The *So what, what next?* project

June 2018

Easy Read Report

Local Government Association

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How this project started

The Transforming Care empowerment steering group

The *So what, what next?* project is part of the Transforming Care work.

The Transforming Care work is about making services and support better for children and adults with a learning disability, autism or both so that they can live good lives in their community.

It supports people to move out of specialist hospitals and into the community. It is also about stopping so many people going into these hospitals in the first place.

In the Transforming Care work the specialist hospitals we are talking about are mental health or learning disability hospitals.

When we talk about hospitals in this report, this is what we mean.

The *So what, what next* project was set up by the Transforming Care empowerment steering group.

The steering group are mainly people with a learning disability or autism, who have lived experience of staying in hospital, or family carers. They are experts because of their experience.

The group is supported by the Local Government Association (LGA). The LGA is one of the organisations working on Transforming Care.

The *So what, what next?* Project

The steering group wanted to set up a project which helped people who have come out of hospital to:

- make links in their communities
- be more independent
- give their skills and passions to their community
- have better lives.

They wanted everyone to think in a different way about how to support people.

They called the project *So what, what next?* because getting people out of hospital is important but making sure people have good lives once they are out of hospital is important too. This can make sure people don't go back into hospital.

The group said:

This project is about working in ways that really value people and focus on what people CAN do.

This way of working can help people to:

- become more independent
- have dreams!
- feel more confident
- meet new people in their communities – **not** just staff and people they live with.

The empowerment steering group set up the project. They decided what the project would do. They also interviewed the organisations which wanted to do the work.

The group wanted the project to work with people who have recently moved out of hospital and with the people who support them in the community.

This report shares what we have learned from *So what, what next?* project so other local areas can learn from the work.

Community Catalysts

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The steering group chose Community Catalysts to do the work.

They are a social enterprise based in Yorkshire.

A social enterprise is a business that puts the interests of people and the planet first.

Community Catalysts work with people and communities, local councils, government and other organisations all over the UK.

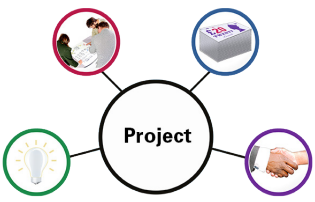
They help people and organisations to be creative and look at things in new ways.

Community Catalysts know that health and care services don't always work well for people.

There are other ways for people to get the support they need.

They know that:

- older people and people with a disability have talents that are not always seen
- people should get support to live the lives **they** want
- communities can help

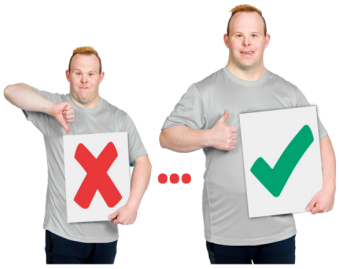


Community Catalysts chose **Cathy Dale** to lead the project and **Angela Catley** to manage and support the project.

They wrote this report.

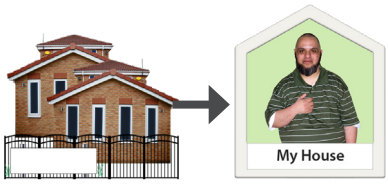
The Black Country Transforming Care Partnership

Community Catalysts needed a local partner for the project. The Black Country Transforming Care Partnership (TCP) really wanted to get involved.



A Transforming Care Partnership is a group of local councils, Clinical Commissioning Groups and others that are working on the Transforming Care work to try and improve services and support for people with a learning disability, autism or both.

The Black Country is in the West Midlands. In March 2017, 101 people with a learning disability or autism from the Black Country were in specialist hospitals.



In the year before the project, 66 people had left hospital.

The Black Country TCP supported these people to move out of hospital. They know them well.

What Community Catalysts did

Community Catalysts worked with the Transforming Care Partnership. They worked with lots of different people like people with lived experience, commissioners, social workers and care and support providers.

