



Better Nights

EVALUATION OF CHOICE SUPPORT IN SOUTHWARK

by Professor Roger Ellis
and Professor David Sines



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and **Professor David Sines**

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He brought to this evaluation of the Sleep In Programme internationally recognised expertise in programme evaluation including the development of innovative and effective methods and a capacity to conclude evaluations with recommendations that have impacted on practice and policy. He is proud to have contributed to an evaluation which has produced such significant results and to have an opportunity to continue this work over the next year on the broader topic of Personalisation.

Roger has published more than sixty evaluation reports, ten books and over 200 articles in refereed journals in the broad area of Applied Psychology. Outcome Audit at interpersonal and organisational levels has been a particular interest of Roger's and he brings these insights to the exploration and analysis of night support and personalisation.



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He holds an Honorary Appointment with Imperial College Healthcare NHS Trust as Associate Director of Nursing. David is a member of the North West London Health and Innovation Education Cluster Partnership Board. He is a prolific author and his research has been included in the last four UK Research Assessment Exercises. He advises the Department of Health on clinical workforce issues.

David was awarded Fellowship of the Royal College of Nursing of the United Kingdom in 1989 for his pioneering work in advancing the art and science of nursing and community care. He was awarded the CBE in the 2010 Queen's Birthday Honours List for 'Services to Health Care'.

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Foreword

We believe that this report describes the first example, in the UK, of Waking Night staff being successfully removed, on such a large scale, from a community-based supported living service for people with learning disabilities, many of whom are profoundly disabled.

This is the second of three reports being published by the Centre for Welfare Reform describing the ‘personalisation’ of what was a traditional block contract for 83 people with learning disabilities. An overview of the project is given in the first report ‘ISFs in Action’ (Hoolahan, 2012) which is available as a free download at www.centreforwelfarereform.org

The work described in this report would have been impossible without close partnership working and trust between the provider, Choice Support, and the local authority, Southwark Council.

Not only has money been saved but peoples’ lives have been enhanced through the use of assistive technology (AT), which ensures peoples’ sleep is not regularly disturbed by Waking Night staff. Rather, Sleep-in staff are immediately alerted if a person needs support e.g. for enuresis or a seizure. The use of AT has facilitated the delivery of support in less intrusive more cost effective ways. A process of protocols to enable consultation and risk assessment with key people has been created enabling maintenance of high standards of quality and safety.

This evaluation by the Bucks New University Social and Health Evaluation Unit demonstrates positive outcomes for people from the new Sleep-in and AT system, and is an important piece of research that highlights there is a potential to replicate this approach. It suggests that if more widely adopted the approach has the potential to help providers and commissioners manage the significant pressures on social care budgets up and down the country. Its contribution to the evidence base for new approaches to delivering personalised support is important and further research is recommended.

While the savings achieved by this initiative have been welcome, the far more important message from this report is the challenge it makes to the old thinking about risk that relied on intrusive, blanket solutions

for responding to peoples' needs. This report tells us that a person centered approach linked with innovative use of new technologies can offer improved dignity and improved general health and well-being to people.

Chris Dorey

Commissioning Manager, Southwark Council

Steven Rose

Chief Executive, Choice Support



The Report

Introduction

Choice Support is contracted by Southwark Council to provide supported residential living for service users with learning disabilities, based on Individual Service Funds (ISFs). In times of financial stringency it was decided that one economy would be to change the night support provided for service users from the so-called 'Waking Nights' system to a 'Sleep-in' system.

This means that instead of providing 24 hour support and supervision, support would be provided during the day only but with staff sleeping-in during the night period. As a consequence the number of staff required would be reduced. Support staff who were previously paid to provide a waking support throughout the night would be stood down and the smaller number remaining would be required to Sleep-in the accommodation. This would achieve substantial savings. However, the scheme was introduced not only to reduce costs but with the objective of enhancing the quality of life for service users whilst maintaining safety.

This project was to bring the Sleep-in night support to 26 service users in line with that provided for the other 52 in the contract. This new Sleep-in service was introduced for the 26 service users in eight houses from 1st April 2011. It was decided to view this project as a pilot and to commission an external evaluation. The contract for this was placed with the Social and Health Evaluation Unit of Buckinghamshire New University.

The issue is determining how the most cost-effective person-centered support for people with severe learning disabilities can best be provided during the night. Waking night support, which involved carers checking on residents throughout the night, was commonplace in long-term NHS care institutions. It involved 24-hour surveillance and, of course, needed staffing levels to provide this. Many providers still advertise waking night support as the best option for certain situations. On the face of it this seems like the most risk-free approach to care but carries with it an intrusion into privacy, an abnormal life pattern, and a limit on independence and choice. There are suggestions that this form of night-time support for people with severe learning disabilities can result in disrupted sleep patterns and thus deterioration in health.

As care moved from hospitals to supported housing in the community, night support was reviewed and the idea of support staff ‘sleeping-in’ or ‘sleeping over’ introduced. Abandoning Waking Nights carried with it risks in that episodes such as seizures might be missed and that service users might experience discomfort from, for example, urinary incontinence. Further, unsupervised service users might harm themselves or others. The solution may be in part through the use of assistive technology for surveillance such as epilepsy alarms and movement sensors. Incontinence pads are now more developed and can cope with heavy soiling. A further step might be the use of moisture sensors to give an alert.

While there are obvious financial savings in moving from one system to the other there is also belief that there are advantages to the service users in Sleep-in through the normalization of life patterns and increased opportunities for choice and independence. Night time surveillance can be viewed as intrusive and abnormal and its removal allows service users to follow more normal daily routines and to exercise more choice in sleeping patterns and activities with greater privacy.

In a recent article in *Community Care* it was suggested that there was a need for research to assess the impact of the move from Waking Nights to Sleep-in on the quality of life of service users. This evaluation is therefore timely.

1. Evaluation

The essence of an evaluation is posing relevant questions about a programme and gathering valid and reliable data to answer these questions.

The Social and Health Evaluation Unit approaches programme evaluations using its well established trident method which focuses the evaluation on outcomes and the extent to which these have been achieved; on the process and operation of the programme and the lessons learned from this; and on the perspectives of key stakeholders. Within this framework questions are posed and appropriate data gathered.

As a preliminary, information was gathered from the providers regarding anticipated outcomes and the evidence available of their accomplishment; on the process of change and delivery and how it had been managed; and on the stakeholders whose views might be solicited.

It was established that the pilot had three main intended outcomes:

1. Safety should be maintained and any risks associated with the change from Waking Nights to Sleep-in should be anticipated and managed.
2. There should be an improvement in quality of life for service users. Less intrusive forms of night support should promote dignity and independence. Improved sleep should lead to improved health and well-being.
3. There should be a reduction in costs for night time support.

The reduction in costs was clear so it was decided to focus the evaluation on the risk management and quality of life outcomes. These would be assessed through an audit focusing on the individual service users. A new audit tool was devised for this purpose with 27 topics including risk management for seizures, nocturnal incontinence and nocturnal activity; quality of life maintenance and enhancement; and adaptation to change. This tool was completed for each service user by a support worker familiar with the service user and verified by a service manager.

