Inquiry Resettlement Information Sessions
w/c 02 June 2025
Summary of Key Points

A. Resettlement Information Sessions

1. The Inquiry conducted a series of information sessions on the topic of resettlement from Tuesday 03 June to Friday 06 June 2025.

2. The background to the sessions and details of how they would work were set out in a Briefing Paper issued by direction of the Chair on 21 March 2025.

3. There were 11 oral sessions in total in which the Panel heard from 15 Participants including one with personal experience as a patient. There was also a written contribution from another Participant.

4. The Panel has expressed its gratitude to all who participated and provided assistance to the Panel in this way for the purpose of its consideration of recommendations on resettlement.

5. The sessions were not held in public and are subject to Restriction Order No. 100 ("Resettlement Information Sessions June 2025") (as varied on 02 July 2025).

6. Participants in the sessions were invited to discuss issues they had experienced with resettlement since June 2021 (positive and negative) and also to indicate what recommendations they themselves would like to see being made in this area.

7. The purpose of this note is to highlight the recurring themes and key issues raised and to summarise the main preferred recommendations put forward by Participants.

B. Issues Raised

8. The Panel heard about both successful and unsuccessful resettlements. The difference between these two experiences related primarily to three factors. Successful placements involved:

   - good communication with families, carers and, where appropriate patients; a deep understanding of the individual's needs and the full involvement of families in these assessments;

- the recruitment and training of care workers with sufficient skills to meet those individual needs; and

- the provision of social environments where individuals can meet others and leave their homes for activities.

9. Issues raised may be summarised as follows:

- Participants suggest that there is a lack of communication between the Trusts and resettlement service providers on one hand, and families and patients on the other.

- There was no consistent approach to involving families in resettlement. Some families had attended regular meetings to discuss potential placements whilst others were simply told that a decision had been made.

- This can also result in patients and families being unaware of the different types of accommodation available and the differences between them.

- As patients are not given a choice of resettled accommodation, the Trusts designate accommodation. However, Participants have found that there can be a difference between the assessed needs of the patient and the type of accommodation they are resettled into.

- This has led to patients being placed in accommodation that is unsuitable for their needs. For example, patients assessed as requiring nursing staff with training in learning disability have been placed in residential accommodation with care staff who lack learning disability training. One Participant raised concerns that care staff in a residential placement failed to follow the patient's Positive Behaviour Support (PBS) plan and care plan.

- Participants also raise concerns over the lack of communication about the financing of the placement.

- Overall, the lack of communication between the Trusts and service providers on the one hand, and families and patients on the other, has led Participants to feelings of mistrust and of being misled.

- Delays in the resettlement process are unexplained by the Trusts and have resulted in patients waiting many years to be resettled.

- More recently, as MAH is due to close, Participants advise there is a rush to resettle patients but with very little information communicated to families and patients. This accelerated process results in patients finding it difficult to process the transition.

- An issue was raised about the lack of access to qualified medical staff in placement settings.

- Participants raised concerns about the overuse of medication and errors in the administration of medication within resettlement placements, which they attributed to the fact that staff did not have the necessary training and experience.

- A Participant raised concerns that resettlement service providers can refuse to continue with the placement if they view the patient, or their family members, as making complaints about the care provided.

- The equipment required for patients was hard to come by once they had been resettled and, as the staff lack experience, patients are not taken on outings.

- Participants also raise concerns that there is a high turnover of staff who are insufficiently trained to work with learning disability patients. This poses difficulties to patients who must transition to different staff within a short period of time.

- Access to daycare facilities depends on the type of accommodation the patient is moved to. Those patients in supported living accommodation may be able to access daycare centres, while those patients in residential homes find they are unable to access daycare and as a result spend all their time in their accommodation.

- There was concern that some resettlement plans have not taken social needs into consideration and that some people only see their care assistants and do not have the opportunity to leave their new home for social activities. The Panel heard several Participants expressing concerns that daycare services are not available for their loved ones.

- Patients can be more isolated and suffer a decline in social skills in resettlement placements, particularly where patients are accommodated in residential homes as opposed to supported living.

- There appears to be a greater focus on commissioning residential homes as opposed to supported living facilities. Families are concerned that this will mean their relative will lose their independent living skills.

- There was lack of consistency over the availability and use of carer and patient advocates, who were generally regarded as a useful tool when negotiating with Trusts.

C. Preferred Recommendations

10. The following reflect the preferred recommendations of Participants:

- Patients should be resettled into placements according to their assessed needs with good communication with and relevant input from the family and, if appropriate, the patient.

- Communication between the Trusts and/or resettlement service providers, and families and patients should be more open and transparent.

- Families (and where appropriate patients) should be consulted and fully involved in all decision making concerning patients, including safeguarding investigations and the provision of staffing/ facilities at resettlement placements.

- All nurses, care assistants and support workers working with patients with learning disability should be provided training appropriate to the patients' needs, which should include specialist learning disability training as well as basic PBS training for staff where individuals being resettled have behaviours that challenge.

- Suitable supported and equipped living placements should be available for learning disability patients in appropriate cases as opposed to residential care.

- Those patients who have been resettled should have appropriate access to medical care.

- Support should be available for families wishing in principle to use Direct Payment.

- The provision of daycare should be reviewed given the importance of its role in providing places for patients to socialise and helping to alleviate boredom.

- There should be appropriate consultation with families as to the use of CCTV and providing CCTV where requested if appropriate. Guidelines should be agreed between the Trusts, resettlement service providers, families and patients about the use of CCTV in private areas such as bedrooms and bathrooms as well as strict controls on access to the footage.

- Families should be provided with a timeframe for resettlement and relevant financial information. Families should also be afforded an appropriate amount of time to consider resettlement options.

- Patients should be afforded a settling in period in which to adjust to the resettlement placement.

- One Participant favoured retention of an option to return to MAH if the resettlement placement is unsuitable for the patient's needs.

- The creation of a range of independent services for families and patients, including: a Learning Disability Commissioner, an independent advocacy service for patients and families, an independent Adult Safeguarding Board, and an independent regulator for the Health Trusts.

11. Restriction Order 100 has been varied to provide for publication of the above information obtained in the course of the sessions.

MAH Inquiry
10 July 2025