Pamela, acted as advocate for the user. As carers discussed users, so users discussed carers and often offered a clear indication of the skills of the carer and the levels of patience and tolerance that could be difficult to discover otherwise. The carer underwent a period when he learnt a great deal about his own needs and the skills he could offer. He was not

overly discouraged by the mixed success of the placement and has subsequently offered placements to other people with mental health problems.

### 7.3.D. CONCLUSION

In Carer Survey 7.2.A., carers state that they joined the scheme primarily to 'provide care for a person with a handicap'(7.2.A.(ii)). The carers considered in this section show differing views of the type of care that this statement incorporates. In agreement with other carers in the survey Pamela wished to integrate the clients fully into her home and stated that she was happy to co-operate with the client's own family, social workers, volunteers and in carer's group sessions. She considered that day care, holiday cover and retainers were essential (7.2.A.(iii)). Linda and Jim both offered more independent settings which relied on the user having greater self-care skills. Other carers offered alternative situations which ranged from extremely dependent care, to carers who offered an open household which provided a background from which users could be as independent of the carer as they chose.

The accommodation provided also varied considerably. Pamela lived in her own home which was well furnished and spacious, Jim was still finishing the decoration of his small terraced house. Pamela offered a high level of home comfort, she cooked well and provided interesting meals. By contrast, Jim had little time or inclination to spend hours cooking or cleaning. As shown in Carer Questionnaire 7.2.B.(v)) the range of accommodation and facilities offered by other carers is also extensive.

The pen pictures of the clients (6.2.B.) demonstrate the variety of goals that the users had in joining the scheme, similarly the carers were attempting to meet their own needs by becoming part of the scheme. The case-study of Pamela shows that she wanted to work in her own home but continue to give care to others, a role she had developed over the years. She had a strong need to care and enthusiastically approached the scheme which enabled her to meet this need. Linda approaches the scheme from a different perspective. She was a professional lady with a young child for whom she needs to provide both financially and emotionally. For Linda, the scheme offers an opportunity to incorporate her skills and her wish to spend more time at home with her daughter. Jim is also using the scheme to meet his needs.

Shown within each of the studies and at the core of the individual placements is the relationship between carer and user. It has been demonstrated in both the case-studies and the carer surveys that each placement differed considerably in the type of accommodation offered and the type of care given. Each relationship also shows a heterogeneous quality. It is clear from the studies

that these relationships are as important to the carer as to the user and it is this facet in the scheme that enables each placement to continue. When the relationships were mutually fulfilling all participants gained. If members struggled with elements of the relationship, there appeared to be a need from both carer and user to understand and improve the quality of that relationship. Experience indicates that it was only when the relationship showed destructive elements or did not form, that placements were in jeopardy.

As shown in the client pen-pictures, it is the individuality of each placement that appears to be the strength of the scheme. This enabled a range of users to be matched to carers who were offering different skills and settings. These varied skills could then be used to meet the needs of the users rather than coercing users to meet the demands of the carers.

The use of the placement for assessment of the user and the carer was also a common occurrance. The carers often became the main source of knowledge concerning the users and as with the first example, Pamela, acted as advocate for the user.

As carers discussed users, so users discussed carers and often offered a clear indication of the skills of the carer and the levels of patience and tolerance that could be difficult to discover otherwise. Jim underwent a period when he learnt a great deal about his own needs and the skills he could offer. He was not overly discouraged by the mixed success of the placement and has subsequently offered placements to other people with mental health problems. Similarly, other carers learnt from the users.

## CHAPTER EIGHT CONTENTS

## CHAPTER EIGHT LIST OF TABLES AND FIGURES

# CHAPTER 8. THE FUTURE ORGANISATION AND MANAGEMENT OF THE ADULT PLACEMENT SCHEME 1986-1991 - KEY ISSUES AND FUTURE DEVELOPMENTS

## Introduction

If the scheme is to provide equality of placement for users from all client groups, it has been demonstrated that there is a need to establish a framework that provides equal links with the different specialist professionals (Analysis of Client Groups 6.1.E. and Analysis of Hampshire Clients 5.1.F (ii),5.1.N (i), 5.5.A (i)). In this chapter an alternative management structure is considered which may ameliorate the tendancy shown in the early years of the Hampshire scheme to place more people from the mental handicap group.

It has also been suggested that without an ongoing evaluation process that is used to clarify the goals and monitor the quality of each placement the isolation of the adult placements could lead to deterioration in the quality of the placements. Therefore a review system is included which could be used throughout the county.

A further factor in adult placement is the matching process between clients and carers. This process is described and some suggestions made to both clarify and improve this important task which is of major importance to the functioning of the scheme.

A day care scheme is documented which shows an alternative use for the adult placement scheme. Although this use of the carers was only developed in the South-West of the County it is an extention which could be used as a either a secondary part of a main scheme or could be used independently from an accommodation scheme.

The chapter concludes with some suggestions for the future expansion of the scheme within Hampshire which could be generalised to other counties in Britain.

## 8.1. THE MATCHING PROCESS

As the matching process was one of the main tasks of the adult placement officer and affected the organisation of the scheme, a common understanding of this process is required before considering changes to the existing management structure.

### 8.1.A. Carer Assessment

The process of registration of child foster carers began with the assessment of the carer's ability to care effectively for another person who was not a family member. The question is raised as to whether the ability to care is specific or generic. If the ability to care is generic then the matching process would simply be a means of establishing the suitability of people to care and offering each user the next available placement. However, if the ability to care is limited to caring for individuals who meet the needs of the carer and limited by users who require different carer strengths to meet individual needs, then close matching of individual carers to users would be required to establish satisfactory placements.

In line with social work practice nationally, the County had developed a generic model of assessment of foster care in which a procedure had been created to assess and establish a register of foster families. This means of assessment relied on the premise that the ability to care is general. The panel approach to the selection of foster parents aided a social worker to ascertain whether the applicants reach the prescribed standard of generic ability to care. If a foster family was successful in meeting this standard, the name of the family was included in the list of families providing foster care and social workers chose placements from this list.

Factors limiting choice of family from this list included the number and age of children already part of the family, the area in which the family lived and the stated preference of the family regarding the sex or age of child to be fostered. Matching of the individual child to the family under these circumstances was less important as the generic ability to care had been assessed as 'satisfactory'.

The Hampshire adult placement scheme was based on an evolving system of individual matching of user to carer. The number of trial placements per applicant (Trials - As a Proportion of Successful Applicants. 5.2.E.(ii)) suggests that the matching process was refined as the scheme progressed.

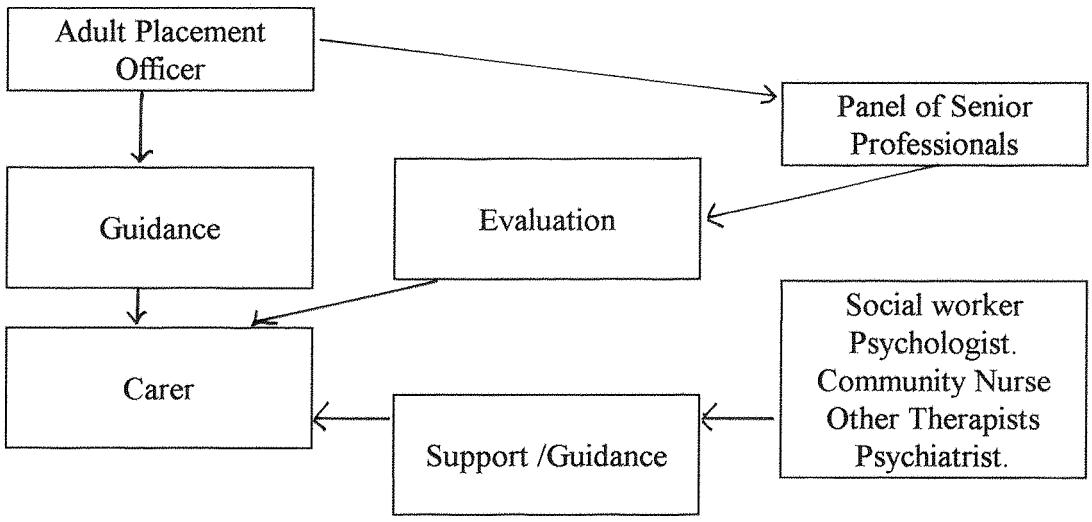
This system was devised from a theoretical view of the scheme, based on the knowledge that users had a well-developed set of norms and values and a capacity to make decisions. This decision making process could be developed by offering choice to the applicants (see Process For Placement 4.4) recognising that these adult users had individual opinions.

The assessment process developed for adult placement was based on the assumption that a carer's ability was individually determined and that a good matching process would be vital to establish a mutually beneficial placement.

### 8.1.B. Structure of the Process of Assessment Based on the Carer's Generic Ability to Care

If a structure for carer assessment had been based on the foster care model available at the time, a process for registering carers would have been required. This would have involved a bureaucratic process in which the criteria for registering would have been predetermined. The structure may have developed according to the following pattern.

**Figure 8.1.B. - Structure of the Process of Assessment Based on the Carer's Generic Ability to Care**




If the ability to care is general, a registered carer should be able to care for all applicants. Assessment would then be crucial in determining a standard of care that would be acceptable in most circumstances. The adult placement officer would evaluate the carer and present this evaluation to a panel of professionals who would agree criteria for acceptance and ascertain whether the carer had reached the required level.

Once a carer had been registered, the adult placement officer would be available to offer guidance to the carer concerning the next available applicant supported by information from the user's social worker and other professionals who were known to the user. This group would also offer guidance to the user as required.

### 8.1.C. The Matching of Carer to User

Adult placement carers were often specific as to the type of person they felt would be comfortable in their homes and the child fostering model appeared to be inappropriate to the carer registration process. Some carers were also shown to be able to offer good care to one individual but were less willing or found difficulty when another client was introduced. This could have been based on past experience of people with one particular disability, or on the stated preference of the carer for males or females, degree of handicap, age group or ability of the user to fit into their own life-style.

In response to questions concerning the type of people carers could imagine living with them, carers were generally able to offer specific criteria. The following comments were typical:-

> I want someone who can get out and about, come to the shops, get on a bus, a women, maybe my sort of age, who would want to do the things I do.

> I don't mind really, I've worked with all sorts of elderly people though and get on well with everyone. It wouldn't matter if they were male or female if they were older, would it? I don't know if a male would be all right if he were a bit younger.

> I'm the sort of person that gets on well with everyone. I don't mind really. Someone perhaps who needs help to get on with people. I'm good at getting people to mix and there's always people in and out of here. Anyone would get on with one of my crowd and there is space if they wanted to be on their own sometimes.

The comments indicate that carers made comparisons between various individuals who might have wished to participate in the scheme which enabled factors such as age, sex and the handicap of the user to be considered (Carer Questionnaire, 7.2.B.(iv) Preferences of Carers).

The ease with which the user formed relationships with both carer or other members of the family also appeared to be important. If hostility or difficulty in forming a friendship with a family member was experienced in the early trial placements this was considered by some carers to be a negative aspect which could jeopardise the total placement. For other carers the relationships that were formed early in the placement were less important than other aspects of the placement.

Other factors which formed part of the matching process that would be considered by the placement officer and social worker were also present in the model used in child foster care. Primarily the carer had to be available to offer a placement. This availability included not only a vacant bedroom but that the carer could offer the time required by the individual to provide a supportive environment to the applicant. This varied according to the dependency of the user.

The type of household that the carer offered was also considered. This could include the number of other family members and other users in the household, the number and range of friends and relatives who formed the social

network of the household, and the ease with which these people accepted the user (Carer Questionnaire 7.2.B.(iii) and Carer Survey 7.2.A.(iv))

The stated consent of the carer and the ability of the carer to work with others could also be a factor considered by the placement officers before initiating a placement. For some users the amount of contact with professionals or user's relatives was minimal, for others there was a requirement for several professionals to be involved with the user or the user may have relatives that wished to visit and continue contact once the placement was made. The assessment of the carer would also involve the carer's ability to learn new strategies to meet user's needs.

Factors such as stated household rules set by the carer also had to be considered. The rule most commonly stated was that regarding smoking and non-smoking areas in the house but other conditions were also imposed, such as openness of the home to visitors or whether animals were welcome (Carer Survey 7.2.A.(iii)).

Other details could also be considered, including the area in which the carer lived, both geographical district and the type of area, the setting and type of house and the availability of work or day care and leisure activities could also influence the decision of the officer (Carer Questionnaire 7.2.B.(vi).

### 8.1.D. The Matching of User to Carer

If offered alternative experiences, users often expressed strong preferences as to which of several carers they felt able to live with:-

> I like Mrs. X. best. She liked me too. We got on. Not Mrs. Y. She looked at me. I don't think she liked me either.

> It's fine at J. and M.'s. They have a garden and a cat. Room's okay too and I liked being there. Mr. and Mrs. T. were quiet. It's all right but quiet.

Users offered a choice of placements were able to consider the relationship offered by the carer and also the type of life-style led by the carer. This could vary tremendously from an open household with few rules to a more restrictive style of living. Some of this variety is demonstrated by the pen pictures and carer case-studies given in Chapter 7.3.

When considering matching the needs of a user with a carer, general criteria were considered which were also important when considering matching the carer to the user. For example a detailed assessment was required to consider the individual needs of the user for practical care including needs which arose from the user's particular disability. The user's emotional needs also were assessed and the present network of the user and the practicality of continuing that network in any particular placement. Although this may have primarily been a matter of location of the carer, the openness of the carer's home to visitors was also a matter of

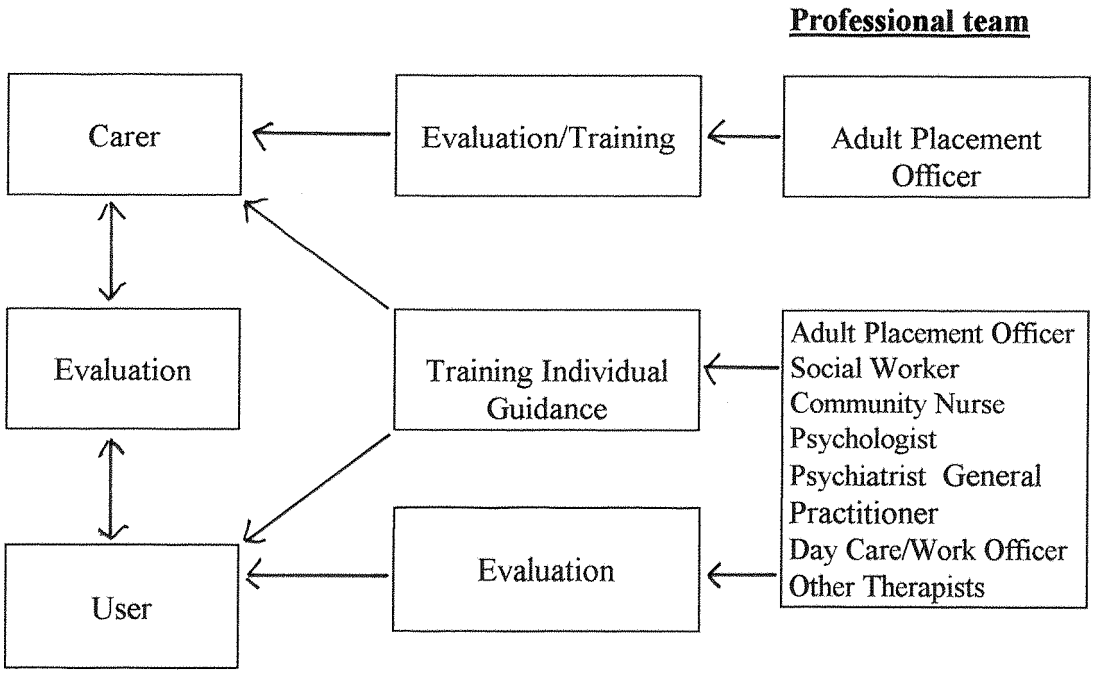
concern. Distance to the user's work or day care facilities and current leisure pursuits or opportunities for new activities also required thought and planning.

Of primary importance in the matching process was to understand the total needs of the user and assess the carer's ability to offer care that could accommodate these needs.

### 8.1.E. Individual Ability to Care

If the ability to care is individually determined, then the adult placement officer, together with other members of the professional team, required an evaluation of the user's needs. A model structure of this process is shown in order to consider the differences between a process based on individual matching and a structure which relies on forming a list of approved generic carers.

**Table 8.1.E. - Structure of the Process of Assessment Based on the Ability of Carers to Care for Individual Users**




The figure shows the process of carer evaluation made by the adult placement officer and the evaluation of user needs made by the total group of professionals involved with the user. The diagram also shows the carer evaluation made by the user and the evaluation of the user made by the carer. General training and individual guidance on particular aspects of the users needs could be offered to the carer by any of the professional team. Members of this team were also available to offer help to the user to maximize the success of the placement. The model indicates the importance of the user in the process in contrast to the previous model (Table - 8.1.B.) in which the user is not part of the process.

### 8.1.F. Matching within the Hampshire Adult Placement Scheme

The premise on which the Hampshire scheme was based was that care was individually determined and therefore matching was fundamental to the placement process. Matching was important for both carer and user but particular emphasis was placed on matching user's needs to those of the carer. The choice of carer was based on a large number of factors and opportunities for users to experience a variety of care situations was also considered to be important to allow each user as much comparison of carers as possible. The scheme was based on the premise that careful matching was critical to a 'successful' placement. This point was recognised by the senior management team who recorded the following:-

Careful matching may also be the main reason for the low breakdown of adult placement rates compared to the rate of breakdown of placements in child foster homes. (Hampshire County Council Social Services Senior Management Minutes 19th January 1987 87/11 also 86/15/01.)

Experience indicates that although each area of user's need was considered in the matching process it was difficult to find a carer able to meet every need. The matching process may therefore also attempt to establish a hierarchy of the user's needs

It was considered that there were some needs for which matching had to be precise and other needs that were less important but improved the possibility of placement success. Some needs, such as personal space, privacy or warmth, both physical and emotional, may be necessary to everyone but the emphasis given to meeting a need may vary between individuals and increase the importance of matching particular aspects of the total range of needs.

Practical details, such as close proximity to day care, or work, or availability of public transport links might for some users be more important than meeting the user's emotional needs which might be met in another setting. For others location was of less importance than other criteria as alternative transport could be used to circumvent the problem. Although the majority of placements were made in the user's original area of referral (see Trial Placements by Area. 5.2.B.) the infrequent use of placements made in Hampshire which were unrelated to user's original area could be an indicator of this hierarchy in action. Proximity to work, for example, could be of less importance than maintaining contact with known friends and relatives.

### 8.1.G. Conclusion

If a full assessment of the different aspects relating to carer matching were to be made, it would be necessary to consider the points considered in the preceding sections in more detail than is practical within this thesis. Detailed analysis of a matched sample of placements with a scheme that has a panel system of application for carers and a close investigation of both reasons for matching and 'success' of matching would be required to determine the validity of using this process in the scheme.

However, the experience of the Hampshire scheme indicates that as both users and carers show preference for particular placements rather than an equal acceptance of every placement offered, that the proposal that care is individually determined and therefore careful matching is an essential part of the scheme appropriate to adult care. It has also been shown that carers indicate preference for accepting users from a particular client group and have often developed skills, for caring for people with a particular type of handicap. For these reasons it is important to use a management model that offers the user the widest possible choice of carers.

It also appears that needs are met according to some hierarchy. In this way users and carers can accept placements that have some areas of difficulty if other, more important, areas of need are met. In order to overcome these areas of difficulty assessment and careful evaluation of the placements should be prescribed as a regular and detailed part of the structure of the scheme.

## 8.2. REVIEWS OF PLACEMENTS

### 8.2.A. Rationale

A comprehensive review system was important regularly to monitor the quality of the placements and to ascertain that the user's changing needs were accommodated. The reviews would ensure that each person could obtain access to appropriate resources, that these resources were effectively co-ordinated and that opportunity was given to consider possible future needs and plans.

By 1988 every adult under 60 years of age living in Hampshire County Council residential care and adults of any age placed on the adult placement scheme had a regular annual review. This contrasts with adults with disabilities living at home, where reviews were held only when a crisis occured. (For disabled adults attending a Training Centre Family Counselling sessions were organised. These sessions involved training centre staff, users and parents but did not claim to be a comprehensive review.

However, the annual review offered to users in adult placement varied considerably across the County as individual officers held their own reviews. This variation was due to a failure in the Adult Placement Working Document to specify a structure for this process. Some divisions offered an annual meeting between the officer, the social worker, carer and user often in the carer's home. Other divisions offered a more formally organised structure with a multi-disciplinary approach. The aims of these reviews also varied between divisions, some limiting the review to a consideration of the placement while others considered the user's total needs.

**8.2.B. Key concepts**

In order to create a framework for a County review structure the main aims of the review require clarification. To avoid bias it was important that the 'quality of life' offered by adult placement was monitored by both social worker staff and placement officers and that users had a wide variety of opportunities to set their own goals.

Formal monitoring of standards was necessary as each placement was less open to public scrutiny than residential care. However, holding regular reviews did not necessarily lead to an evaluation of opportunities available for users or improve the quality of care received. Once the aims of the reviews were established, the practical aspects of achieving those aims also had to be considered.

**8.2.C. Aims of the Reviews**

The adult placement review should have enabled the major issues of individual choice, control, communication and lifestyle, to be considered. A statement of the users present level of skills should be drawn together and encouragment given for shared decision making to increase the user's positive characteristics and capacity for independence.

The review should also:

**(a)** Monitor the standard of the placement.

**(b)** Give the user the opportunity to clarify short and long-term personal aims.

**(c)** Bring together all those people who are important to the user in the achievement of these aims.

**(d)** Agree on the best manner in which the aims can be achieved.

**(e)** Identify who should be responsible for helping the user to achieve a particular aim.

**(f)** Inform the relevant services of additional resources required to meet the needs of the user.

**(g)** Review decisions made at previous meetings on a regular basis and to monitor the outcome of those decisions.

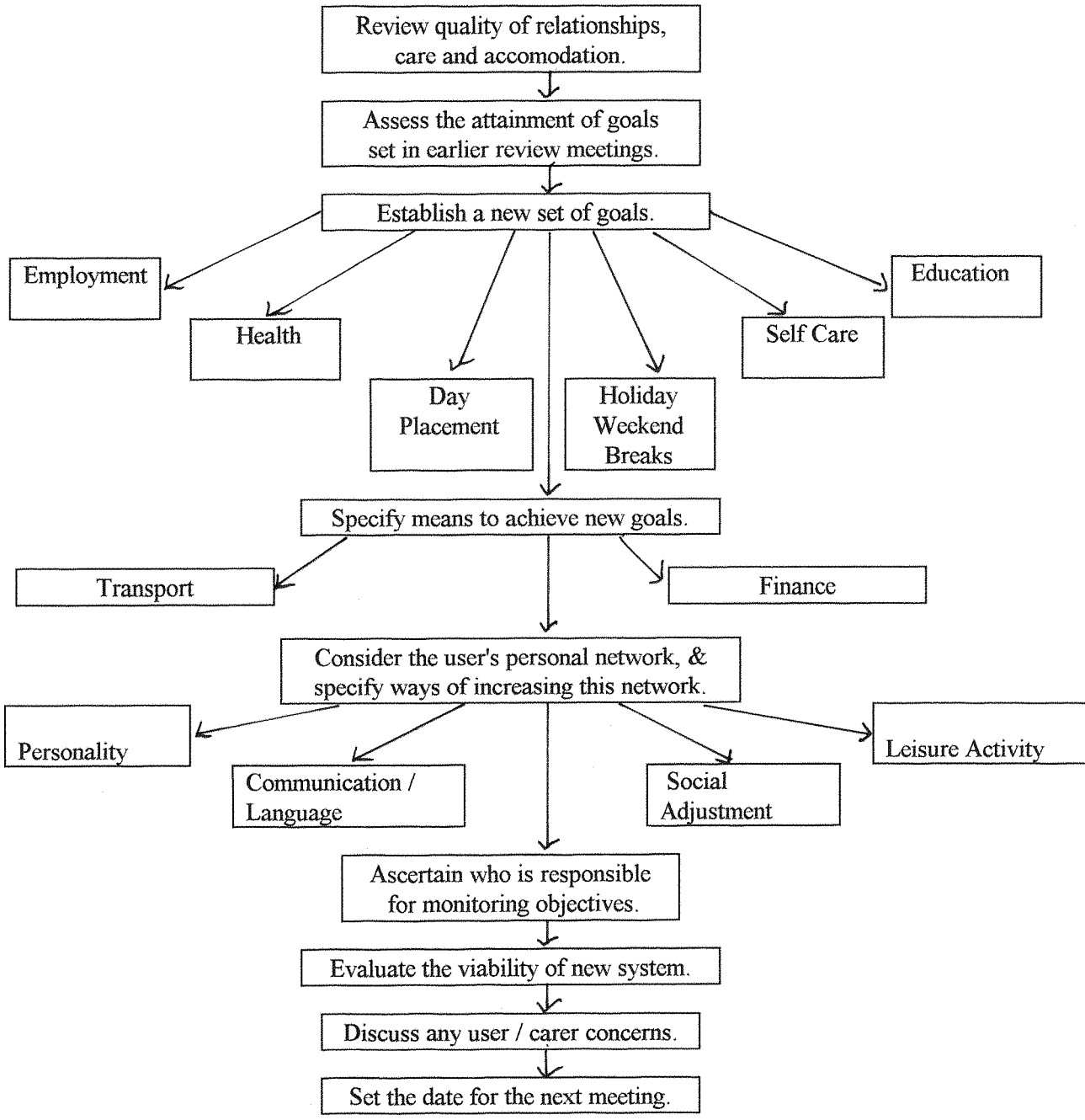
Having established the aims of the review a county structure was required to meet those aims for all users. Although the joint social worker and adult

placement officer reviews partially avoided the tendency for either party to make subjective judgements about the quality of the placements, this limited type of review did not take into account the views of other professionals who had frequent contact with the user.

### 8.2.D. The Model Review System

The following review process was developed by the author in the South-West division of the County over a period of three years. It incorporates the aims listed in the preceding section and it is proposed that this model could be used on a county-wide basis.

**Figure 8.2.D.(i) - The Review Process**



To offer maximum participation to the user, the social worker and the user would decide jointly whether to invite friends or relatives to the review. As some users felt intimidated by and found difficulty communicating with people they did not know, it would be preferable that the chairperson was known to the user. This may entail an adult placement officer chairing the review meeting. The chairperson would also need to be familiar with the structure of adult placement reviews and have the authority and breadth of experience to help the meeting consider the emotional, social and skills training needs of the user. The chairperson would also be responsible for making any decisions which the user was unable to make. All professionals involved with the user would also be invited to attend thus ensuring maximum reporting of the views of these professionals concerning the quality of the placement (Appendix F. Figure F.8.2.D.(ii)).

At least three weeks prior to the review, the co-ordinator of the meeting, usually the social worker, would send out a Pre-Meeting Report form (Appendix F. Figure 8.2.D.(iii) for completion by the user together with those people who had direct contact with the user in various settings, e.g. parent/carer, instructors. These reports were to be based on informal knowledge of the user and where appropriate, a formal skills assessment (e.g. HANC, HALO or STEP). The reports would be concerned with skills development and learning opportunities.

During the meeting, it would be necessary to ensure that the user's needs were taken into account when setting aims and to ensure that the skills development and training opportunities, which had been identified prior to the meeting, were relevant to the overall aims which the user identified.

A general framework would set out the order in which topics were to be raised. This agenda (Appendix F. Figure 8.2.D.(iv)) would follow a consistent pattern enabling people attending the meetings to develop participatory skills. All the main topics noted would be raised for discussion in order to consider the main elements of the placement but additional topics could be discussed as part of the main headings. If necessary appropriate sub-groups of those attending the meeting would be asked to consider any specific points in detail at a later date so that the meeting could be completed within an hour.