Analysis of these completed audits gave a picture of the extent to which risk management and quality of life outcomes had been achieved.

Stakeholder perspectives on the scheme included those of support workers; parents and next of kin, and managers.

The process of delivery was considered with managers to identify strengths and weaknesses and lessons learned.

We would like to acknowledge the invaluable cooperation and help we received from Juli Carson, her fellow managers, and the care staff in gathering data for this evaluation. They are clearly a committed and capable team dedicated to the welfare of the service users.

2. Outcomes

The aims of the new scheme are to reduce costs whilst maintaining safety and enhancing quality. This chapter is, therefore organized in three sections: cost reduction; safety maintenance and quality enhancement.

Cost reduction

Substantial savings were achieved by the shift from Waking Nights to Sleep-in. As a percentage the shift to Sleep-in represents a saving of 66%.

For 27 service users the overall annual costs of night support through the Waking Nights system in 2010-2011 was £384, 506; compared with the costs through the Sleep-in system in 2011-2012 of £159, 717. The forecast cost through the Sleep-in system for 2012-2013 will be £127,604. This will represent a savings to the local authority of £256,902.

Expressed as annual costs per service user this shows that night support through Waking Nights cost £14,241 in 2010-2011 whereas night support through Sleep-in 2011-2012 cost £5,915. The cost forecast for 2012-2013 is £4,726. This represents a savings to the local authority per service user of £9,515.

Safety Maintenance

Three issues were identified as involving potential risks:

1. Service users having seizures and whether they would be detected and managed without regular observation.
2. Urinary incontinence and whether service users would experience undetected discomfort through soiling of themselves and their bedding.
3. Nocturnal activity and whether service users might harm themselves or others.

Each of these issues has a set of statements and options in the audit tool and the responses to the questions are summarized in relation to each issue in the audit chapter.

Quality Enhancement

There is a general belief that Sleep-in will encourage independence and normalization of life patterns for service users. Before devising the audit tool we asked managers to identify quality of life enhancements that they had observed. They listed a number including:

- Utility bills are cheaper because lights and electrical appliances are not working at night;
- Cost in regards to service users ISF (Individual Service Fund) is less for the individual because the Sleep-in support costs them a lot less. Their resources are being used more effectively;
- People are more settled generally with a better sleep pattern;
- There aren't so many handovers which distracts staff members and is invasive;
- There is more consistency of support due to new shift patterns e.g. late/sleep early – all being discharged by the same staff member who has been in place during that period of time and will know of any issues that occurred the day before. They also will be able to spot developing problems such as ill health;
- A number of service users have just developed the ability to go and do what they want to without support e.g. go to lounge and turn on TV, go to the toilet unsupported. Previously they would have sought out the night wake staff before carrying out the task;
- Everyone goes to sleep at the same time and this creates a more relaxed ordinary environment which is less like a service and more like a home;
- Staff have become more trusting of peoples' abilities and now are willing to let them be alone. This has led to a change in attitudes to supporting people with more profound disabilities
- People have more privacy and autonomy.
- There is no longer confusion around day or night. There is an end and a beginning to the day in regards to staffing, so now service users don't seek to engage at night and sleep better therefore they are more productive and calm during the day. This seems to have improved concentration and some behaviours at one service especially.

In order to test out the occurrence of these benefits we included statements in the audit tool which had to be answered for each of the service users.

As will be seen in the audit chapter there is evidence that all risks had been managed and that quality of life enhancements had occurred. There are, however, points related to a significant minority of service users that should be noted and addressed.

3. Waking Nights to Sleep-in: Audit

A dedicated audit tool was developed to gather evidence of the accomplishment or otherwise of two major predicted outcomes of the new Sleep-in scheme: risk management and enhancement in quality of life. The audit tool was devised to be completed by a support worker familiar with the service user and verified by the appropriate manager. Ideally, of course, such an audit should be completed by the service user but this is obviously not feasible for all service users so the established method of proxy completion was used. The audit questions aimed to get as close as possible to the experiences and quality of life of service users. It consists of 27 questions where the respondent must choose the most appropriate statement.

Possible risks of the new scheme include the detection and management of night seizures; the management of nocturnal incontinence; and night activity and its support and management. Questions 1-10 are concerned primarily with risk management.

A number of possible improvements in quality of life have been suggested and these include normalization of day/night patterns; increase in independence and capability; and availability of savings to provide more day activities. Questions 11- 27 are concerned primarily with quality of life issues.

In the following notes we provide a summary of the responses to questions. A complete tabular report of the answers to these questions, for the 26 service users, is set out in the Appendix to this report. This tabular presentation of responses should be self-explanatory in relation to each question. A final section summarises additional unsolicited written comments provided by a small number of staff.

In this summary, points requiring consideration and possible action are **highlighted in red**. A response on these points from Choice Support is in **blue text with rules above and below**.

► **QUESTIONS 1-4. are concerned with the risk of night seizures and the efficacy of movement alarm systems.**

Night seizures are reported as a potential problem for only a minority of service users (4/26) there have been no increases in night seizures following the introduction of Sleep-in; indeed there has been a small decrease (-1). There are far more movement alarm systems than service users suffering night seizures (11/4) and the number has been increased during the period of Sleep-in. *There is some reported failure or*

unreliability in the movement systems and this should be addressed. Service users are reported as accustomed to the movement alarm systems.

WE ARE CURRENTLY LOOKING into new more efficient types of movement sensors, however we have found no decrease in the amount of night seizures which indicates the monitors are working accurately to alert Sleep-in staff. We will continue monitoring to achieve on going improvements. One staff team reported that a fall alarm monitor had turned itself off so we check this alarm to ensure it is working correctly before the Sleep-in shift commences.

► **QUESTIONS 5-8. address nocturnal incontinence and the incontinence pads worn by service users to absorb urine.**

Half the service users wear pads during the night (13/26). Ten service users appear to accept the pads *whereas three are reported as removing them.* Since pads might have been changed during the night under the Waking Nights system and this support will no longer be available, five service users have been fitted with larger pads. *For five service users pads have not always worked effectively and this needs to be monitored and improved.*

SOME PEOPLE (3) USING pads are damaging them by tearing. This is not new behaviour and has occurred approximately twice in the last quarter so it is not a common occurrence, but it means the pads are less effective. We are finding ways to reduce the tearing by using the most comfortable and best fitting pads. We are conducting research to find higher absorbency pads and seeking advice from Continence Advisors regarding other products available for night time incontinence.

► **QUESTIONS 9 AND 10. are concerned with nocturnal activity.**

One concern with the change to Sleep-in was that service users might engage in risky unsupervised night activity. While two service users have walked around during the night there have been no accidents reported.