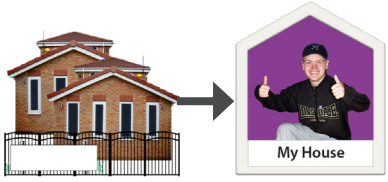
When we talk about providers in this report we mean the organisations that provide day-to-day care and support to people in their community.

When we talk about commissioners in this report we mean the people who plan and buy health and social care services in the local community.

They wanted the project to:

- help people in the Black Country to see themselves differently
- help professionals to see people differently and change how they work
- use what happens in the Black Country to show people in other places what they can do

These are some of the things that Community Catalysts did:



- They worked with the Black Country TCP to find 14 people who had recently moved out of hospital and who might want to be a part of the project.

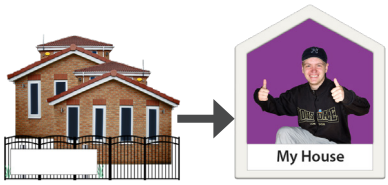
- They found out about lots of good things that are happening in the Black Country already that might help people use their strengths.

- They worked with 10 people and some of their families and support providers to find out what they are good at and what they care about.

- They came up with ideas for the 10 people and found out about opportunities for them in their local community

- They helped people and the people who support them to make a plan for the future.

The people who were part of the project



10 people with a learning disability or autism were a part of the project. They had all moved out of hospital in the last year.

They told us their stories and shared their hopes and dreams.

People like:

Sharon

works hard to keep the good life she has achieved.

Chris

knows everything about trains. He could be such a strong member of the local trainspotters' forum.

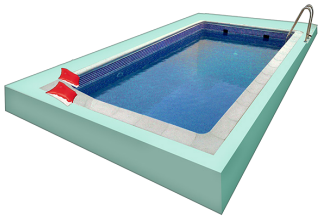
Jack

likes wildlife and photography. He has lots to offer his local RSPB which is a nature conservation charity.

Jamie

loves walking and the outdoors.

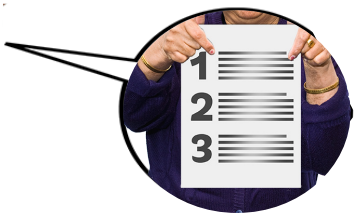
He could make a great conservation volunteer.



Jackie

loves being in water and would like to get out more.

She's trying to find a place where she feels welcome and safe.



Simpson

is a kind woman who wants to make something of her life.

She has a lot to say about how to get Transforming Care right.

Eunice

knows the way down memory lane and loves her garden.

She wants to be part of a local user-led organisation.

Philip

An active young man who has lots of dreams.
He would love to get a job and find a girlfriend.

You can read more about their stories at the end of this report.

Each person worked with us to think '*So what, what next?*' They were supported by their provider and in some cases, their family.

We thought together about what they are good at. They let us find out about opportunities in their community. We thought how they might use what they are good at to get more involved in their community.

Together we wrote a plan of what to do next.

Their supporters agreed to help them do the things in the plan **after** the project was finished.

What we learned from the project

Helping people to use what they are good at

Everyone has strengths

Everyone has things that they are good at and things that they care about.

People want to talk about what they are good at. They are proud of the things they can do.

Family and friends are important

Not everyone gets on well with their family but most people do.

People told us their relationships with family and friends are very important.

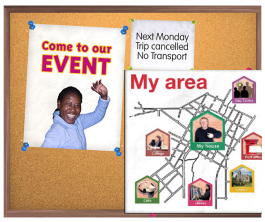
Making and keeping friends needs to be worked at.

Family members told us it can be difficult to stay in touch with their loved one.

This is especially true when they are in hospitals or live a long way from home.

People often have lots of things they can use

Many people have a lot of staff to support them. Some people have their own car.



There are lots of things happening in local communities

There are opportunities for people to get involved with their community.

Sometimes people don't know about opportunities in their area, or how to get involved.

Most councils have things going on to help people take part in their community. Sometimes people who have moved from hospital find it hard to get involved with these things.

It can cost a lot of money for people to get out and take part.

If someone needs 2 or 3 staff, they must pay the cost of travel or entry of those staff as well as themselves.