### 8.2.E. Concluding Stages of the Review

Minutes of the meeting would be taken by a nominated person. The following would be recorded:-

**a)** Some of the discussion which led to specific objectives being made.

**b)** The resulting objectives.

**c)** The name of the person responsible for assisting the user reach each objective.(See Appendix F. Figure 8.2.E.(i))

These minutes would be circulated to all those invited to attend. The review process would be repeated after one month in the initial stages of the placements particularly during the trial period or when the attainment of new goals was essential for the continuation of the placement. Otherwise reviews would be held three months after the first review and six monthly thereafter.

Following the meeting, the user and others attending the meeting would receive a form on which to make comments about the meeting. This form could be returned to the co-ordinator for circulation (see Appendix F. Figure 8.2.E.(iii). The co-ordinator would also send a Predicted Needs/Resource Planning form to any agency which as a result of the review needed to plan additional resources for the user (See Appendix F. Figure 8.2.E.(iii). Further discussion would be held with potential or current carers to discover ways in which goals could be met.

8.2.F. Conclusion,

There were several areas within Hampshire where reviews bore little resemblence to the multi-disciplinary review outlined above. Without a broadly based agenda to enable the major issues of individual choice and control to be considered in relation to everyone using the scheme, the objective monitoring of placements becomes less consistent.

Although the increased objectivity of the proposed review structure has not been tested throughout the County, experience of piloting this form of review in the South-West division indicates that all participants were able to offer constructive views of the placements which could be used to set new objectives and offer future planning predictions to the senior officers in the County.

## 8.3. ADULT PLACEMENT DAY CARE_- AN INDIVIDUALISTIC APPROACH

### 8.3.(i) Introduction

The development of individual residential placements for people with disabilities has been growing in Great Britain throughout the 1980's and 1990's. This section examines the possibility of organising day care placements within family homes to meet individual needs.

Through regular reviews the aims and objectives of a variety of people with handicaps were recognised and help was offered by the adult placement scheme to put these goals into practice. The use of 'day carers', who were available to offer skilled help to individuals, was developed as part of the overall care that was available to users of the long-term scheme and later extended to people who were not using the scheme for accommodation purposes. The pilot scheme was financed using the Hampshire Social Services Adult Placement Budget which itself was Joint Financed (Health /Social Services).

Brief case studies are included of three people with disabilities who used the pilot project in one district of Hampshire. These studies indicate the range of opportunities for such a scheme and the benefits that were gained.

### 8.3.A.(i) The Background to Adult Placement Day Care

Day care has been developing in Great Britain for nearly fifty years including services for a wide group of people, those with a mental handicap, people who have mental health problems, elderly people who are confused or frail, people with a physical handicap and unemployed people.

With the development of 'Care in the Community' and a changing philosophy for clients which encourages the provision of residential care in community based services, day hospitals and centres are also becoming locally based. These centres provide a focus for the development of services which can alter the balance away from the large segregated institutions. Groups meet in Hospital Units, specifically designed centres, church halls with no adaptations, community centres, rooms of Social Work Area Offices and Residential Homes and Hostels.

The aims of day services also vary considerably. Some offer a planned, time limited service for people needing treatment and rehabilitation, others provide shelter, occupation and social activities often for several years. The services are limited and pressure on places remains high.

The objectives also vary between the individual recipients.

Staff may set out to improve a personality defect but the user may see the programme as a change of routine, an escape from home, a chance to mix with others, share problems and relax. (Ann Davies, Community Care, 8th May 1986).

The Social Services Committee (2nd report) states;-

> there is an 'appalling inadequacy of day care facilities for those suffering from, or liable to a recurrence of, mental illness and a confusion about what should be provided by whom. (paragraphs 89-91.)

The confusion is not confined to this particular client group. The report continues;-

> at least as much attention must be paid to the day-time activities of mentally handicapped adults as to their residential care (S.S.Report op cit. paragraph 80).

### 8.3.A.(ii) Aims and Objectives

The adult placement scheme endeavoured to follow the principle laid down in the report (Hampshire Social Services Committee Report 1984/1985) that;-

> nobody should be discharged from hospital without a practical individual care plan jointly devised by all concerned, communicated to all those responsible for its implementation and with a mechanism for monitoring its implementation or its modification in the light of changing conditions. (S.S.Report op cit.paragraph 45).

The concept of individual residential placements for people with disabilities is recognised as an important part of the spectrum of services provided by the

Social Services Department of some local authorities. It has more recently been accepted that individual clients placed with such schemes will need to be encouraged to formulate plans for their own futures.

This led, in parts of Hampshire, to the practice of holding a six-monthly meeting for each user of the adult placement scheme. This meeting involves the user and a wide group of interested people who helped to formulate goals based directly on the user's own aims in life. These reviews included plans for day time and evening activities. Some objectives required interim skill learning before aims could be met. This in turn highlighted the need for individual solutions to day activities for people placed, both to meet goals requested and to occupy leisure and 'work' time. (See section 8.2. of this chapter for a detailed outline of the review system.)

During this same period, individual users were being encouraged by professional staff to challenge their rights to use ordinary public facilities and to begin to make specific requests for occupation during day and evening periods.

For some clients, the aims and objectives they had began to formulate could be matched by the facilities offered by the training centres provided. For others, the programme of activities within the centres could be adjusted to meet the specific needs of the user.

For other people, the objectives set required other solutions in order to reach desired goals. It was because of these requests that discussions with social workers and training centre staff took place and groups were encouraged to seek out other options.

The need for alternative day care was also being highlighted by the local Multi-Agency Group - a group of professional and voluntary group organisers, who set up a small sub-group to discuss alternative possibilities. This began as a desire to improve the quality of life for a number of people for whom a training centre placement was not available and who were not offered an alternative activity during the day.

The group looked at both alternative venues for day activities and the possible range of activities that could be made available. Adult placement day care with carers was proposed as one of these options. The family home was seen as the ideal venue for learning skills such as self care, domestic, garden and house maintenance.

It was also accepted that many clients prefer to attend activities which are open to the general public and are not specifically for people with handicaps. It was recognised that these groups may pose a threat to a person with a handicap and it might be helpful to offer a link person to attend activities with the handicapped person.

A scheme, which linked volunteer members of an adult evening class with a handicapped member was one way in which this was achieved. It was proposed that carers might also offer this link for other activities not associated with the local College of Education and Technology. These activities could be both recreational and academic and would also offer a wider social network to individuals.

A limited nunber of people who had handicaps and were living with families in adult placements also had their own ideas about alternative occupations during the day and a few of these ideas were put into practice.

**8.3.A.(iii) Implementation**

Adult placement day care aimed to meet the criterion that individual people require an individually designed programme for day activities. Day care should provide meaningful occupations in an environment which should stimulate social and vocational skill learning. The tasks undertaken should increase the independence and responsibility of the clients and be linked to the overall system. The use of day carers enabled each person to learn in a supervised environment where risks could be recognised and controlled to individual requirements as appropriate.

These principles are laid down in the work of W. Wolfensberger (1972) in his work on Normalisation and offer a framework for providing, 'valued activity for people with handicaps.' (op. cit.) Any client wishing to participate in adult placement day care would need first of all to express a clear indication of willingness to work at a specific range of tasks in an alternative setting. Following this, a contract would be agreed by both client and carer. This would state specific goals and tasks to be achieved, times, and days of the week, additional costs incurred in the task set and travel arrangements.

**8.3.A.(iv) Process**

Carers received approximately £8 a day during 1986/7,(£4 a morning or afternoon session). This was funded from the adult placement budget. The carers were all people who had training or experience in specific skills. They were judged to be able to use their training to encourage adults with special needs to learn a variety of skills in their own homes or in ordinary social or educational settings.

The adult placement officer was responsible for interviewing prospective day carers and assessing whether the carers could demonstrate their abilities to teach in a manner that enhanced the value of the client and added to the quality of care of the individual. Support could be given to carers by any member of the review meeting who would be nominated to do so by the meeting.

The adult placement officer formed a register of day carers which included information concerning skills and time available for sessions. Further training

could be offered on an individual or group basis by senior training centre staff or other professionals who were identified as having specific relevant knowledge.

### 8.3.B. Day-Care Case Studies

#### 8.3.B.(i)a James

James, who had Down's Syndrome, had requested a family care placement and had moved from a long-stay hospital to an adult placement carer who was previously known to him and with whom he had built up a strong relationship whilst living in hospital. He had enjoyed several visits to the carer's family home and began a programme of weekend short stay breaks. After several months he began to make a gradual move into the carer's home. Whilst arranging the move, attempts were made to include James in the local training centre. This was partially achieved but James preferred to stay at the carers home during the day.

This preference was respected and a day care programme was designed, in conjunction with the training centre, to utilise the skill of the carer and extend the opportunities available to James. Activities in the home included domestic skills such as use of washing machine, ironing, washing and wiping up, care of his own room, use of local shop, snack cookery, self-care skills and gardening and car cleaning.

The tasks were those that could have been taught at the training centre. However, the carer was able to give a one to one teaching ratio that encouraged a high level of communication in a warm relaxed environment. There was less distraction from other people and no need to compete with others for attention.

James continued to attend the training centre on two days a week in order to mix with other people and to give the carer personal time. The staff at the centre were able to evaluate the learning of new skills and offer advice to the review meeting and to the carer on changes required to the programme. The centre also offered a valuable evaluation of the standard of care given and a continuous monitoring of the total placement.

The mixture of individual care and group learning enabled James to learn a variety of skills in a manner in which he found acceptable. He became more conscious of his appearance and able to bath and wash himself. He learnt to choose his own clothes and use the washing machine. Gardening was an activity that he enjoyed both at the centre and at home and he got to know some of the neighbours by offering to wash their cars. As his neighbours began to enjoy his company they invited him to join them for an occasional outing or a drink in the local pub. The local shop took care to give him the help he required and he gradually became part of the general community, both giving to and taking from people around him.

**8.3.B.(i)b Emergent Issues**

The above case study shows that the adult placement day care provision allowed James to learn in a setting that matched the skills he wished to achieve. He was able to have more individual attention than would have otherwise been possible and to spend less of his week with other people who had handicaps. Having recently moved from an institutional environment these factors were of importance to him and his expression of these views enabled alternatives to be agreed. The joint planning of the alternative day care may also have enabled James to accept that a training centre placement could also offer experiences of other opportunities.

Through a combination of day care and an adult placement James has been able to respond positively to considerable changes in his life. He acquired a variety of skills and developed several local friends. He appeared happier than he was in the hospital setting and although comparison to the rate of learning he would have achieved, either by remaining in hospital or solely using a training centre, was not possible, the results are at least as effective as could have been expected in a centre and included the bonus of local acquaintances. After 30 years in a long-stay hospital James is managing life in the community and functioning in a way that could not have been predicted.

The combination of adult placement day care and training centre allowed effective monitoring of the quality of care James was receiving and released a vacancy at the training centre for another person to participate in the centre on a part-time basis.

**8.3.B.(ii)a Clare**

Clare had a previous history of mental illness which had caused both intellectual and personality impairment. She was living with her elderly, frail father without help and with no social friends or contacts. The illness of her father prompted a request for a short stay in adult placement. Clare was assessed as being unable to cope alone and in need of considerable help.

The first carer she stayed with commented on her poor or almost non-existent communication skills, her low interaction with others and extremely poor hygiene. She had only passing interest in leisure activities, was unable to do any domestic tasks and her self care was poor. Skating was the only pastime she enjoyed. The carer found her moody and felt that she offered little to the home particularly in view of her lack of both non-verbal and verbal skills.

On her return home from her short-stay placement, her father noted her improvement in hygiene and self-care skills but after two weeks Clare began to discontinue to wash and dress carefully and had begun to be slightly aggressive to

her father. Following discussions with her and her father, Clare's social worker requested a series of short-term adult placements and some suitable day care provision.

General assessment of her ability acknowledged that her skill level was poor but there was no evidence of a mental handicap. Her previous history of mental illness appeared to have caused defects in both intellect and personality and she needed a carefully considered programme of rehabiliation to maximise her residual skills and to search for her potential in new areas of learning that might be possible. This was considered to be sensitive work which if over ambitious or threatening would discourage learning and could make the situation worse. It did not seem appropriate to request the use of a training centre placement as Clare had experienced similar settings and had been unresponsive in such environments. Ideas for an alternative style of day care were requested.

Clare was not able to contribute to the setting up a programme of day activity because of her lack of communication skills. However, it seemed important to include the teaching of skills that would help her on her return to her father and in which she had an interest. Activities therefore were sought that could be continued on her return home. Skating was her only known interest so this became the central focus of the programme.

A day carer was found who was qualified to teach skating and had applied for registration as a carer. Clare was introduced to her and through her to a 'Housewives Group' at the local skating rink. On two days a week she was to attend the skating group and would be encouraged to travel independently to this group and become a member in her own right. Clare could therefore continue to meet with her day carer at the skating sessions and if she required periods of respite care could stay with her day carer for short periods of time. All other skills were linked to this interest.

Clare not only improved her skating but began to talk to her carer and later to other members of the Housewives Group. She was encouraged to learn to use public transport, helped to wear appropriate dress, to improve her hygiene and improve her awareness of other people. After some months she asked to stay with her day carer for some weekends. This was seen by the review group to be both offering opportunities in the short-term and a possibility of forming a longer term committment.

From the time of the initial placement, Clare was also encouraged to attend a Womens Social Group on one day a week at the local mental health centre. This also complemented her social development and gave her alternative opportunities to discover new interests. She learnt to enjoy pottery and art work, and was encouraged to do some cooking.

As noted with James, the combination of day carer and a staffed activity programme allowed the important issue of evaluation of the quality of care to be considered. There was some anxiety from professionals concerning the sole use of a total package of adult placement and adult placement day care because of the difficulty of monitoring these issues.

Clare moved into her day carer's home 18 months after her initial request for adult placement. By this time she had formed a committed relationship with her carer and had developed several interests. She enjoyed repetitive work and was offered a place at an industrial unit for people with health difficulties. She accepted this part-time placement on two days a week, continued at the Mental Health centre on one day each week and attended the skating classes on two days a week. This gave her and her carer time to spend time at home improving Clare's house craft skills, shopping and generally relaxing.

She continued initially to stay with her father for weekends but her father and Clare both found the periods too long and she reduced her visits home to every other weekend. Her father continued to show a high level of interest in Clare. He attended all her review meetings and began to spend the occasional days with Clare in her placement. By the second year of her placement Clare and her father both spent Christmas Day with Clare's carer and although Clare stayed with her father for less time they had a notably more caring approach to each other. Clare's carer was pleased too with the progress she saw in Clare's abilities and was therefore able to continue to give care to a person who had little ability to show a return of warmth.

**8.3.B.(ii)b Emergent Issues**

This study illustrates tailor-made planning without client participation. It includes the introduction of both day care and an adult placement to a person who found new situations extremely difficult to incorporate into her life. The project enabled Clare gradually to increase the range of skills she was able to achieve and maximised her need for repetitive tasks without reducing other areas of learning. She was able to begin to communicate to other, well known, people who did not intrude on her privacy and although she remained distant from most people with whom she mixed, she developed periods of interaction with her father and her carer that are felt by them to include closeness.

The level of activities was designed to combat Clare's boredom and, although possibly coincidentally, her outbursts of temper reduced. She gained medals for her skating and was able to compete equally with other people in a community based provision that offered rewards for achievement without making concessions for disabilities.

The services offered to Clare were additional to the complete lack of provision that she and her father previously used, so the financial implications were considerable. However, adult placement day care enabled the use of a range of services that were available without utilizing one full time placment. Whilst the attention of the project was to consider Clare's need, Clare's father also appears to have benefited indirectly from the scheme. He continued to care for himself despite the initial assessment that he was becoming increasingly frail and in need of considerable personal help. He considered that the passing over of full responsibility for his daughter enabled him to concentrate on his own needs and to meet them adequately. The financial benefits therefore could be seen to include not only Clare's continued ability to remain in the community but the saving in residential care provision for her father.

**8.3.B.(iii)a Paul**

Paul had a mental handicap but he did not want to mix with others who had obvious handicaps. He had been in a local authority hostel for many years but had left to live for a brief time with his mother who had subsequently died. Not wanting to return to the hostel, Paul was encouraged to move into an adult placement. He wanted to work and he did not wish to attend a training centre. Although he required help to achieve his goals, he was able and willing to work with others to put together a programme of activities that he found acceptable. He accepted that he needed to learn some skills before work was possible but that plans could be structured to include work at a later time.

Paul was linked to two day carers, one of whom taught him practical gardening and worked with him on an allotment, the other accompanied him, as a volunteer, to a local evening class to learn carpentry and travelled with him to the local job centre to look for work. After the initial successful programme this latter carer opted out of these tasks but continued to help him shop and budget, tasks which Paul also found difficult. Paul also expressed a wish to read and write which resulted in the setting up of a voluntary link to a local literacy group.

This mixed programme slowly led to Paul forming a number of local friends which encouraged an improvement in his presentation, his self-care and social skills. After a year on the intitial programme Paul continued to attend an evening class on his own, twice a week and now has a permanent job as a gardener sponsored by the Manpower Service Scheme for people with disabilities.

Paul continued to live in an adult placement but had a short period of time in lodgings he found outside the scheme. After a period of a few months in these lodgings he returned to his social worker to request a further adult placement but in a placement that would give him more independence. He was introduced to a

new carer and although he occasionally visited his first carer, he stated that the new arrangement suited him better.

**8.3.B.(iii)b Emergent Issues**

The above study is included to give an example of full client participation with a person who could offer considerable ability to state his own needs. The opportunity to excercise choice has not often been available to people with obvious handicaps and this skill may be damaged. Paul appears to have used his self knowledge well and was also able to incorporate the ideas that were suggested to him by professionals.

This case study demonstrates the ability of some clients to use services for a short period of time in order to learn sufficient skills and then move away from service provision to gain independence.

The day care scheme is not building or staffed based and therefore there are few drawbacks to discontinuing a service. There are no staff who are afraid of job losses and there are no considerations concerning maximum use of an expensive provision. The scheme can therefore be flexible in offering services for a limited time and acknowledging that users can and should be able to require or stop requiring a particular service whenever necessary.

**8.3.C. OVERALL DAY-CARE SUMMARY**

It is important to see people with handicaps in a holistic way and not to try to separate day care and occupation from leisure and education or residential care. People should be encouraged to plan their own lives and choose from as wide a range of activities and settings as possible. In addition to those users mentioned in the case studies several other users had some time with day carers, to learn specific skills or to receive specific help with particular difficulties such as bathing or other personal help.

The day-care scheme added to the range of opportunities available to people with handicaps and although had organisational costs, as well as the individual cost of each session, there was no long term capital expenditure. The scheme was therefore inexpensive to set-up and could show immediate effect.

The experience of the small group of people who were part of the adult placement day care scheme and who were for a time given a wider choice of activities should not be limited. Quality of life, choice, power to determine events, and control of day activities should be no less available to the handicapped than to the non handicapped. Day care has also been shown to encourage clients to consider adult placement by introducing them to carers and the idea of living with a family. The range of possibilities and use of day care becomes a question of organisation not of limitation.

However, due to a 'rationalisation' of the service, adult placement day care was seen by management to be outside the main framework of the adult placement scheme. The project was therefore stopped after approximately two years and a working party was convened to consider alternative ways of continuing the ideas that had been incorporated. This group set up Development and Implementation Groups in each training centre with the purpose of developing and extending day sevices which met individual need and, where necessary, increased service capacity. The main feature of the new service was a 'core and satellite' model, new services/activities which were developed as incremental to, but managed by, the central training centres.

Day service staff and users were encouraged to produce, clear statements of personal needs and wishes. These reports were co-ordinated by the Day Service Managers to plan developments which met those needs, using, wherever possible, existing community resources but if necessary extending those resources. The use of adult placement carers was not continued although staff specifically employed to carry out similar tasks, were to be part of the new system. The issues that the adult placement day care scheme raised therefore became a platform for a further development of services and as such was essential to the new structure.

The experience of this small experimental venture not only shows that such a scheme has considerable potential when financial and managerial considerations become less restictive, but also enabled an alternative, complimentary, scheme to be developed to consider some of the key factors involved.

## 8.4. DEVELOPMENT POST MANAGEMENT CHANGE 1986-1991

It has been shown in Chapter 4.6. that there were organisational changes during the first seven years of the scheme which resulted in changes to the management structure in the county. (The early management structure is shown in 4.3.(ii) and the changed structure shown in 4.6.(ii)). This section considers further changes which took place during the following five years to offer comparison between the differing management models and some suggestions as to which structure might give an optimum framework to the scheme

### 8.4.A. Development 1985-1987

From 1986 until 1987 the scheme the enjoyed a greater level of acknowledgement with the annual Hampshire Report allocating a full page to its work. (This may appear to be an arbitary way of considering the status of the scheme in the county but documentation is often a powerful indication of the prioritisation of that which is being considered). The scheme was described as:

> having expanded considerably in the last 2 years and is now getting to the point where staffing levels will permit only a small expansion over the next year. Therefore, a review is being undertaken of the scheme with particular reference to its future staffing needs. In addition the review will concern itself with making a decision on where the emphasis of the scheme will be placed in the future.

Almost to compensate for the lack of recognition in the previous report the writer continues:-

> a considerable body of expertise has been built up since the scheme was started in 1979 and a very successful National Conference was hosted by the staff at the University of Southampton this year. The scheme also won first prize in the Annual Health and Social Services Journal Joint Care Award in 1984.

The review and subsequent report recommended a 40% increase in staffing which would bring the number of adult placement officers to 10□ and an increase to 10 full time equivalent social worker posts. It was considered that this would enable significant progress in the placement of elderly and physically hancicapped people and give sufficient time for 'the proper selection of carers and careful matching of carers and users'. The report also recognised the 'acknowledged weakness of the current Headquarters management arrangements and the need to appoint a Principal Officer with responsibility solely for the management and development of the scheme'.

One point left unresolved was the possible transfer of management of staff to the Area Office Managers. Support for this came from area managers but all adult placement officers were opposed to the change. The recommendations were considered by the Senior Management Team who agreed to:

**1)** Accept the findings of the report and confirm that in principle and eventually, that management responsibility for adult placement officers should transfer to Area Managers.

**2)** To consider the expansion of the scheme alongside other competing demands for resources in 1988/9.

### 8.4.B. Development 1988-1989

By 1988 an agreement had been made for a half-time post of Principal Officer with responsibility for the management and development of the scheme. The new post, which was based in Winchester Headquarters, did not alter the management structure shown in Table 4.6.(ii) and appears not to have considered the recommendation of the 1987 Review to transfer responsibility for adult placement officers to Area Managers. In 1988 three additional adult placement officers had been appointed and the scheme had been expanded to employ 27 specialist adult placement social workers, one for each of the area offices.

These social workers, who were responsible for 40% - 90% of users on the scheme, received applications from all the referring agencies and were allocated all new applications unless the clients had been working with another social worker

previous to the application. This expansion of the scheme suggested that in the political and organisational structure of that time, adult placement was seen as a viable alternative to residential care and would continue as such.

### 8.4.C. Alternative Management Structure 1990

A further County re-organisation in 1990 devolved all but the central co-ordination of management and organisation of the County back to the area officers. This shift of 'power' affected the scheme as local area managers became responsible for the day to day work of both the adult placement officer and the adult placement social workers within their geographical area. Adult placement officers were integrated into area offices with the resultant loss of the half-time post of principal adult placement officer and left the central co-ordination of the scheme as one task of many given to the Principal Adult Services Officer in the County.

The recommendations of the 1987 Review were therefore put into effect not as a planned part of the scheme's development but in response to a County re-organisation. Although full data analysis for this period of the scheme was not undertaken as part of this thesis a brief outline of the continuing development of the scheme until 1990 is shown in section 8.4.D. of this chapter.

#### 8.4.C.(i) Management of Adult Placement Officers

The revision of the management structure in 1990 located adult placement officers in social service area offices which entailed a change of office and line manager for all officers. It was also necessary for the adult placement officers to adopt a generic role in order to meet the generic demands of the area social services team. In this model the adult placement officers were:-

**1)** Responsible to area office managers who held responsibility for the scheme in that area and acted as team leaders to the adult placement social workers in that area.

**2)** Responsible to a centrally based county manager who held responsibility for the county scheme and acted as consultants to the adult placement social workers and the social workers using the scheme in the area office.

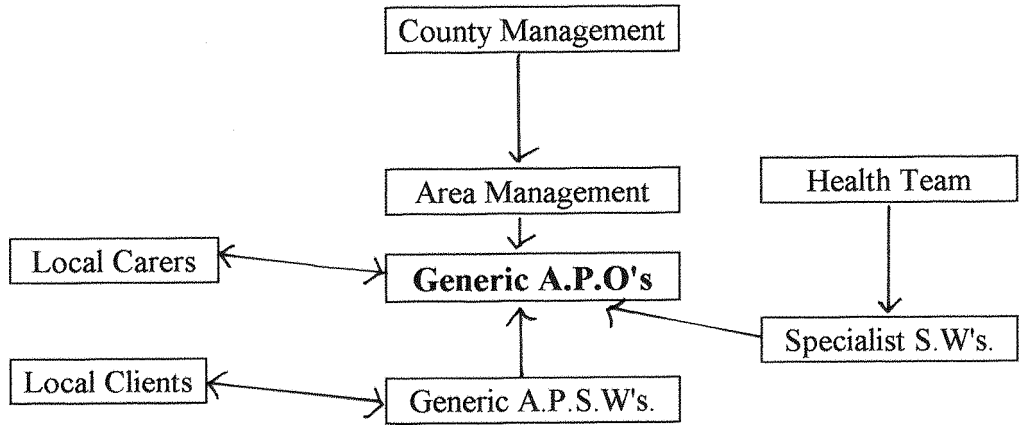
An 'open' system of referral was established in that anyone over 18 years of age with a recognised handicap could be considered for the scheme. The ongoing system of referring agencies was adapted from the previous county model as follows:-

**1)** Local Social Services Area Offices.
**2)** Social Services Units in local General Hospitals.
**3)** Social Services Units in local Long Stay Hospitals.
**4)** Local Social Services Residential Care Units.
**5)** Local Health/Social Service Department Community Teams.
**6)** Health Department Teams in local Long Stay Hospitals.

7) Local Health Department Teams in Residential Care.
8) Local Voluntary Organisation Members in the Community.
9) Local Voluntary Organisation Members in Residential Care.

A clear policy needed to be established between area offices for referring either clients who were locally based but wished to be accommodated in another area, or clients who were the responsibility of another area but wished to reside in that area.

**Figure 8.4.C.(i) Management of Adult Placement Officer - 1990**




## 8.4.C.(ii) Advantages of Management Structure

This model had several advantages over the previous system:-

1) Opportunities for communication betweeen adult placement officers and adult placement social workers were greater.

2) Local demand for placements could be resolved more quickly due to the proximity of staff.

3) Local contact could be made within statutory and voluntary services.

4) Staff knowledge of particular local circumstances enabled advance planning for contingencies such as the closure of a home.

5) The areas were made more accountable for all aspects of the service by devolving responsibility to the manager, thus simplifying organisation and improving communication.

6) The diminished need for staff to travel long distances reduced travel time and related expenses.

## 8.4.C.(iii) Limitations of Management Structure

1) In Applications 1.C (ii), it was shown that there was a significant difference in the proportion of applications made in each division. This would suggest that it was unlikely that each area would be able to attract a similar number of applicants and could result in an imbalance between the number of placements available and the number of clients requesting placement.

