

A Life in the Community

An action research project promoting citizenship
for people with high support needs

Paul Swift
Molly Mattingly



Edited by Clare Wightman

Foundation for People
with Learning Disabilities

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Introduction

Life in the Community has been about establishing good practice in daytime opportunities for people with higher support needs. It is our response to 'Having a Good Day?' (SCIE, 2007), a review of day services for people with learning disabilities, which found that this group has been the last to benefit from the 'modernisation' of services for people with learning disabilities. People with higher support needs are frequently offered expensive packages to pay for services which are outdated and delivered in congregate, buildings-based settings. They have been treated as second-class citizens, so it is gratifying to note that Valuing People Now places an obligation upon local decision-makers to prioritise improvements in support for this and other marginalized groups over the next few years.

Life in the Community was designed as an action research project. This means that we worked with our partners to help people and their families find active and positive roles in their local communities. Over a two year period we monitored how people were being supported and the extent to which that support was helping them achieve their aspirations. Sharing with our partners what we found, as we found it, enabled them to refine the support they provided.



Aims of the project

- To work with four organisations from the third sector to improve the daytime opportunities for up to 40 people with higher support needs and help them to be more included in the life of a community
- To develop the capacity of organisations in the not-for-profit sector to support this group of people to make greater use of mainstream services and facilities
- To stimulate new ways of support provided to this group.

What do we mean by 'higher support needs'? Higher levels of support are sometimes required where a person is unable to take advantage of opportunities available to most of us because of the severity of their intellectual impairment, physical disability, sensory impairment, mental health problems, behaviour that others find challenging, a forensic history, or autism. Some people also experience several disabling factors that together have a major impact upon their ability to make the most of their communities. Others require additional support in certain situations or with certain activities, such as getting a job.

What do we mean by community? Like motherhood and apple pie, community is rarely if ever invoked in public policy to mean anything other than warmth and security. Typically it refers to the location of an activity ('care *in* the community'), a neighbourhood ('the *local* community') or an association of interest ('the *social work* community'). Some argue that the concept has become worthless through increasingly vague and widespread usage. In response we point to that aspect of community which is founded upon the presence of a relationship, a sense of connectedness and belonging.

This is not just a matter of semantics. An understanding of this fundamental distinction between "community as a place" and "community as relationships" marks out good, effective support for vulnerable people. It also explains why we pay so much attention to the practice of 'community connecting' in the following pages. A defining feature of the project has been that places and activities merely served as the arenas within which relationships developed and flourished. The good outcomes achieved by the people taking part - finding work, moving home, joining clubs, setting up a neighbourhood service and so on - were invariably by-products of the new relationships they were helped to form.

This report is intended only as summary of the work of the project. To get a fuller picture of what happened please see the 'More about the project' section towards the end of the report or visit www.learningdisabilities.org.uk

Outcomes for people taking part



For a small number of participants the project helped them achieve all of the goals they had set at the beginning of the project. It is interesting to note for each of them the strong inter-relationship between the various goals so that the achievement of one goal often led to the achievement of another. There is a sense in which people reach a tipping point where the way that their support is planned and delivered is transformed for good. Often the project worker acted as an initial stimulus to action that became self-sustaining. Ray's involvement in the project is a case in point.

Outcomes summary for Ray

Overall reason for participation: to broaden activities, reduce reliance on his mother to make them happen and get age and gender appropriate support.

Project support: community mapping, advice about options, including individual budgets, advocacy to help the family alter the way day-to-day support was provided.

Outcome: Developed very strong rapport with a male carer, eventually led to getting an individual budget to employ him as his personal assistant. There was general agreement that his life has been 'transformed'.

Achievement of specific goals:

1. Evidence of a close bond with his personal assistant where previously he had relied on frequently changing day centre staff.
2. Individual budget has given him and his mother control over his day-to-day life.
3. Ray now has a more age appropriate lifestyle (for example his new clothes and hairstyle were commented upon by family, neighbours and researchers).
4. Mother feels satisfied with the quality of Ray's support.
5. The family went on holiday abroad for the first time.