Many places only let **one** carer go free.

People need time to settle in their new home

Some people have spent years in and out of hospital and other places that they have not liked. It takes time to feel comfortable once they have left hospital.

People need supporters who know them well

To settle in and get a good life people need supporters who know them well.

If supporters keep changing, people have to start again and they cannot plan their future.

Some people find choice hard

They might have made the wrong choices in the past - like getting into debt or making friends with people who weren't nice.

They may have had bad life experiences due to these choices.

Some people told us they have learned from these experiences. They know what they need to get their good life in the future.

They want the people around them to support them to make good choices in future.

Some opportunities don't fit

Lots of activities that are available don't quite fit people and their interests.

Some things are set up for people who have a 'label' - like cooking classes for people with a learning disability or gardening for people with mental health problems.

Lots of people are given many labels. They don't fit into the choices available and so have to do things that don't really suit them.

Some people don't get the support they need to live their good life and keep well

People told us about moving out of hospital without enough support.

This led to them becoming unwell and going back into hospital.

This is not good for the person. It can also cost more money.

Providers found it hard to support people to get their good life if there wasn't enough money to provide the support they needed.

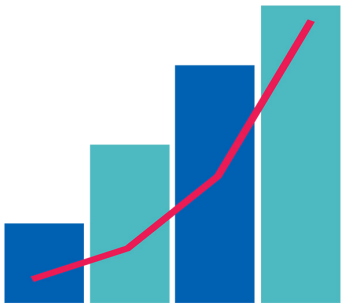
Transforming Care and this project

Some people wanted to take part but were still in hospital

We met some people who were planning to move out of hospital.

They wanted to take part in the project but did not get out of hospital in time.

Everyone thought a focus on positives was a good idea



The Transforming Care work often focusses on numbers and targets.

People said that there is less focus on possibilities and positive stories.

Some people have had bad experience of services

People told us about bad experiences they had using health and care services.

Being called back to hospital can affect people really badly.

One provider told us that sometimes people can think '*if I don't behave they will put me back in hospital*'.

It's hard for some people to think what might be possible

Many people we met have spent a long time in hospital or prison.

They may not have experience of a good life in their community.

So they may find it hard to know what might be possible.

Legal rules can make it difficult

People who have broken the law often have rules about what they can do or where they can live when they leave hospital or prison.

It can be hard for people to do things in their community without breaking these rules.

Transforming Care in the Black Country

Everyone we worked with are putting people at the centre

Most commissioners and providers are working hard to put people at the centre.

Having a medical approach can stop professionals looking at the person

Lots of people talked about the need to focus on people's strengths, hopes and dreams.

This can get forgotten. The person's challenges often become the main thing that everyone thinks about.

Getting the right kind of support is very important. It must be flexible enough to meet the person's needs.

Commissioners are key to the person getting the right support to live their good life.

Helping people to dream and make dreams happen is sometimes missing

Most professionals and supporters were good at putting the person first and being person-centred.

However, the way things work means that sometimes there is not enough focus on people's dream and aims in life or making those things come true.

There is not always enough planning for someone's whole life and the future.

Fear of what might go wrong gets in the way

Some people may hurt themselves or people around them.

Keeping people safe can be a challenge.

Sometimes supporters worry about the risks and what might go wrong.

This can get in the way of helping people to try new things and follow their dreams.

Health and medication issues are important

Some people have health conditions that need checks and treatment.

Some people find these checks and treatment difficult to understand or agree to.

Professionals need to get people the checks and treatment they need.

Top tips for professionals and supporters

We learned a lot from the project. We have used all of the things we learned to write some tips for professionals and the people that give support.

1. Start early

Don't wait for me to move into my new home.

Start while I am in hospital.

2. Remember my history

Understand how the health and care system has affected my life. Don't forget you are playing a part in how my life looks in the future.

3. Work with the people in my life

Everyone needs to work together.

My family and friends might know me best. Listen to them.

4. Be positive

Think about what I am good at and the things I care about.

Don't focus on the things that might be difficult or challenging.