**2)** Potential carers were limited by the geographical area of the patch. (This would only be a problem if carers would only offer placements to a specific client group. If care is individual to particular users this would not be a problem - see 8.1.B and E for further discussion of this concept). A limited number of carers could lead to inappropriate matching if operational pressures within areas encouraged 'solutions' to applications.
**3)** Whilst there could have been differences between areas in the number of carers recruited, Carers by Area 7.1.B.(i) shows that no significant difference occurred in the sample analysed.
**4)** The variety of managerial styles is shown to lead to distinct styles of adult placement. (Schemes which have been organised in this way in East Sussex, Devon and Kent have shown considerable differences - see Chapter 3.2 for further discussion of this point.) Consistent standards and practices between areas could also be more difficult to maintain across the areas.
**5)** It could be more difficult for adult placement officers working in isolation to gain knowledge of the availability of carers in other areas, and mutual support and team problem solving could be hindered.

Although it is beyond the scope of this thesis to consider other than the first seven years of the scheme in depth some discussion of the years 1986 to 1991 is given to offer an overview of this period from which to consider whether the above model offered the scheme an opportunity for further growth which had been lacking in the previous management models.

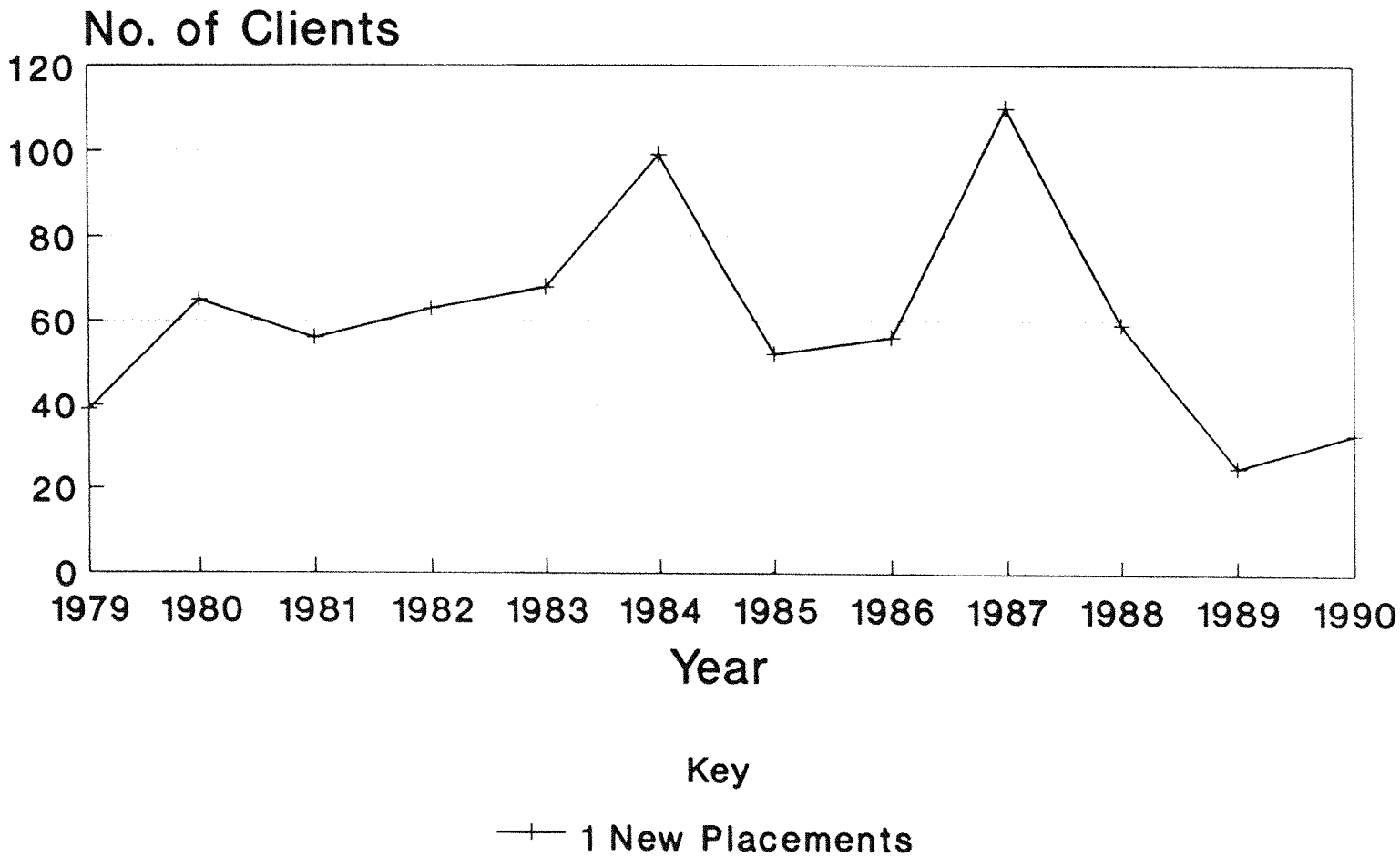
### 8.4.D. Update of data 1986-1991

It has been shown that prior to 1991 the scheme underwent three fundamental changes in organisation. Whilst the data for the first seven years of the scheme which included the first two management structures have been described previously in Chapter 5, the data for the years 1986 to 1991 have been included in this section to enable consideration of the latter organisational system.

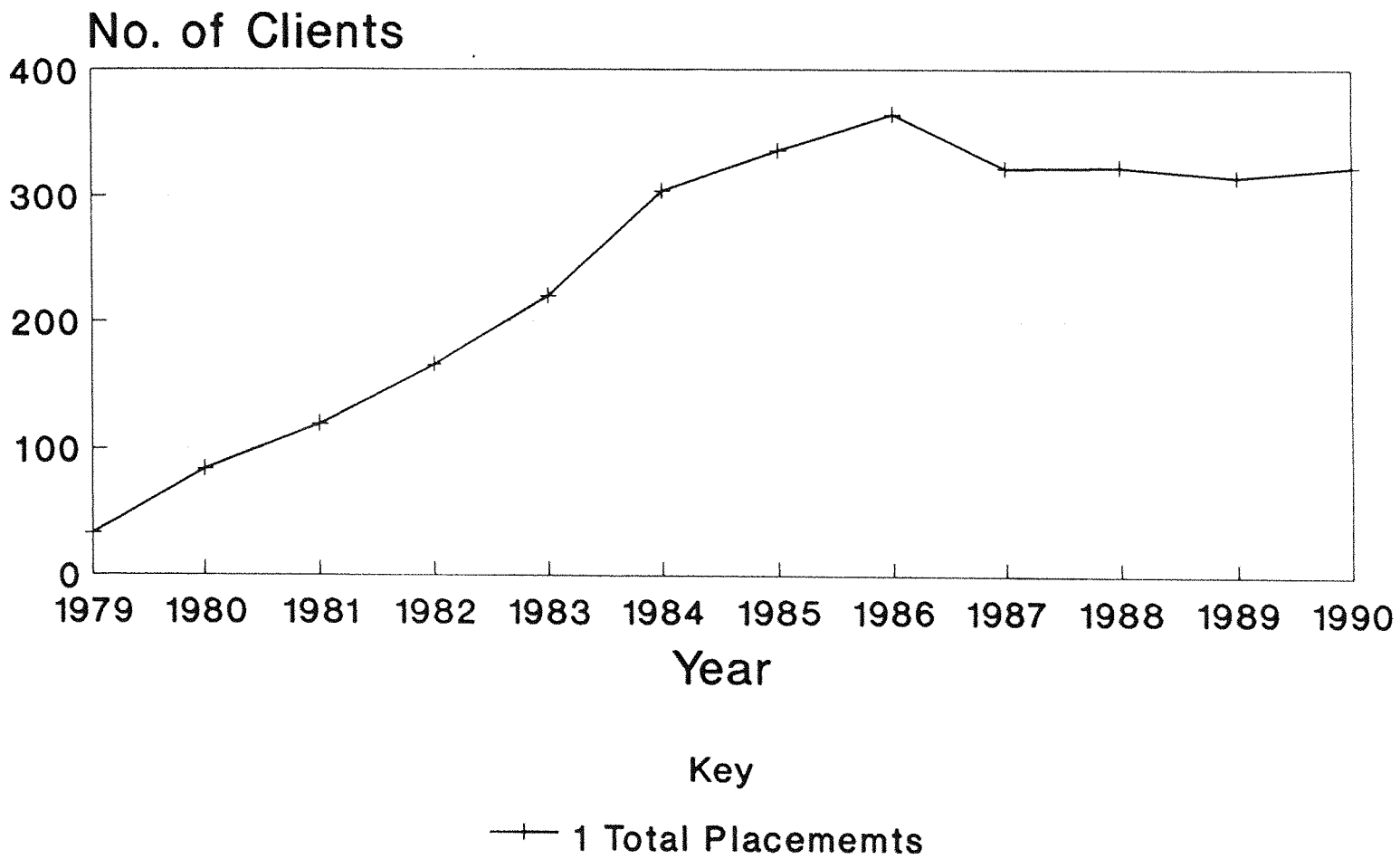
Figure 8.A. indicates that following an increase in the number of new placements in 1988 the number of new placements fell in 1988 and continued to fall until 1990 (see Appendix G. Table G.8.A.). Although there was a rise in the number of new placements made in 1987 similar to that shown in 1984 Figure 8.B shows that despite these increases, there is no corresponding increase in the yearly number of placements in progress, suggesting that although the number of new placements increased during these years, cessations resulted in the number of placements in progress showing little overal variation. (Appendix G. Table G.8.B.)

As previously suggested in 5.3.A (ii), the increase in staffing in 1982/3 did not result in a consistently higher level of new placements in the following years. Figures 8.A. and 8.B. show that, despite an increase from six to nine adult placement officers and the increase in adult placement social worker in 1988, there was no increase in the number of placements in progress. This was surprising as the increase in staff should have reduced each officer's workload thus enabling

# Fig 8.A. - New Placements By Year - 1979-1990



# Fig 8.B. - Placements in Progress By Year - 1979-1990



more placements to have been made. Whilst it was possible that a shortage of carers prevented more placements from occuring, Figure 8.E. demonstrates that although there were less places vacant in 1887 than had been available since 1981, presumably reflecting the increase in new placements during this year, more vacant places were available in 1990 and 1991 than at any other time during the scheme and the number of new carers registered (Figure 8.D) appears high enough to maintain a choice of placement. (Appendix G. Table G.8.D. and Table G.8.E.).

It was possible that the officers were concentrating their resources on the short-stay scheme, however, Figure 8.C shows that after a substantial rise in the number of such placements in 1985, short stay placements remained at over 200 per year until 1989 (see Appendix G. Table G.8.C.). It appears therefore that staff increases made since 1983 did not result in a further increase in the number of placements in progress which are shown to be between 300 and 365 for the years 1984-1990 (Appendix G.Table G.8.B.).

### 8.4.E. Alternative County Management Model

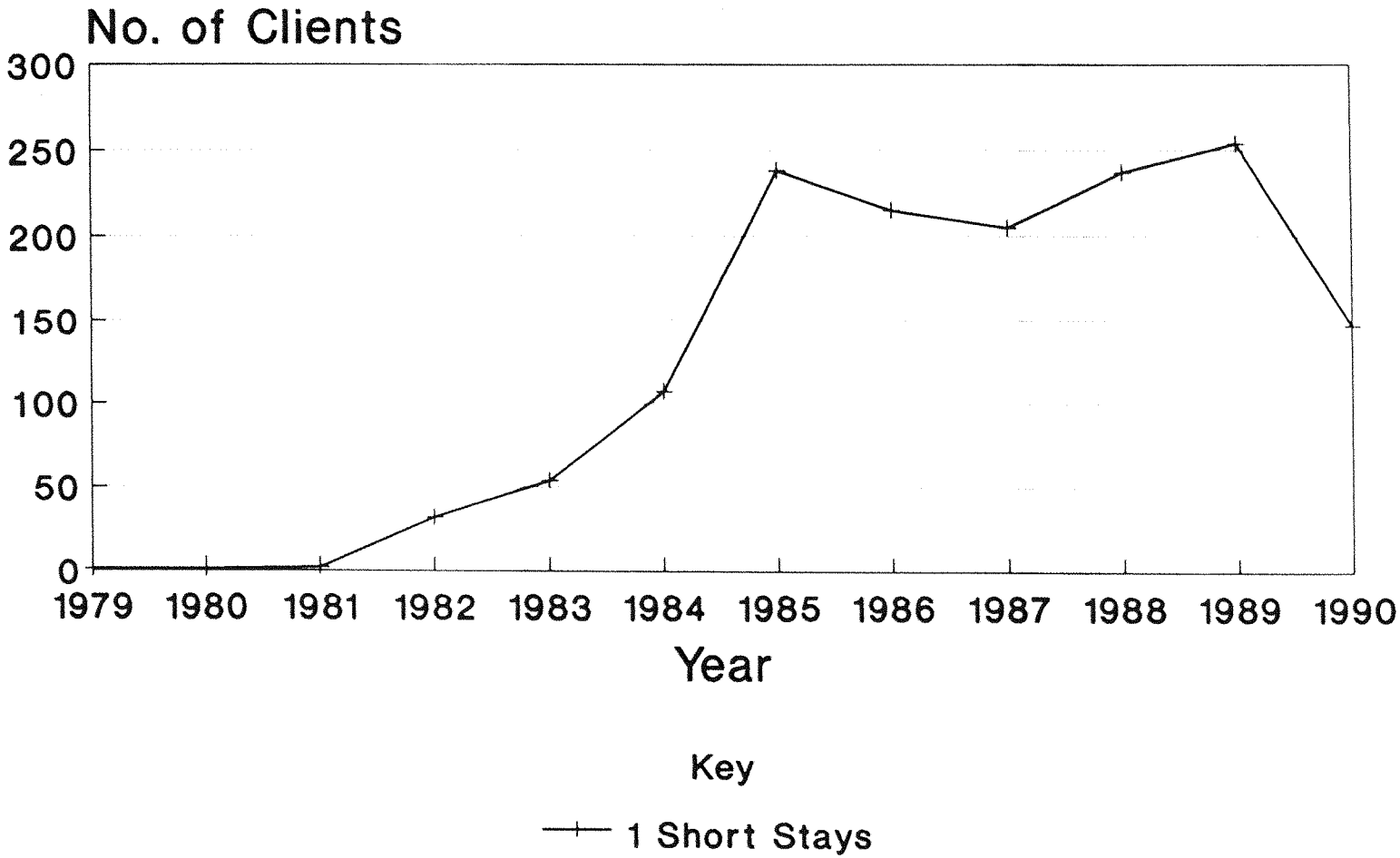
As the new area model was introduced in 1990 the data do not offer comparison with earlier models. However, it has been shown in Section 8.3. that within the management models that were in operation between 1984 and 1990 there appears to be little variation in the number of placements in progress despite increase in the number of officers. Figure 8.A. indicates that the number of new placements made in 1990 were higher than in 1987 but still below the number of new placements made in any other year since the scheme was established. The number of placements in progress since 1984 has also been shown to be surprisingly consistent (Figure 8.B.).

Consideration of the number of applicants in the early years of the scheme (Chapter 5.2.G.) indicated that when staff time was available more trial placements could be made thus suggesting that within the early county management model (4.3.(ii)) increase in staff did have a subsequent effect on the number of new placements made per annum. As the divisional management system was disbanded in 1983 it was not possible to return to a similar system of management. However, an alternative management system is suggested which utilises a county management structure and introduces specialist adult placement officers to be responsible for a specific client group. As the County is large some rationalisation has to be found if travelling for each officer was not to be extensive.

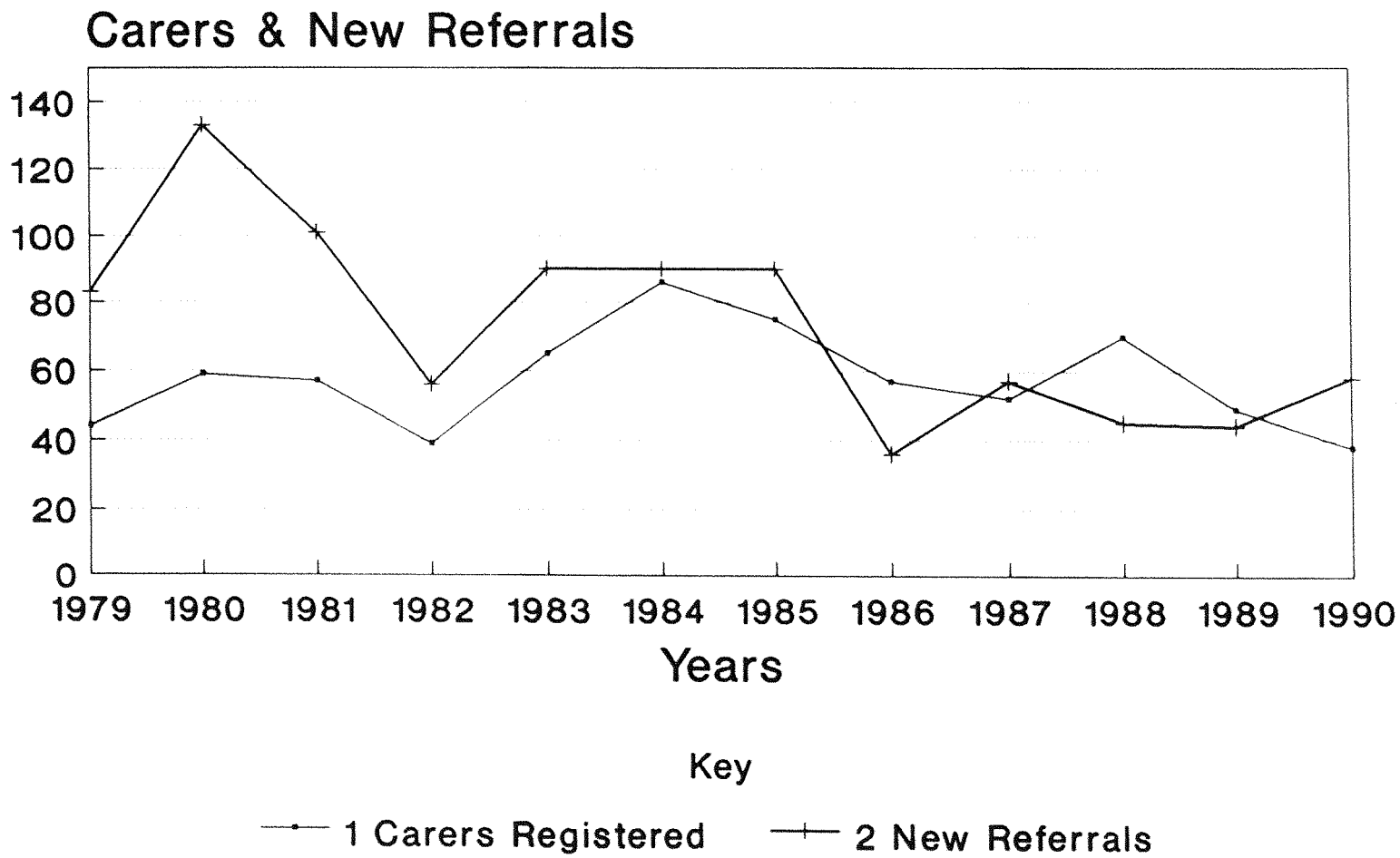
#### 8.4.E.(i) Alternative Management of Adult Placement Officers

The alternative management structure would locate adult placement officers centrally within the county responsible to a centrally based adult placement county manager who held responsibility for the county scheme and acted as consultant to

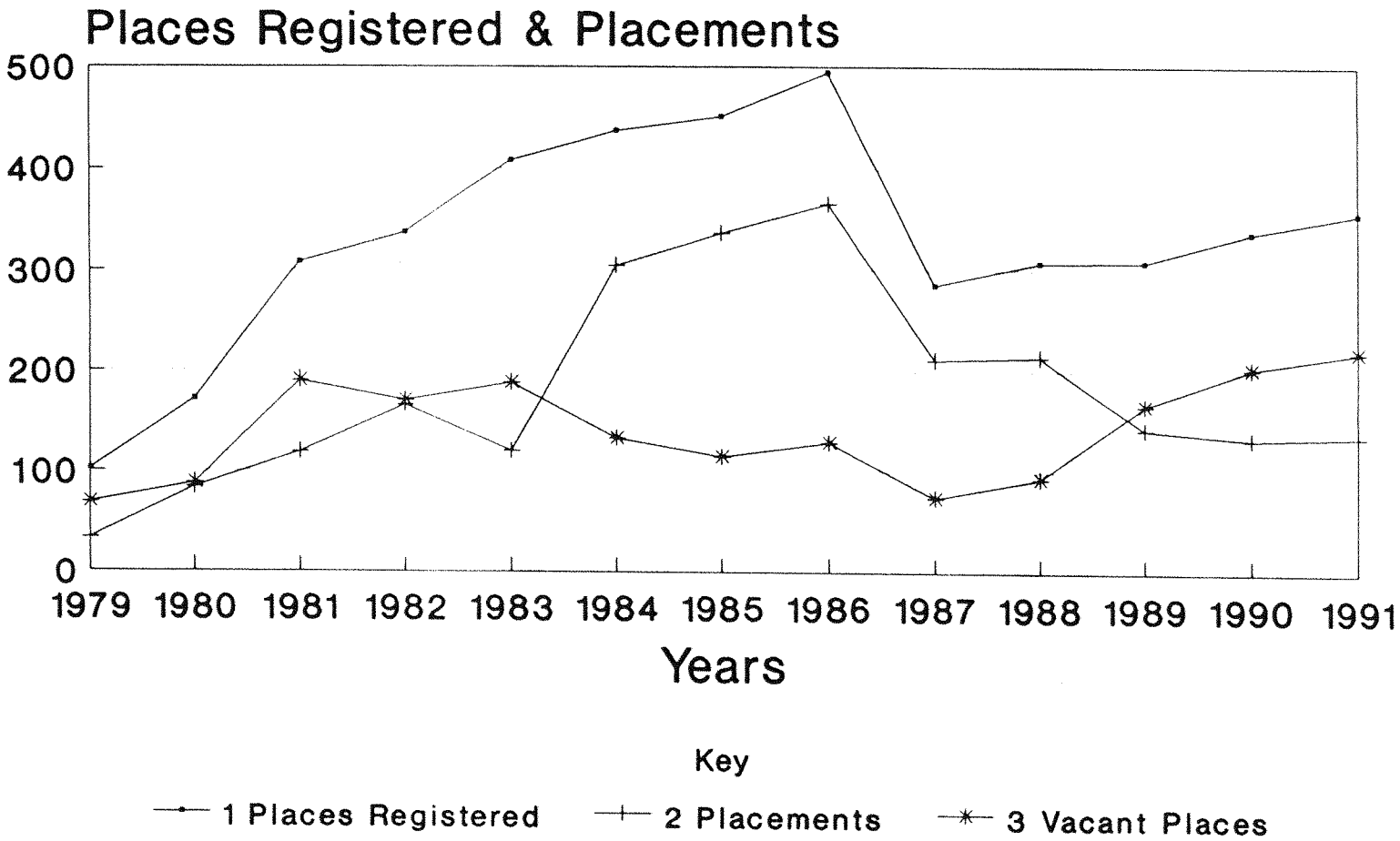
# Fig 8.C. - Short Stays By Year - 1979-1990



# Fig 8.D. - New Carers Registered and Number of Referrals Each Year.



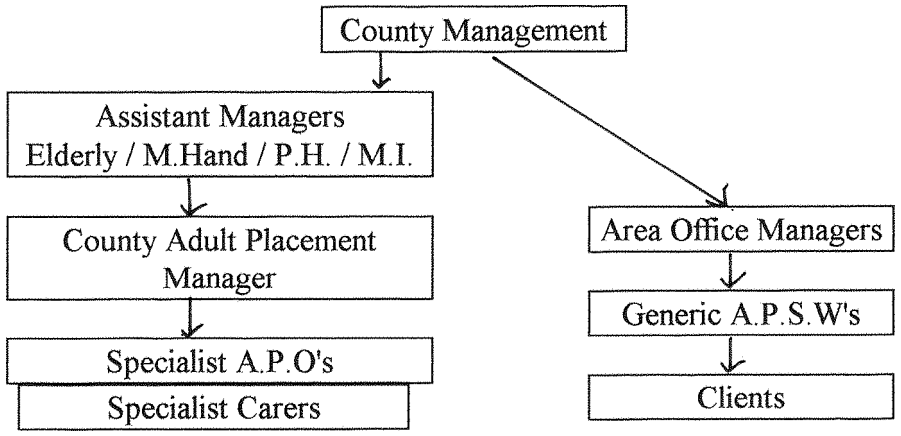
# Fig 8.E. - Carer Places Vacant and Registered Places by Year



the adult placement social workers and the social workers using the scheme in the area offices. The county manager would consult with the four Assistant Managers who held knowledge of the four main client groups and gain information concerning the various county proposals made within each client area.

A system of referral could be established in that anyone over 18 years of age with a recognised handicap could be referred to the appropriate officer for that client group. People with multiple handicaps could be referred dependent on the most debilitative of the disabilities.

**Figure 8.4.E.(i) Alternative Management of Adult Placement Officer**




## 8.4.E.(ii) Advantages of Alternative Management Structure

As it has been shown in previous research that most social workers have a specialist interest in one client group (Howe, D,1980) it is suggested that adult placement officers also approach the post with a specialist background. Chapter 5. has indicated that all client groups were equally successful if the number of applications in each client group were equal. This model would have advantages in that each officer could focus on one particular client group thus engendering a more equal number of applications and subsequent placements in each group. As discussion in Chapter 5.1.F.(i) indicates that strong links between the adult placement officer in the South-West and the local psychiatric hospital in 1981/2 gave a higher number of applications in the mentally ill client group than expected, it is probable that links with other groups would similarly increase applications. The model also offers the following additional advantages:-

1) It offers a county-wide range of carers which could maximise the choice of placement available to each user.

2) Knowledge and skill involved with working with one particular client group would be enhanced.

**3)** There would be increased links with specialist staff from both Health and Social Service settings.

**4)** There is increased opportunity to enable carers to develop specific skills in helping individuals with specific disabilities.

**5)** County policy could reflect priorities for each client group.

**6)** It reduces the range of knowledge and skills required by the adult placement officers who would concentrate on one client group.

**8.4.E.(iii) Limitations of Alternative Management Structure**

**1)** The various client group teams would set up distinct styles which could reflect specific nuances in caring for people with particular disabilities but would work against a total scheme philosophy.

**2)** Carers would be encouraged to specialise according to client disability not to individual needs.

**3)** This model encompasses a divide in management between adult placement officers and adult placement social workers.

**8.4.F. Conclusion**

Each management model which has been used during the period 1979-1991 offers both advantages and limitations. It is also shown that other advantages and disadvantages could be engendered if a specialist framework could be used as a management model. Analysis of data from the Hampshire carer survey, (considered in chapter 6), shows that although carers state definate preference for people with a particular disability, other considerations have equal force. Carers do not tend to refuse accommodation to people because of their disabilities but because of a range of other factors.

The 1985 model (Chapter 4.6.(ii)) offers a blend of the positive aspects of both the county model and of the area model. It also offers a lesser degree of the negative points of each model. However, the management system does not offer sufficient supervision and support for the whole team. Adult placement social workers have to consider both area policy and county policy and each person is responsible to a different area manager. Within this model the adult placement officers are responsible to a principal officer who is located centrally within the mental health/handicap team. This arrangement may be one of the reasons for the over emphasis of the placement of people with a mental handicap within the scheme during the period 1982 - 1986 and certainly allowed a greater level of imput from this team than any other.

The review of the adult placement scheme in August 1987 gave considerable weight to the difficulties of that manangement system:-

> The fundamental issue which the Working Party has addressed, but failed to resolve, is whether the effectiveness of the scheme would be enhanced or diminished by transferring management of the adult placement officers from Headquarters to Area Managers.
> As there is a need to promote and sustain a service for a spread of adult clients, there is an argument for removing the current link with the management of Mental Health Services. (Report of the Working Party Review of the Adult Placement Scheme. [1987] Hampshire County Council.)