While the majority of service users know that the Sleep-in staff are there but don't bother them, *six service users have woken staff and two regularly wake staff.* From these figures it would appear that the majority of service users have accepted Sleep-in *but a significant minority (8) would, presumably, include those who would have preferred staff to be available as they were for Waking Nights.*

WE FOUND THAT ALL six service users had genuine reasons for requiring staff attention during the night and this demonstrated to us that the Sleep-in was effective in providing appropriate night time support. One of the 2 people that regularly woke Sleep-in staff had a change in needs due to the onset of dementia, which could not have been foreseen. Steps were taken to support the person to regain their previous sleeping pattern and to sleep better. Our monitoring demonstrates that this is no longer an issue. We are supporting the remaining person to be busier during the day time so they require less staff support at night. This is improving but will require more time in order to completely resolve this issue.

▶ **QUESTION 11.** aimed to gauge the feelings of service users towards the Sleep-in scheme.

The majority are reported as feeling much the same with some (3) happier and some (3) unhappier to start with but now settled down.

▶ **QUESTION 12.** explores the financial status of the service user following the introduction of Sleep-in.

The answers to this question clearly reflect the views of the support staff the majority of whom believe the savings should be available to enhance day time activities although a quarter of respondents believe there has been no effect and a small minority believe there has been an effect. In fact, as discussed elsewhere, the savings have made it possible, within fixed cash limits, to maintain rather than enhance activities.

▶ **QUESTION 13.** assesses the impact of Sleep-in on the sleep patterns of the service users.

For the majority there is no change with a minority sleeping better and some who were initially disturbed having settled down or even improved.

▶ **QUESTIONS 14 AND 15.** address the hand over between day staff and Sleep-in night staff.

Since a number of day staff now Sleep-in there has been an overall reduction in hand overs. For more than half service users (14) this has had no effect although for a significant number (10) the reduction in handovers means less disruption with only one service user missing the daily change of staff,

▶ **QUESTION 16.** reveals that the new shifts have either had no effect or actually improved the consistency of support for service users.

▶ **IN QUESTION 17.** there is a mixed picture regarding the extent to which the new shifts have improved the capacity of the support staff to spot problems.

Although overall, with one exception, the view is that problem detection has either maintained the same standard or improved.

▶ **QUESTIONS 18-27.** The last set of questions are concerned with specific improvements in quality of life for service users including, particularly, increased independence and normalization, key factors in the personalisation agenda.

Overall the picture is that things have either remained constant or improved. In no case was deterioration in quality of life reported. While the reported improvements are generally for a minority of service users this pilot is over a relatively short period and there is potential for further improvement, particularly as support staff become more trusting of service users' abilities. This has, we think, implications for staff training and development.

Unsolicited written comments by support staff who completed the audits

▶ QUESTION 2

The alarm systems are audio alarm systems not movement alarm systems and they only work half the time.

WE ARE CURRENTLY LOOKING into new more efficient types of movement sensors. We have found no decrease in the amount of night seizures which implies the monitors are working accurately to alert Sleep-in staff when a seizure occurs.

▶ QUESTION 8

Waking nights was better for checking incontinence pads and attending to the service users' needs in that regard.

WE BELIEVE THE USE of AT has facilitated the delivery of support in a less intrusive way so that people's sleep is not regularly disturbed by night wake staff.

▶ QUESTION 9

Since Sleep-in service user shouts and screams in the middle of the night.

▶ QUESTION 11

Service user has more energy

▶ QUESTION 12

Release of funds previously spent on Waking Nights – unfortunately the daily shift was reduced as well to keep to ISF

▶ QUESTION 13

Service user doesn't sleep much

▶ QUESTION 16

Now no incontinence pad change when wet (x2)

WE ARE CONDUCTING RESEARCH to find higher absorbency pads and seeking advice from Continence Advisors regarding other products available for night time incontinence.

▶ QUESTION 19

Bed time varies depending on carer and shift (x2)

While these are minority comments they are, with one exception all negative. The concerns about assistive technology are fairly common.

4. Process

This is an evaluation of a significant change in the process of night support for service users with severe learning disabilities.

The system of Waking Nights is well established and involves support staff being awake and available to provide support and care for service users during the night. Typically they would check on the service users regularly and might also carry out various maintenance tasks in the accommodation. This system has high face validity and is based on the premise that those with severe disabilities who require help and support are likely to need it throughout the night as well as the day. The change to Sleep-in means that for the night period there will no longer be waking support but a member of care staff will Sleep-in in the accommodation and, presumably, be available to deal with any emergencies. A further factor in the process is the use of assistive technology where various devices can signal if service users are experiencing difficulties.

In changing from the process of Waking Nights to that of Sleep-in there has been another process, which is the management of change. So in this evaluation we are considering process in two ways first the process of Sleep-in and its effects on the service users and others involved and second the process of change whereby the Sleep-in system was introduced and managed. Our knowledge of these processes has come from five sources; documentary evidence provided by the Area Manager; discussions with the Area Manager; a visit to several of the residences undertaken by two members of the team; the Sleep-in Audit; surveys of Support Staff and, to a limited extent, Parents and Next of Kin of Service Users; and responses from Managers coordinated through the Area Managers.

The process of change management in this project has, in our view, four main elements. First is the management of change in staffing numbers; second is the management of changes in activities for those staff who remain in employment with, possibly, additional training; third is the communication with service users and their parents/next of kin regarding the change and its implications; and fourth the communication with staff about the change and their involvement in decision making.

Staffing establishment for this part of the provision was reduced by fourteen through voluntary redundancy and redeployment. Those who took redundancy opted to stay on as bank workers. The reduced work force follows a shift system to provide support, including Sleep-in. Staff are paid £32 per night to Sleep-in and new accommodation has been provided. The majority of staff in their answer to a question in the survey of staff views considered this process to have been well managed.

So far as we can tell the change and its implications were communicated well to service users and parents. From the audit it would appear that service users have adapted well to the new arrangements and this was substantiated by our observations on a visit to some facilities. The small number of parents who completed a questionnaire seemed satisfied with communication and the arrangements. The majority of staff expressed satisfaction with their involvement in decision-making and planning although a significant minority took the opposite view. Managers felt that planning had been effective but expressed the view that communication could have

been better and more time taken to explain the scheme to staff and to develop positive attitudes.

We were impressed by the thorough approach that had been taken to risk management with a careful identification of risks in each house taking account of the disabilities of service users. With the removal of direct supervision by a night wake staff, risks were associated with seizures, incontinence, night activity and the absence of support for the service users. Plans for risk management included the use of assistive technology including movement sensors and incontinence pads. Generally the risks appear to have been well managed as reported in the audit and the staff survey but there is concern about the reliability of assistive technology and the effectiveness of incontinence pads. Whatever risks there might have been in connection with unsupervised night time activity are counterbalanced by the increased autonomy of service users and their development of new skills. Whilst service users might miss the ready availability of night wake staff there are signs that they are benefitting from uninterrupted sleep and being able, for example, to make themselves tea.

The shift system appears to be working well. The majority of staff believe they are developing more trust in the capabilities of service users and that this has been beneficial to them. However, a small minority remain unconvinced and it is to be hoped that the sharing of good news stories will help to convince them of the benefits of the new system to service users.

