Like and Need 'Red' Services

Getting to LIKE red places	Joining the group thought to NEED red
The myth that a place with few responsibilities is appealing. I feel safe here – other people take charge when I am out of control. It is easier to cope here. I get looked after and there are few demands on me – it is easier. This is all I have ever known for many years and I have grown to like it here. The 'inclusive' setting is abusive – I suffer stigma, stress and poverty outside. I get more money or other benefits here, and it feels like a genuine asylum, a place of safety. I can afford to buy my own red service. I am at the top of the hierarchy here – a big fish in a small pond, or simply that the network of friends here is too valuable to lose. Staff are caring, tell me it's the best place and they let me attend – I don't want to disappoint them by leaving. Staff tell me I am not yet ready for moving out, and I believe them. I am frightened of facing up to the world outside. This is the only place I can get the support I need. I might get punished if I try to leave. I am not offered alternatives or say 'no' to them. I ask for red and the service gives me what I have asked for. A long history of institutionalisation and the learned behaviours that go with this. The step up to amber or green is too big for the person or staff to contemplate. Staff and service users share a culture of pessimism – I will never recover.	Fear that dangerous acts may be repeated. Seeing risk everywhere, thinking red is safer and fearing for reputation. Legal restrictions. Public prefer someone with my label or history to be in red – NIMBYism. I failed in the inclusive setting, or loss of key supporters means I have to 'come in'. Easy to get in but hard to get out. I learn stuff in red that makes it harder to leave. I need 24-hour care or other supports that are thought too expensive to provide in the community or are only available in red. Funding is only available for red services. It appears cheaper than individualized community support. Lack of community-based intensive support. Red places are the only site we can offer this much structure. Arrangements that place people here on the basis of diagnosis. I need very close observation or other support that is easiest to provide if everyone who needs it is in one place. Red is the only thing on hand in a crisis. Assessment staff decide that red is needed, or assessment guidance indicates this. Diagnosis, misdiagnosis and labeling. It is what relatives want or gives them respite. Staff or carers don't trust informal support. I am not treated as an individual so staff don't really know me or understand what I can do. Because I have one need, I am seen as dependent.
Reducing the size of the group who LIKE red	**Reducing the size of the group who are thought to NEED red places**
Listen and understand why red is appealing and then provide it another way. Stop saying green is damaging. Show people that there is an inclusive option, perhaps by introducing service users to others who have moved into amber or green. Get users and staff from red to work with people in other services. Close red places or tighten the eligibility criteria and so withdraw this option. Recovery and rehabilitation – help people gain the skills and confidence for inclusive options, and make it OK to be ill sometimes too without losing everything. Independent advocacy. Empower people and support their dreams. Increase opportunities. Gradual transition to inclusive options. Exposure to amber and green opportunities. More opportunities. More services that keep people in their natural community (Assertive outreach, home treatment etc) so that new referrals are used to keeping life going while getting help. Adopt positive risk-taking approaches. Educate staff and help them relinquish power.	Offer services to all people – wellness centres rather than mental health teams and health centres. Provide specialist equipment, support and transport in community settings. Specialised communication and Person-Centred Planning. Direct Payments. Active treatment for health and mental health needs. Behaviour Management Plans. Positive risk taking within a 'risk and opportunity' framework. Room for creativity to set up new arrangements and options for people. Invest to save – the agency needs to invest in care that promotes independence. Realign and reconfigure red services. Raising aspirations.