It appears that if the prime aim of the scheme is to offer opportunities for people from all client groups to use the scheme then the alternative county model with specialist officers would meet this goal (8.3.E.). It has been shown (see chapter 5.) that although some client groups are more represented than others there appear to be no factors that prevent the placement of people with any particular disability. Carers show preference for some groups of users and this factor would enable groups of specialist carers to be formed.

However, if factors such as travel and communication between adult placement officers and adult placement social workers and local links with other professionals are seen to be the key to placement opportunities, then the 1990 area model appears to be more suitable. It enables a sufficiently wide range of carers to offer choice to users and allows for some carers to be highly specific in the care they offer. The difficulties of the current management model could be ameliorated by additional time given to management of the scheme.

The current area based model offers the closest management model and incorporates the adult placement offficers and social workers under one unit. However, it does not offer the range of carers required to give real choice to users and to adult placement officers who are endeavouring to match carer and user. It is this factor that may be the most important aspect of the scheme and therefore a major reason for not using this model.

The models that have been used since 1983 do not offer a clear growth to the scheme either in the number of placements offered or the number of placements in progress during the years. It has also been shown that if placements are to be offered to a similar number of people from each disability group improved links with professionals from these groups would be an advantage.

As each model offers both advantages and disadvantages it is difficult to draw a definitive conclusion without further data relating to changes in the number of applicants and placements since 1986 and the proportions of users from different client groups participating in the scheme. Although some data have been shown from 1986 until 1991 there is insufficient clarity in this data to indicate trends forming during this period. Further study of this period could lead to a greater knowledge base from which to draw a more definate conclusion. However, the alternative model offered could increase the proportion of users from client groups

other than from the mentally handicapped group, and for this reason could offer growth to the scheme in Hampshire.

## 8.5. RECOMMENDATIONS AND CONCLUSION

### 8.5.A. GENERAL CONCLUSION

Adult placement has developed in parallel to changes in Government policy which have culminated in 'care in the community'. Whilst both were partially implemented as cost-effective measures, the officers of the Hampshire scheme considered that client needs would be the predominent concept. Attempts were made to establish an improved placement system which would combine good physical surroundings with an habilitative service which offered sufficient challenge and support for each client.

Researchers had shown as recently as 1986 that 'large hospitals were still catering for substantial numbers (39%) of relatively able adults who live largely independently in wards with low staffing allocations.' (Felce, D. 1986). The solution devised by the Hampshire scheme was to place adults with disabilities in flexible community settings to meet the variety of care and psychological needs.

As government policy in 1988 encouraged Local Authorities to struggle with a 'new' agenda to 'develop packages of individual care' (Griffiths 1988), adult placement had been initiated with the philosophy that all adults should be perceived in terms of their individual need, rather than their disability and from as early as 1979 had been putting this recommendation into practice. Social policy and financial constraints combined with the value systems of the officers formed the original concepts of the scheme prior to the onset of the national policy for Care in the Community and was mentioned by the Audit commission in 1986 as being an example of good practice.

The belief that individual differences in personality and life-style were more critical than disability has been demonstrated in the thesis, showing that, the individuality of both the carer and the user should be the main focus of concern. The practice that arose from this focus was that each placement should be individually determined and that successful matching is the product of a hierarchy of needs, some for which matching has to be precise and others that have a lower priority but improve the possibility of successful placement. Consequently the matching process formed the basis of the scheme from which the aims could be incorporated into the developing management structure.

Similarly whilst Wagner (1988) recommended the setting and maintenance of standards and Griffiths (op.cit.) criticised the Local and Central Government for failing to give sufficiently strong leadership in relation to both policy making and

monitoring, the thesis focuses on the necessitation of including a regular evaluation of each placement to ascertain that prime needs were satisfied. Assessment and evaluation have been shown to be a major requisite of such schemes which, with a broadly based agenda for review enable the major issues of individual choice and control to be considered periodically.

The findings indicate that there was no significant difference in the success rate of applicants regardless of age, sex or client group. This suggests that if the almost exclusive targeting of users from the learning disability group was extended then a greater number of placements in all client groups could result. Subsequently adjustments could be made to the proportion of placements made by each client group to reflect the need for additional accommodation required either at a county or at a local level. Other studies have also indicated that the scheme can be suitable for extention. For example, in a study of elderly people in placements in Leeds, Thornton (1980) concluded that placements of the elderly were feasible 'on a larger scale than at present with the provisos that there was a continuance of a high level of support and that the scheme was accordingly resourced'.

While King et al showed in the early seventies that considerable differences existed in the development of social and verbal skills of handicapped children cared for in hospitals and other smaller units (King, Raynes and Tizard, 1971), the work on evaluating community care for adults has been slower to emerge. Gunzburg (1973) and Race, (1975 and 1976) investigated the effects of different caring environments on the social competence of mentally handicapped adults including whether community based residences could enable the acquisition of skills necessary for independent living. The results of these and other research designs indicate that people living in community-based hostels showed significant improvements in the areas of self-help, communication, socialization and occupation following admission.

As the scheme was able to provide care and accommodation for all age groups, it is probable that it could be extended to accommodate the sixteen to eighteen year old group of young people who are leaving child care resources which the Local Authority is required to provide under the 1990 Children Act. Adult placement could offer a timely addition to those scarce resources currently available.

In a review of information and liturature of the needs and provision for young, single, homeless people, Waugh (1976), in her discussion of landlord / landlady schemes, states that 'one reason such placement schemes are successful is because they are run by respected agencies that can maintain contact with the tenants in the schemes, suggesting that schemes which do not offer a service might face difficulties.

The degree to which the results of the thesis can be generalised to other parts of the British Isles has been addressed through the examination of data concerning users from rural, city and mixed areas. Although some difference in the numbers of users from each area was shown, there was no difference in the success rate of users in each of the areas and it appears that as Hampshire is a large county with a wide range of demographic characteristics that the scheme could be established successfully in other districts.

### 8.5.B. RECOMMENDATIONS

The findings of the Hampshire survey indicate that placements could be extended both in terms of the number of placements and to a wider range of users. As the thesis demonstrates the importance of links between professionals working with different client groups, it is possible that links could also be formed to enable this extension to the scheme to groups which have not yet been targeted.

Although it has been shown that adult placement users and carers gained additional skills during the placements, the extent of these developments was outside the scope of this study. However, the relationship between users and carers may encourage the development of skills for both parties. If adult placement proves to be therapeutic and conducive to the attainment of social and personal skills, future evaluation of this development could be a valuable addendum to the findings of this thesis.

The discussion concerning the individualistic approach to the matching of carer and user which has been a main feature of the scheme has been contrasted in the thesis to the more generic model of matching which is found in the child fostering scheme. It is suggested that both schemes could benefit from considering the merits of these alternative approaches.

The thesis has identified several factors relating to the decrease in the annual number of long-stay and short-stay placements until 1986 but the subsequent drop in placements which has occurred (despite an increase in staffing and a consequent reduction in workload) is beyond the scope of this study. However, an evaluation of the staff workload could be undertaken to consider the effectiveness of increases in new staffing and the subsequent relationship with the placement rate. Issues of staff accountablity could also be considered.

Consideration could also be given to areas of mis-match, e.g. social worker and adult placement officer assessment of clients, client expectation and the reality of placements, the predominance of users with a mental handicap and county policy towards equal service provision for all users.

To prevent the decrease in the numbers of placements, it is suggested that the management of the scheme is withdrawn from within a client-based framework and transferred to a community care management system where the essentially

generic objectives of the scheme can be exploited more systematically. Within this framework areas of hidden agenda which currently operate against the generic policy of the scheme can be identified and incorporated into future county development plans.

If the scheme is to continue to exist within the framework of the Care in the Community Act 1990, suggestions of plurality of service provision will also need to be addressed. Although the scheme encompasses the use of private, ie. non-local government accommodation, there has been little evidence of interaction with voluntary organisations. It is probable that the number of applications made to the scheme could be increased by permitting voluntary organisations to make applications on behalf of users, thus encouraging voluntary groups to become integrated into the county scheme, and also offering an additional publicity outlet to the scheme which may also result in more applications from potential carers.

Griffiths made a number of statements in his Agenda for Action (1988) stressing the importance of consumer satisfaction. The thesis has demonstrated that, with the provision of a regular review system and a social support network that is prepared to incorporate user comments about their placements, opportunities can be utilised to establish good responsive care. It has also been established that placements are sufficiently flexible to accommodate changing individual requirements and that the scheme is adaptable to meet users needs in a variety of area types suggesting that adult placement could extend throughout Britain to accommodate and care for a greater number of users than demonstrated by the study.

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# APPENDICES

## APPENDIX A. - ADULT PLACEMENT CONFERENCE 1986

### A.1. QUESTIONNAIRE FOR CONFERENCE ON ADULT PLACEMENT IN HAMPSHIRE - 10th APRIL 1986

# QUESTIONNAIRE FOR CONFERENCE ON ADULT PLACEMENT IN HAMPSHIRE

## 10TH APRIL, 1986

The purpose of this questionnaire is to add to research being compiled on various topics relating to Adult Placement Schemes in England.

The research is being carried out under the auspices of Southampton University and the information you give will be confidential. In evaluating the information no reference will be made to specific employing authorities or individual people.

Thank you for your help.

## HOW TO COMPLETE THE FORM

The form is designed to be analysed with the help of a computer.

The computer we use does not like anything other than numbers.

Do not tick or cross the boxes.

Each box relates to a code so please select the most appropriate code and put that in the box.

If you can add comments to enlarge on your answers please use the back of the forms or send in additional information on your scheme when you return the questionnaire.

If you are also compiling information relating to Adult Placement which you think might be of interest please contact me direct.

QUESTIONNAIRE FOR CONFERENCE ON ADULT PLACEMENT IN HAMPSHIRE

A A (1 - 2)

10TH APRIL, 1986

1. Your Name ..... (3-4)

2. Your Job Title ..... (5-6)

3. Your Employer ..... (7-8)

4. Do you represent

(1) A Local Authority

(2) A Health Authority

(3) A County Council (9)

(4) A Health District

(5) A Voluntary Body

(6) Other (specify) .....

5. Is there an Adult Placement Scheme in your Area/ Department?

Yes = 1
No = 2 (10)

If the answer to Question (5) is "No" please go to Question (22).

If the answer to Question (5) is "Yes" please answer the following questions relating to the scheme that is functioning in your work place.

6. Which groups of people are placed on the scheme?

Code: Yes = 1
No = 2

(a) People with a Mental Handicap (11)

(b) People who have a Diagnosed Mental Illness (12)

(c) People who have recovered from a Mental Illness (13)

(d) People who have Physical Handicaps (14)

(e) People who are Elderly (15)

(f) People who are Elderly and Physically Frail (16)

(g) People for are Elderly and Mentally Disordered (17)

(h) People are are Multiply Handicapped (18)

(i) Other (specify) ..... (19)

7. Which age groups of people are placed?

Code: Yes = 1
No = 2

(a) Young - 18 years - 30 years (20)

(b) Middle - 31 years to 60 years aged (21)

(c) Elderly 60 years plus (22)

8. Is support and help available to clients?

Code: Yes = 1
No = 2

Who gives this help to the client? ..... (23)

9. Is support and help available to carers?

Code: Yes = 1
No = 2

Who gives this help to the carer? ..... (24)

10. Please described the type of support given to carers and clients.

.....

.....

..... (25)

.....

.....

.....

11. Is there additional finance which can be given to carers and/or clients which is supplementary to that given by the DHSS direct to clients?

Yes = 1
No = 2

(26)

12. How is this funded? Please comment on ways finance provided and to what use the monies can be used.

.....

.....

.....

.....

.....

(27)

13. What length of time people can be placed on the scheme?

Code: Yes = 1 No = 2 Not Known = 3

For Respite Care

(a) Day Care (28)

(b) Overnight Stay (29)

(c) Weekend (30)

For Short/Stay

(d) Up to 7 days (31)

(e) 8 days - 14 days (32)

(f) 15 days - 28 days (33)

For Longer Stay

(g) Over one month up to six months (34)

(h) Longer (35)

14. Are there any meetings to support the placement?

Yes = 1
No = 2

(36)

If 'No' go to Question 17

If 'Yes', How often are meetings held?

(1) Monthly or more
(2) Between one to three monthly
(3) Four to six monthly
(4) Annually
(5) Other (specify) .....

(37)

15. Are the following subjects discussed at these meetings?

Code: Yes = 1
No = 2
Not Known = 3

| | | |
|---|---|---|
| i) | The Placement | (38) |
| ii) | Holiday/respite care | (39) |
| iii) | Day Care/Work | (40) |
| iv) | Education | (41) |
| v) | Leisure | (42) |
| vi) | Health | (43) |
| vii) | Transport | (44) |
| viii) | Opportunities for continuing to use present skills | (45) |
| ix) | Opportunities for learning new skills | (46) |
| x) | Links to family and friends | (47) |

16. Which of the following people attend the meetings?

Code

1) Regularly (unless ill or similar)
2) Sometimes (if asked by the client)
3) Sometimes (if asked by the co-ordinator)
4) Rarely or Never

| | |
|---|---|
| The client | (48) |
| The long term placement carer | (49) |
| The social worker | (50) |
| Staff member from Day Care | (51) |
| Short term carer or staff member from Hostel or Respite Care Unit | (52) |
| Member of Community Health Team | (53) |
| Consultant | (54) |
| General Practitioner | (55) |
| Relative(s) of client | (56) |
| Close friend(s) of client | (57) |
| Other (specify) ..... | (58) |

17. What are the aims or purpose of your scheme?

.....

.....

.....

.....

.....

(59)

(60)

18. What aspects do you particularly value in your scheme?

.....

.....

.....

.....

.....

(61)

19. What in your view contributes to the smooth working of your scheme?

.....

.....

.....

.....

.....

(62)

20. What are the biggest organisational problems that you encounter?

.....

.....

.....

.....

.....

(63)

21. Are there any other comments you wish to make regarding your Placement Scheme? (Please continue on back of form if you would like more space).

.....

.....

..... (64)

.....

.....

22. Is the area in which you work thinking of setting up an Adult Placement Scheme?

Yes = 1
No = 2 (65)

23. Are there any comments you wish to make?

.....

.....

..... (66)

.....

.....

< (67)

Thank you for completing this questionnaire.

If you can complete the questionnaire during the day please hand it to a member of the Hampshire Adult Placement Scheme.

If you do not complete the questionnaire during the day, please send to:-

Julia Fanning
Personal Research Fellow
Southampton University
2 The Polygon
Southampton
Hampshire

## APPENDIX B. - HAMPSHIRE ADULT PLACEMENT CLIENT FORMS

B.1. APPLICATION FOR ADULT PLACEMENT SCHEME - A.P.1.

B.2. CARER'S ASSESSMENT FORM - A.P.3.

B.3. TERMS & CONDITIONS OF HAMPSHIRE ADULT PLACEMENT SCHEME-A.P.4.

B.4. CLIENT'S AGREEMENT FORM - A.P.5.

AP1.

HAMPSHIRE COUNTY COUNCIL
SOCIAL SERVICES DEPARTMENT

Hampshire

## APPLICATION FOR ADULT PLACEMENT SCHEME

Received by Adult Placement Officer on .....

CRS amended by (initials)

Application .....

Placement .....

Category: * Mental Handicap/Mental Illness/Physical Handicap/Elderly
*(*Delete as appropriate).*

Name of Applicant:
SURNAME: FORENAMES:

CLIENT REFERENCE NUMBER

| Off. | Yr. | Number | F |
|---|---|---|---|
| | | | |

ADDRESS:

DATE OF BIRTH

| SEX | TITLE |
|---|---|
| | |

Postcode: Tel. No.:

Next of kin: Address: Tel. No.:

Post code:

Relationship to applicant:

Person to contact in emergency (if other than Next of kin) Address: Tel. No.: Day Night

G.P. Address: Tel. No.:

Reason for Application:

SSD.282.

What are the applicant's expectations of adult placement? Note any particular likes, dislikes, aspirations, etc., which may affect application.

Applicant's strengths and needs — please comment under following headings:—

1. Self Care

2. Domestic

3. Community Living Skills

4. Communication

5. Personality and Social Adjustment

6. Close Personal Relationships

7. Leisure Use

8. Group Membership

9. Employment

10. Others

*Continue on another sheet if necessary*

| SPECIFIC SKILLS: *Tick as appropriate.* | | | |
|---|---|---|---|
| | YES | NO | COMMENTS |
| WASH SELF | | | |
| DRESS SELF | | | |
| FEED SELF | | | |
| BATH SELF | | | |
| CLIMB STAIRS UNAIDED | | | |
| TOILET SELF | | | |
| MAKE SNACKS | | | |
| MAKE POT OF TEA | | | |
| PERFORM HOUSEHOLD TASKS | | | |
| TRAVEL ALONE ON PUBLIC TRANSPORT | | | |
| ROAD SENSE | | | |
| HANDLE MONEY | | | |
| USE TELEPHONE | | | |
| GO SHOPPING | | | |

## KEY HEALTH INFORMATION

| Health problem(s) | Y | N | Medication and/or Support Required (give details) | Amount and when to be taken. Can manage by self? Y/N |
|---|---|---|---|---|
| (a) Epilepsy (indicate frequency severity) | | | | |
| (b) Diabetes | | | | |
| (c) Heart | | | | |
| (d) Mental Illness ie: | | | | |
| (e) Physical Handicap ie: | | | | |
| (f) Incontinence | | | | |
| (g) Other ie: | | | | |

Special Diet (give details):

ACCOMMODATION: What is applicant's preference regarding:—

(a) Type of Accommodation .....

(b) Area .....

(c) Type of Care .....

SOURCE OF INCOME: *Tick as appropriate and specify amount per week*

| | √ | £ | | √ | £ |
|---|---|---|---|---|---|
| Retirement Pension | | | Attendance/Mobility Allowance | | |
| Invalidity Benefit/NCIP | | | Supplementary Benefits | | |
| Sickness Benefit | | | Private Income | | |
| War Pension | | | Other — specify | | |

ADULT PLACEMENT OFFICER'S COMMENTS:

RECOMMENDATION:

1. Appropriate. Can be implemented at present.
2. Appropriate. Can be implemented in future.
3. Inappropriate. Give reasons.

TYPE OF PLACEMENT REQUIRED:

LENGTH OF PLACEMENT: LONG/SHORT STAY

IF PLACEMENT APPROPRIATE:

Place with:

Address: Tel. No.:

Date of Placement: Long/Short Stay

SIGNATURE DATE:

Any further change should be notified by the use of an Action Note.

GENERAL COMMENTS. Include important life events/changes, etc., relevant to application for adult placement, including natural family's attitude if relevant and any day services likely to be required.

SIGNED: (Social Worker) DATE:

NAME IN CAPITALS:

SIGNED: (Fieldwork Manager) DATE:

NAME IN CAPITALS

NOTE: This application is to be accompanied by a completed Form AP5.

HAMPSHIRE COUNTY COUNCIL
SOCIAL SERVICES DEPARTMENT

**CARER'S ASSESSMENT FORM**

AP3
**CONFIDENTIAL**

Hampshire

NAME OF CARER: ..... CRS Estab. No. .....

ADDRESS: .....

..... Postcode: ..... Tel.: .....

| NAME | TITLE | DATE OF BIRTH |
|---|---|---|
| Carer: | | |
| Other members of household: | | |
| | | |
| | | |
| | | |
| | | |

TYPE OF PERSON PREFERRED (if any):

1. People with mental illness/mental handicap/physical handicap/elderly.

2. Age range: sex: length of stay:

ACCOMMODATION OFFERED:

1. Type of house
2. Neighbourhood
3. Number places offered
4. Single/Sharing
5. All meals
   Bed and breakfast and evening meal
   Bed and breakfast
   Self-catering (with cooking facilities)
6. Own sitting room/shared with family

FACILITIES AND STANDARDS OF ACCOMMODATION: (e.g. space/heating/washing facilities/garden/safety factors/access/alarms/distance from shops, buses/willingness for adaptations, etc.)

FURTHER INFORMATION

| |
|---|
| Reasons given for application. |
| Have they any previous experience with mental health problems/other handicaps/problems of ageing in their own lives? |
| Any relevant employment/voluntary experience? |
| Expressed attitudes to handicap, e.g. integration v. segregation, individualising v. generalising. |
| Realistic view of clients strengths and needs? |
| Do opportunities exist for family integration of client? |
| Do they consider personal care in addition to living space important/necessary? |
| Proximity to day services. |
| Will they require: Holiday cover? YES/NO Respite care? YES/NO. |
| Are there any significant "rules" of the house? e.g. no smoking. |

SPECIAL RESOURCES OR SUPPORT REQUIRED

| |
|---|
| Equipment for daily living or adaptations.<br><br>Help with redecoration/bed/bedding, etc. |

RELEVANT PERSONAL DETAILS:

e.g. special interests, personal characteristics, cultural factors, working patterns, age of children, marital circumstances, health, religion, attitudes, etc.

**BOARD AND LODGING CHARGES**

Amount per week

**REFEREES:**

1. Name:

   Address:

2. Name:

   Address:

This section is to be signed by the Carer

Have you or any other member of your family been convicted of an offence? YES/NO

If YES, please specify

Date: Signed:

Is the Carer known to Area Centre? YES/NO

**ASSESSMENT**

**DECISION**

DATE:

SIGNATURE OF
ADULT PLACEMENT OFFICER:

| Entered on CRS | Initials | Date |
|---|---|---|

HAMPSHIRE COUNTY COUNCIL

SOCIAL SERVICES DEPARTMENT

Hampshire

# TERMS & CONDITIONS OF HAMPSHIRE ADULT PLACEMENT SCHEME

Adult Placement Scheme for Former Mentally Ill Patients, Mentally Handicapped, Elderly and Physically Handicapped persons.

**Under the Scheme, the carer will undertake to:—**

(a) **Provide residential accommodation** for a previously agreed number of clients from local hospitals, Local Authority Hostels or the community.

(b) **Take an interest** in the client, wherever possible encouraging self-help.

(c) **Permit regular visiting** by professional and voluntary workers.

(d) Contact the client's own practitioner, whenever the client is ill and unable to do so him/herself.

(e) **Permit the Adult Placement Officer and Social Worker to view all rooms** and facilities used by the clients, as and when required—although normally by prior arrangements.

**The Social Services Department, for its part, undertakes to:—**

**(a) Keep the number of units of accommodation** which have previously been agreed upon by the carer and the Adult Placement Officer as fully utilised as possible, bearing in mind the needs of both carer and client.

(b) Engage in negotiations, where necessary, with the Department of Health and Social Security through the Adult Placement Officer as to the monetary payments and entitlements appropriate to the client and his particular accommodation charges. Where there is a delay in the client's receipt of such payment by the Department of Health and Social Security, the Adult Placement Officer will have a discretion to make an interim payment to the client so that he can pay his accommodation charges to the carer.

(c) **Arrange for the prompt re-admission** to hospital or Local Authority accommodation of those clients who, in the opinion of the hospital and Social Services Department, are deemed to be in need of such re-admission. Where clients are re-admitted, the Adult Placement Officer will, in appropriate cases subject to the client's agreement, negotiate with the Department of Health and Social Security on behalf of the client for a retainer to be paid to the carer to protect the Client's accommodation in his absence. An eight-week period would be the usual limit in such cases.

(d) **Reimburse the Carer for up to two weeks,** should a client default in payment of board and lodging charges.

(e) **Compensate the carer** for any undue losses and/or damage up to a maximum of £2,500 to goods, furniture, etc., subject to the carer following the guidance of the County Secretary with regard to the possible conduct of legal proceedings in respect of any aspect of the incident leading to the damage.

(f) **Provide alternative accommodation** for the client where the carer is unable to arrange this for himself for a period of up to three weeks per year to enable the carer to take his annual holiday.

(g) **Arrange introductory visits** and short stays for clients prior to final placement in such accommodation. All placements will be made subject to an initial four-week trial period.

(h) Wherever appropriate make available to clients some form of day care provision or employment.

(i) To put forward persons for boarding-out under this Scheme who have an acceptable level of social and personal behaviour, communication and personal hygiene.

(j) **Arrange for individual and/or group meetings** of professional staff and carers seeking:—

(i) A fuller understanding of clients' difficulties in social adjustment or other handicaps;

(ii) Mutual support of carers with problems encountered with care and management of their residents.

A carer's participation in the Scheme may be terminated by either the carer or the Social Services Department giving one month's notice of such intention in writing or, exceptionally, earlier by agreement with the other party.

AP5

HAMPSHIRE COUNTY COUNCIL

SOCIAL SERVICES DEPARTMENT

Hampshire

## ADULT PLACEMENT SCHEME

**CLIENT'S AGREEMENT FORM** (To be completed before placement)

1. I agree to information about myself being passed to the carers and any other person concerned with my welfare.

2. I will be informed of the amount of money I will be expected to pay for my accommodation and understand that this amount could change in the future.

3. If I cannot, or do not pay, for my accommodation at any time, I understand that the Adult Placement Officer might have to make other arrangements for the money to be paid direct to the carer.

4. I agree to tell my Social Worker or the Adult Placement Officer if there are any changes in the amount of money I receive.

5. I understand that if I have to go into hospital or leave the carer and plan to return to the carer afterwards, I will have to pay the carer an amount of money to keep my room while I am away.

6. I understand that the first four weeks of the placement will be arranged on a trial basis.

7. I understand that if I am unhappy with my accommodation I can discuss the problem with my Social Worker.

SIGNED .....

Print name in BLOCK CAPITALS please

WITNESSED BY .....

(Social Worker)

DATE: .....

**Please Note:** If necessary, a close relative or guardian may sign for this person.

Distribution: White copy to Adult Placement Officer.
Blue copy to Client.
Yellow copy to Client's file.

SSD.286.

# APPENDIX C. - HAMPSHIRE ADULT PLACEMENT CARER FORMS

C.1. ADULT PLACEMENT CARER APPLICATION - PART II

C.2. RESULTS OF CARER SURVEY

C.3. ADULT PLACEMENT CARER APPLICATION - PART I

C.4. RESULTS OF HAMPSHIRE CARER QUESTIONNAIRE

C C (1-2)

# ADULT PLACEMENT CARER APPLICATION - PART II

Computer No. (3-12)

1. Name of Carer .....

2. Address .....

.....

## Attitude of Carers

3. Reason for Joining Scheme

Reasons given for wishing to join Placement Scheme.
Code up to two comments.

1 = To Provide Care for 'Named' Person
2 = to Provide Care for a Person with a Handicap
3 = Family Left Home Want to Continue Caring
4 = Want to Work at Home
5 = Offer More than an Institution
6 = Financial
7 = Other (specify .....
..... )

(13)
(14)
(15-16)

4. Does the carer have previous experience of mental health difficulties or handicap in own life?

1 = YES
2 = NO

(17)

(Specify .....
..... )

(18-19)

5. Relevant Experience

1 = Qualified Nurse (General)
2 = Qualified Specialist Nurse
3 = Qualified Social Worker Residential
4 = Qualified Social Worker Generic or Specialist
5 = Experience as Unqualified Nurse
6 = Experience as Unqualified Social Worker Generic
7 = Experience as Unqualified Residential Social Worker
8 = Experience as Voluntary Worker
9 = Experience in Caring for Relative
10 = Other (specify ..... )
11 = None

(20-21)
(22-23)

6. Attitude to Disability

Which is the closest comment recorded?

Code up to two comments.