The experience of people like Ray demonstrates some of the broader implications of the project, not least the potential for a reduction in the amount of public funding required by people with high support needs to achieve good outcomes as they come to rely less on specialist services and more on their own networks. The outcomes data also provides a model for monitoring the promotion of social inclusion for marginalised groups and it allows us to highlight some of those factors that appear to help people be more included and those factors that seem to get in the way of them doing so.

Approximately half of those taking part achieved at least one of their goals and some of these were very significant. Stephanie had retained close contact with her family despite living in a nursing home. But while she was involved in her family's activities, the family exerted limited influence over her care and support. Supported by the project worker, her parents gained the confidence to challenge the home about what she was supported to do during the daytime. As a result more funding was made available to increase Stephanie's social activities outside of the home. By the end of project her parents agreed that they were now on the way to Stephanie getting the right support and believed that things were unlikely to return to how they had been before the project began.

Some of the outcomes achieved

- Moving from group residential home to own tenancy in supported living arrangement
- Setting up a neighbourhood magazine exchange
- Running a café
- Getting a personal assistant
- Valued roles such as ambassador for a sports club
- Joining a steel band
- Joining a gym
- Attending an over 50's club
- Improved benefit income
- Becoming a community warden
- Delivering leaflets for a restaurant

Fred's story



Fred's story is typical. When the project began there were a number of people who were paid to be in Fred's life, each supporting him in subtly

different ways and placing different interpretations upon what he was trying to tell them. Other than an annual review meeting, there was little opportunity for everyone to reach a shared understanding of Fred's likes, dislikes and his dreams for the future. The starting point for changing this situation was a practical one: why was it that a community access course at his local FE College didn't seem to be working? Some of his residential supporters suspected that Fred felt anxious if he didn't know where he was going and wanted to share this with those supporting him outside his home. This led naturally to the circle thinking more broadly about his interests and how these could guide the support that they provided to him individually and collectively. Now the circle meets every six weeks or so and has become the forum at which

decisions about what Fred does with his time are agreed. The process of making things happen has speeded up as a result.

Circle members we spoke to believed that Fred now has more influence over his life than had previously been the case; he is more relaxed at meetings and confident about expressing himself; initiating conversations where previously he was passive and reactive. "Fred will tell us what he wants to do, we do not have to suggest things as we did in the past" said one of his paid supporters, "And it is really helpful to feedback from circle meetings to the staff team". Now Fred uses a community opportunities service once a week, travels on public transport where once he was prone to panic, and is more independent outside of his home; going to the local park, for example, something that he had been reluctant to do before. So small changes to the way that his support is organised have resulted in a significant improvement in Fred's quality of life. These are subtle, yet powerful indicators that Fred is exercising more control over his life.

What worked well?

Person-centred approaches and techniques underpinned the work carried out with participants in the project. Working in this way led to greater job satisfaction amongst support staff, more choice and control for people at the centre of the process and greater involvement of family and other non-paid supporters.

Leadership for person-centred planning can come from a variety of sources and this should be encouraged. Specific investment was made in training and support for people to develop skills in person-centred working. There was broad agreement that getting communication right is an absolute pre-requisite for supporting people with high support needs and should be afforded a priority in training and staff development.

The most effective training for person-centred planning was that which, i) included managers of services (so they gain a good understanding of how their staff need to work and how individuals and their families can lead planning), ii) included families and other people providing day-to-day support, iii) was

Circles of support



Circles of support proved a cost-effective way of coordinating planning and action for

and around an individual. However, commissioners and care managers did not always recognise and value the work with circles of support to help people with care needs have a better life in the community. In particular, many of the good outcomes achieved in the project were driven by families

and non-paid supporters, sometimes with help and advice from others (such as from a specialist in self-employment). Of the people taking part in the project, two thirds had an identifiable circle of support. These varied in composition, in the leadership of them and the role they played in the life of the person at the centre of the circle. However, there was a clear association between the presence of a circle and the achievement of goals, not least because goals were more likely to be clearly stated where a circle was operating.

based upon real situations, and iv) adopted an eclectic approach to tools and techniques (identifying what is most appropriate to a given situation – for example, adaptations may need to be made when working with people on the autistic spectrum).