The change from Waking Nights to Sleep-in is not just organizational but involves attitude change and development for support staff as well as the enhancement of independence, choice and dignity for service users. There are undoubtedly 'green shoots' apparent in improved quality of life for service users and, with the continued development of staff, we would expect to see continued development in this respect.

5. Stakeholder Perspectives

The key stakeholders in this scheme are of course the service users but the nature of their disabilities means that traditional methods of soliciting views through questionnaires, focus groups and interviews are not always feasible.

The audit focuses on the individual service users and utilizes the insights of the support workers who are closest to the service users.

As one support worker said:

As service users cannot verbalise I have to rely on non-verbal cues and interpretations of moods to try to interpret their views and needs.

Qualitative data were also available from a visit made by two members of the team and these highlighted instances of personal development for service users in more independent living and for staff in the ability to encourage such independence. Their overall impression was of enhanced quality of life for service users as a consequence of the change from Waking Nights to Sleep-in.

The other stakeholders whose views have been solicited are support staff, parents and next of kin, and managers. The results of questionnaire surveys of support staff and parents/next of kin are given in the following sections. The managers contributed to both the specification and assessment of outcomes and the analysis of process and lessons learned.

Views of Care Staff on Sleep-in

Twenty nine care staff completed a questionnaire and several showed their interest by adding unsolicited written comments. The following is a summary of their responses to the twelve questions and these are then presented in tabular form in the Appendix. Finally their written comments are summarized.

IN QUESTION 1 where the statement was - Overall Sleep-in is better than Waking Nights? - a majority (17) prefer Sleep-in with 5 disagreeing and 7 choosing don't know.

IN QUESTION 2 a majority believe that Sleep-in is mainly about saving money (19/29) with a minority (5/29) disagreeing and 5 undecided.

IN QUESTION 3 while a majority (17/29) do not think Sleep-in increases risks, 9 think it does and this is cause for concern.

IN QUESTION 4 a majority believe Sleep-in has improved life for service users (18/29) but 7 disagree and 4 don't know. Again this divided view is cause for concern.

IN QUESTION 5 while 13 believe the money saved through Sleep-in has benefitted the service users, 7 disagree and 9 don't know making an overall majority of those who don't believe the service user has benefitted from the savings. These views may reflect uncertainty regarding the use of the savings and this is referred to in the concluding chapter

IN QUESTION 6, although the majority (17/29) do not feel service users are at more risk with Sleep-in, it is worrying that 9 think they are.

IN QUESTION 7 the majority believe risks have been well managed which confirms our impression. However, it would be interesting to find out why 4 think that they hadn't.

QUESTION 8 GIVES a positive result for a question regarding the normality of service users' life under Sleep-in with 24/29 thinking they have a more normal life.

IN QUESTION 9 it is good to see that a majority of staff (23/29) are encouraging service users to exercise more independence since this is an anticipated advantage of Sleep-in. The small number (6), who are not, may be supporting particularly challenging service users but these staff would benefit from discussion with and encouragement from other staff.

IN QUESTION 10 reveals that a majority of staff either feel their working life is worse under the new scheme or don't know (16/29). A significant number (13/29), albeit less than half, feel their working life is better. In terms of staff morale this is a worrying result particularly since these are the staff who have been kept on!

IN QUESTION 11 the majority of staff (16/29) do not want to go back to Waking Nights but five would like to and a relatively high number (8) don't know. This result rather contradicts that for the previous question with staff who think their working life is worse not wanting to go back to the old (better?) system.

QUESTION 12 SHOWS that the majority of staff 19/29 are not more worried about service users as a consequence of Sleep-in being introduced but a minority are (8/29) and two don't know. This means more than third of staff are more worried or aren't sure which is a cause for concern.

Overall the majority of staff are positive in their views of 'Sleep-in' but a significant minority, from 10-15 including 'don't knows' depending on the question, are not. This should not be 'hidden' in the overall positive response. We would suggest it needs to be addressed through staff development which should include publicity for and discussion of the positive outcomes of Sleep-in. This development should also include training with assistive technology for Sleep-in, and practice in ways of encouraging and rewarding independence.

A small number of staff added unsolicited written comments as follows. In general they support and elaborate on concerns which have emerged in the audit and the questionnaire.

Unsolicited written comments by support staff who completed the questionnaire

The written comments of staff are expressed in relation to individual questions . Whilst they are clearly minority views there are several issues that emerge and in some cases correlate with other evidence. These are summarised after the comments.

▶ Q.1

Sleep-In leads to disturbance and lack of sleep.

Service users try to remove their soiled pads themselves and this is not dignified.

Whether one option is better than another depends on the needs of the individual service user.

▶ Q.3

Sleep-In increases risk to service users with diabetes, epilepsy or heart disease.

▶ Q.4

Cleaning and laundry used to be done during Waking Nights' shift.

Now it's done during the day and service users have less time to choose activities or trips away.

▶ Q.5

The cut did not benefit service users in any way (x2)

▶ Q.6

If the carer is a deep sleeper and doesn't hear the alarm, service users are at risk with sleep-In.

▶ Q.9

Choice and independence are reduced.

▶ Q.10

Sleep disruption caused by the introduction of Sleep-in has resulted in poor performance and mistakes by carers (x6). Monitors stop staff sleeping properly. This is a concern as I am a driver as well.

▶ Q.13

I gave my view to managers but felt that the decision was already made at a higher level regardless of the needs of service users.

▶ **Q.14**

Lack of outside funding did not help and put pressure on management to further reduce the cost.

Staff were properly informed at each stage, and facilities were provided – although basic.

▶ **Q.16**

Sleep-In is more normal (x2)

Issues from comments which may need attention include the following:

Incontinence pads removed by service users

WE HAVE INVESTIGATED THIS and found that it is not a frequent problem. In two houses we could only find 3 occurrences since April 2011. One other person does this occasionally but only when she has a bowel movement.

Sensor alarms may not be heard

WHETHER THE STAFF MEMBER sleeping-in is a heavy or light sleeper may be relevant. However, there has been no decrease in the levels of seizures which implies that this has not been the case. We will continue monitoring the situation and explore the most effective assistive technology options to alert staff.

Sleep in for carer is disrupted

THERE WAS A PERIOD of disruption at first but this has now settled down in all services. One service in particular was affected due to the onset of dementia for a woman. She was having night terrors and we supported her to see the GP. We now put on gentle music while she is getting ready to sleep and have changed the lighting to create a more relaxed environment. This has helped to alleviate the problem and this is no longer an issue.

You could argue that the Sleep-in is there to be disturbed at times and this is inevitable on occasions. If Sleep-in staff are disturbed they call the on-call manager and we release the staff member to go home in the morning. This issue has not been reported to managers as a problem.

Service activities previously done during night now take time away from service users during the day

PEOPLE WE SUPPORT, WHO previously had night wake staff, may have never been involved in some everyday activities. We are now supporting people, hand over hand, to do tasks like ironing and cleaning for the first time. Our findings are that

this is working well and much more like normal life. From looking at service user daily plans we can find no evidence of a decrease in activities. It is possible that this comment may have come from the staff who used to be night wakes.