5. Find out about my dreams

Use what I am good at and what I care about to learn about my dreams and my aims for my life.

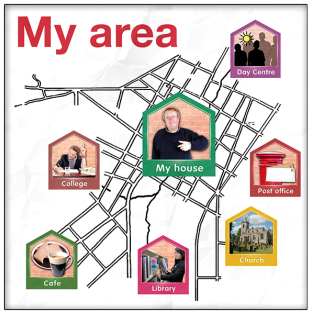
6. Go further than person-centred

Think about the support I need to reach my dreams. Not just 'what shall we do today'.

7. Don't let risk take over

Think about my ideas before worrying about risk.

Then look at how to make things happen in a way that manages risk.



8. Understand what my community can offer

Find out about local opportunities.

Ask who might be able to help me get involved.

9. Understand what I might offer my community

Find out what is needed in my local area.

Help me think about how to use my skills and strengths.

10. Help me meet new people

Not just people who get paid to spend time with me. Help me to make friendships and relationships.

Having new people in my life can help me have more opportunities.

11. Plan for my good days and bad days

Don't let the chance of a bad day stop positive planning.

Don't let a good day go to waste.

12. Celebrate all achievements

I might have had a difficult life. I might face things I find difficult.

Celebrate all my achievements – even if these look tiny to people who don't know me well.

13. Hold my dreams through good times and bad

Help me remember all the good stuff.

I might have difficult times again, but I am still good at things.

If I have to go back into hospital still think about my dreams and all the good stuff for when I am well enough.

People's stories

All the stories were written using information shared by the people we worked with or by the people who care about them.

We have not used people's real names.

Each person chose what name they wanted to use instead.

1. Jack's Story

What Jack is good at and cares about

Jack is a kind and caring person. He likes to go shopping for clothes and collects bird ornaments. He is a football fan and supports West Bromwich Albion.

Jack enjoys working outdoors with wood and animals. He also likes photography. Jack's family are important to him. Jack has reconnected with his sisters after nearly 30 years. He meets with them when he can and communicates with them on Facebook.

Jack's experience

Jack has a learning difficulty and mental health problems. When Jack is anxious he may hurt himself.

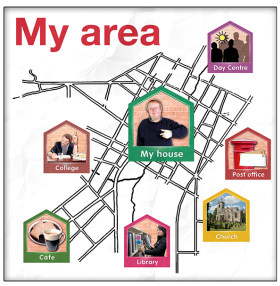
Jack has lived in institutions all his life. He lived in a children's home and has been in prison for 6 years.

Before Jack moved to his new home, he was in hospital. Plans were made for him to move into a new place, but this didn't happen. This was very hard for Jack.

Jack worries about going back into hospital or prison.

Jack and the *So what, what next?* project

Jack is building his independence skills, including cooking for himself. He is also working hard to build his confidence. Jack has a long-term goal of moving into supported living accommodation.



We met with Jack three times and talked to him and the staff that support him. This was to find out about what Jack likes to do and what he is good at. After this, Cathy (the *So what, what next?* project lead) did some research about local

opportunities where Jack could use his skills and do things that he enjoys.

Cathy found an opportunity with the RSPB (a nature charity) to become a volunteer ranger. She also found a voluntary organisation with a garden and animals. This would mean Jack could do things he likes to do and is good at – like having opportunities to take photos and to help in the outdoors.

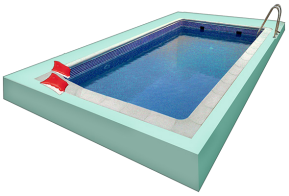
Cathy worked with Jack and his care and support provider to help develop a plan for Jack to make sure he can take up these opportunities.

2. Jamie's Story

What Jamie is good at and cares about

Jamie is a happy person with a good sense of humour. He has a Makaton vocabulary of over 100 words. Jamie loves to go out in his car and enjoys country walks. Jamie is very close to his parents.

Jamie likes to spend time with the people who support him, his family and others. He understands and responds to what people say to him. He goes home each weekend and his family visit him in the week. He speaks to his Mum each night.