1 = Carer Sees People as Adult Individuals who have Special Needs
2 = Maternatistic - "They need looking after "childlike"
3 = Non-Committal - "I don't know much about people with handicaps"
4 = Discriminatory - Not people who are mentally ill
5 = Discriminatory - Not people who look different
6 = Discriminatory - Other (specify ..... )
7 = Other (specify ..... )

[ ][ ] (24-25)
[ ][ ] (26-27)

7. Comprehension of Problems

1 = Good Understanding of Living with Others
2 = Appears Flexible but No Experience of Living with Other People
3 = Does Not Appear Very Flexible/Not Able to Foresee Difficulties Easily/Will Need Help to Adjust
4 = Inflexible/No Comprehension of Problems
5 = Other (specify ..... )

[ ][ ] (28-29)

8. How Far will Carer Integrate Client into Family?

1 = Fully
2 = Partially
3 = Not at All

[ ] (30)

9. Will Carer Co-operate with:-

1 = YES
2 = NO

Clients Own Family .. .. .. .. .. .. [ ] (31)
Social Workers .. .. .. .. .. .. .. [ ] (32)
Volunteers .. .. .. .. .. .. .. [ ] (33)
Carer's Group Sessions .. .. .. .. .. [ ] (34)

10. Is Day Care Essential?

1 = YES
2 = NO

[ ] (35)

11. Will Carer Require Holiday Cover?

1 = YES
2 = NO

[ ] (36)

12. Will Carer Require Retainer?

1 = YES
2 = NO

(37) ☐

13. Rules of the House

Area any of the following recorded?

1 = Recorded
0 = Not Recorded

No Smoking Anywhere .. .. .. .. .. .. (38) ☐
No Smoking Upstairs/Bedroom .. .. .. .. (39) ☐
No Friends in House .. .. .. .. .. .. (40) ☐
Friends Not Welcome in Common Areas .. .. (41) ☐
Limited Use of Bathroom .. .. .. .. .. (42) ☐
Limited Use of Garden .. .. .. .. .. (43) ☐
Client Not Welcome in Carers Sitting Room .. (44) ☐
Other (specify ..... ) (45) ☐

## Personality of Carer

14. Educational Level

1 = Left School without Formal Qualifications
2 = Left School with CSE or 'O' Level or Equivalent
3 = Skill Courses, Apprenticeships, 'A' Level, or Equivalent
4 = Further Education, College, University Diploma, Degree
5 = Other (specify ..... )

(46) ☐

15. Socio-Economic Group

1 = Professional & Management
2 = Skilled, Non-Manual/Manual
3 = Unskilled
4 = Other

(47) ☐

16. Description of Carer

Code

1 = Excellent/Good/Appropriate
2 = Fair/Reasonable/YES
3 = Poor/Not Present/Not Good/NO

| | |
|---|---|
| Physical Health .. .. .. .. .. .. | (48) |
| Mental Health .. .. .. .. .. .. .. | (49) |
| Resilience .. .. .. .. .. .. .. | (50) |
| Patience .. .. .. .. .. .. .. .. | (51) |
| Firmness .. .. .. .. .. .. .. .. | (52) |
| Flexibility .. .. .. .. .. .. .. | (53) |
| Good Humour .. .. .. .. .. .. .. | (54) |
| Common Sence .. .. .. .. .. .. .. | (55) |

**Family Relationships**

17. Is there a good relationship between husband and wife?

1 = YES
2 = NO
0 = N/A

(56)

18. Is there visible signs of strain, e.g. with teenage children?

1 = YES
2 = NO
0 = N/A

(57)

19. Other family members/neighbours attitude to Adult Placement

1 = Positive/No Difficulties
2 = Passive/No Comment
3 = Negative/Opposed
4 = Not Applicable

| | |
|---|---|
| Spouse .. .. .. .. .. .. .. .. | (58) |
| Rest of Household .. .. .. .. .. .. | (59) |
| Neighbours .. .. .. .. .. .. .. | (60) |
| Close Family .. .. .. .. .. .. .. | (61) |
| Other (specify ..... ) | (62) |

D D (1-2)



20. Carer Interests

Does carer have interests or hobbies?

1 = YES
2 = NO
0 = Not Known

Listening to Tapes/Radio .. .. .. .. .. (3)
Watching T.V. .. .. .. .. .. .. .. (4)
Visiting Places of Interest .. .. .. .. (5)
Handicrafts .. .. .. .. .. .. .. (6)
Games/Puzzels .. .. .. .. .. .. .. (7)
Reading .. .. .. .. .. .. .. .. (8)
Outdoor Pursuits (including sport) (9)
(specify ..... ) (10)
Other (specify ..... ) (11)

21. Involvement in Community Activities

1 = YES
2 = NO
0 = Not Known

Uses a Local Public House .. .. .. .. (12)
Religious Involvement .. .. .. .. .. (13)
Clubs/Associations .. .. .. .. .. .. (14)
Cinema/Theatre .. .. .. .. .. .. .. (15)
Other (specify ..... ) (16)

22. (i) Will carer involve client in these activities if requested?

1 = YES
2 = NO

(17)

(ii) Will carer help client develop his/her own interests?

1 = YES
2 = NO

(18)

23. Has carer been convicted of an offence?

1 = YES
2 = NO

If 'YES' (specify ..... ) (19) (20-2

24. Have any other members of the household been convicted of an offence?

1 = YES
2 = NO

(22)

If 'Yes' (specify ..... ) (23-2

25. References returned and accepted

1 = YES
2 = NO

(25)

26. Is carer known to Area Centre as:-

1 = A Client
2 = A Volunteer or in a Working Capacity
3 = Other (specify ..... )
4 = Not Known to Centre
5 = Not Recorded

(26)

27. Decision

Did Adult Placement Officer decide to register applicant as a carer?

1 = YES
2 = NO

(27)

[If YES] Give nearest indicator of recommendation:

1 = Excellent/Highly Recommended
2 = Good/Needs Help to Overcome some Difficulties
3 = Fair/May be Suitable for Limited Range of People
4 = Poor/Use Only with Caution/Use Only for Clients Already Placed

(28)

28. Date of Registration with Adult Placement Scheme

In the form DD/MM/YY

(29-34)

29. Number of Clients Registered For

1 = One Client
2 = Two Clients
3 = Three Clients

(35)

30. Is Carer Registered For?

1 = Short Stay Only
2 = Long Stay Only
3 = Both

(36)

31. Is Carer Currently Registered?

1 = YES
2 = NO

(37)

32. If 'No'

What is reason given for termination?

Specify .....

(38-

(40)

## APPENDIX C.2. RESULTS OF CARER SURVEY

These results form the basis of the Carer Survey 7.2.A. and describes the same 80 carers as the Carer Questionnaire Appendix C.4. Percentages included in the following tables have been calculated as a proportion of the 80 responses received unless stated otherwise.

Question 3. Reasons for joining scheme (up to 2 responses)

C.2.Q.3. Table - Reasons for Joining Scheme

| | |
|---|---|
| To provide care for a 'named' person. | 17 |
| To provide care for people with a handicap | 75 |
| Family left home want to continue caring | 11 |
| Financial | 1 |

Question 4. Carer Experience of Disabilities

All carers stated that they had no personal experience of mental health difficulties or other handicap in own lives in the sense that they had themselves experienced a breakdown or were physically or mentally disabled.

Question 5. Relevant experience (up to 2 responses)

C.2.Q.5. Table - Relevant Experience

| | | |
|---|---|---|
| Qualified nurse (general) | 18 ) | |
| Qualified nurse (specialist) | 4 ) | (55%) |
| Experience as Unqualified Nurse | 22 ) | |
| Qualified Social Worker Residential | 2 ) | |
| Experience as Unqualified Residential Social Worker | 9 ) | (14%) |
| Experience as Voluntary Worker (Complete only if no other experience) | 17 ) | (9%) |
| Experience in Caring for Relative (Complete only if no other experience) | 18 ) | (23%) |

Question 6. Attitude to Disability

Officers noted that all carers viewed clients as 'adult individuals who have special needs'.

Question 7. Comprehension of Problems

With the exception of one carer, all carers had previous experience of living with others and were considered to have a good understanding of sharing their homes.

Cont'd.

Appendix C.

Question 8. Carer Integration of Client into Family

All carers stated that they were committed to integrating the client into their family.

Question 9. Carer co-operation

C.2.Q.9. Table - Carer co-operation

Will carer co-operate with;

| | Yes | No |
|---|---|---|
| Client's own family | 74 (93%) | 6 (8%) |
| Social Workers | 80 (100%) | 0 (0%) |
| Volunteers | 71 (89%) | 9 (11%) |
| Carer's group sessions | 63 (79%) | 17 (21%) |

Question 10. Day Care

Fifty-nine (74%) carers considered that day care was essential, the remaining 21 carers were prepared to offer 24 hour care.

Question 11. Holiday Cover

Holiday cover was requested by 70 of the prospective carers as being essential, the remainder considered that a holiday was part of the family situation and were prepared to include their clients or could make other arrangements.

Question 12. Retainer

Sixty-nine carers required this payment, indicating that the payment was welcomed. The practice was stopped in 1984 and the question was no longer included on the Carer Application Form. It is not known how many of the carers not requesting a retainer had not been asked this question.

Question 13. Rules of the House

C.2.Q.13. Table - Rules of the House

| | |
|---|---|
| No smoking anywhere | 21 (66%) |
| No smoking upstairs | 9 (28%) |
| No pets | 2 (6%) |

Cont'd.

## Question 14. Educational Qualifications

C.2.Q.14. Table - Educational Qualifications

| | |
|---|---|
| Left school without formal qualifications | 5 (6%) |
| Left school with CSE / 'O' Level equivalent | 21 (26%) |
| Vocational course, 'A' Level or equivalent | 39 (49%) |
| Further education, college, university | 15 (19%) |

## Question 15. Socio-economic Group

C.2.Q.15. Table - Socio-economic Group

| | |
|---|---|
| Professional and Management | 32 (40%) |
| Skilled manual / non-manual | 46 (58%) |
| Unskilled | 2 (3%) |

## Question 16. Description of Carer

C.2.Q.16. Table - Description of Carer

Description of carer given by adult placement officers.

| | Excellent | Fair |
|---|---|---|
| Physical health | 71 (89%) | 9 (11%) |
| Mental health | 71 (89%) | 9 (11%) |
| Resilience | 73 (91%) | 7 (7%) |
| Patience | 77 (96%) | 3 (4%) |
| Firmness | 67 (84%) | 13 (16%) |
| Flexibility | 71 (89%) | 9 (11%) |
| Good humour | 78 (98%) | 2 (3%) |
| Common sense | 77 (96%) | 3 (4%) |

Percentages have been calculated by row.

## Question 17. Relationship between husband and wife

All 63 married carers showed a good relationship between themselves and their spouse.

## Question 18. Relationship with children

Of the 27 carers with children at home, six were observed to show signs of strain between themselves and their children.

## Question 19. Other Family / Neighbours Attitudes to Adult Placement

C.2.Q.19. Table - Attitudes

| | Positive | Passive | Negative | N/A |
|---|---|---|---|---|
| Spouse | 63 (79%) | 0 (0%) | 0 (0%) | 17 (21%) |
| Rest of Household | 73 (91%) | 2 (3%) | 0 (0%) | 5 (6%) |
| Neighbours | 70 (88%) | 5 (6%) | 4 (5%) | 1 (1%) |
| Close family | 72 (90%) | 6 (8%) | 1 (1%) | 1 (1%) |

Percentages have been calculated by row.

Cont'd.

Question 20. Carer Interests and Hobbies

C.2.Q.20. Table - Interests and Hobbies

| | |
|---|---|
| Listening to tapes | 4 |
| Watching T.V. | 2 |
| Visiting places of interest | 16 |
| Handicrafts | 23 |
| Games / puzzles | 13 |
| Reading | 6 |
| Outdoor pursuits | 30 |
| Other | 23 |

Question 21. Involvement in Community Activities

C.2.Q.21. Table - Community Involvement

| | |
|---|---|
| Uses a local pub | 2 |
| Religious involvement | 16 |
| Clubs / associations | 41 |
| Cinema / theatre | 1 |

Question 22. Carer Involvement of Client in these activities

Although all carers stated when they joined the scheme that they would involve clients in the preceding activities if requested. All carers were prepared to help a client to develop personal interests and remained supportive of this idea in 1986.

Question 23. Carer Conviction of an offence

No carers had been convicted of an offence.

Question 24 Other Family Members Convictions

C.2.Q.24. Table - Household Convictions

| | | |
|---|---|---|
| Yes | 7 (9%) | (Parking offences account for 5 of these.) |
| No | 73 (91%) | |

Question 25. References returned and accepted

All carers had their references returned and accepted.

Question 26. Carer Reference from Social Work Area Office

C.2.Q.26. Table - Reference from Area Office

| | |
|---|---|
| Volunteer | 9 (11%) |
| Known with case file. | 2 (3%) |
| Not known to the centre | 69 (86%) |

Cont'd.

Question 27.(i) Decision to Register Applicant

As previously noted, all carers in this survey were registered on the scheme.

Question 27(ii). Indicator of recommendation

C.2.Q.27(ii). Table - Recommendations

| | |
|---|---|
| Excellent | 72 (90%) |
| Good | 8 (10%) |

Question 29. Number of Client Places registered

C.2.Q.29. Table - Places Registered

| | | | |
|---|---|---|---|
| One | 21 (26%) | 21 places) | |
| Two | 27 (34%) | 54 places) | 171 places |
| Three | 32 (40%) | 96 places) | |

Question 30. Type of Registration

C.2.Q.30. Table - Type of Registration

| | |
|---|---|
| Short stay only | 0 (0%) |
| Long stay only | 42 (53%) |
| Both | 38 (48%) |

Cont'd.

## ADULT PLACEMENT CARER APPLICATION - PART I

A A (1-2)

**Identification** Computer No.

(3-12)

1. Name ..... /Responsible Person)

2. Address .....

.....

3. Age

1 = 18 - 30 years
2 = 31 - 40 years
3 = 41 - 50 years
4 = 51 - 60 years
5 = 61 - 70 years
6 = 71+

(13)

4. Marital Status

1 = Single
2 = Married
3 = Separated/Divorced
4 = Widowed
5 = Not Known

(14)

5. Other Household Members

(i) Does anyone else live in household? (Not including people placed on Adult Placement)

1 = YES
2 = NO

(15)

(ii) [If YES] who are they?

[Enter numbers of persons in box(es)]

Wife/Husband .. .. .. .. .. .. (16)
Child(ren) - Under 16 .. .. .. .. (17)
Child(ren) - Over 16 .. .. .. .. (18)
Parents .. .. .. .. .. .. .. (19)
Other Relatives .. .. .. .. .. (20)
Lodgers .. .. .. .. .. .. .. (21)
Other (specify ..... ) (22)

6. Preferred Client Category

1 = Mental Handicap
2 = Mental Illness
3 = Physically Handicap
4 = Elderly
5 = No Preference

(23)

7. Preferred Age of Clients

1 = Young Adult (18 - 30 years)
2 = Middle-aged (31 - 60 years)
3 = Elderly (61 +)
4 = No Preference

(24)

8. Preferred Sex of Clients

1 = Male
2 = Female
3 = Either

(25)

9. Preferred Length of Stay for Client

1 = Less than One Month
2 = More than One Month/up to One Year
3 = Longer than One Year

(26)

10. Number of Clients Registered For

1 = One Client
2 = Two Clients
3 = Three Clients

(27)

11. Clients Placed (Past and Present)

Handicap Code

1 = Mental Handicap
2 = Mentally Ill
3 = Physically Handicap
4 = Elderly

Length of Placement Code

1 = Less than 1 Month
2 = 1 Month - 6 Months
3 = 7 Months - 12 Months
4 = 13 Months - 2 Years, 11 Months
5 = 3 Years+
6 = Short Stay Visit or Visits

Current Code

1 = YES (in placement)
2 = NO (no longer in placement)

| | Handicap | Time | Current |
|---|---|---|---|
| Name ..... | (28) | (29) | (3( |
| Name ..... | (31) | (32) | (3: |
| Name ..... | (34) | (35) | (3( |
| Name ..... | (37) | (38) | (3: |
| Name ..... | (40) | (41) | (4: |
| Name ..... | (43) | (44) | (4: |
| Name ..... | (46) | (47) | (4( |
| Name ..... | (49) | (50) | (5: |
| Name ..... | (52) | (53) | (5( |
| Name ..... | (55) | (56) | (5: |

**Description of Unit**

12. Accommodation

1 = Owner Occupied
2 = Council
3 = Privately Rented
4 = Other (specify ..... )

(58)

13. Type of House

1 = Detached
2 = Semi-Detached
3 = Terraced
4 = Flat/Maisonette

(59)

14. Type of Area

1 = Urban
2 = Rural

(60)

15. Type of Unit

1 = Family Situation
2 = Supervised Lodgings
3 = Bedsitter
4 = Flat
5 = Other

(61)

16. Client Accommodation

1 = Not Shared
2 = Shared with Family and Other Clients
3 = Shared Other Clients Only
4 = Choice of Rooms (either share with family or other clients only)
5 = Not Applicable

Client Bedroom .. .. .. .. .. .. .. (62)
Client Sitting Room .. .. .. .. .. .. (63)
Client Kitchen .. .. .. .. .. .. .. (64)
Client Bathroom .. .. .. .. .. .. (65)
Client Toilet .. .. .. .. .. .. .. (66)

17. Meals

1 = All Meals Provided
2 = Bed/Breakfast & Evening Meal
Full Board Weekends
3 = Bed Breakfast & Evening Meal
4 = Bed & Breakfast
5 = Self Catering
6 = Other (specify ..... )

(67)

18. Availability of Carer (for clients in family situation or supervised lodgings (see question 15)

1 = House Not Left Unattended
2 = House Left Unattended Periods up to 3 Hours
3 = House Left Occasionally All Day
4 = House Left Regularly All Day
5 = House Left Occasionally All Night
6 = House Left Regularly All Night

(68)

| B | B | (1-2) |
|---|---|---|

19. Proximity to Local Facilities

1 = Less than ½ Mile
2 = One Mile Approximately
3 = More than One Mile
0 = Not Known

| | | | |
|---|---|---|---|
| Local Shop .. .. .. .. .. .. .. | | | (3) |
| Shopping Area .. .. .. .. .. .. .. | | | (4) |
| Recreational Facilities: | Sports Hall .. .. | | (5) |
| | Swimming Pool .. | | (6) |
| | Cinema/Theatre .. | | (7) |
| Social Facilities: | Public House .. .. | | (8) |
| | Club .. .. .. | | (9) |
| | Church .. .. .. | | (10) |
| Other (specify ..... ) | | | (11) |
| Public Transport: | Bus Service .. .. | | (12) |
| | Train Service .. | | (13) |
| Day Care Service: | Training Centre .. | | (14) |
| | Sheltered Workshop | | (15) |
| | Day Care Elderly .. | | (16) |

20. Heating

1 = Radiators/Night Storage Heaters/
Central Heating
2 = Gas/Electric Fires
3 = Coal/Parafin/Calor Gas
4 = Combination of Radiators and Gas or Electric Fires
5 = Other (specify ..... )
6 = None

| | | |
|---|---|---|
| Clients Bedroom .. .. .. .. .. .. | | (17) |
| Sitting Room .. .. .. .. .. .. .. | | (18) |
| Bathroom .. .. .. .. .. .. .. .. | | (19) |
| Toilet .. .. .. .. .. .. .. .. | | (20) |
| Kitchen .. .. .. .. .. .. .. .. | | (21) |

21. Laundry

(i) Carer

1 = Carer Does all Laundry if Required
2 = Carer Washes Main Linen
3 = Carer Does Not Provide Laundry Service
0 = Not Known

[ ] (22)

(ii) Client

1 = YES
2 = NO
0 = Not Known

Client has Use of Washing Machine .. .. .. [ ] (23)
Client has Use of Spin and/or Tumble Dryer .. [ ] (24)
Client has Use of Washing Line .. .. .. [ ] (25)

22. Garden

1 = Garden with Access for Client
2 = No Garden or No Access to Client

[ ] (26)

23. Safety Factors

1 = YES
2 = NO
0 = Not Known

Two Exits to House .. .. .. .. .. .. [ ] (27)
Alarm System .. .. .. .. .. .. .. [ ] (28)
Smoke Detectors .. .. .. .. .. .. [ ] (29)
Fire Guards (if appropriate) .. .. .. .. [ ] (30)
Other (specify ..... ) [ ] (31)

24. Adaptations

Is carer prepared to have aids and/or adaptations if necessary?

1 = YES
2 = NO

[ ] (32)

25. Carer Interests

Does carer have interests or hobbies?

1 = YES
2 = NO

| | |
|---|---|
| Listening to Tapes/Radio .. .. .. .. .. | (33) |
| Watching T.V. .. .. .. .. .. .. .. | (34) |
| Visiting Places of Interest .. .. .. .. | (35) |
| Handicrafts .. .. .. .. .. .. .. | (36) |
| Games/Puzzels .. .. .. .. .. .. .. | (37) |
| Reading .. .. .. .. .. .. .. .. | (38) |
| Outdoor Pursuits (including sport) | (39) |
| (specify ..... ) | (40) |
| Other (specify ..... ) | (41) |

26. Involvement in Community Activities

1 = YES
2 = NO

| | |
|---|---|
| Uses a Local Public House .. .. .. .. | (42) |
| Religious Involvement .. .. .. .. .. | (43) |
| Clubs/Associations .. .. .. .. .. .. | (44) |
| Cinema/Theatre .. .. .. .. .. .. .. | (45) |
| Other (specify ..... ) | (46) |

(i) Will carer involve client in these activities if requested?

1 = YES
2 = NO (47)

(ii) Will carer help client develop his/her own interests?

1 = YES
2 = NO (48)



(49)

C C (1-2)

## ADULT PLACEMENT CARER APPLICATION - PART II

Computer No. (3-12)

1. Name of Carer .....

2. Address .....

.....

**Attitude of Carers**

3. Reason for Joining Scheme

Reasons given for wishing to join Placement Scheme.
Code up to two comments.

1 = To Provide Care for 'Named' Person
2 = to Provide Care for a Person with a Handicap
3 = Family Left Home Want to Continue Caring
4 = Want to Work at Home
5 = Offer More than an Institution
6 = Financial
7 = Other (specify .....
..... )

(13)
(14)
(15-16)

4. Does the carer have previous experience of mental health difficulties or handicap in own life?

1 = YES
2 = NO

(17)

(Specify .....
..... )

(18-19)

5. Relevant Experience

1 = Qualified Nurse (General)
2 = Qualified Specialist Nurse
3 = Qualified Social Worker Residential
4 = Qualified Social Worker Generic or Specialist
5 = Experience as Unqualified Nurse
6 = Experience as Unqualified Social Worker Generic
7 = Experience as Unqualified Residential Social Worker
8 = Experience as Voluntary Worker
9 = Experience in Caring for Relative
10 = Other (specify ..... )
11 = None

(20-21)
(22-23)

6. Attitude to Disability

Which is the closest comment recorded?

Code up to two comments.

1 = Carer Sees People as Adult Individuals who have Special Needs
2 = Maternatistic - "They need looking after "childlike"
3 = Non-Committal - "I don't know much about people with handicaps"
4 = Discriminatory - Not people who are mentally ill
5 = Discriminatory - Not people who look different
6 = Discriminatory - Other (specify ..... )
7 = Other (specify ..... )

[ ][ ] (24-25)
[ ][ ] (26-27)

7. Comprehension of Problems

1 = Good Understanding of Living with Others
2 = Appears Flexible but No Experience of Living with Other People
3 = Does Not Appear Very Flexible/Not Able to Foresee Difficulties Easily/Will Need Help to Adjust
4 = Inflexible/No Comprehension of Problems
5 = Other (specify ..... )

[ ][ ] (28-29)

8. How Far will Carer Integrate Client into Family?

1 = Fully
2 = Partially
3 = Not at All

[ ] (30)

9. Will Carer Co-operate with:-

1 = YES
2 = NO

Clients Own Family .. .. .. .. .. .. [ ] (31)
Social Workers .. .. .. .. .. .. .. [ ] (32)
Volunteers .. .. .. .. .. .. .. [ ] (33)
Carer's Group Sessions .. .. .. .. .. [ ] (34)

10. Is Day Care Essential?

1 = YES
2 = NO

[ ] (35)

11. Will Carer Require Holiday Cover?

1 = YES
2 = NO

[ ] (36)

12. Will Carer Require Retainer?

1 = YES
2 = NO

(37)

13. Rules of the House

Area any of the following recorded?

1 = Recorded
0 = Not Recorded

| | |
|---|---|
| No Smoking Anywhere .. .. .. .. .. .. | (38) |
| No Smoking Upstairs/Bedroom .. .. .. .. | (39) |
| No Friends in House .. .. .. .. .. .. | (40) |
| Friends Not Welcome in Common Areas .. .. | (41) |
| Limited Use of Bathroom .. .. .. .. .. | (42) |
| Limited Use of Garden .. .. .. .. .. | (43) |
| Client Not Welcome in Carers Sitting Room .. | (44) |
| Other (specify ..... ) | (45) |

**Personality of Carer**

14. Educational Level

1 = Left School without Formal Qualifications
2 = Left School with CSE or 'O' Level or Equivalent
3 = Skill Courses, Apprenticeships, 'A' Level, or Equivalent
4 = Further Education, College, University Diploma, Degree
5 = Other (specify ..... )

(46)

15. Socio-Economic Group

1 = Professional & Management
2 = Skilled, Non-Manual/Manual
3 = Unskilled
4 = Other

(47)

16. Description of Carer

Code

1 = Excellent/Good/Appropriate
2 = Fair/Reasonable/YES
3 = Poor/Not Present/Not Good/NO

| | |
|---|---|
| Physical Health .. .. .. .. .. .. | (48) |
| Mental Health .. .. .. .. .. .. .. | (49) |
| Resilience .. .. .. .. .. .. .. | (50) |
| Patience .. .. .. .. .. .. .. .. | (51) |
| Firmness .. .. .. .. .. .. .. .. | (52) |
| Flexibility .. .. .. .. .. .. .. | (53) |
| Good Humour .. .. .. .. .. .. .. | (54) |
| Common Sence .. .. .. .. .. .. .. | (55) |

**Family Relationships**

17. Is there a good relationship between husband and wife?

1 = YES
2 = NO
0 = N/A

(56)

18. Is there visible signs of strain, e.g. with teenage children?

1 = YES
2 = NO
0 = N/A

(57)

19. Other family members/neighbours attitude to Adult Placement

1 = Positive/No Difficulties
2 = Passive/No Comment
3 = Negative/Opposed
4 = Not Applicable

| | |
|---|---|
| Spouse .. .. .. .. .. .. .. .. | (58) |
| Rest of Household .. .. .. .. .. .. | (59) |
| Neighbours .. .. .. .. .. .. .. | (60) |
| Close Family .. .. .. .. .. .. .. | (61) |
| Other (specify ..... ) | (62) |

| D | D | (1-2 |
|---|---|---|



20. Carer Interests

Does carer have interests or hobbies?

1 = YES
2 = NO
0 = Not Known

| | |
|---|---|
| Listening to Tapes/Radio .. .. .. .. .. | (3) |
| Watching T.V. .. .. .. .. .. .. .. | (4) |
| Visiting Places of Interest .. .. .. .. | (5) |
| Handicrafts .. .. .. .. .. .. .. | (6) |
| Games/Puzzels .. .. .. .. .. .. .. | (7) |
| Reading .. .. .. .. .. .. .. .. | (8) |
| Outdoor Pursuits (including sport) | (9) |
| (specify ..... ) | (10) |
| Other (specify ..... ) | (11) |

21. Involvement in Community Activities

1 = YES
2 = NO
0 = Not Known

| | |
|---|---|
| Uses a Local Public House .. .. .. .. | (12) |
| Religious Involvement .. .. .. .. .. | (13) |
| Clubs/Associations .. .. .. .. .. .. | (14) |
| Cinema/Theatre .. .. .. .. .. .. .. | (15) |
| Other (specify ..... ) | (16) |

22. (i) Will carer involve client in these activities if requested?