Views of Parents or Next of Kin

It is not straightforward to solicit the views of parents/next of kin/guardians of adults with profound learning difficulties who live in supported accommodation. Many service users have lived away from their parents for most of their lives and contact with parents is variable and, in some cases, minimal or non-existent. Parents' attitudes to their disabled offspring may be ambivalent. Parents may be deceased. Experience in comparable situations has shown a very poor response rate to circulated questionnaires.

However, it was possible to talk to two family members: a brother and a mum. They both said they were aware of what was going on but really hadn't seen any changes for their family member. They seemed to prefer there being no waking night staff as this seemed more 'normal'.

Questionnaires were completed for the two parents in discussion and the following tables show their responses to the sixteen questions which, so far as possible, mirrored those asked of the care staff. Responses to fifteen questions were either positive or don't know. Only the sixteenth question divided the respondents where one thought the scheme had made a difference and one didn't.

It would be interesting to see, if after a longer period, the anticipated increased independence and capability in service users was noticed by parents/next of kin.

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Managers' Views

A group of five managers, with the Area Manager, responded to four questions as follows.

► Q 1. What is the best thing about the Sleep-in scheme?

- ◆ We were able to retain activities while reducing costs
- ◆ Reduced costs, financial savings
- ◆ People sleep better at night
- ◆ Service users are more independent
- ◆ More privacy
- ◆ Service users less reliant on staff
- ◆ This has brought the service and staff team together.

▶ **Q 2. What is the worst thing about the Sleep-in scheme?**

- ◆ Staff can be disturbed
- ◆ Some problems getting the heavy duty night pads
- ◆ Some redundancies
- ◆ Staff negative reactions
- ◆ Resistance to change
- ◆ Lots of fear of the unknown.

▶ **Q 3. What have you learned from the implementation of this scheme?**

- ◆ The change was manageable
- ◆ More aware now of what service users can do
- ◆ Service users have surprised us with their capacity to change
- ◆ What appears difficult can be straight forward
- ◆ Things work out when they are planned
- ◆ People can be reassured
- ◆ Accept change as it comes.

▶ **Q 4. If you could do it again, what would you do differently?**

- ◆ Wouldn't change it
- ◆ It went very smoothly
- ◆ Would like longer for staff to prepare their minds
- ◆ Would have liked to be more prepared for the negative staff reaction
- ◆ It went well because it was well planned so I would change nothing.

Conclusion and Recommendations

At the end of this evaluation it is clear to us that the change from 'Waking Nights' to 'Sleep-in' initiated by Choice Support in Southwark can be judged a success. Broadly, the three objectives of the scheme have been achieved through an efficient and effective process and this is reflected in the generally positive views of staff, managers, and parents/next of kin. Crucially the move to 'Sleep-in' has made significant savings whilst, in a number of ways, improving the quality of life of the service users. It is a significant step in fulfilling the personalisation agenda.

The reduction in staff numbers which has achieved the savings appeared to have been managed relatively smoothly with staff redeploying or taking voluntary redundancies and opting to stay on as bank workers. Careful attention was given to identifying the possible risks of removing direct night supervision and planning for their management. There is a clear commitment to personalisation for these service users through the benefits of a more normal day/night pattern, increased independence, and the development of new skills. Investment has been made in living quarters for the staff who Sleep-in although this may need further improvement.

However a number of details have emerged which would merit attention and these are listed below. They should not detract from the overall success of the scheme in achieving significant savings whilst maintaining or enhancing quality and managing risks, but may nevertheless contribute to continuous quality improvement.

Assistive Technology

In this context assistive technology includes movement sensors, audio detectors and moisture sensors which trigger alarms in the Sleep-in bedroom, and also incontinence pads worn by the service users. The removal of night time supervision throws a heavier emphasis on assistive technology.

There were several reports in the questionnaires and written comments indicating unreliable operation of sensors and expressing concerns at inaudible alarms. Incontinence pads, whilst generally effective, were also reported as sometimes unable to absorb high levels of incontinence and, in some cases, being removed by service users.

Whilst staff are described as sleeping in they are obviously expected to respond to alarms from assistive technology. The interface between assistive technology and Sleep-in staff is vital. This interface needs further consideration.

Now that Sleep-in is relatively well established we would suggest that a review should be undertaken of the effectiveness of the present systems and the potential for the introduction of new technology.

Staff Development

Whilst the majority of staff seem satisfied with the new system there are a significant number of dissenters where indications are that additional training could contribute to attitude change, improve the effectiveness of the use of assistive technology, and also, at an interpersonal level, enhance the ability of staff to develop independence and new skills in service users.

Benefits of Savings

It seems clear that savings on the change from Waking Nights to Sleep-in were required to maintain the current level of provision of daytime activities. This does not appear to be widely understood with some expectation that there will be an enhancement of daytime activities from savings. This needs to be communicated clearly to staff.

Success Stories

Some staff seem unaware of the improvements in service users' lives following on from the introduction of Sleep-in staff. A regular internal bulletin with success stories might help to educate staff to the undoubted potential for normalization of day /night patterns and increase in independence and competence in service users.

The most heartening aspect of this evaluation has been the signs of development in service users whose lives have become more normal through the introduction of Sleep-in and who are becoming more independent and skilled. There is no doubt that the service users are supported by a dedicated team of care staff and managers who are themselves developing. We hope the insights given by this evaluation will make some contribution to the lives of both service users and support staff.

Q

Questionnaires

Service User's Experience

▶ 1. Night Seizures

	RESPONSE PERCENT	RESPONSE COUNT
Service user does not suffer night seizures	84.6%	22
Service user has suffered night seizures more frequently than previously	0.0%	0
Service user has suffered night seizures less frequently than previously	3.8%	1
Service user has suffered night seizures at the same rate as previously	11.5%	3
ANSWERED QUESTION		26
SKIPPED QUESTION		0

▶ 2. Movement Alarm Systems

	RESPONSE PERCENT	RESPONSE COUNT
Service user has no movement alarm system	57.7%	15
Service user has had movement alarm system fitted during the last year	0.0%	5
Service user has always had movement alarm system	3.8%	6
Service user has had movement alarm system removed during this year	11.5%	0
ANSWERED QUESTION		26
SKIPPED QUESTION		0

▶ 3. Operation of Movement Alarm System

	RESPONSE PERCENT	RESPONSE COUNT
Movement alarm system has worked effectively throughout the year	38.5%	5
Movement alarm system has not been required	23.1%	3
Movement alarm system has worked most of the time	30.8%	4
Movement alarm system has worked about half of the time	7.7%	1
Movement alarm system has posed significant problems	0.0%	0
ANSWERED QUESTION		13
SKIPPED QUESTION		13