Most of the participants and their supporters wished to use individual funding as a means to good, person-centred outcomes that would allow them choice, control and flexibility. Enthusiastic and knowledgeable care management was the key factor in expediting this for the small number of participants who manage. But more were thwarted by negative attitudes and lack of knowledge amongst care managers. Commissioners and care managers need to ensure that all forms (Individual Budgets, Direct Payments, Independent Living Fund, etc.) and other sources of individual funding are known, understood and available to people with high support needs.

The project showed that it is possible to generate **outcome measures** for community roles based upon what people with high support needs want to achieve. We found evidence that good support services monitor the quality of their provision on this basis. Quantitative measures (such as the number of times activities are undertaken) rarely reflect the importance of an activity to the person. To be meaningful, outcome measures must be based upon the needs and aspirations of the individual.

Getting a role in a local community was invariably driven by the interests, skills and passions of the individual. In many instances a particular interest proved to be the catalyst to a much wider repertoire of interests. For example, one man's interest in sport led to him joining a hockey club. His personality and obvious desire to be involved has led him to becoming the ambassador for a form of the game which allows disabled and non disabled teams to play together.

The project highlighted the role of '**community connectors**'. In many instances they worked with people over a period of time to explore how a key interest could be matched to something going on in their community. We found many examples whereby the persistence and ingenuity of connectors resulted

in people making new relationships where previously 'traditional' services had failed. The project threw up key points about what a good community connecting service looks like:

- 'Community connecting' services were highly valued by people who took part in the project and the people who support them. Connecting fills a gap that currently exists between person-centred planning and the achievement of good outcomes for people by matching the skills and interests of individuals with opportunities in their local communities.

Community



The project illustrated that **'community' is about relationships.**

Activities and being 'in the community' are simply the arenas in which relationships can develop and flourish. Most of the good outcomes were about the development of relationships rather than activities, yet these were rarely recognised and stated in the support that was commissioned for participants in the project.

Di was anxious about change, but agreed to arrange some planning meetings to think about how she might make more use of her local community. These meetings did not go well as Di had difficulty focusing on

one thing at a time and it seemed that she might be deliberately sabotaging the meetings. Recognising Di's behaviour as symptomatic of a lack of confidence and low self-esteem in the presence of people with whom she was unfamiliar, the circle persisted. Little by little Di understood that it was her ideas that shaped the meetings and her circle had a deep appreciation of what was important to her.

Now Di felt able to talk about wanting a friend, and this led to a befriender from a local advocacy scheme visiting regularly, helping Di to relax, to value herself more and to start taking care of her appearance. She joined an over 50's group which meets in a local pub where she was able to rekindle a relationship from her past. Now she meets this friend and her partner at home and out for meals.

- Connecting is a service that is provided at times that are convenient to the 'customer' (often evenings and weekends) and in a variety of locations. The project indicated that to be effective connectors must represent the individual and be independent of service provision. This is not to say that aspects of connecting cannot be carried out by support staff, but our experiences suggest that paid support staff rarely have the time to undertake the mapping and matching tasks that represent the added value of connecting.
- Connectors were very effective at enhancing the community presence of people in the project. This included establishing sustainable relationships between individuals, other community members, community organisations and mentoring direct support staff to work in more creative and flexible ways. The connecting that took place during the project was time-limited, but the amount and style of service offered varied from person to person depending on their needs and the scale of the mapping and matching tasks.
- The community connectors came from a range of backgrounds and brought with them a variety of experiences. Whilst the role varied subtly across the sites that employed them, common qualities required of connectors were evident: empathy, patience, persistence, ingenuity, initiative, creativity, flexibility, resourcefulness and commitment. It is also requires local knowledge and logistical and negotiating skills for mapping and matching community opportunities.
- It is sometimes difficult to disentangle cause and effect from an 'intervention' like connecting. However, there was overwhelming agreement from people involved in the project that the individuals with high support needs were more contented, calmer, happier and more engaged as a direct result of the project.