1 = YES
2 = NO

(17)

(ii) Will carer help client develop his/her own interests?

1 = YES
2 = NO

(18)

23. Has carer been convicted of an offence?

1 = YES
2 = NO

If 'YES' (specify ..... ) (20-2

24. Have any other members of the household been convicted of an offence?

1 = YES
2 = NO

If 'Yes' (specify ..... ) (23-2

25. References returned and accepted

1 = YES
2 = NO

26. Is carer known to Area Centre as:-

1 = A Client
2 = A Volunteer or in a Working Capacity
3 = Other (specify ..... )
4 = Not Known to Centre
5 = Not Recorded

27. Decision

Did Adult Placement Officer decide to register applicant as a carer?

1 = YES
2 = NO

[If YES] Give nearest indicator of recommendation:

1 = Excellent/Highly Recommended
2 = Good/Needs Help to Overcome some Difficulties
3 = Fair/May be Suitable for Limited Range of People
4 = Poor/Use Only with Caution/Use Only for Clients Already Placed

28. Date of Registration with Adult Placement Scheme

In the form DD/MM/YY

29. Number of Clients Registered For

1 = One Client
2 = Two Clients
3 = Three Clients

(19)

(22)

(25)

(26)

(27)

(28)

(29-34)

(35)

30. Is Carer Registered For?

1 = Short Stay Only
2 = Long Stay Only
3 = Both

☐ (36)

31. Is Carer Currently Registered?

1 = YES
2 = NO

☐ (37)

32. If 'No'

What is reason given for termination?

Specify .....

☐☐ (38-3

☐ (40)

## APPENDIX C.4. RESULTS OF HAMPSHIRE CARER QUESTIONNAIRE

All respondents completed the questionnaire fully, therefore, there are 80 responses to each of the questions. Percentages shown in the tables have been calculated as a proportion of the 80 respondents unless otherwise indicated.

### Question 1.

The name of the carer. This information has been withheld for reasons of confidentiality.

### Question 2. Sex of Named Carer

There were 78 female named carers and two male respondents who can be assummed to be single.

### Question 3. Age of Carer

Table C.4.Q.3. - Age of Carer

| | 18-30 | 31-40 | 41-50 | 51-60 | 61-70 | 70+ | Total |
|---|---|---|---|---|---|---|---|
| Carer. | 8 | 22 | 29 | 16 | 5 | 0 | 80 |
| | (10%) | (28%) | (36%) | (20%) | (6%) | (0%) | (100%) |

### Question 4. Marital Status

Table C.4.Q.4. - Marital Status

| Single | Married | Sep/Divorced | Widowed | Total |
|---|---|---|---|---|
| 8 | 55 | 11 | 6 | 80 |
| (10%) | (69%) | (14%) | (7%) | (100%) |

### Question 5. Other Household Members

Table C.4.Q.5. - Other Household Members

| | Spouse | Children | Parents | Lodgers |
|---|---|---|---|---|
| Members | 55 | 19 | 2 | 4 |
| | (69%) | (29%) | (3%) | (5%) |

| (under 16) | (over 16) |
|---|---|
| 11 (14%) | 8 (10%) |

### Question 6. Preferred Client Group

Table C.4.Q.6. - Preferred Client Group

| Ment.Handicapped. | Ment.Ill. | Y.P.H. | Elderly | No Preferrence. |
|---|---|---|---|---|
| 40 | 5 | 5 | 8 | 22 |
| (50%) | (6%) | (6%) | (10%) | (28%) |

Cont'd.

Appendix C.

Question 7. Preferred Age of Client

Table C.4.Q.7. - Preferred Age of Client

| 18-30 | 31-60 | 61+ | No Preference | Total |
|---|---|---|---|---|
| 22 | 28 | 21 | 9 | (80) |
| (28%) | (35%) | (26%) | (12%) | (100%) |

Question 8. Preferred Sex of Client

Table C.4.Q.8. - Preferred Sex of Client

| Male | Female | No Preference | |
|---|---|---|---|
| 16 | 20 | 44 | (80) |
| (20%) | (25%) | (55%) | (100%) |

Question 9. Preferred Length of Stay

Table C.4.Q.9. - Preferred Length of Stay

| Less than 1 month | 1 mth-6 mths | 7 mths-12 mths | 13mths-3 yrs | +3years |
|---|---|---|---|---|
| 6 | 14 | 9 | 29 | 22 |
| (8%) | (18%) | (11%) | (36%) | (28%) |

Question 10. Carer Registration by Number of Clients

Table C.4.Q.10. - Carer Registration by Number of Clients

| Number of Clients | One | Two | Three | Total |
|---|---|---|---|---|
| | 6 | 11 | 63 | 80 (223 Places) |
| | (8%) | (14%) | (79%) | (100%) |

Question 11. Number of Clients Placed per Carer by Client Group.

Table C.4.Q.11a- Number of Clients Placed per Carer by Client Group.

| No. of Clients. | One | Two | Three | Clients |
|---|---|---|---|---|
| M.H. | 1 | 22 | 98 | 119 |
| | (>1%) | (12%) | (51%) | |
| M.I. | 1 | 28 | 9 | 38 |
| | (>1%) | (15%) | (5%) | |
| YPH | 5 | 6 | 0 | 11 |
| | (3%) | (3%) | (0%) | |
| ELD | 0 | 8 | 15 | 23 |
| | (0%) | (4%) | (8%) | |
| | 7 | 64 | 120 | 191 |

Percentages have been calculated as a proportion of the 191 clients in placement.

Cont'd.

Question 11. Number of Clients Placed per Carer by Client Group.

Table C.4.Q.11b - Carers by Number of Clients in Household

| One | Two | Three | Carers |
|---|---|---|---|
| 7 | 32 | 41 | 80 |
| (9%) | (40%) | (51%) | (100%) |

Question 11c. Number of Clients Placed per Carer by Length of Stay

Table C.4.Q.11c.- Number of Clients Placed per Carer by Length of Stay

| | M..H. | M.I. | P.H. | Eld. | Total |
|---|---|---|---|---|---|
| Less than 1 month | 4 (2%) | 2 (1%) | 1 (>1%) | 1 (>1%) | 8 (4%) |
| 1-6 months | 6 (3%) | 1 (>1%) | 2 (1%) | 2 (1%) | 11 (6%) |
| 7-12 months | 6 (3%) | 1 (>1%) | 0 (0%) | 3 (2%) | 10 (5%) |
| 13 months to 3 years | 42 (22%) | 23 (12%) | 6 (3%) | 11 (6%) | 82 (43%) |
| 3 years + | 61 (32%) | 11 (6%) | 2 (1%) | 6 (3%) | 80 (42%) |
| Total Clients | 119 | 38 | 11 | 23 | 191 |

Percentages have been calculated as a proportion of the 191 client in placement.

Question 12. Type of Accomodation

Table C.4.Q.12. - Type of Accomodation

| Owner Occupied Property | Council Property | Rented Property. |
|---|---|---|
| 63 | 13 | 4 |
| (79%) | (16%) | (5%) |

Question 13. Type of House

Table C.4.Q.13.- Type of House

| Detached | Semi-Detached | Terraced | Flat. |
|---|---|---|---|
| 29 | 34 | 16 | 1 |
| (36%) | (43%) | (20%) | (1%) |

Cont'd.

Appendix C.

Question 15. Type of Unit

Table C.4.Q.15. - Type of Unit

| Family Situation | Lodgings |
|---|---|
| 78 | 2 |
| (98%) | (3%) |

Question 16. Client Accomodation

Table C.4.Q.16. - Client Accomodation

| | Not Shared | Shared with Family & other clients | Shared with other clients | Choice |
|---|---|---|---|---|
| Bedroom | 74 (93%) | 0 (0%) | 3 (4%) | 3 (4%) |
| Lounge | 0 (0%) | 70 (88%) | 5 (6%) | 5 (6%) |
| Kitchen | 0 (0%) | 76 (95%) | 2 (3%) | 2 (2%) |
| Bathroom | 2 (3%) | 70 (88%) | 8 (10%) | 0 (0%) |
| Toilet | 4 (5%) | 66 (83%) | 11 (13%) | 0 (0%) |

Percentages calculated by row, as a proportion of the 80 respondents.

Question 17. Meals

Table C.4.Q.17. - Meals

| All Provided | Half board Weekdays/ Full Board Weekends. | B&B/EM | Selfcatering |
|---|---|---|---|
| 58 (73%) | 18 (23%) | 2 (3%) | 2 (3%) |

Question 18. Availability of Carer

Table C.4.Q.18. - Availability of Carer

How frequently is the house left unattended?

| Rarely | Up to 3 hours | Occasionally all day | Regularly all day | Occasionally all night |
|---|---|---|---|---|
| 33 | 35 | 5 | 5 | 2 |
| (41%) | (43%) | (6%) | (6%) | (3%) |

Cont'd.

Appendix C.

Qustion 19 Proximity to Local Facilities

Table C.4.Q.19. - Proximity to Local Facilities

| | Less than ½ Mile. | 1 Mile | Plus 1 Mile | Not Known. |
|---|---|---|---|---|
| Local Shop. | 78 (98%) | 2 (3%) | 0 (0%) | 0 (0%) |
| Shopping Area. | 59 (74%) | 11 (14%) | 10 (13%) | 0 (0%) |
| Sports Hall. | 19 (24%) | 24 (30%) | 27 (34%) | 10 (10%) |
| Swimming Pool. | 19 (24%) | 21 (26%) | 34 (43%) | 6 (8%) |
| Cinema/Theatre | 10 (13%) | 8 (10%) | 56 (70%) | 6 (8%) |
| Public House. | 78 (98%) | 0 (0%) | 2 (3%) | 0 (0%) |
| Club. | 39 (49%) | 14 (18%) | 13 (16%) | 14 (18%) |
| Church. | 65 (81%) | 10 (13%) | 3 (4%) | 2 (3%) |
| Bus Stop. | 78 (98%) | 2 (3%) | 0 (0%) | 0 (0%) |
| Train. | 22 (28%) | 23 (29%) | 32 (40%) | 3 (4%) |
| Training Centre | 14 (18%) | 8 (10%) | 42 (53%) | 16 (20%) |
| Sheltered Work | 8 (10%) | 8 (10%) | 24 (30%) | 40 (50%) |
| Day Care. | 13 (16%) | 8 (10%) | 21 (26%) | 38 (48%) |

Percentages by row, calculated as a proportion of the 80 respondents.

Question 20. Heating

Table C.4.Q.20. - Heating

How are the various rooms of the house heated?

| | Central Heating | Gas/Elec. Fires | Combination | Coal/Calor | None |
|---|---|---|---|---|---|
| Bedroom | 58 (73%) | 10 (13%) | 6 (8%) | 0 (0%) | 6 (8%) |
| Lounge | 52 (65%) | 14 (18%) | 14 (18%) | 0 (0%) | 0 (0%) |
| Kitchen | 58 (73%) | 6 (8%) | 2 (3%) | 4 (5%) | 10(13%) |
| Bathroom | 59 (74%) | 0 (0%) | 2 (3%) | 2 (3%) | 17(21%) |
| Toilet | 46 (58%) | 5 (6%) | 4 (5%) | 5 (6%) | 20(25%) |

Question 21-23. Services and Safety Factors

Table C.4.Q.21. - Services and Safety Factors

Are the following services offered to the clients?

| | Yes | No | Not Known |
|---|---|---|---|
| Carer washes all laundry. | 76 (95% | 4 (5%) | 0 (0%) |
| Carer washes main linen only. | 4 (5%) | 76 (95%) | 0 (0%) |
| Client has use of Washing Machine | 56 (70%) | 18 (23%) | 6 (8%) |
| Client has use of Tumble Drier | 56 (95%) | 2 (25%) | 4 (5%) |
| Client has use of Washing Line | 70 (88%) | 6 (8%) | 4 (5%) |
| Client has use of Garden | 78 (98%) | 2 (3%) | 0 (0%) |
| House has 2 exits | 76 (95%) | 4 (5%) | 0 (0%) |
| House has Fire Alarm System | 6 (8%) | 64 (80%) | 10 (13%) |
| House has Smoke Detectors | 10 (13%) | 60 (75%) | 10 (13%) |
| House has Fire Guards | 26 (33%) | 28 (35%) | 26 (33%) |

Cont'd.

Question 24. Aids or Adaptations

Is the carer prepared to have aids or adaptations in their home if necessary?

All carers agreed to this question.

Question 25. Carer Interests

Table C.4.Q.25. - Carer Interests

Is the carer interested in the following hobbies?

| | Yes | No |
|---|---|---|
| Listening to tapes / radio | 74 (93%) | 6 (8%) |
| Watching T.V. | 76 (95%) | 4 (5%) |
| Visiting places of interest | 71 (89%) | 9 (11%) |
| Handicrafts | 67 (84%) | 13 (16%) |
| Games / puzzles | 62 (78%) | 18 (23%) |
| Reading | 73 (92%) | 7 (9%) |
| Sport | 18 (22%) | 62 (78%) |
| Gardening | 11 (14%) | 69 (86%) |

Question 26. Community Activities

Table C.4.Q.26. - Involvement in Community Activities

Is the carer involved in community activities?

| | Yes | No |
|---|---|---|
| Uses a local public house | 36 (45%) | 44 (55%) |
| Religious involvement | 32 (40%) | 48 (60%) |
| Clubs / associations | 42 (53%) | 38 (48%) |
| Cinema / Theatre | 50 (63%) | 30 (38%) |

Question 27. Carer/Client Involvement

Table C.4.Q.27. - Carer/Client Involvement

a. Will the carer involve the client in these activities?

| Yes | No |
|---|---|
| 78 | 2 |
| (98%) | (3%) |

b. Will the carer help the client to develop his/her own interests?

| Yes | No |
|---|---|
| 80 | 0 |
| (100%) | (0%) |

Cont'd.

# APPENDIX D. - CLIENT QUESTIONNAIRE

## D.1. ADULT PLACEMENT CLIENT REFERRAL

A A (1-2)

## ADULT PLACEMENT CLIENT REFERRAL

**Identification** Computer No.

(3-12)

1. Name .....

2. Address .....

.....

3. Date of Birth

Day .. .. .. .. .. .. .. .. .. (13-14)

Month .. .. .. .. .. .. .. .. (15-16)

Year .. .. .. .. .. .. .. .. .. (17-18)

4. Sex

1 = Male
2 = Female

(19)

5. Category of Client

1 = YES
2 = NO

Mental Handicap .. .. .. .. .. .. (20)

Mentally Ill .. .. .. .. .. .. .. (21)

Physically Handicap .. .. .. .. .. .. (22)

Elderly .. .. .. .. .. .. .. .. (23)

6. Where Living when referred for Adult Placement

1 = Own Home
2 = Residential Part III
3 = Residential Children's Home
4 = Residential Hostel
5 = Hospital
6 = Lodgings
7 = Other (specify ..... )

(24)

7. Marital Status

1 = Single
2 = Married
3 = Separated/Divorced
4 = Widowed
5 = Not Known

(25)

8. Next of Kin relationship to client

1 = Mother/Father
2 = Husband/Wife
3 = Son/Daughter
4 = Other Relative
5 = Non-Relative
6 = None
7 = Not Known

☐ (26)

9. Social Work Area Office (at time of referral)

SOS Code

..... ☐☐ (27-28

10. Social Worker

1 = Qualified Specialist
2 = Qualified Generic
3 = Qualified Not Known if Specialist or Generic
4 = Unqualified
5 = No Social Worker

☐ (29)

11. Is Client Attending Day Care?

1 = YES Full-Time
2 = YES Part-Time
3 = NO Not Attending

Adult Training Centre .. .. .. .. .. ☐ (30)
Day Care Mental Illness .. .. .. .. .. ☐ (31)
Day Care Elderly .. .. .. .. .. .. ☐ (32)
Day Care Physical Handicap .. .. .. .. ☐ (33)
Other (specify ..... ) ☐ (34)

12. Is Client Working?

1 = YES
2 = NO

(35)

If YES

What sort of work and how often?

1 = Full-Time
2 = Part-Time
3 = Not Attending

Work Type
(specify ..... ) (36)

Community Programme/YTS
(specify ..... ) (37)

Other
(specify ..... ) (38)

13. Leisure Activities

1 = YES
2 = NO
9 = Not Known

Does client have interests or hobbies?

1 = YES
2 = NO

Listening to Tapes/Radio .. .. .. .. .. (39)
Watching T.V. .. .. .. .. .. .. .. (40)
Visiting Places of Interest .. .. .. .. (41)
Shopping .. .. .. .. .. .. .. .. (42)
Helping in Home/Garden .. .. .. .. .. (43)
Handicrafts .. .. .. .. .. .. .. (44)
Games/Puzzels .. .. .. .. .. .. .. (45)
Reading .. .. .. .. .. .. .. .. (46)

Outdoor Pursuits (including sport)
(specify ..... ) (47)

Other (specify ..... ) (48)

14. Involvement in Community Activities

1 = YES
2 = NO

| | |
|---|---|
| Uses Local Public House .. .. .. .. .. | (49) |
| Religious Involvement .. .. .. .. .. | (50) |
| Clubs for People with Handicaps .. .. .. | (51) |
| Clubs Not Specifically for People with Handicaps | (52) |
| Cinema/Theater .. .. .. .. .. .. .. | (53) |
| Local Evening Classes .. .. .. .. .. | (54) |
| Adult Education Day Classes .. .. .. .. | (55) |
| Other (specify ..... ) | (56) |

15. Financial Sources (up to 2)

1 = DHSS Supplementary Benefit
2 = DHSS Pension/Benefit other than Sup. Ben.
3 = DHSS Attendance Allowance
4 = Private Income
5 = Other (specify ..... )
6 = Not Known

(57)
(58)

16. Request for Placement

1 = Long Stay
2 = Short Stay

(59)

Type of Placement?

1 = Substitute Family Home
2 = Flat/Bedsit
3 = Boarding Home
4 = Not Specified

(60)

**REASON FOR REFERRAL**

IF LONG STAY REQUEST

(Answer question '17' for long stay requests only).

17. Reason for Long Stay Request

Did any of the following circumstances contribute to the need for placement?

1 = YES
2 = NO

| | |
|---|---|
| Need for Greater Independence .. .. .. .. | (61) |
| Need for Greater Care - Physical .. .. .. | (62) |
| Need for Greater Care - Mental .. .. .. | (63) |
| Death or Illness of Supporting Person .. .. | (64) |
| Dispute with Supporting Person .. .. .. | (65) |
| Accommodation Required .. .. .. .. .. | (66) |
| Other (specify ..... ) | (67) |

IF SHORT STAY REQUEST

(Answer question '18' for short stay requests only).

18. Reason for Short Stay Request

Indicate main reason for short stay request.

1 = Relief of Persons Normally Giving Support
2 = Holiday for Client
3 = Introduction to Adult Placement
4 = Other (specify ..... )

(68)

B B (1-2

## 19. SOCIAL/ANTI-SOCIAL BEHAVIOUR

### A. Anti-Social Behaviour

Does entry on form show any one construct in this group? ( 3 )

1 = YES
2 = NO

If 'Yes' please specify according to code.

(See attached Code List). ( 4-5)
( 6-7)
( 8-9)
(10-11
(12-13
(14-15
(16-17

Seven or More of these Constructs .. .. .. (18-19

Other (specify ..... ) (20-21

### B. Socially Unskilled/Social Acceptable

(i) Does entry on form suggest any of the following behaviour constructs?

1 = YES
2 = NO

Shy .. .. .. .. .. .. .. .. (22)

Over-sensitive .. .. .. .. .. .. (23)

Boring .. .. .. .. .. .. .. (24)

Dislikes Close Relationships .. .. .. (25)

Unable to Share/Over Generous .. .. .. (26)

Rigid .. .. .. .. .. .. .. (27)

Gullible/Compliant .. .. .. .. .. (28)

Can form Friendships Occasionally .. .. (29)

Passive .. .. .. .. .. .. .. (30)

Low Self-Esteem .. .. .. .. .. (31)

Other (specify ..... ) (32)

(ii) How may 'YES' answers were there? (33-34

C. Integrative Skills

(i) Does entry on form suggest any of the following behaviour constructs?

1 = YES
2 = NO

| | |
|---|---|
| Confident .. .. .. .. .. .. .. | (35) |
| Sensitive .. .. .. .. .. .. .. | (36) |
| Interesting .. .. .. .. .. .. | (37) |
| Loving .. .. .. .. .. .. .. | (38) |
| Sharing .. .. .. .. .. .. .. | (39) |
| Adaptability .. .. .. .. .. .. | (40) |
| Trusting .. .. .. .. .. .. .. | (41) |
| Form Friends Easily .. .. .. .. .. | (42) |
| Warm .. .. .. .. .. .. .. .. | (43) |
| High Self-Esteem .. .. .. .. .. | (44) |
| Other (specify ..... ) | (45) |

(ii) How many 'YES' answers were there? (46-47)

20. **FUNCTIONING ABILITY**

(i) For all questions in this section answer:

1 = Without Difficulty/Without Supervision/Without Aid

2 = With Some Difficulty/With Help/ Only in Part/With Aid

3 = Not at all/Minimally/Dependent on Help

0 = Not Applicable/Not Known

| | |
|---|---|
| Can Client Go Shopping .. .. .. .. | (48) |
| Can Client Use Telephone .. .. .. .. | (49) |
| Can Client Handle Money .. .. .. .. | (50) |
| Can Client Use Public Transport .. .. | (51) |
| Can Client Perform Household Tasks .. .. | (52) |
| Can Client Make Snacks .. .. .. .. | (53) |
| Can Client Make Pot of Tea .. .. .. | (54) |
| Can Client Wash Self .. .. .. .. | (55) |
| Can Client Feed Self .. .. .. .. | (56) |
| Can Client Communicate .. .. .. .. | (57) |
| Is Client Mobile .. .. .. .. .. | (58) |
| Is Client Continent of Urine .. .. .. | (59) |
| Is Client Continent of Faeces .. .. .. | (60) |

(ii) Does client have physical handicap?

1 = YES
2 = NO

(61)

(iii) Does client have active mental illness or is confused?

1 = YES
2 = NO

(62)

Does client need close supervision?

1 = YES
2 = NO

(63)

21. HEALTH CARE

1 = YES
2 = NO
3 = Not Applicable/Not Known

(i) At time of referral is client known to the following Service?

| | |
|---|---|
| General Hospital .. .. .. .. .. | (64) |
| Phychiatric Hospital .. .. .. .. | (65) |
| Psycho-Geriatric Hospital .. .. .. | (66) |
| Hospital for People with a Mental Handicap | (67) |
| General Practitioner .. .. .. .. | (68) |
| Other Specialist Health Personnel .. .. | (69) |
| (specify ..... ) | (70) |

(ii) Is medication prescribed? (71)

(iii) Is client competent to handle own medication? (72)

(iv) Does client have diagnosed mental handicap? (73)

(v) Does client have diagnosed psychiatric disorder? (74)

(specify ..... )

(vi) Does client have other named illness or condition? (75-76)

(specify ..... ) (77)

22. Code Dependency (78-79)

See attached code.

23. Outcome of Application (80)

(Information available on mainframe computer).

(81)

CODE ANDI-SOCIAL BEHAVIOUR

01 Withdrawn/Over-active
02 Paranoid
03 Lethargic
04 Isolated/No Response to Others
05 Selfish/Manipulative
06 Demanding/Attention Seeking
07 Suspicious
08 No Friends
09 Cold/Disagreeable
10 Self Inflicted Injury
11 Inappropriate Sexual Behaviour
12 Aggressive Verbally
13 Violent/Aggressive Physically
14 Destructive Behaviour
15 Rebellious Behaviour
16 Untrustworthy/Stealing
17 Strange and Unacceptable Habits
18 Seven or more of these .....
19 Other (specify ..... )

CODE DEPENDENCY

Category 4 - Heavy Dependency

Any person having one or more of the following disabilities:

(a) Incontinent of urine and incontinent of faeces.

(b) Unable to wash, dress, feedunaided.

(c) Incontinent of urine or faeces, needing close supervision and assistance in feeding.

Category 3 - Appreciable Dependency

Any person who is not category IV and has one or more of the following disabilities:

(a) Needs help in feeding.

(b) Incontinent of urine or faeces and needing help in washing and dressing.

(c) Singly incontinent and needing close supervision.

(d) Needing close supervision and help in washing and dressing.

Category 2 - Limited Dependency

Any person not in category III or IV who has one or two of the following disabilities:

(a) Singly incontinent.

(b) Physically handicapped/mentally handicapped/mentally ill.

(c) Needs assistance in both washing and dressing.

(d) Needs close supervision.

Category 1 - Minor Dependency

Any client who has none of the disabilities listed or who needs help in washing or dressing only. (Assuming that all clients need support to live in adult placement whether this is cooking, cleaning, self help, budgeting, mobility or supervision).

## APPENDIX E.

## HAMPSHIRE ADULT PLACEMENT SCHEME CLIENT DATA ADDITIONAL TABLES

E.1. LONG-STAY CLIENT APPLICATIONS

E.2. LONG-STAY CLIENT TRIAL PLACEMENTS

E.2. LONG-STAY CLIENT PLACEMENTS

E.3. SHORT-STAY CLIENT PLACEMENTS

## LIST OF FIGURES AND TABLES APPENDIX E

### E.1. LONG-STAY CLIENT APPLICATIONS



### E.2. LONG-STAY CLIENT TRIAL PLACEMENTS



### E.2. LONG-STAY CLIENT PLACEMENTS

E. 3. SHORT-STAY CLIENT PLACEMENTS

# APPENDIX E

## HAMPSHIRE ADULT PLACEMENT SCHEME CLIENT DATA ADDITIONAL TABLES

## ADDITIONAL TABLE 1979 - 1986

### E.1. LONG-STAY CLIENT APPLICATIONS

#### E.1.A. Applications by Year

Table E.1.A.(ii) - New Applications by Year and Applications Pending at End of Year

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 |
|---|---|---|---|---|---|---|---|---|
| Apps During Year. | 75 | 98 | 98 | 102 | 164 | 171 | 193 | 114 |
| Apps Pending | 30 | 38 | 57 | 60 | 60 | 69 | 130 | 151 |
| A.P.O's. | 3 | 3 | 3 | 5 | 6 | 6 | 6 | 5 |

Apps. = Applications  A.P.O's = Adult placement officers.

#### E.1.B. Applications by Division

Table E.1.B.(i) - New Applications by Division and Year

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | Total |
|---|---|---|---|---|---|---|---|---|---|
| North | 13 (17%) | 20 (20%) | 31 (32%) | 25 (25%) | 42 (26) | 42 (25%) | 52 (27%) | 31 (27%) | 256 (25%) |
| South East | 13 (17%) | 19 (19%) | 18 (18%) | 34 (33%) | 35 (21%) | 62 (36%) | 69 (36%) | 20 (18%) | 270 (27%) |
| South West | 49 (66%) | 59 (60%) | 49 (50%) | 43 (42%) | 87 (53%) | 67 (39%) | 72 (37%) | 63 (55%) | 489 (48%) |
| | 75 | 98 | 98 | 102 | 164 | 171 | 193 | 114 | 1015 |

Percentages by column. ($\chi^2$ = 46·04  d.f. = 14  p<0·01 Sig.Diff.)