▶ 4. Effect of Movement Alarm System

	RESPONSE PERCENT	RESPONSE COUNT
Service user is accustomed to the alarm system from the previous Waking Nights system	54.5%	6
Service user is accustomed to the alarm system from the new Sleep-in system	45.5%	5
Service user is concerned about the alarm system	0.0%	0
Service user complains about the alarm system	0.0%	0
Service user has tried to remove the alarm system	0.0%	0
ANSWERED QUESTION		11
SKIPPED QUESTION		15

▶ 5. Incontinence Pads

	RESPONSE PERCENT	RESPONSE COUNT
Service user does not wear incontinence pads	50.0%	13
Service user wears incontinence pads all the time	38.5%	10
Service user wears incontinence pads during the night only	11.5%	3
ANSWERED QUESTION		26
SKIPPED QUESTION		0

▶ 6. Service Users Response

	RESPONSE PERCENT	RESPONSE COUNT
Service user is used to incontinence pads since the Waking Nights system	40.0%	10
Service user is used to incontinence pads since the Sleep-in system	0.0%	0
Service user welcomes incontinence pads	0.0%	0
Service user complains about incontinence pads	0.0%	0
Service user removes incontinence pads	12.0%	3
Service user does not have incontinence pads	48.0%	12
ANSWERED QUESTION		25
SKIPPED QUESTION		1

▶ 7. Size of Incontinence Pads

	RESPONSE PERCENT	RESPONSE COUNT
Service user does not have incontinence pads	50.0%	13
Service user's pads are the same as they were during the Waking Nights period	30.8%	8
Service user has larger pads since the operation of the Sleep-in scheme	19.2%	5
ANSWERED QUESTION		26
SKIPPED QUESTION		0

▶ 8. Effectiveness of Incontinence Pads

	RESPONSE PERCENT	RESPONSE COUNT
Service user does not have incontinence pads	50.0%	13
Pads work effectively for this service user	30.8%	8
Pads usually work effectively for this service user	3.8%	1
Pads sometimes do not work adequately for this service user	15.4%	4
Pads are generally not effective for this service user	0.0%	0
ANSWERED QUESTION		26
SKIPPED QUESTION		0

▶ 9. Effect of the Sleep-in for service users

	RESPONSE PERCENT	RESPONSE COUNT
Service user usually sleeps throughout the night	50.0%	13
Service user sleeps with some restlessness	34.6%	9
Service user wakes often during the night	7.7%	2
Service user walks around during the night	7.7%	2
Service user walks around during the night with some potential for accidents	0.0%	0
Service user walks around during the night with some accidents	0.0%	0
ANSWERED QUESTION		26
SKIPPED QUESTION		0

▶ 10. Sleep-in Staff

	RESPONSE PERCENT	RESPONSE COUNT
Service user shows no awareness of the Sleep-in staff	7.7%	2
Service user knows that the Sleep-in staff are there but never bothers them	61.5%	16
Service user occasionally wakes Sleep-in staff	23.1%	6
Service user often wakes Sleep-in staff	7.7%	2
ANSWERED QUESTION		26
SKIPPED QUESTION		0

▶ 11. Service User's emotional state

	RESPONSE PERCENT	RESPONSE COUNT
Service user seems to feel much the same following the introduction of the Sleep-in scheme	76.9%	20
Service user seems happier following the introduction of the Sleep-in scheme	11.5%	3
Service user seemed unhappier to start with but has now settled down following the introduction of the new scheme	11.5%	3
Service user is generally less happy following the introduction of the new scheme	0.0%	0
ANSWERED QUESTION		26
SKIPPED QUESTION		0

▶ **12. Financial Status**

	RESPONSE PERCENT	RESPONSE COUNT
Sleep-in system has had no effect on the service user's finances	23.1%	6
Sleep-in system should release funds previously spent on the Waking Nights scheme and this will in future enhance day time activities for the service	65.4%	17
Sleep-in system has enabled more to be spent on daytime activities for the service user	11.5%	3
ANSWERED QUESTION		26
SKIPPED QUESTION		0

▶ **13. Sleep Patterns**

	RESPONSE PERCENT	RESPONSE COUNT
Service user's sleep patterns are generally more settled than before	11.5%	3
No change in the service user's sleep patterns	69.2%	18
Sleep patterns were initially rather disturbed but have now settled down or slightly improved	19.2%	5
Sleep patterns are more disturbed	0.0%	0
Sleep patterns are very disturbed with night time activity	0.0%	0
ANSWERED QUESTION		26
SKIPPED QUESTION		0

▶ **14. Handovers**

	RESPONSE PERCENT	RESPONSE COUNT
While there are fewer handovers with staff sleeping-in, this has had little effect on staff members and the service user	56.0%	14
Service user misses the handovers and daily change in staff	4.0%	1
Since there are fewer handovers this is less disrupting for staff and invasive for the service user	40.0%	10
ANSWERED QUESTION		25
SKIPPED QUESTION		1

▶ **15. Record Keeping and Review**

	RESPONSE PERCENT	RESPONSE COUNT
The absence of handovers in the new system has removed a useful point to review and record any issues for this service user	4.2%	1
The absence of handovers makes no difference to the monitoring and support of this service user	50.0	12
The continuity of staffing with the removal of handovers enhances the carers' knowledge of this service user	45.8%	11
ANSWERED QUESTION		24
SKIPPED QUESTION		2

▶ **16. Consistency of Support**

	RESPONSE PERCENT	RESPONSE COUNT
The new shifts have led to a deterioration in consistency of support for this service user	11.5%	3
The new shifts have had no impact on consistency of support for this service user	57.7%	15
The new shifts have improved the consistency of support for this service user	30.8%	8
ANSWERED QUESTION		26
SKIPPED QUESTION		0

▶ **17. Spotting Emerging Problems**

	RESPONSE PERCENT	RESPONSE COUNT
A staff member being in place for a longer period of time means they may miss problems with service users	3.8%	1
The staff member being in place for a longer period has no impact on their ability to spot problems with service users	38.5%	10
Staff members vary in their ability to spot problems and the new shifts have no effect on this	19.2%	5
The staff member being in place for a longer period has made it more likely that they spot problems with the service user	38.5%	10
ANSWERED QUESTION		26
SKIPPED QUESTION		0

▶ **18. Independence**

	RESPONSE PERCENT	RESPONSE COUNT
Service user's independence is much as it was before Sleep-in was introduced	76.9%	20
Service user is less independent following the introduction of Sleep-in	0.0%	0
Service user shows some signs of greater independence since the introduction of Sleep-in	19.2%	5
Service user has definitely developed greater independence since the introduction of Sleep-in	3.8%	1
ANSWERED QUESTION		26
SKIPPED QUESTION		0

▶ **19. Bedtime**

	RESPONSE PERCENT	RESPONSE COUNT
Service users and carers go to bed at roughly the same time	0.0%	0
Service users go to bed much as they did under the Waking Nights system	34.6%	9
Carers and service users go to bed at different times	15.4%	4
Bedtime varies for the service user and carers	50.0%	13
ANSWERED QUESTION		26
SKIPPED QUESTION		0