- There were clear indications that behaviour that previously inhibited supporters' willingness to support people in public places had diminished, in some cases dramatically, over the period of the project. The amount and type of support people received was reviewed and often reduced as a result.
- Small organisations from the third sector were best placed to provide the support required for people with high support needs to have a better life in the community. Several of the organisations involved with the project only supported a limited number of people. The ethos of these organisations was that senior managers would have detailed knowledge of the lives of all the people supported by their staff.

Connecting People: The steps to making it happen

Connecting People: The steps to making it happen is a guide for those interested in setting up a community connecting service written by Clare Wightman from Grapevine in Coventry. A DVD accompanies the guidelines, illustrating how some people with higher support needs have been helped to play a role in their local communities.



Visit our website www.learningdisabilities.org.uk or call 0207 803 1100 to find out how to obtain this and other products of the Life in the Community project.

What needs to change?



Commissioners lacked understanding of the potential demand for community connecting services. A barrier to the expansion of connecting was the reliance of existing providers upon irregular sources of funding to maintain their service. It is recommended that commissioners work with new and existing providers to develop community connecting capacity in their localities using both grants and individual funding.

Getting positive roles in the community relied upon the application of creativity and flexibility by day-to-day support staff. This could only happen within the context of a supportive **managerial regime** where risk-taking was encouraged. It was noticeable that poorer outcomes were most frequently due to restrictions placed upon the autonomy of direct support staff.

While the overwhelming majority of paid supporters and families were highly committed to the aims of the project, all of the sites experienced frustration at the **lack of commitment from others**. This ranged from lack of interest to outright obstruction. The effect was also multiplied by the power and authority of those being obstructive. In one area, for example, significant movement for people was held up by the low priority given to the project by the manager of a day centre.

Progress towards the implementation of **individualised funding** was slow in all areas. This was partly due to a 'wait and see' approach by some commissioners and care managers. Elsewhere there was a lack of knowledge about how to pursue individualised funding and fear about the consequences of switching from traditional services.

Access to safe, reliable **transport** has long been a barrier to people with learning disabilities exercising their full rights as citizens. The project demonstrated that this is still the case even where support is focused on helping people to have a

greater presence in their local communities. Transport was a limiting factor upon the achievement of goals for a third of the people in the project. The problem of transport fell into two categories. Firstly, those with limited mobility usually relied upon large wheelchair accessible vehicles that were either shared with others or could only be used when particular drivers were on duty. Secondly, we came across several instances where a person's mobility allowance was not being used for the purpose it was intended.

A major obstacle faced by many people with learning disabilities seeking a role in their local communities is the **low expectations** that others have for them. In some circumstances this was easily overcome, but at one of our sites, participants faced the systemic obstacle of people in the social care world regarding employment as an unsuitable and unrealistic option for them.

Advocacy is important not just to ensure that a person's voice is heard, but also assist in accurate and appropriate planning. Advocacy is likely to be required by some people with higher support needs who have particular communication needs or who do not have family in touch with them, but participants found it difficult to access effective advocacy services. Independent Mental Capacity Advocates may be required where people lack the capacity to make important decisions about their life.

The project showed that while small third sector organisations are well placed to deliver new ways of supporting people with high support needs, they need to work closely with commissioners to develop a **business model** that utilises the right mix of core funding and individual budgets.

Need 2 Know: Life in the Community

Need 2 Know: Life in the Community

is a briefing that sets out some advice for commissioners and care managers based on the findings from the project.



Visit our website www.learningdisabilities.org.uk or call 0207 803 1100 to find out how to obtain this and other products of the Life in the Community project.

More about the project

We recruited four third sector organisations through an open tendering process to work with up to 10 people over a two year period. Our previous work in this field suggested that third sector organisations are best placed to provide the sort of creative and flexible services we believed would be required to meet the objectives of the project. There was no one model for supporting people across these four sites. We wanted to encourage our partners to work creatively to find local solutions to the problems faced by people with high support needs. However, we did expect our partners to use evidence from research and best practice in the development of their services.