Jamie loves being in the fresh air. He enjoyed horse riding and swimming in the past. The people who support him are creating a sensory area for him.

Jamie's experience

Jamie has a learning difficulty and Autism Spectrum Disorder. He has been looked after by other people since he was 11.

Jamie has been in hospital and other secure places. He lived out of hospital for 4 years, but this did not work, and he went back into hospital.
It took time to find the right support in the community for him.

Jamie likes things to be done in a certain way. He finds change difficult. People supporting Jamie need to understand his routines.

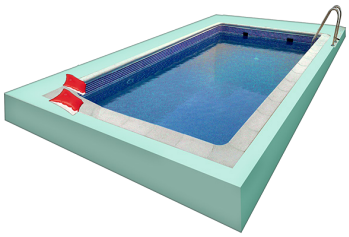
Finding the right opportunities and activities in the community that Jamie can enjoy needs to be thought about carefully. His sense of adventure means that sometimes he can put himself at risk.

Jamie lives in a bungalow that has no neighbours nearby. Jamie has three staff supporting him during the day and 2 staff with him at night.

Jamie is getting a new car so that staff can support him to get out and about. The care and support provider who supports Jamie employ a staff team of people who can connect with Jamie and enjoy his sense of humour.

Jamie and the *So what, what next* project

Cathy (the *So what, what next* project lead) met with Jamie and his supporters to learn about Jamie's interests and what is important to him. She found out that Jamie loves to take long walks and might like to help look after the places he likes to walk in. She contacted a country park to see if Jamie could volunteer to do conservation work.



Cathy visited a local wellbeing centre to talk about Jamie using their hydrotherapy and sensory rooms. She thought about ways Jamie could contribute to his community in a way that is linked to the routines he likes.

She worked with Jamie's team to develop a plan to make sure these opportunities are not forgotten about. A staff member will help Jamie try out becoming a conservation volunteer.

They will contact the wellbeing centre. Jamie's social worker will check how these steps affect his life.

3. Sharon's story

What Sharon is good at and cares about

Sharon lives in her own flat. She is a kind person who loves animals. She has a cat. She is creative and hardworking.

Sharon likes making friends. She loves her home and keeps it tidy. She likes music and to sing and dance. Sharon enjoys going to the shopping centre. She enjoys craftwork and is very good at it. Sharon likes keeping busy but also having time to herself to relax.

Sharon's experience

Sharon has a learning difficulty and can get anxious. She understands what causes her anxiety. In the past she has been in hospital many times.

In the past Sharon befriended people, and this didn't work out well. She prefers her social life to be organised with others. Her money is managed for her by an appointee because she got into debt in the past.

Sharon recently became unwell. The reason for this was a noisy neighbour and Sharon's anxiety became too much.

Her service provider and the Home Treatment Team supported Sharon while she was unwell.

When Cathy (the *So what, what next?* project lead) met Sharon she was getting 26 hours of support a week from a care and support provider. She has several staff who support her with different interests and activities. This means she knows a number of people really well.

Sharon's support team work with her to recognise and solve problems. Recognising that the noisy neighbour caused Sharon's anxiety, they supported her to find a new flat.

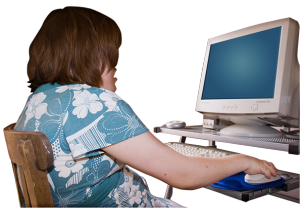
The manager feels that the team of staff who support Sharon have built up a trusting relationship with her and that this was key to her not needing to go back into hospital when she became unwell.

Sharon is now organising her new home and making a fresh start.

Sharon goes to Zumba and Mindfulness classes at a local social space. She is proud of what she has achieved and wants to celebrate this.

Sharon and the So what, what next? project

Cathy met Sharon twice at home and at the launch of the social space. She kept in touch with the manager when Sharon was unwell and went to see Sharon when she was feeling better.



Sharon has a lot of skills and needs the right support from people she trusts. This must offer what she needs when she is well and when she is unwell. Having a safe space to go to also helps her to meet other people she trusts and spend time out of her flat.