▶ **20. Effect of Bedtime**

	RESPONSE PERCENT	RESPONSE COUNT
Bedtimes under the new system have created a more relaxed and ordinary environment for this service user than before	26.9%	7
Whilst bedtimes have changed under the new system this has not changed the general environment for this service user	15.4%	4
Bedtimes have not changed significantly and there is no change in the general environment for this service user	57.7%	15
Changes in bedtimes have made the environment less relaxed	7.7%	0
ANSWERED QUESTION		26
SKIPPED QUESTION		0

► 21. Changes in Staff Trust

	RESPONSE PERCENT	RESPONSE COUNT
There is no change in staff trust of this service user's abilities	65.4%	17
Staff have become more trusting of this service user's abilities	34.6%	9
Staff have become more worried about risks and less likely to trust this service user	0.0%	0
Staff have tried to be more trusting of this service user but it hasn't worked	0.0%	0
	ANSWERED QUESTION	26
	SKIPPED QUESTION	0

► 22. Privacy and Autonomy

	RESPONSE PERCENT	RESPONSE COUNT
Privacy and autonomy of the service user haven't changed very much	69.2%	18
Service user is experiencing some improvement in privacy and autonomy	15.4%	4
Privacy and autonomy have deteriorated for this service user	0.0%	0
There has been a clear improvement in privacy and autonomy for this service user	11.5%	3
Privacy and autonomy are necessarily limited for this service user and haven't changed	3.8%	1
	ANSWERED QUESTION	26
	SKIPPED QUESTION	0

▶ 23. Division between night and day

	RESPONSE PERCENT	RESPONSE COUNT
There is a clearer distinction between day and night for this service user	92.3%	24
The distinction between day and night is still confused for this service user	7.7%	2
The continuity of staff has made the distinction between day and night more confused for this service user	0.0%	0
	ANSWERED QUESTION	26
	SKIPPED QUESTION	0

▶ 24. Changes in sleep pattern and engagement

	RESPONSE PERCENT	RESPONSE COUNT
Service user's pattern of sleep and engagement have improved	19.2%	5
Service user's pattern of sleep and engagement is much as before	73.1%	19
Service user's pattern of sleep and engagement has deteriorated	0.0%	0
Service user's pattern of sleep and engagement varies as a consequence of other factors	7.7%	2
	ANSWERED QUESTION	26
	SKIPPED QUESTION	0

▶ 25. Day time behaviour

	RESPONSE PERCENT	RESPONSE COUNT
The behaviour of the service user has remained fairly constant from the previous system to the new one	84.6%	22
Service user has been more productive and calm during the day following the introduction of the new system	15.4%	4
Service user has become less productive and more disturbed following the introduction of the new system	0.0%	0
	ANSWERED QUESTION	26
	SKIPPED QUESTION	0

▶ **26. Control over environment**

	RESPONSE PERCENT	RESPONSE COUNT
Service user is showing less control over his/her immediate environment	0.0%	0
Service user's control over his/her environment is much as before	80.8%	21
Service user is showing more control over his/her environment	19.2%	5
ANSWERED QUESTION		26
SKIPPED QUESTION		0

▶ **27. Development of new skills**

	RESPONSE PERCENT	RESPONSE COUNT
Service user is unable to develop any new skills	70.0%	0
Service user has some skills but these have remained constant over a long period	80.8%	21
Service user has developed new skills during the year	19.2%	5
Service user's skill levels have deteriorated during the year	0.0%	0
ANSWERED QUESTION		26
SKIPPED QUESTION		0

Care Staff Views

► 1. Overall Sleep-in is better than Waking Nights

	RESPONSE PERCENT	RESPONSE COUNT
Strongly Agree	17.2%	5
Agree	41.4%	12
Don't know	24.1%	7
Disagree	13.8%	4
Strongly disagree	3.4%	1
ANSWERED QUESTION		29
SKIPPED QUESTION		0

► 2. Sleep-in is mainly about saving money

	RESPONSE PERCENT	RESPONSE COUNT
Strongly Agree	24.1%	7
Agree	41.4%	12
Don't know	17.2%	5
Disagree	13.8%	4
Strongly disagree	3.4%	1
ANSWERED QUESTION		29
SKIPPED QUESTION		0

► 3. Sleep-in increases risks for service users

	RESPONSE PERCENT	RESPONSE COUNT
Strongly Agree	10.3%	3
Agree	20.7%	6
Don't know	10.3%	3
Disagree	48.3%	14
Strongly disagree	10.3%	3
ANSWERED QUESTION		29
SKIPPED QUESTION		0

▶ **4. Sleep-in has improved the life of service users**

	RESPONSE PERCENT	RESPONSE COUNT
Strongly Agree	13.8%	4
Agree	48.3%	14
Don't know	13.8%	4
Disagree	17.2%	5
Strongly disagree	6.9%	2
	ANSWERED QUESTION	29
	SKIPPED QUESTION	0

▶ **5. Money saved by Sleep-in has benefited service users**

	RESPONSE PERCENT	RESPONSE COUNT
Strongly Agree	3.4%	1
Agree	41.4%	12
Don't know	31.0%	9
Disagree	13.8%	4
Strongly disagree	10.3%	3
	ANSWERED QUESTION	29
	SKIPPED QUESTION	0

▶ **6. Service users are more at risk with Sleep-in**

	RESPONSE PERCENT	RESPONSE COUNT
Strongly Agree	13.8%	4
Agree	17.2%	5
Don't know	10.3%	3
Disagree	48.3%	14
Strongly disagree	10.3%	3
	ANSWERED QUESTION	29
	SKIPPED QUESTION	0

► **7. The risks of Sleep-in have been well managed for service users**

	RESPONSE PERCENT	RESPONSE COUNT
Strongly Agree	3.4%	1
Agree	65.5%	19
Don't know	17.2%	5
Disagree	6.9%	2
Strongly disagree	6.9%	2
ANSWERED QUESTION		29
SKIPPED QUESTION		0

► **8. Service users have a more normal lie with Sleep-in**

	RESPONSE PERCENT	RESPONSE COUNT
Strongly Agree	17.2%	5
Agree	65.5%	19
Don't know	10.3%	3
Disagree	6.9%	2
Strongly disagree	0.0%	0
ANSWERED QUESTION		29
SKIPPED QUESTION		0

► **9. I am encouraging more service user independence with Sleep-in**

	RESPONSE PERCENT	RESPONSE COUNT
Strongly Agree	17.2%	5
Agree	62.1%	18
Don't know	10.3%	3
Disagree	6.9%	2
Strongly disagree	3.4%	1
ANSWERED QUESTION		29
SKIPPED QUESTION		0

▶ **10. My working life is better with Sleep-in**

	RESPONSE PERCENT	RESPONSE COUNT
Strongly Agree	10.3%	3
Agree	34.5%	10
Don't know	17.2%	5
Disagree	27.6%	8
Strongly disagree	10.3%	3
	ANSWERED QUESTION	29
	SKIPPED QUESTION	0