Partner organisations

Third sector partner	Local authority partner(s)	Nature of support
The Brandon Trust	North Somerset Bristol City South Gloucestershire	Applied the principles of Asset Based Community Development to provide new services for people previously using 'Special Needs Units' in Resource and Activity Centres across three local authorities.
William Morrison Enterprise Trust	Darlington Borough	Provided training and support to people interested in work and employment.
The Tamarisk Trust	London Borough of Barnet	Helped people at a traditional day centre and in the Tamarisk Opportunities Network to exercise greater choice and control over their daytime support.
Grapevine	Coventry City	Used community connectors to help people access community facilities, activities and social networks so they depend less on services.

Applications to take part in the project were led by third sector organisations in partnership with a local authority. Applicants were asked to propose creative ways of supporting people in return for a grant of £24,000 if successful and their local authority partners were asked to contribute £5,000 towards their proposed scheme.

Our partners were starting from different bases in terms of their size, backgrounds and experience. The Foundation therefore offered advice and guidance tailored to the needs of each partner as well as evaluating the development of support for the people taking part and the impact of that support upon their lives. We also encouraged the sites to share their experiences and learning with each other.

Advice and guidance provided to partners by the Foundation

- Training, resources and master classes about person-centred planning, community building techniques and self-employment
- Problem solving with individuals
- Influencing local authority practice, commissioning and key decision-makers
- Raising awareness amongst families and paid supporters
- Help with project 'exit strategies' and continuance of the work beyond the project
- Evaluation techniques
- Networking with similar organisations through meetings, conferences and visits
- Feedback from evaluation visits

Who took part in the project and why?



A total of 34 people with higher support needs were recruited to the project, of whom three dropped out and one died over the two year period. They took part for different reasons. For many the reason was determined by changes in their support arrangements over which they had no control: day services modernisation, transition to adult services, closure of a residential home, and so on.

In these instances the project presented an opportunity to shape and influence the process of change. The prospect of using individualised funding and person-centred planning to tailor existing support was also cited. Most importantly, there was recognition that people's lives are not compartmentalised into where they live and what they do during the day, but instead that all aspects of their lives are touched by their dreams, wishes and aspirations. It was not then a project just about 'day services', but rather about using one aspect of a person's support to influence others. This was played out most graphically in the ready and widespread adoption of 'circles of support' that bring together a number of people to help someone plan their future.

Circles of support proved a cost-effective way of coordinating planning and action for and around an individual. However, commissioners and care managers did not always recognise and value the work with circles of support to help people with care needs have a better life in the community. In particular, many of the good outcomes achieved in the project were driven by families and non-paid supporters, sometimes with help and advice from others (such as from a specialist in self-employment). Of the people taking part in the project, two thirds had an identifiable circle of support. These varied in composition, in the leadership of them and the role they played in the life of the person at the centre of the circle. However, there was a clear association between the presence of a circle and the achievement of goals, not least because goals were more likely to be clearly stated where a circle was operating.

People's goals were influenced by the type of support provided by the partner organisation and their residential arrangements. For example, those

people supported by William Morrison Enterprise Trust were interested in a range of work and employment opportunities. During the course of the project, some refined this to think about self-employment, others came to realise that work was not the only way of pursuing an interest and for most the process of thinking about work opened up other considerations such as where they wanted to live.



By way of comparison, both the Brandon Trust's and Tamarisk Trust's efforts were largely focused on finding alternatives to existing daytime support, usually provided in a day centre. The profile of the people they supported was quite different from Morrison's, with an emphasis on mobility and access issues, while much of the Brandon project worker's time was taken up negotiating with residential and nursing care providers to engage them with the project. Similarly early efforts at Tamarisk were focused on harnessing the energy of a day centre. For many of the people supported by these organisations, progress towards even fairly modest goals, such as attending sporting events over the weekend, could therefore be painfully slow.