#### E.1.C. Applications by Area

Table E.1.C.(i) - Applications by Area and Year (Sample Group)

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | Total |
|---|---|---|---|---|---|---|---|---|---|
| Urban Areas | 25 | 32 | 27 | 21 | 34 | 41 | 23 | 9 | 212 (38%) |
| Mixed Areas | 3 | 16 | 21 | 19 | 17 | 29 | 28 | 18 | 151 (27%) |
| Rural Areas | 18 | 24 | 15 | 23 | 37 | 34 | 30 | 13 | 194 (35%) |
| | 46 | 72 | 63 | 63 | 88 | 104 | 81 | 40 | 557 |

Percentages by column. ( $\chi^2$ = 30·66  DF=14  p<0·01  Significant.Diff.)

Cont'd

Appendix E

E.1.D. Applications by Sex

Table E.1.D.(ii) - New Applications By Sex and Year

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| Female Actual | 43 (57%) | 44 (45%) | 34 (35%) | 40 (40%) | 76 (46%) | 79 (46%) | 96 (50%) | 49 (43%) | 461 (45%) | |
| Female Expected Hampshire Statistics. | 39 | 51 | 51 | 53 | 85 | 89 | 100 | 59 | 527 | (52%) |
| Male Actual | 32 (43%) | 54 (55%) | 64 (65%) | 62 (60%) | 88 (54%) | 92 (54%) | 97 (50%) | 65 (57%) | 554 (55%) | |
| Male Expected Hampshire Statistics. | 36 | 47 | 47 | 49 | 79 | 82 | 93 | 55 | 488 | (48%) |
| Total Actual | 75 | 98 | 98 | 102 | 164 | 171 | 193 | 114 | 1015 | |

Percentage by column. $\chi^2=11\cdot62$ DF=7 $p> 0\cdot1$
The chi-square test does not show significant difference between the actual number of applications by sex over the years, but difference is shown when computed against the expected proportions of males and females given by Hampshire Statistics:- $\chi^2=29\cdot54$ D.F.=7 $p<0\cdot01$)

E.1.F. Applications by Client Group and Year

Table E.1.F.(i) - Applications by Client Group and Year

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | Total | %Total |
|---|---|---|---|---|---|---|---|---|---|---|
| M.H. | 31 (41%) | 30 (31%) | 38 (39%) | 53 (52%) | 86 (52%) | 93 (54%) | 99 (51%) | 65 (57%) | 495 | (49%) |
| M.I. | 34 (45%) | 44 (45%) | 38 (39%) | 20 (20%) | 20 (12%) | 43 (25%) | 34 (17%) | 14 (12%) | 247 | (24%) |
| P.H. | 1 (1%) | 11 (11%) | 13 (13%) | 17 (17%) | 20 (12%) | 12 (7%) | 20 (10%) | 14 (12%) | 108 | (11%) |
| Eld. | 9 (12%) | 13 (13%) | 9 (9%) | 12 (12%) | 38 (23%) | 23 (13%) | 40 (21%) | 21 (18%) | 165 | (16%) |
| | 75 | 98 | 98 | 102 | 164 | 171 | 193 | 114 | 1015 | |

(% by column) $\chi^2 = 100\cdot5$ D.F.= 21 $p<0\cdot01$ (Significant difference.)

Cont'd

Appendix E

## E.1.I. Applications by Client Group and Sex

Table E.1.I.(i) - Actual and Expected Frequency of Applications By Client Group and Sex

| | Ment.H | Ment I. | P.H. | Elderly | Total |
|---|---|---|---|---|---|
| Female Applications | 234 | 113 | 44 | 70 | 461 |
| % of Applications | (47%) | (46%) | (41%) | (42%) | (45%) |
| F. Ex. Using Hants. Stats. | 248 | 143 | 63 | 96 | |
| % of Apps Expected | (50%) | (58%) | (58%) | (58%) | |
| Male Applications | 261 | 134 | 64 | 95 | 554 |
| % of Applications | (53%) | (55%) | (59%) | (58%) | (55%) |
| M. Ex. Using Hants. Stats | 248 | 103 | 45 | 69 | |
| % of Apps. Expected | (50%) | (42%) | (42%) | (42%) | |
| Total Applications | 495 | 247 | 108 | 165 | 1015 |

Percentages by column. Apps. = Applications F. =Female M. = Male
Ex. Using Hants. Stats. = expected frequency of applications by sex calculated from National Statistics.
The chi-square test has been calculated against this expected frequency. ($\chi^2 = 2{\cdot}15$ DF = 3 $p > 0{\cdot}1$ No sig. diff.)

## E.1.J. Applications by Client Group and Age

Table E.1.J.(i) - Distribution of Applications by Client Group and Age Group 1979 - 1986

| | 18-19 | 20-29 | 30-39 | 40-49 | 50-59 | 60-69 | 70-79 | 80+ | Total |
|---|---|---|---|---|---|---|---|---|---|
| M.H. | 89 | 123 | 87 | 69 | 71 | 42 | 12 | 2 | 495 |
| | (18%) | (25%) | (18%) | (14%) | (14%) | (8%) | (2%) | (<1%) | |
| M.I. | 26 | 69 | 55 | 31 | 38 | 25 | 3 | 0 | 247 |
| | (11%) | (28%) | (22%) | (13%) | (15%) | (10%) | (>1%) | (0%) | |
| P.H | 10 | 27 | 13 | 11 | 31 | 16 | 0 | 0 | 108 |
| | (9%) | (25%) | (12%) | (10%) | (29%) | (15%) | (0%) | (0%) | |
| Eld | 0 | 0 | 0 | 0 | 0 | 30 | 108 | 27 | 165 |
| | (0%) | (0%) | (0%) | (0%) | (0%) | (18%) | (65%) | (16%) | |
| | 125 | 219 | 155 | 111 | 140 | 113 | 123 | 29 | 1015 |
| | (12%) | (22%) | (15%) | (11%) | (14%) | (11%) | (12%) | (3%) | |

Percentages by Row.

Cont'd

Appendix E

E.1.L. Applications Pending by Client Group

Table E.1.L.(ii) - Applications Pending as a Proportion of Applications by Client Group

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 |
|---|---|---|---|---|---|---|---|---|
| M.H. Apps. | 31 | 30 | 38 | 53 | 86 | 93 | 99 | 65 |
| Pending. | 9 | 15 | 27 | 26 | 28 | 33 | 74 | 84 |
| (P) Rate | (0·29) | (0·5) | (0·71) | (0·49) | (0·33) | (0·35) | (0·75) | (1·29) |
| M.I. Apps | 34 | 44 | 38 | 20 | 20 | 43 | 34 | 14 |
| Pending. | 17 | 15 | 11 | 10 | 17 | 12 | 16 | 19 |
| (P) Rate | (0·5) | (0·34) | (0·29) | (0·8) | (0·85) | (0·28) | (0·47) | (1·36) |
| P.H. Apps. | 1 | 11 | 13 | 17 | 20 | 12 | 20 | 14 |
| Pending | 0 | 5 | 9 | 8 | 3 | 7 | 15 | 21 |
| (P) Rate | (0·0) | (0·45) | (0·69) | (0·47) | (0·15) | (0·58) | (0·75) | (1·5) |
| Eld. Apps. | 9 | 13 | 9 | 12 | 38 | 23 | 40 | 21 |
| Pending. | 4 | 3 | 7 | 10 | 12 | 16 | 25 | 27 |
| (P) Rate | (0·44) | (0·23) | (0·78) | (0·83) | (0·32) | (0·7) | (0·63) | (0·95) |
| Total Apps. | 75 | 98 | 98 | 102 | 164 | 171 | 193 | 114 |
| Pending | 30 | 38 | 57 | 60 | 60 | 69 | 130 | 151 |
| (P) Rate | (0·4) | (0·39) | (0·58) | (0·6) | (0·37) | (0·4) | (0·67) | (1·32) |

(P) Rate. = Pending Rate ()=Percentage by row.
Chi-Square test shows $\chi^2 = 57{\cdot}45$ D.F. 21 $p<{\cdot}05$
Pearson Product Moment Test between:-
Apps and Pending r = +0·47 Moderate correlation.
Apps and M. H. r = +0·54 Moderate correlation. Apps and M. I. r = -0·18
Apps and P.H. r = +0·44 Moderate correlation.
Apps and Eld r = +0·73 High correlation.

E.1.M. Applications Closed by Client Group

Table E.1.M.(i) - Applications closed by client group

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | Total |
|---|---|---|---|---|---|---|---|---|---|
| M.H. | 3 | 5 | 1 | 12 | 38 | 25 | 30 | 14 | 128 |
| | (2%) | (4%) | (1%) | (9%) | (30%) | (20%) | (23%) | (11%) | [39%] |
| M.I. | 1 | 9 | 11 | 10 | 4 | 23 | 25 | 5 | 88 |
| | (1%) | (10%) | (13%) | (11%) | (5%) | (26%) | (28%) | (6%) | [27%] |
| P.H. | 0 | 2 | 7 | 9 | 11 | 2 | 4 | 4 | 39 |
| | (0%) | (5%) | (18%) | (23%) | (28%) | (5%) | (10%) | (10%) | [12%] |
| Eld | 1 | 2 | 0 | 1 | 32 | 8 | 18 | 11 | 73 |
| | (1%) | (5%) | (0%) | (1%) | (44%) | (11%) | (25%) | (15%) | [22%] |
| | 5 | 18 | 19 | 32 | 85 | 58 | 77 | 34 | 328 |

()=Percentages by row. []=Percentages by column.

Cont'd

Appendix E

Table E.1.M.(ii) - Applications Closed as a Proportion of Applications by Client Group

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | Total |
|---|---|---|---|---|---|---|---|---|---|
| M.H. (A) | 31 | 30 | 38 | 53 | 86 | 93 | 99 | 65 | 495 |
| M.H. (C) | 3 | 5 | 1 | 12 | 38 | 25 | 30 | 14 | 128 |
| Closed rate | (0·1) | (0·17) | (0·03) | (0·23) | (0·44) | (0·27) | (0·3) | (0·22) | (0·26) |
| M·I·(A) | 34 | 44 | 38 | 20 | 20 | 43 | 34 | 14 | 247 |
| M.I. (C) | 1 | 9 | 11 | 10 | 4 | 23 | 25 | 5 | 88 |
| Closed rate | (0·03) | (0·2) | (0·29) | (0·5) | (0·2) | (0·53) | (0·74) | (0·36) | (0·36) |
| P.H. (A) | 1 | 11 | 13 | 17 | 20 | 12 | 20 | 14 | 108 |
| P.H. (C) | 0 | 2 | 7 | 9 | 11 | 2 | 4 | 4 | 39 |
| Closed rate | (0) | (0·18) | (0·54) | (0·53) | (0·55) | (0·17) | (0·2) | (0·29) | (0·36) |
| Eld. (A) | 9 | 13 | 9 | 12 | 38 | 23 | 40 | 21 | 165 |
| Eld. (C) | 1 | 2 | 0 | 1 | 32 | 8 | 18 | 11 | 73 |
| Closed rate | (0·11) | (0·15) | (0) | (0·08) | (0·84) | (0·35) | (0·45) | (0·52) | (0·44) |

()=Percentage by row. Pearson Product Moment Co-Efficient between Applications and Applications closed. r = +·94 Very High Correlation. M.H. r= +0·9 Very High correlation. M.I. r= +0·41 Moderate correlation. P.H. r = +0·73 High correlation. Eld. r = +0·92 Very High correlation.

E.1.N. Successful Applicants by Client Group

Table E.1.N.(i) - Successful Applicants by Client Group

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | Total |
|---|---|---|---|---|---|---|---|---|---|
| M.H. | 19 (7%) | 19 (7%) | 22 (8%) | 39 (14%) | 48 (17%) | 66 (23%) | 31 (11%) | 39 (14%) | 283 [53%] |
| M.I. | 16 (11%) | 37 (26%) | 31 (22%) | 11 (8%) | 10 (7%) | 24 (17%) | 5 (4%) | 6 (4%) | 140 [26%] |
| P.H. | 1 (2%) | 4 (8%) | 2 (4%) | 9 (19%) | 13 (27%) | 7 (15%) | 8 (17%) | 4 (8%) | 48 [9%] |
| ELD. | 4 (6%) | 12 (18%) | 5 (8%) | 8 (12%) | 8 (12%) | 7 (11%) | 11 (17%) | 10 (15%) | 65 [12%] |

()=Percentages by row []=Percentages by column. $\chi^2$ = 96 D.F. 21 p< ·05

Cont'd

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Table E.1.N.(ii) - Success Rate of Applicants by Client Group

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | Total |
|---|---|---|---|---|---|---|---|---|---|
| M.H. (A) | 31 | 30 | 38 | 53 | 86 | 93 | 99 | 65 | 495 |
| (S/A) | 19 | 19 | 22 | 39 | 48 | 66 | 31 | 39 | 283 |
| Succ rate | (·61) | (·63) | (·58) | (·74) | (·56) | (·71) | (·31) | (·6) | (·57) |
| M.I. (A) | 34 | 44 | 38 | 20 | 20 | 43 | 34 | 14 | 247 |
| (S/A) | 16 | 37 | 31 | 11 | 10 | 24 | 5 | 6 | 140 |
| Succ rate | (·47) | (·84) | (·82) | (·55) | (·5) | (·56) | (·15) | (·43) | (·57) |
| P.H. (A) | 1 | 11 | 13 | 17 | 20 | 12 | 20 | 14 | 108 |
| (S/A) | 1 | 4 | 2 | 9 | 13 | 7 | 8 | 4 | 48 |
| Succ rate | (1·) | (·36) | (·15) | (·53) | (·65) | (·58) | (·4) | (·29) | (·44) |
| Eld. (A) | 9 | 13 | 9 | 12 | 38 | 23 | 40 | 21 | 165 |
| (S/A) | 4 | 12 | 5 | 8 | 8 | 7 | 11 | 10 | 65 |
| Succ rate | (·44) | (·92) | (·56) | (·67) | (·21) | (·30) | (·28) | (·48) | (·39) |

(A)=Applicant (S/A)=Successful Applicant Succ. rate = Success rate
Pearson Product Moment Co-Efficient between:-
Apps and Successful Applications r = =·42 Moderate Correlation.
M.H. r = +0·74 High correlation. M.I. r = +0·77 High correlation.
P.H. r = +0·79 High correlation. Eld r = +0·43 Moderate correlation.
Total Applications and successful applications r = ·42

## E.2. LONG-STAY TRIAL PLACEMENTS

### E.2.A. Trial Placements by Year

Table E.2.A.(i) - Trial Placements by Year

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | Total |
|---|---|---|---|---|---|---|---|---|---|
| Applications | 75 | 98 | 98 | 102 | 164 | 171 | 193 | 114 | 1015 |
| Trial Pla. | 67 | 126 | 100 | 107 | 134 | 140 | 71 | 68 | 813 |
| % Tot. Trials | (8%) | (16%) | (12%) | (13%) | (17%) | (17%) | (9%) | (8%) | (100%) |
| % difference | | [+88%] | [-21%] | [+7%] | [+25%] | [+4%] | [-49%] | [-4%] | |

() brackets show percentage of total trials.
[] brackets show percentage difference in trials made from previous year.

Pearson Product Correlation r = +0·26 Low correlation.

Cont'd

Appendix E

E.2.B. Trial Placements by Area

Table E.2.B.(i)-Applications & Trial Placements By Year and Area (Sample)

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| Urban Apps. | 25 | 32 | 27 | 21 | 34 | 41 | 23 | 9 | 212 | [38%] |
| Urban Trials | 21 | 30 | 25 | 20 | 31 | 38 | 17 | 7 | 188 | {42%} |
| | (62%) | (50%) | (49%) | (35%) | (41%) | (40%) | (34%) | (23%) | | |
| Mixed Apps. | 3 | 16 | 21 | 19 | 17 | 29 | 28 | 18 | 151 | [27%] |
| Mixed Trials | 2 | 9 | 14 | 17 | 15 | 25 | 14 | 12 | 109 | {24%} |
| | (6%) | (15%) | (27%) | (30%) | (20%) | (27%) | (28%) | (40%) | | |
| Rural Apps. | 18 | 24 | 15 | 23 | 37 | 34 | 30 | 13 | 194 | [35%] |
| Rural Trials | 11 | 21 | 12 | 20 | 30 | 31 | 19 | 11 | 155 | {34%} |
| | (32%) | (35%) | (24%) | (35%) | (39%) | (33%) | (38%) | (37%) | | |
| Total Apps. | 46 | 72 | 63 | 63 | 88 | 104 | 81 | 40 | 557 | |
| Total Trials | 34 | 60 | 51 | 57 | 76 | 94 | 50 | 30 | 452 | |

[] = column percentages of the total sample of applications.
{} = column percentage of total sample of trials.
() = yearly percentage of total sample of trials by row.
Pearson Product Moment co-efficient. r= +·98 High correlation.

E.2.E. Trial Placements by Client Group and Year

Table E.2.E.(i) - Average Number of Trials Received Per Successful Applicant by Client Group and Year

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| M.H. Trials | 23 | 34 | 46 | 64 | 88 | 90 | 40 | 42 | 427 | (52%) |
| Succ. Apps. | 19 | 19 | 22 | 39 | 48 | 66 | 31 | 39 | 283 | {53%} |
| Trial rate | 1·2 | 1·8 | 2·1 | 1·6 | 1·8 | 1·4 | 1·3 | 1·1 | (1·5) | |
| M.I. Trials | 32 | 67 | 43 | 16 | 16 | 29 | 6 | 8 | 217 | (27%) |
| Succ. Apps. | 16 | 37 | 31 | 11 | 10 | 24 | 5 | 6 | 140 | {26%} |
| Trial rate | 2 | 1·8 | 1·4 | 1·5 | 1·6 | 1·3 | 1·2 | 1·3 | (1·6) | |
| P.H. Trials | 2 | 8 | 2 | 13 | 18 | 11 | 11 | 6 | 71 | (9%) |
| Succ. Apps. | 1 | 4 | 2 | 9 | 13 | 7 | 8 | 4 | 48 | {9%} |
| Trial rate | 2 | 2 | 1 | 1·4 | 1·4 | 1·6 | 1·4 | 1·5 | (1·5) | |
| Eld. Trials | 10 | 17 | 9 | 14 | 12 | 10 | 14 | 12 | 98 | (12%) |
| Succ. Apps. | 4 | 12 | 5 | 8 | 8 | 7 | 11 | 10 | 65 | {12%} |
| Trial rate | 2.5 | 1·4 | 1·8 | 1·8 | 1·5 | 1·4 | 1·3 | 1·2 | (1·5) | |
| Total Trials | 67 | 126 | 100 | 107 | 134 | 140 | 71 | 68 | 813 | |
| Av. T/Rate | (1·9) | (1·8) | (1·6) | (1·6) | (1·6) | (1·4) | (1·3) | (1·3) | (1·5) | |

Av. T/Rate = Average Trial rate. () show this rate by column and row.
() = % of total trials. {} = % of total successful applicants.

Cont'd

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E.2.F. Trial Outcomes

Table E.2.F.(i) - Outcome of Total Trials by Client group and Year

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | Total |
|---|---|---|---|---|---|---|---|---|---|
| M.H. Trials. | 23 | 34 | 46 | 64 | 88 | 90 | 40 | 42 | 427 |
| M.H. U/trials | 5 | 17 | 25 | 26 | 44 | 26 | 9 | 5 | 157 |
| | (0·2) | (0·5) | (0·5) | (0·4) | (0·5) | (0·3) | (0·2) | (0·1) | (0·37) |
| M.I. Trials | 32 | 67 | 43 | 16 | 16 | 29 | 6 | 8 | 217 |
| M.I. U/trials | 16 | 33 | 15 | 6 | 9 | 7 | 1 | 2 | 89 |
| | (0·5) | (0·5) | (0·4) | (0·4) | (0·6) | (0·2) | (0·2) | (0·3) | (0·41) |
| P.H. Trials | 2 | 8 | 2 | 13 | 18 | 11 | 11 | 6 | 71 |
| P.H. U/trials | 1 | 4 | 0 | 5 | 8 | 5 | 4 | 2 | 29 |
| | (0·5) | (0·5) | (0) | (0·4) | (0·4) | (0·5) | (0·4) | (0·3) | (0·41) |
| Eld. Trials. | 10 | 17 | 9 | 14 | 12 | 10 | 14 | 12 | 98 |
| Eld. U/trials | 6 | 7 | 4 | 7 | 5 | 3 | 5 | 3 | 40 |
| | (0·6) | (0·4) | (0·5) | (0·5) | (0·4) | (0·3) | (0·4) | (0·3) | (0·41) |
| Total Trials | 67 | 126 | 100 | 107 | 134 | 140 | 71 | 68 | 813 |
| Total U/trials | 28 | 61 | 44 | 44 | 66 | 41 | 19 | 12 | 315 |
| U/t. as % Trls. | (0·4) | (0·5) | (0·4) | (0·4) | (0·5) | (0·3) | (0·3) | (0·2) | (0·39) |

(U/t.- Unsuccessful trials.) (Percentage = unsuccessful trials as a percentage of total trials.)

E.3. LONG-STAY CLIENT PLACEMENTS

E.3.A. Placements by Year

Table E.3.A.(ii) - New Placements By Year

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | Total |
|---|---|---|---|---|---|---|---|---|---|
| Applications | 75 | 98 | 98 | 102 | 164 | 171 | 193 | 114 | 1015 |
| % of Apps | (7%) | (10%) | (10%) | (10%) | (16%) | (17%) | (19%) | (11%) | |
| Placements | 39 | 65 | 56 | 63 | 68 | 99 | 52 | 56 | 498 |
| % of Plac. | (8%) | (13%) | (11%) | (13%) | (14%) | (20%) | (10%) | (11%) | |
| Rate of Pla/Apps | (·52) | (·66) | (·57) | (·62) | (·41) | (·58) | (·27) | (·44) | (·49) |

Pearson Product Moment co-efficient. r = +49 Moderate correlation.
Percentages by row.

Table E.3.A,(iii) - Placements as a Proportion of Successful Applications by Year

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | Total |
|---|---|---|---|---|---|---|---|---|---|
| Successful Apps. | 40 | 72 | 60 | 67 | 79 | 104 | 55 | 59 | 536 |
| Placements. | 39 | 65 | 56 | 63 | 68 | 99 | 52 | 56 | 498 |
| P. as % of S/A. | (97%) | (90%) | (93%) | (94%) | (86%) | (95%) | (95%) | (95%) | (93%) |

P. as % of S/A. = Placements as a proportion of Successful Applications.
Pearson Product Moment co-efficient. r = +0·98 Very High Correlation.

Cont'd

Appendix E

Table E.3.B. (i) - New Placements by Client Group and Year

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | Total |
|---|---|---|---|---|---|---|---|---|---|
| Ment. Hand | 18 | 17 | 21 | 38 | 44 | 64 | 31 | 37 | 270 |
| | (46%) | (26%) | (38%) | (60%) | (65%) | (65%) | (60%) | (66%) | (54%) |
| Ment. Ill. | 16 | 34 | 28 | 10 | 7 | 22 | 5 | 6 | 128 |
| | (41%) | (52%) | (50%) | (16%) | (10%) | (22%) | (10%) | (11%) | (26%) |
| P. H. | 1 | 4 | 2 | 8 | 10 | 6 | 7 | 4 | 42 |
| | (3%) | (6%) | (4%) | (13%) | (14%) | (6%) | (14%) | (7%) | (8%) |
| Elderly | 4 | 10 | 5 | 7 | 7 | 7 | 9 | 9 | 58 |
| | (10%) | (15%) | (9%) | (11%) | (10%) | (7%) | (17%) | (16%) | (12%) |
| | 39 | 65 | 56 | 63 | 68 | 99 | 52 | 56 | 498 |

Chi-square test $\chi^2 = 87{\cdot}79$ D.F. 21 $p > {\cdot}01$

E.3.B. Placements : Successful Applicants

Table E.3.B. (ii)a - Placements as a percentage of successful applicants

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | Total |
|---|---|---|---|---|---|---|---|---|---|
| M. H. Succ. Aps. | 19 | 19 | 22 | 39 | 48 | 66 | 31 | 39 | 283 |
| M. H. Pla. | 18 | 17 | 21 | 38 | 44 | 64 | 31 | 37 | 270 |
| % of Pla. M. H. | (95%) | (90%) | (96%) | (97%) | (92%) | (97%) | (100%) | (95%) | (95%) |
| M. I. Succ. Aps. | 16 | 37 | 31 | 11 | 10 | 24 | 5 | 6 | 140 |
| M. I. Pla. | 16 | 34 | 28 | 10 | 7 | 22 | 5 | 6 | 128 |
| % of Pla. M. I. | (100%) | (92%) | (90%) | (91%) | (70%) | (92%) | (100%) | (100%) | (91%) |
| Y. P. H. Succ. Aps. | 1 | 4 | 2 | 9 | 13 | 7 | 8 | 4 | 48 |
| Y. P. H. Pla. | 1 | 4 | 2 | 8 | 10 | 6 | 7 | 4 | 42 |
| % of Pla. Y. P. H. | (100%) | (100%) | (100%) | (89%) | (77%) | (86%) | (88%) | (100%) | (88%) |
| Eld. Succ. Aps. | 4 | 12 | 5 | 8 | 8 | 7 | 11 | 10 | 65 |
| Eld. Pla. | 4 | 10 | 5 | 7 | 7 | 7 | 9 | 9 | 58 |
| % of Pla. Eld. | (100%) | (83%) | (100%) | (88%) | (88%) | (100%) | (82%) | (90%) | (89%) |

Pla. = Placements. % of Pla. = Percentage of new placements resulting from the number of successful applicants.

Table E.3.B. (iii) - Placements in Progress on 31st December by Client Group and Year

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 |
|---|---|---|---|---|---|---|---|---|
| M. H. | 16 | 30 | 45 | 80 | 120 | 178 | 201 | 225 |
| | (49%) | (36%) | (38%) | (48%) | (55%) | (59%) | (60%) | (62%) |
| M. I. | 12 | 37 | 52 | 50 | 53 | 69 | 67 | 63 |
| | (36%) | (44%) | (44%) | (30%) | (24%) | (23%) | (20%) | (17%) |
| P. H. | 1 | 4 | 6 | 14 | 20 | 24 | 29 | 30 |
| | (3%) | (5%) | (5%) | (8%) | (9%) | (8%) | (9%) | (8%) |
| Elderly | 4 | 13 | 16 | 22 | 27 | 33 | 39 | 47 |
| | (12%) | (16%) | (14%) | (13%) | (12%) | (11%) | (12%) | (13%) |
| | 33 | 84 | 119 | 166 | 220 | 304 | 336 | 365 |

Percentage by column.

Cont'd

Appendix E

E.3.C.(i) New Placements by Client Group and Division

Three sample years (1979, 1982 and 1986) have been collated to consider the number of new placements made and the proportion of applications that became placements in each of these years. The tables show the number of placements made from the total number of applications received in each year, i.e. the combined number of new applications and those that were pending from the previous year.