▶ **11. I wish we could go back to Waking Nights**

	RESPONSE PERCENT	RESPONSE COUNT
Strongly Agree	6.9%	2
Agree	10.3%	3
Don't know	27.6%	8
Disagree	44.8%	13
Strongly disagree	10.3%	3
	ANSWERED QUESTION	29
	SKIPPED QUESTION	0

▶ **12. I am more worried about service users with Sleep-in**

	RESPONSE PERCENT	RESPONSE COUNT
Strongly Agree	6.9%	2
Agree	20.7%	6
Don't know	6.9%	2
Disagree	58.6%	17
Strongly disagree	6.9%	2
	ANSWERED QUESTION	29
	SKIPPED QUESTION	0

▶ **13. I felt my views were taken into account in the introduction of Sleep-in**

	RESPONSE PERCENT	RESPONSE COUNT
Strongly Agree	0.0%	0

	RESPONSE PERCENT	RESPONSE COUNT
Agree	55.2%	16
Don't know	31.0%	9
Disagree	3.4%	1
Strongly disagree	10.3%	3
ANSWERED QUESTION		29
SKIPPED QUESTION		0

► **14.** I think the introduction of Sleep-in was well managed

	RESPONSE PERCENT	RESPONSE COUNT
Strongly Agree	0.0%	0
Agree	69.0%	20
Don't know	13.8%	4
Disagree	17.2%	5
Strongly disagree	0.0%	0
ANSWERED QUESTION		29
SKIPPED QUESTION		0

Views of Parents or next of kin

► 1. Overall Sleep-in is better than Waking Nights

	RESPONSE PERCENT	RESPONSE COUNT
Strongly Agree	0.0%	0
Agree	100.0%	2
Don't know	0.0%	0
Disagree	0.0%	0
Strongly disagree	0.0%	0
ANSWERED QUESTION		2
SKIPPED QUESTION		0

► 2. Sleep-in is mainly about saving money

	RESPONSE PERCENT	RESPONSE COUNT
Strongly Agree	0.0%	0
Agree	0.0%	0
Don't know	50.0%	1
Disagree	50.0%	1
Strongly disagree	0.0%	0
ANSWERED QUESTION		2
SKIPPED QUESTION		0

► 3. Sleep-in increases risks for service user

	RESPONSE PERCENT	RESPONSE COUNT
Strongly Agree	0.0%	0
Agree	0.0%	0
Don't know	50.0%	1
Disagree	50.0%	1
Strongly disagree	0.0%	0
ANSWERED QUESTION		2
SKIPPED QUESTION		0

▶ **4. Sleep-in has improved the life of service user**

	RESPONSE PERCENT	RESPONSE COUNT
Strongly Agree	0.0%	0
Agree	0.0%	0
Don't know	50.0%	1
Disagree	50.0%	1
Strongly disagree	0.0%	0
	ANSWERED QUESTION	2
	SKIPPED QUESTION	0

▶ **5. The money saved by Sleep-in has benefited the service user**

	RESPONSE PERCENT	RESPONSE COUNT
Strongly Agree	0.0%	0
Agree	0.0%	0
Don't know	50.0%	1
Disagree	50.0%	1
Strongly disagree	0.0%	0
	ANSWERED QUESTION	2
	SKIPPED QUESTION	0

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▶ **6. Service user is more at risk with Sleep-in**

	RESPONSE PERCENT	RESPONSE COUNT
Strongly Agree	0.0%	0
Agree	0.0%	0
Don't know	0.0%	0
Disagree	100.0%	2
Strongly disagree	0.0%	0
	ANSWERED QUESTION	2
	SKIPPED QUESTION	0

► **7. The risks of Sleep-in have been well managed for service user**

	RESPONSE PERCENT	RESPONSE COUNT
Strongly Agree	0.0%	0
Agree	100.0%	2
Don't know	0.0%	0
Disagree	0.0%	0
Strongly disagree	0.0%	0
ANSWERED QUESTION		2
SKIPPED QUESTION		0

► **8. Service user has a more normal life with Sleep-in**

	RESPONSE PERCENT	RESPONSE COUNT
Strongly Agree	0.0%	0
Agree	100.0%	2
Don't know	0.0%	0
Disagree	0.0%	0
Strongly disagree	0.0%	0
ANSWERED QUESTION		2
SKIPPED QUESTION		0

► **9. Care staff have encouraged more service user independence with Sleep-in**

	RESPONSE PERCENT	RESPONSE COUNT
Strongly Agree	0.0%	0
Agree	100.0%	2
Don't know	0.0%	0
Disagree	0.0%	0
Strongly disagree	0.0%	0
ANSWERED QUESTION		2
SKIPPED QUESTION		0

▶ **10.** I wish we could go back to Waking Nights

	RESPONSE PERCENT	RESPONSE COUNT
Strongly Agree	0.0%	0
Agree	0.0%	0
Don't know	0.0%	0
Disagree	100.0%	2
Strongly disagree	0.0%	0
ANSWERED QUESTION		2
SKIPPED QUESTION		0

▶ **11.** I am more worried about service user with Sleep-in

	RESPONSE PERCENT	RESPONSE COUNT
Strongly Agree	0.0%	0
Agree	0.0%	0
Don't know	0.0%	0
Disagree	100.0%	2
Strongly disagree	0.0%	0
ANSWERED QUESTION		2
SKIPPED QUESTION		0

▶ **12.** I felt my views were taken into account in the introduction of Sleep-in

	RESPONSE PERCENT	RESPONSE COUNT
Strongly Agree	0.0%	0
Agree	100.0%	2
Don't know	0.0%	0
Disagree	0.0%	0
Strongly disagree	0.0%	0
ANSWERED QUESTION		2
SKIPPED QUESTION		0

▶ **13.** I think the introduction of Sleep-in was well managed

	RESPONSE PERCENT	RESPONSE COUNT
Strongly Agree	0.0%	0
Agree	100.0%	2
Don't know	0.0%	0
Disagree	0.0%	0
Strongly disagree	0.0%	0
ANSWERED QUESTION		2
SKIPPED QUESTION		0

▶ **14.** I think the service user is happier with Sleep-in

	RESPONSE PERCENT	RESPONSE COUNT
Strongly Agree	0.0%	0
Agree	100.0%	2
Don't know	0.0%	0
Disagree	0.0%	0
Strongly disagree	0.0%	0
ANSWERED QUESTION		2
SKIPPED QUESTION		0

▶ **15.** I think the welfare of the service user has been the priority in introducing this scheme

	RESPONSE PERCENT	RESPONSE COUNT
Strongly Agree	0.0%	0
Agree	100.0%	2
Don't know	0.0%	0
Disagree	0.0%	0
Strongly disagree	0.0%	0
ANSWERED QUESTION		2
SKIPPED QUESTION		0

▶ **16.** I don't think the Sleep-in scheme makes any difference

	RESPONSE PERCENT	RESPONSE COUNT
Strongly Agree	0.0%	0
Agree	50.0%	1
Don't know	0.0%	0
Disagree	50.0%	1
Strongly disagree	0.0%	0
ANSWERED QUESTION		2
SKIPPED QUESTION		0



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