Grapevine used the project to set up a community connections service including work that might be broadly termed advocacy and support brokerage. This was reflected both in the sorts of goals set by the people they supported, as well as the pace at which they were able to move towards these goals. Whereas much of the early work by Brandon and Tamarisk was about bringing people together to help someone plan for the future, Grapevine's interventions were more proactive and exemplary – getting to know people, mapping community opportunities and then introducing the person to a new situation all in a relatively short period of time. This influenced the flavour of the goals that emerged in Coventry (for examples of Grapevine's work, please see the 'Connecting People: the steps to making it happen' and the accompanying DVD).

How we evaluated the project



Life in the Community placed particular demands upon our skills as researchers and we believe it is worth pausing to mention how we went about the task of evaluation because it throws up a more general question about how we measure the effectiveness of support that is truly person-centred. Is it possible (and meaningful) to aggregate the outcomes achieved by individuals where the aspirations of those individuals are so radically different? We started by taking some of the tools with which we were already familiar; a battery of quality of life measures that we had used in conjunction with the University of Lancaster during the national evaluation of person-centred planning. In that we were able to demonstrate that person-centred planning is an effective tool for support services to improve certain objective measures of their quality of life, and some more so than others.

Collecting information about where people live, their health, emotional well-being, income, friends and families, activities, and use of community facilities, we intended to monitor changes within these domains for each individual as the project progressed. However, it soon became apparent that these measures were failing to capture the essential features of what people were trying to achieve by taking part in the project. This is not to say that such measures do not provide useful indicators about how a person's life is changing or how effective our partners are in supporting them. But the 'acid test' of their intervention in people's lives was the extent to which it moved the participants closer to realising their aspirations. Furthermore, the widespread use of established planning techniques meant that these aspirations were being recorded in concrete terms and measurable against criteria established by the person and his or her supporters. This is important because the variation in nature and scope of these aspirations mitigated the use of 'objective' measures.

In order to make an assessment of the overall impact of the project we devised a simple scale to rate the achievement of each individual's goals against their

own measurement criteria as they emerged during the project. This gave us a somewhat crude tool for assessing the overall impact of the project.

A score of 1 on the scale indicates that no planning had taken place to establish goals, 2 indicates planning had commenced with the individual, but no actions had yet happened, 3 indicates partial achievement of at least one goal, 4 indicates achievement of at least one goal, while a score of 5 indicates full achievement of the stated goals. Scores were 'triangulated' from evidence supplied by the people themselves, their supporters and members of the research and evaluation team.

The scores for those taking part are tabulated below. Lower scores reflected either people leaving the project to pursue other pathways, such as going to college, or a lack of engagement with the project from paid supporters. In one instance this took the form of residential staff repeatedly cancelling planning meetings and not delivering promised actions. Most participants clustered around the mid point and just above, suggesting that most had made some progress towards their goals over the period of the project.

For example, one woman's plans were held up for almost a year by a dispute between her family and her residential supporters. Paid advocacy was brought in to help her plan and several activities had been tried with limited success to pursue her interests in animals. However, neither the project worker nor the research team were convinced that the residential supporters understood what was being asked of them and feared that the progress would not be sustained beyond the end of the project.

Scoring the project

Score	Participants (n=33)
1	3
2	5
3	10
4	11
5	4

Some other links and resources that you may find useful

The project was prompted by a knowledge review we carried out in collaboration with the Norah Fry Research Centre. The review has been published as **Having A Good Day?**, a study of community-based day activities for people with learning disabilities that explores what has, and what has not contributed to the successful provision of community-based day activities for all people with learning disabilities. Available at: <http://www.scie.org.uk/publications/knowledgereviews/kr14.asp>

The associated practice guide, **Community-based day activities and supports for people with learning disabilities: How we can help people to 'have a good day'**, is also available for download. Available at: <http://www.scie.org.uk/publications/guides/guide16/files/guide16.pdf>

The **Valuing People Support Team** website has several pages devoted to resources and links about 'Being Included'. Available at: <http://www.valuingpeople.gov.uk/dynamic/valuingpeople69.jsp>

The **Personalisation toolkit** is an on-line resource to support councils to begin to plan and deliver the transformation of their social care systems, as set out in Putting People First. Available at: <http://networks.csip.org.uk/Personalisation/PersonalisationToolkit>