Sharon and the people she trusts are working together to support her to have a good life.

4. Eunice's Story

What Eunice is good at and cares about

Eunice has a great memory for television programmes, adverts and singers from the past. She has a lovely flat which she keeps tidy. She loves her garden, watching the birds and going out locally. Eunice loves her cat.

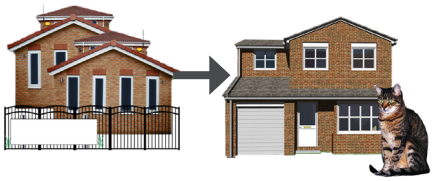
Eunice cares about her sisters who visit her regularly. Her early family life is important to her.

Eunice feeds the ducks in a nearby park. She likes to go to the shops if it's not too busy. When she was in hospital Eunice used to visit a local country park. She used to like swimming.

Eunice's experience

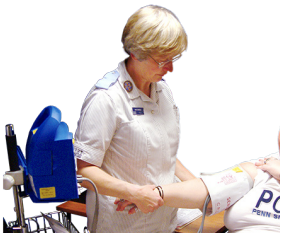
Eunice has a learning difficulty. Her mental health problems can be difficult for her. Eunice also has diabetes.

If she is having a difficult time with her mental health, Eunice can sometimes shout and break things. The people who support Eunice worry about how this might affect the neighbours.



Eunice was upset that she could not return to her previous home when she left hospital. Having some of her things around her and her cat helped her feel less upset.

Eunice has support from 2 support workers during the day. At night she has a waking and sleep-in night staff.

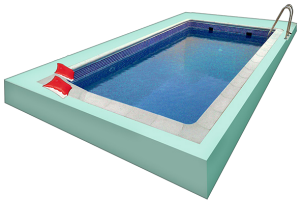


Staff support Eunice to attend medical appointments. Eunice's money is managed by a local council appointee, but there is cash for Eunice to do things like getting a taxi or buying cigarettes.

Eunice and the *So what, what next?* project

Cathy (the *So what, what next?* project lead) visited Eunice at home 5 times, but on 3 occasions Eunice was not feeling great, so she couldn't spend time with her.

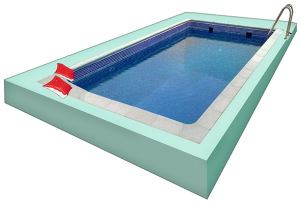
Eunice has a lot of skills. Cathy found out that Eunice can have times during the day when she feels better than at other times. She thought it would be good to find opportunities for her in places that are not too busy.



She visited a local wellbeing centre where there is a hydrotherapy pool. Eunice could swim and relax there for free.

She also contacted a user-led charity which offers opportunities in gardening and growing fruit and vegetables. The activities have been designed to make sure they are inclusive of people who have difficult days with their mental health.

Cathy worked with Eunice's provider to develop a plan.



Eunice's support team will talk more with her about these opportunities. They will call into the wellbeing centre with Eunice and a visit to the user-led charity will be arranged.

5. Simpson's Story

What Simpson is good at and cares about

Simpson is a considerate young woman. She loves to walk, shop and visit places. She also likes gardening.

The message she wants to share is that "*you need more support for things to get better*". Before she went into hospital, Simpson did not have enough support.

Simpson gets on well with most people. She is proud of her flat.

Simpson has a bike that she would like to ride more often. She enjoys bowling and visiting the Black Country Museum.

She sets herself goals - she cooked a full breakfast and helped do the food for her birthday party.

Simpson would like a job and has applied to do work experience. The Job Centre is also helping Simpson find a job and to do a training course.

Simpson's experience

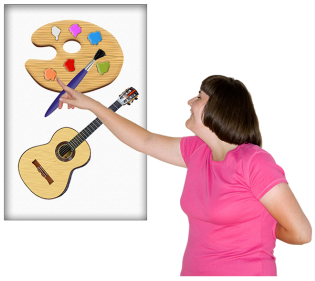
Simpson has a learning difficulty and depression. In the past, Simpson lived in her own flat with 4 hours of support a week. She also attended a day centre. There was not enough support and life got difficult for Simpson. She tried to hurt herself and went into hospital.