Table E.3.C.(i)a - New Placements by Client Group and Division 1979

| | Men H. | Ment Ill | P.H. | Elderly | Total | T.%.Apps | P/A % |
|---|---|---|---|---|---|---|---|
| North | 2 (13%) | 3 (25%) | 0 (0%) | 2 (50%) | 7 (21%) | 13 [17%] | {54%} |
| South-East | 5 (31%) | 2 (17%) | 0 (0%) | 1 (25%) | 8 (24%) | 13 [17%] | {62%} |
| South-West | 9 (56%) | 7 (58%) | 1 (100%) | 1 (25%) | 18 (55%) | 49 [65%] | {37%} |
| | 16 | 12 | 1 | 4 | 33 | | |

Table E.3.C.(i)b - New Placements by Client Group and Division 1982

| | Men. H. | Ment Ill | P.H. | Elderly | Total | T % Apps | P/A % |
|---|---|---|---|---|---|---|---|
| North | 10 (26%) | 2 (20%) | 1 (13%) | 2 (29%) | 15 (24%) | 25 [25%] | {60%} |
| South-East | 12 (32%) | 1 (10%) | 4 (50%) | 2 (29%) | 19 (30%) | 34 [33%] | {56%} |
| South-West | 16 (42%) | 7 (70%) | 3 (38%) | 3 (43%) | 29 (46%) | 43 [42%] | {67%} |
| | 38 | 10 | 8 | 7 | 63 | | |

Table E.3.C.(i)c - New Placements by Client Group and Division 1986

| | Men. H. | Ment Ill | P.H. | Elderly | Total | T % Apps | P/A % |
|---|---|---|---|---|---|---|---|
| North | 9 (28%) | 2 (29%) | 2 (29%) | 2 (20%) | 15 (27%) | 31 [27%] | {48%} |
| South-East | 6 (19%) | 1 (14%) | 2 (29%) | 2 (20%) | 11 (20%) | 20 [18%] | {55%} |
| South-West | 17 (53%) | 4 (57%) | 3 (43%) | 6 (60%) | 30 (54%) | 63 [55%] | {48%} |
| | 32 | 7 | 7 | 10 | 56 | 166 | |

T % Apps = Total percentage of Applications. Percentages by column.
P/A % = Placements as a percentage of applications.

E.3.C.(ii) Placements in Progress by Client Group and Division

The number of clients in placement in each division are shown by client group and have been compared with the proportion of applications made in each division. (Applications by Division and Client Group, 1.G). As placements are cumulative and applications are given as the proportion of new applications received in each year, no comparison has been attempted other than by percentage.

Cont'd

Appendix E

Table E.3.C.(ii)a - Placements in Progress by Client Group and Division 1979

| | Mental H. | Ment Ill | P.H. | Elderly | Total | T.%.Apps |
|---|---|---|---|---|---|---|
| North | 2 (13%) | 3 (25%) | 0 (0%) | 2 (50%) | 7 (21%) | [17%] |
| South-East | 5 (31%) | 2 (17%) | 0 (0%) | 1 (25%) | 8 (24%) | [17%] |
| South-West | 9 (56%) | 7 (58%) | 1 (100%) | 1 (25%) | 18 (55%) | [65%] |
| | 16 | 12 | 1 | 4 | 33 | |

Table E.3.C.(ii)b - Placements in Progress by Client Group and Division 1982

| | Mental H. | Ment Ill | P.H. | Elderly | Total | T.%.Apps |
|---|---|---|---|---|---|---|
| North | 21 (26%) | 13 (26%) | 4 (29%) | 7 (32%) | 45 (32%) | [25%] |
| South-East | 26 (32%) | 10 (20%) | 5 (36%) | 7 (32%) | 34 (29%) | [33%] |
| South-West | 33 (41%) | 27 (54%) | 5 (36%) | 8 (38%) | 73 (44%) | [42%] |
| | 80 | 50 | 14 | 22 | 166 | |

Table E.3.C.(ii)c - Placements in Progress by Client Group and Division 1986

| | Mental H. | Ment Ill | P.H. | Elderly | Total | T.%.Apps |
|---|---|---|---|---|---|---|
| North | 55 (24%) | 13 (21%) | 12 (40%) | 15 (32%) | 95 (26%) | [27%] |
| South-East | 49 (22%) | 11 (17%) | 7 (23%) | 9 (19%) | 76 (21%) | [18%] |
| South-West | 122 (54%) | 38 (62%) | 11 (37%) | 23 (49%) | 194 (53%) | [55%] |
| | 225 | 63 | 30 | 47 | 365 | |

T.%.Apps = Total percentage of Applications. Percentages by column

E.3.E. Placements by Sex

Table E.3.E.(i)a - Female Placements by Client Group (End of Year)

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | |
|---|---|---|---|---|---|---|---|---|---|
| M.H. | 12 | 20 | 27 | 43 | 66 | 87 | 97 | 109 | |
| | (55%) | (46%) | (40%) | (50%) | (58%) | (60%) | (61%) | (63%) | (54%) |
| M.I. | 6 | 16 | 29 | 27 | 28 | 31 | 30 | 28 | |
| | (27%) | (36%) | (43%) | (31%) | (25%) | (21%) | (19%) | (16%) | (27%) |
| P.H. | 1 | 1 | 2 | 5 | 7 | 10 | 13 | 14 | |
| | (5%) | (2%) | (3%) | (6%) | (6%) | (7%) | (8%) | (8%) | (6%) |
| Elderly | 3 | 7 | 9 | 12 | 13 | 17 | 19 | 21 | |
| | (14%) | (16%) | (13%) | (14%) | (11%) | (12%) | (12%) | (12%) | (13%) |
| | 22 | 44 | 67 | 87 | 114 | 145 | 159 | 172 | |

Percentage by column.

Cont'd

Appendix E

Table E.3.E.(i)b - Male Placements by Client Group (End of Year)

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | |
|---|---|---|---|---|---|---|---|---|---|
| M.H. | 4 | 10 | 18 | 37 | 54 | 91 | 104 | 116 | |
| | (36%) | (25%) | (35%) | (47%) | (51%) | (57%) | (59%) | (60%) | (46%) |
| M.I. | 6 | 21 | 23 | 23 | 25 | 38 | 37 | 35 | |
| | (55%) | (53%) | (44%) | (29%) | (24%) | (24%) | (21%) | (18%) | (33%) |
| P.H. | 0 | 3 | 4 | 9 | 13 | 14 | 16 | 16 | |
| | (0%) | (8%) | (8%) | (11%) | (12%) | (9%) | (9%) | (8%) | (8%) |
| Elderly | 1 | 6 | 7 | 10 | 14 | 16 | 20 | 26 | |
| | (9%) | (15%) | (14%) | (13%) | (13%) | (10%) | (11%) | (14%) | (12%) |
| | 11 | 40 | 52 | 79 | 106 | 159 | 177 | 193 | |

Percentages by column.

Table E.3.E.(ii) - Placements by Client Group and Sex 31.12.86.

| | Ment.Hand | Ment Ill. | P.H. | Elderly | Total |
|---|---|---|---|---|---|
| F.Placements | 109 | 28 | 14 | 21 | 172 |
| % of F.Client Group | (48%) | (44%) | (47%) | (45%) | (47%) |
| F.Applications | 234 | 113 | 44 | 70 | 461 |
| % of F.Applications | (47%) | (46%) | (41%) | (42%) | (45%) |
| M.Placements | 116 | 35 | 16 | 26 | 193 |
| % of M.Client Group | (52%) | (56%) | (53%) | (55%) | (53%) |
| M.Applications | 261 | 134 | 64 | 95 | 554 |
| % of M.Applications | (53%) | (55%) | (59%) | (58%) | (55%) |
| F.Placement Rate | (·46) | (·25) | (·31) | (·3) | (·37) |
| M.Placement Rate | (·44) | (·26) | (·25) | (·27) | (·35) |

F.=Female M.= Male Pla.= Placement () Percentages by column.

E.3.F. Placements by Age

Table E.3.F.(i) - Total Placements in Progress and Applications Received by Age on 31st December 1986- Placement Rate

| | 18-19 | 20-29 | 30-39 | 40-49 | 50-59 | 60-69 | 70-79 | 80+ | Total |
|---|---|---|---|---|---|---|---|---|---|
| Pl. 1986 | 34 | 64 | 58 | 56 | 54 | 49 | 39 | 11 | 365 |
| Yearly % | (9%) | (18%) | (16%) | (15%) | (15%) | (13%) | (11%) | (3%) | |
| Total App. | 125 | 219 | 155 | 111 | 140 | 113 | 123 | 29 | 1015 |
| % Total App | (12%) | (22%) | (15%) | (11%) | (14%) | (11%) | (8%) | (7%) | |
| Pl. Rate | ·27 | ·29 | ·37 | ·5 | ·38 | ·43 | ·31 | ·37 | ·36 |

Pl.= Placement. App.= Application. (%) Percentage by row.

Cont'd

Table E.3.F.(ii) - Placements in Progress by Client Group and Age Group 31 December 1986

| | 18-19 | 20-29 | 30-39 | 40-49 | 50-59 | 60-69 | 70-79 | 80+ | Total |
|---|---|---|---|---|---|---|---|---|---|
| M.H. Pl. | 30 | 43 | 36 | 45 | 34 | 27 | 8 | 2 | 225 |
| % M.H. Pl. | (13%) | (19%) | (16%) | (20%) | (15%) | (12%) | (4%) | (>1%) | |
| M.H. App. | 89 | 123 | 88 | 69 | 71 | 42 | 12 | 2 | 495 |
| % M.H. App | ·34 | ·35 | ·41 | ·65 | ·48 | ·64 | ·66 | 1 | |
| M·I. Pl. | 2 | 16 | 15 | 5 | 14 | 9 | 2 | 0 | 63 |
| % M.I. Pl. | (3%) | (25%) | (24%) | (8%) | (22%) | (14%) | (3%) | (0%) | |
| M.I. App. | 26 | 69 | 54 | 31 | 38 | 25 | 3 | 0 | 247 |
| M.I. App. | ·08 | ·23 | ·28 | ·06 | ·37 | ·36 | ·67 | 0 | |
| P.H. Pl. | 2 | 5 | 7 | 6 | 6 | 3 | 0 | 0 | 30 |
| % P.H. Pl. | (7%) | (17%) | (23%) | (20%) | (20%) | (10%) | (0%) | (0%) | |
| P.H. App. | 10 | 27 | 13 | 11 | 31 | 16 | 0 | 0 | 108 |
| % P.H. App | ·2 | ·19 | ·54 | ·55 | ·19 | ·19 | 0 | 0 | |
| Eld. Pl. | 0 | 0 | 0 | 0 | 0 | 10 | 28 | 9 | 47 |
| % Eld. Pl. | (0%) | (0%) | (0%) | (0%) | (0%) | (21%) | (61%) | (19%) | |
| Eld. App. | 0 | 0 | 0 | 0 | 0 | 30 | 108 | 27 | 165 |
| % Eld. App. | 0 | 0 | 0 | 0 | 0 | ·33 | ·26 | ·33 | |

Pl. = Placement. App. = Application. (%) Percentage by row.

## E.4. SHORT-STAY CLIENT PLACEMENTS

### Short-Stay Placements by Year

Table E.4.B.(i) - Total Short Stays by Year and Client Group

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | Total | %S/S | %Pl. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M.H. | 0 | 0 | 0 | 18 | 32 | 63 | 146 | 121 | 380 | (58%) | (54%) |
| M.I. | 0 | 1 | 1 | 1 | 1 | 3 | 11 | 8 | 26 | (4%) | (26%) |
| P.H. | 0 | 0 | 0 | 3 | 6 | 9 | 16 | 16 | 50 | (8%) | (8%) |
| Eld. | 1 | 0 | 1 | 10 | 15 | 32 | 65 | 74 | 198 | (30%) | (12%) |
| | 1 | 1 | 2 | 32 | 54 | 107 | 238 | 219 | 654 | | |

S/S = Short-stay placements. % Pl. = Percentage of long-stay placements.
Percentages by column. $\chi^2=5{\cdot}1$ D.F. 12 $p > 0{\cdot}1$
The chi-square test shows no difference in the distribution for the years 1982-1986. (This test is not valid for the years 1979-1981.)

Cont'd

Appendix E

Short-Stay Placements by Area

Table E.4.C.(i)- Total Short-Stay Placements By Year and Area (Sample)

| | 1982 | 1983 | 1984 | 1985 | 1986 | Total | %S/S | Pl. | %Pl. |
|---|---|---|---|---|---|---|---|---|---|
| Urban | 5 | 11 | 10 | 31 | 19 | 76 | (19%) | 83 | (39%) |
| Mixed | 6 | 9 | 40 | 86 | 75 | 216 | (54%) | 62 | (29%) |
| Rural | 6 | 6 | 15 | 45 | 37 | 109 | (27%) | 70 | (33%) |
| | 15 | 26 | 65 | 162 | 131 | 401 | | 215 | |

Percentages by column. $\chi^2 = 15{\cdot}2$ D.F. = 8 $p > 0{\cdot}05$
S/S = Short-stay placements. % Pl. = Percentage of long-stay placements. Although the chi-square test shows no significant difference between the years, it is shown that there were more short-stay placements than expected in urban areas in 1983 and less in 1986.

Short-Stay Placements by Sex

Table E.4.D.(i) - Short-stay Placements by Sex and Year

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| Female | 0 | 1 | 2 | 13 | 25 | 59 | 139 | 114 | 353 | (54%) |
| Male | 1 | 0 | 0 | 19 | 29 | 48 | 99 | 105 | 301 | (46%) |
| | 1 | 1 | 2 | 32 | 54 | 107 | 238 | 219 | 654 | |

Percentages by column. $\chi^2 = 9{\cdot}6$ D.F. = 7 $p > 0{\cdot}1$
A chi-square test shows no significant difference in the number of short-stay placements made by either sex over the years.

Table E.4.D.(ii) - Short Stays by Sex and Client Group 1979-1986.

| | M.H. | M.Ill | Y.P.H. | Elderly | Total |
|---|---|---|---|---|---|
| Female S/S | 203 | 18 | 23 | 109 | 353 |
| % Female S/S | (54%) | (69%) | (46%) | (55%) | (54%) |
| % Female Pl. | (48%) | (44%) | (47%) | (45%) | (47%) |
| % Exp. Hants | (50%) | (58%) | (58%) | (58%) | (58%) |
| Male S/S | 177 | 8 | 27 | 89 | 301 |
| % Male S/S | (47%) | (31%) | (54%) | (45%) | (46%) |
| % Male Pl. | (52%) | (56%) | (53%) | (55%) | (53%) |
| % Exp. Hants | (50%) | (42%) | (42%) | (42%) | (42%) |
| Total S/S. | 380 | 26 | 50 | 198 | 654 |

Percentages by column. S/S = Short-Stay. Pl. = Placements.
Exp. Hants = Expected calculated with reference to National statistics as in Long-stay Applications by Sex and Client Group, Table 1.I.(i).

Cont'd

## Short-Stay Placements by Age

Table E.4.E.(i) - Short-stay Placements by Age

| | 18-19 | 20-29 | 30-39 | 40-49 | 50-59 | 60-69 | 70-79 | 80+ | Total |
|---|---|---|---|---|---|---|---|---|---|
| Actual S/S | 41 | 90 | 92 | 83 | 84 | 82 | 66 | 116 | 654 |
| Actual % S/S | (6%) | (14%) | (14%) | (13%) | (13%) | (13%) | (10%) | (18%) | |
| Expected % | (5%) | (20%) | (20%) | (15%) | (15%) | (13%) | (9%) | (4%) | |
| % L/S Apps | (12%) | (22%) | (15%) | (11%) | (14%) | (11%) | (12%) | (3%) | |

Percentages by row. % L/S Apps. = Long-stay Applications

## Short-Stay Cessations

Table E.4.F.(i) - Cessation by Year and Reason

| Year of Cessation | Completed Short Stay | Permanently Placed | Resolved Other | Rejected Unsuitable | Total |
|---|---|---|---|---|---|
| 1979 | 1 | 0 | 0 | 0 | 1 |
| 1980 | 1 | 0 | 0 | 0 | 1 |
| 1981 | 2 | 0 | 0 | 0 | 2 |
| 1982 | 29 | 0 | 2 | 1 | 32 |
| 1983 | 52 | 0 | 1 | 1 | 54 |
| 1984 | 102 | 1 | 3 | 1 | 107 |
| 1985 | 222 | 10 | 3 | 3 | 238 |
| 1986 | 215 | 1 | 3 | 0 | 219 |
| | 624 | 12 | 12 | 6 | 654 |
| | (95%) | (2%) | (2%) | (1%) | |

Percentages by row.

Cont'd

## APPENDIX F. - PERSONAL SUPPORT MEETING FORMS

F.1. INVITATION TO ATTEND

F.2. PRE-MEETING REPORT FORM

F.3. AGENDA

F.4. MINUTES OF MEETING

F.5. PREDICTED NEEDS RESOURCE PLANNING

F.6. COMMENT FORM

Appendix F.

## APPENDIX F.1. INVITATION TO ATTEND

Figure F.8.2.D.(ii)

PERSONAL SUPPORT MEETING

Name:.....Computer No.....

Address:.....

Place of Meeting:.....

Date of Meeting:.....

| Reports Received From: | Date: |
|---|---|
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

Persons Invited:

| | |
|---|---|
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

Chairperson:.....

Distribution List for Minutes (Please Tick):

| | |
|---|---|
| Client | Parent |
| Friend | Carer |
| Keyworker (Residential) | Keyworker (Day Placement) |
| Social Worker | Community Nurse |
| Psychiatrist | Psychologist |
| Occupational Therapist | Speech Therapist |
| Adult Placement Officer | |
| Others..... | ..... |
| ..... | ..... |
| ..... | ..... |

Signature of Chairperson: .....

Date:.....

Cont'd.

## APPENDIX F.2. PRE - MEETING REPORT FORM

Figure F.8.2.D.(iii)

PERSONAL SUPPORT MEETING.

Name..... Computer No:.....

| SKILL AREA | SKILLS LEARNT SINCE LAST MEETING. | SKILLS TO BE LEARNT IN NEXT 6 MONTHS. |
|---|---|---|
| Self Care | | |
| Domestic | | |
| Community Living | | |
| Communication & Language | | |
| Personality & Social Adjustments | | |
| Personal Relationships | | |
| Use of Leisure | | |
| Health & Physical Development | | |
| Group Participation | | |
| Employment Day Care | | |

Report completed by:.....Date:.....

Please return completed report to:.....
By the:.....

Cont'd.

## APPENDIX F. 3. - AGENDA

Figure F. 8. 2. D. (iv)

PERSONAL SUPPORT MEETING

AGENDA

1. Review of previous minutes.
2. Long-term accommodation
3. Short-term accommodation.
4. Holiday arrangements.
5. Work/day placements.
6. Education.
7. Health and Medication.
8. Transport.
9. Finance.
10. Skills, development and learning opportunities-:

    a. Self Care.
    b. Domestic.
    c. Community Living.
    d. Communication and Language
    e. Personality and Social Adjustment.
    f. Personal Relationships.
    g. Use of Leisure.
    h. Health & Physical Development.
    i. Group Membership.
    j. Employment and Day Care.

11. Any other Business.

Cont'd.

PERSONAL SUPPORT MEETING

MINUTES OF MEETING HELD ON: .....

| Areas | Discussion | Action | Person Responsible | Date programme or goal card written | Outcome six months later |
|---|---|---|---|---|---|
| | | | | | |

## APPENDIX F.5.- Predicted Needs / Resource Planning.

### Figure F.8.2.E.(ii) PERSONAL SUPPORT MEETING
### Predicted Needs / Resource Planning.

| Accommodation (Type) | Long/Short stay. | Area. | Time Scale. |
|---|---|---|---|
| ---------- | | | Immediate |
| ---------- | | | 6 months |
| ---------- | | | 1 year |
| ---------- | | | 2 years |
| ---------- | | | Future |

| Education/Day Care/Work | Area | Time Scale |
|---|---|---|
| ---------- | ---------- | Immediate |
| ---------- | ---------- | 6 months |
| ---------- | ---------- | 1 year |
| ---------- | ---------- | 2 years |
| ---------- | ---------- | Future |

| Need for Specialist Help (Type) | Time Scale -(Immediate/6 months,etc) |
|---|---|
| ---------- | ---------- |
| ---------- | ---------- |
| ---------- | ---------- |

| Need for Aids/Adaptations (Type) | Time Scale -(Immediate/6 months,etc) |
|---|---|
| ---------- | ---------- |
| ---------- | ---------- |
| ---------- | ---------- |

Distribution List (Please Tick):

| | | |
|---|---|---|
| Social Services Headquarters. | Community Health Team. | Others. |
| Education Department. | Medical Officer. | ..... |

Cont'd.

## APPENDIX F.6. - COMMENT FORM

Figure F.8.2.E.(iii) - PERSONAL SUPPORT MEETING.

Name:..... Address:.....

..... .....

.....

.....

Thank you for attending the meeting concerning the person named above. Notes taken at the meeting are with this form. Please add your comments about the meeting or any further thoughts you may have had since the meeting.

Please return these comments to: .....

.....

## APPENDIX G.
## HAMPSHIRE ADULT PLACEMENT SCHEME CARER DATA ADDITIONAL TABLES

G. 1. NEW PLACEMENTS BY YEAR

G. 2. PLACEMENTS IN PROGRESS

G. 3. SHORT-STAY PLACEMENTS

G. 4. NEW CARERS REGISTERED BY YEAR

G. 5. CARER PLACES - VACANT & REGISTERED PLACES BY YEAR

# APPENDIX G.

## HAMPSHIRE ADULT PLACEMENT SCHEME CARER DATA ADDITIONAL TABLES 1979 - 1991

### G.8.A. New Placements by Year

Table G.8.A. - New Placements By Year 1979 - 1990

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 |
|---|---|---|---|---|---|---|---|---|
| Placements | 39 | 65 | 56 | 63 | 68 | 99 | 52 | 56 |
| % of Plac. | (5%) | (9%) | (8%) | (9%) | (9%) | (14%) | (7%) | (8%) |

| | 1987 | 1988 | 1989 | 1990 | Total |
|---|---|---|---|---|---|
| Placements | 110 | 59 | 25 | 33 | 725 |
| % of Plac. | (15%) | (8%) | (3%) | (5%) | |

### G.8.B. Placements in Progress on 31st December by Year

Table G.8.B. Placements in Progress on 31st December by Year

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 |
|---|---|---|---|---|---|---|---|---|
| Place.in Progress | 33 | 84 | 119 | 166 | 220 | 304 | 336 | 365 |

| | 1987 | 1988 | 1989 | 1990 |
|---|---|---|---|---|
| Place.in Progress | 322 | 323 | 315 | 323 |

Place.in Progress = Placements in Progress

### G.8.C. Short-Stay Placements by Year 1979 -1990

Table G.8.B. - Total Short Stays by Year and Client Group.

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 |
|---|---|---|---|---|---|---|---|---|
| Short-stays | 1 | 1 | 2 | 32 | 54 | 107 | 238 | 219 |

| | 1987 | 1988 | 1989 | 1990 |
|---|---|---|---|---|
| Short-stays | 205 | 237 | 254 | 147 |

Cont'd.

Appendix G.

## G.8.D. New Carers Registered by Year 1979 -1990

Table G.8.D. - New Carers Registered by Year 1979 -1990

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 |
|---|---|---|---|---|---|---|---|---|
| Carers Reg. | 44 | 59 | 57 | 39 | 65 | 86 | 75 | 57 |

| | 1987 | 1988 | 1989 | 1990 |
|---|---|---|---|---|
| Carers Reg. | 52 | 70 | 49 | 38 |

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 |
|---|---|---|---|---|---|---|---|---|
| Referrals | 83 | 133 | 101 | 56 | (<90) | (<90) | (<90) | 36 |

| | 1987 | 1988 | 1989 | 1990 |
|---|---|---|---|---|
| Referrals | 57 | 45 | 44 | 58 |

Carers Reg. = Carers Registered.

## G.8.E. Carer Places Vacant & Registered Places by Year 1979 -1991

Table G.8.E. -Carer Places Vacant & Registered Places by Year 1979 -1991

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 |
|---|---|---|---|---|---|---|---|---|
| Reg. Places | 102 | 172 | 308 | 337 | 408 | 437 | 451 | 494 |

| | 1987 | 1988 | 1989 | 1990 | 1991 |
|---|---|---|---|---|---|
| Reg. Places | 285 | 307 | 308 | 336 | 355 |

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 |
|---|---|---|---|---|---|---|---|---|
| Placements | 33 | 84 | 119 | 166 | 220 | 304 | 336 | 365 |

| | 1987 | 1988 | 1989 | 1990 | 1991 |
|---|---|---|---|---|---|
| Placements | 211 | 214 | 142 | 133 | 136 |

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 |
|---|---|---|---|---|---|---|---|---|
| Vacant Places | 69 | 88 | 190 | 171 | 188 | 133 | 115 | 129 |

| | 1987 | 1988 | 1989 | 1990 | 1991 |
|---|---|---|---|---|---|
| Vacant Places | 74 | 93 | 166 | 203 | 219 |

End.

# APPENDIX G.

## HAMPSHIRE ADULT PLACEMENT SCHEME CARER DATA ADDITIONAL TABLES 1979 - 1991

### G.8.A. New Placements by Year

Table G.8.A. - New Placements By Year 1979 - 1990

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 |
|---|---|---|---|---|---|---|---|---|
| Placements | 39 | 65 | 56 | 63 | 68 | 99 | 52 | 56 |
| % of Plac. | (5%) | (9%) | (8%) | (9%) | (9%) | (14%) | (7%) | (8%) |

| | 1987 | 1988 | 1989 | 1990 | Total |
|---|---|---|---|---|---|
| Placements | 110 | 59 | 25 | 33 | 725 |
| % of Plac. | (15%) | (8%) | (3%) | (5%) | |

### G.8.B. Placements in Progress on 31st December by Year

Table G.8.B. Placements in Progress on 31st December by Year

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 |
|---|---|---|---|---|---|---|---|---|
| Place.in Progress | 33 | 84 | 119 | 166 | 220 | 304 | 336 | 365 |

| | 1987 | 1988 | 1989 | 1990 |
|---|---|---|---|---|
| Place.in Progress | 322 | 323 | 315 | 323 |

Place.in Progress = Placements in Progress

### G.8.C. Short-Stay Placements by Year 1979 -1990

Table G.8.C. - Total Short Stays by Year and Client Group

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 |
|---|---|---|---|---|---|---|---|---|
| Short-stays | 1 | 1 | 2 | 32 | 54 | 107 | 238 | 219 |

| | 1987 | 1988 | 1989 | 1990 |
|---|---|---|---|---|
| Short-stays | 205 | 237 | 254 | 147 |

Cont'd.

Appendix G.

## G.8.D. New Carers Registered by Year 1979 -1990

Table G.8.D. - New Carers Registered by Year 1979 -1990

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 |
|---|---|---|---|---|---|---|---|---|
| Carers Reg. | 44 | 59 | 57 | 39 | 65 | 86 | 75 | 57 |

| | 1987 | 1988 | 1989 | 1990 |
|---|---|---|---|---|
| Carers Reg. | 52 | 70 | 49 | 38 |

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 |
|---|---|---|---|---|---|---|---|---|
| Referrals | 83 | 133 | 101 | 56 | (<90) | (<90) | (<90) | 36 |

| | 1987 | 1988 | 1989 | 1990 |
|---|---|---|---|---|
| Referrals | 57 | 45 | 44 | 58 |

Carers Reg. = Carers Registered.

## G.8.E. Carer Places Vacant & Registered Places by Year 1979 -1991

Table G.8.E.-Carer Places Vacant & Registered Places by Year 1979 -1991

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 |
|---|---|---|---|---|---|---|---|---|
| Reg. Places | 102 | 172 | 308 | 337 | 408 | 437 | 451 | 494 |

| | 1987 | 1988 | 1989 | 1990 | 1991 |
|---|---|---|---|---|---|
| Reg. Places | 285 | 307 | 308 | 336 | 355 |

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 |
|---|---|---|---|---|---|---|---|---|
| Placements | 33 | 84 | 119 | 166 | 220 | 304 | 336 | 365 |

| | 1987 | 1988 | 1989 | 1990 | 1991 |
|---|---|---|---|---|---|
| Placements | 211 | 214 | 142 | 133 | 136 |

| | 1979 | 1980 | 1981 | 1982 | 1983 | 1984 | 1985 | 1986 |
|---|---|---|---|---|---|---|---|---|
| Vacant Places | 69 | 88 | 190 | 171 | 188 | 133 | 115 | 129 |

| | 1987 | 1988 | 1989 | 1990 | 1991 |
|---|---|---|---|---|---|
| Vacant Places | 74 | 93 | 166 | 203 | 219 |

End.