Commissioning for Support Planning and Brokerage is a resource tool for mapping and planning brokerage services locally, involving people who use services. Available at: <http://networks.csip.org.uk/Personalisation/Topics/Browse/Supportplanning/?parent=2673&child=3236>

There is also a companion to the above called **Good Practice in Support Planning and Brokerage**. Available at: <http://networks.csip.org.uk/Personalisation/PersonalisationToolkit/Blueprint/SupportPlanningandBrokerage/?parent=3113&child=3250>

SCIE Knowledge review 20: Commissioning person-centred, cost-effective, local support for people with learning disabilities brings together knowledge from research and practice on commissioning person-centred, cost-effective, local support for people with learning disabilities labelled as having complex needs and/or challenging behaviour. Available at: <http://www.scie.org.uk/publications/knowledgereviews/kr20.pdf>

Person centred commissioning - now; a pathway approach to commissioning learning disability support produced by the Improvement & Development Agency explores some examples of what is working well nationally in learning disability commissioning - and how that learning could be used to develop a person-centred commissioning pathway for the future. Available at: <http://www.idea.gov.uk/idk/core/page.do?pagelId=8981022>

Andrew Tyson's paper **Commissioners and Providers Together: the Citizen at the Centre** argues that the vision which underpins self directed support will only become a reality if commissioners and providers find new ways to work together in order to support people in their desire to become active citizens. Available at: <http://networks.csip.org.uk/Personalisation/Topics/Browse/Commissionersandproviders/?parent=2735&child=2683>

Information about the national evaluation of the **Individual Budgets pilot projects** (IBSEN). Available at: <http://php.york.ac.uk/inst/spru/research/summs/ibsen.php>

Our **Shaping the Future Together** pack includes information to help managers and commissioners improve services based on detailed evidence collected from person centred plans. Available at: <http://www.learningdisabilities.org.uk/our-work/person-centred-support/shaping-the-future/>

Kent County Council provides an example of how one local authority is building community capacity through grants to not-for-profit organisations. Available at: http://www.kent.gov.uk/publications/social-care-and-health/building_community_capacity_grant.htm

Reminding people about community is a paper written by Alex Hamilton of Quest for the Valuing People Support Team website. It provides an interesting background to the social exclusion of people with learning disabilities and useful information about key concepts around community development for this group. Available at: <http://www.valuingpeople.gov.uk/echo/filedownload.jsp?action=dFile&key=389>

Contact details for the Life in the Community partners

Grapevine (Coventry & Warwickshire) Ltd

Contact: Clare Wightman

Telephone: 0247 663 1041

Email: admin@grapevinecoventryandwarwickshire.co.uk

Website: <http://www.grapevinecovandwarks.org>

Morrison Trust

Contact: Diane Woodcock

Telephone: 0132 538 3282

Email: dwoodcock@morrisontrust.org.uk

Website: <http://www.morrisontrust.org.uk>

The Tamarisk Trust

Contact: Julie Riley

Telephone: 0208 447 0541

Email: info@tamarisktrust.org.uk

Website: <http://www.tamarisktrust.org.uk/>

The Brandon Trust

Contact: Steve Day

Telephone: 0117 907 7200

Email: info@brandontrust.org

Website: <http://www.brandontrust.org>

About the Foundation for People with Learning Disabilities

We promote the rights, quality of life and opportunities of people with learning disabilities and their families. We do this by working with people with learning disabilities, their families and those who support them to:

- do research and develop projects that promote social inclusion and citizenship
- support local communities and services to include people with learning disabilities
- make practical improvements in services for people with learning disabilities
- spread knowledge and information.

If you would like to find out more about our work, please contact us:

Foundation for People with Learning Disabilities
Sea Containers House
20 Upper Ground
London SE1 9QB

Tel 020 7803 1100

Email fpld@fpld.org.uk

Web www.learningdisabilities.org.uk

**Foundation for People
with Learning Disabilities**

The Foundation for People with Learning Disabilities is a part of the Mental Health Foundation, registered charity number 801130 (England) & SC 039714 (Scotland).