People have taken advantage of Simpson in the past. She has had experience of money abuse.

Simpson agreed with her provider that there would be arrangements to protect her from money abuse again.

Simpson has support during the day and a staff member sleeps in her spare bedroom overnight.

Simpson and the *So what, what next?* project



Cathy (the *So what, what next?* project lead) visited Simpson 3 times and met her provider and the commissioner of her service. They talked about the activities Simpson enjoys, her hopes for the future and about the support she needs.

Simpson likes to keep fit so Cathy visited a local centre where Simpson could use a gym for free.

She also contacted a user-led organisation who offer activities that fit well with Simpson's interests. It offered the chance to meet new people and develop her work skills.

Simpson's supporters are going to help her to visit the gym and apply for a pass. There is also a plan in place now to make sure Simpson takes up the other opportunities.

6. Jackie's Story

What Jackie is good at and cares about

Jackie loves things like having a hand massage or going to the hairdressers. She lives in a bungalow with a garden and a view over a park. This is good for Jackie as she likes people watching!

Jackie cares about her Mum and Dad and they visit her each week. Mum says that Jackie used to like to walk, go out for a drink and go out for a drive. She says that she can see a difference in Jackie since she moved to her new place. Her Mum and Dad helped Jackie and her support staff to choose and buy things for her new home.

Jackie chooses when she wants to spend time with people. At other times Jackie will choose to spend time on her own. Jackie does not use speech but lets other people know how she is feeling – for example, if she is hungry, thirsty or unhappy.

Jackie has started to watch television for short periods. Jackie also likes water, enjoying long baths. Jackie has a heart condition and takes medication for this. Every Sunday she has to have a small prick on her finger to test her blood and she copes well with this. Since she moved to her new place Jackie now takes less medication than she did before.

The doctors have not wanted to change Jackie's medication because she couldn't consent to a blood test. This worried her parents and staff as they do not know if she needs all the medication - even though she takes less than she used to.

There have been meetings to discuss how to support Jackie to have a blood test. These are called "Best Interests" meetings. The doctor has now come to Jackie's house to do a blood test. They are waiting for the results.

Jackie's experience

Jackie lived out of hospital for 10 years before her last hospital admission. She did interesting things with her team but did not receive enough support. Her Mum said this was disappointing because she had a person-centred plan that involved lots of people.

Jackie lives on her own and has 2 staff members who support her during the day. Her parents manage her money for her, and she now has a car so she can go out. Sometimes Jackie looks like she may not want to go out. She shows this by sitting on the floor or pulling away from staff.

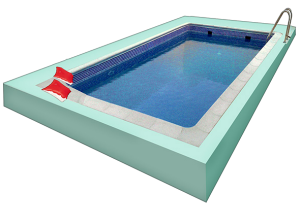
Jackie's parents would like her to go out more. Staff would like to take her away on a short break.

Her staff team said that the information they had had about Jackie gave them a negative impression of her. They think that having her own space has made a big difference to her.

She now has less professional people involved in her life than she did when she first moved in.

Jackie and the *So what, what next?* project

Cathy (the *So what, what next?* project lead) met Jackie and her parents and talked to Jackie's Mum on the phone several times. She also met with Jackie's staff and spoke to them on the phone.



She looked for a hydrotherapy pool where Jackie could relax. She also visited a wellbeing centre.

There were lots of rooms at the centre that Jackie could relax in if she wanted a quiet space and lovely grounds outside. People would understand if Jackie changed her mind about doing an activity.

Cathy also met with the Community Development Team to help find local activities in Jackie's area. She sent Jackie's staff team information about a consultation workshop on heart disease being run by the NHS.

She worked with Jackie's provider and family to develop a plan. Jackie's team have visited the wellbeing centre. They will help Jackie go to the centre regularly and plan to book the hydrotherapy pool.

7. Philip's Story

What Philip is good at and cares about

Philip has lots of interests like music, his phone, shopping, going to college, swimming, dancing and theme parks. He is sociable and talks about his interests and asks other people about theirs.

Philip's family are important to him, he visits his Mum every Sunday. Philip loves to be busy and knowing what is happening next.

Philip enjoys cooking but does not enjoy his current cookery course as it is too simple. Philip has good cooking skills, so he finds the course boring.

Philip would like to do a computer course. He would like to get a job somewhere like a cinema.

In the past, Philip did a painting and decorating course.

Philip would like to be an actor on TV. He has a TV and media package so that he can watch his favourite films.

Philip likes music, dancing and meeting others. He goes to a disco and wants to go to a night club.

Philip likes his bungalow and has helped to choose and put together furniture for it. He has a bike and rides safely along the driveway outside.

Philip's experience

Philip wants to be doing things all the time. He often talks about what is happening next before he has finished what he is doing.

Philip does not always see the risk of some of the things he does or wants to do like sharing his personal details on the Internet. To keep him safe, Philip is supported by staff to use the internet in the day. This is to keep him safe and is what Philip agreed when he left hospital.

Philip's biggest wish is to have a girlfriend.

Philip has 2 staff supporting him during the day. He likes to go out, but public transport can be expensive if he has to pay for staff to travel with him.

Philip and the *So what, what next?* project

Cathy (the *So what, what next?* project lead) met with Philip 4 times and talked to his Mum and his support team.

She found a cycle pathway at a local country park where Philip could ride his bike safely and hire bikes for staff.

She also found out about some local volunteering options. It would help for Philip to talk to an organisation about volunteering to help him get experience that he can put on his CV.

She looked at college courses too. It is important for Philip to talk to someone at the college soon, so he doesn't have to wait another year.

She worked with Philip's provider to develop a plan to make sure the opportunities that she found out about can be looked at with Philip in more detail.

Philip will think about voluntary work, but he really wants paid work. Philip will get support to make an appointment for college courses.

8. Chris's story

What Chris is good at and cares about

Chris lives in his own bungalow. He likes a quiet life and his own space. His interests are: trains, buses and plane spotting. He also likes gardening and jigsaw puzzles. Chris likes to talk to people about his hobbies.

Chris likes to choose when he sees people. He makes it clear when he doesn't like someone.

Chris talks about his childhood, parents and grandparents and likes to look at photos of when he was younger. He has a good relationship with his sister who visits and phones each week.

Chris visits his local train and bus station to look at the trains and buses. He loves steam trains and models.

Chris enjoys tending to his shared garden and has many ideas to develop it.

Chris's experience

Chris has a learning disability, complex epilepsy and anxiety. He spent years in hospitals where he was very unhappy. It made it hard for him to trust other people and to make friends.

When Chris is anxious he will scratch his legs until they bleed.

Chris has epilepsy and sometimes needs emergency medication to stop seizures. He needs people around all the time in case he has a seizure. This can be difficult for Chris because he likes to spend time on his own.

To give Chris space but to also make sure he is okay, staff visit Chris's bungalow often but only stay for a few minutes.

Doctors have recommended to Chris that he have a sensory pad under the mattress of his bed which can raise an alarm if he has a seizure at night. Chris doesn't like the pad and removed it. He understands why it is needed and is being given some time to think about his decision.

Chris has two support staff with him when he goes out. He decides where he wants to go and what he wants to do. Staff help him think about doing new things. Chris goes shopping and there is a car that staff can use.

Chris has used public transport, but it costs a lot to pay for a ticket for himself and staff.

Chris and the *So what, what next?* project

Cathy (the *So what, what next?* project lead) met Chris several times and talked to his staff. She learned what Chris is good at and what is important to him.

She thought that Chris could connect with people who share his interest in trains. Chris could meet people and develop his hobby.

She found out about some local trainspotting connections and a forum where people share information and news.

With Chris's provider and social workers the project lead developed a plan to make sure these opportunities are remembered and thought about with Chris. The plan says that Chris's key worker will help Chris to join a forum to connect with people and find out what is happening locally.

Easy read text and design: otherness
Pictures: Photosymbols