

## HEALTH AND SOCIAL WELLBEING: LEARNING DISABILITY & LONG-STAY HOSPITALS

<b>Issue/Problem</b>	<b>The number of people with learning disabilities living in long stay hospitals</b>
<b>Evidence Base (Equality &amp; Inequalities Report)</b>	<p>According to McConkey <i>et al</i> (2003) the various data sources available suggest that between 440 and 470 people are likely to be living in long stay hospital settings. Of the 390 persons with a hospital address on Soscare, 62% were male and 38% were females.</p> <p><i>Ref: McConkey et al (2003) cited in "Equality and Inequalities in Health and Social Care in Northern Ireland: A Statistical Overview (DHSSPS, 2004:133).</i></p>
<b>Evidence Base (Literature Review)</b>	<p>The following information has been extracted from the "Equal Lives" report on learning disability (Review of Mental Health and Learning Disability).</p> <p><i>Learning Disability and Long-Stay Hospital Accommodation:</i></p> <ul style="list-style-type: none"><li>▪ The majority of people with learning disabilities live with family carers, with a small number having their own accommodation. The remainder live in residential or hospital accommodation. The main area of concern with the current arrangements relate to the position of men and women with learning disabilities living in long stay hospitals.</li><li>▪ The average age of people with a learning disability living in hospital accommodation is 49 years. Many have a severe learning disability and complex needs. Few have their own bedroom, mostly living in ward-style accommodation.</li><li>▪ Research into the resettlement programme has highlighted that people were relocated largely into large group settings with little use being made of more individualised options, such as supported living options. is also growing concern about what has been termed the new long stay population namely those men and women with a learning disability admitted to hospital for assessment and treatment, but who have remained in hospital owing to the absence of a suitable community alternatives.</li><li>▪ Concern has been expressed at the lack of consistency across Northern Ireland in terms of the types and level of provision, which may indicate service inequities. The Northern Health and Social Services Board had the highest proportion of people in nursing home accommodation (46%) as compared with 22% in</li></ul>

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the Eastern Health and Social Services Board. The Eastern Board had the highest level of people in supported living arrangements (31%) as compared with only 4% in the Western Board and 3% in the Southern Board.

**Is the issue/problem being addressed by current or proposed strategies and policies? On what level?**

*New Regional Strategy*

[A Healthier Future](#), the new 20 year regional strategy for health and social services has set a target that “By June 2010 all people with a Learning Disability living in Long Stay Hospitals should be able to re-locate to appropriate and supportive community accommodation, with the option of holding their own tenancy”. The strategy recognises the rights of people with learning disabilities to full citizenship, equality of opportunity and self determination.

*Review of Mental Health and Learning Disability*

A review of the accommodation and support needs of people with learning disabilities (including long-term hospital accommodation) is one of the issues currently under examination by the NI [Review of Mental Health and Learning Disability](#) (see [Equal Lives](#) Report). A range of recommendations have been identified.

*Research*

On a Board/Trust level a number of steps have already been taken to address the accommodation needs of people with learning disabilities (e.g. see McConkey et al (2003) [“Future housing and support options for people with learning disabilities in the SHSSB area”](#) – research on the future housing and support needs of people with a learning disability in the WHSSB, EHSSB and NHSSB is also available).

Additional research has also been sponsored by the four Boards and the Northern Ireland Housing Executive in regards to learning disability and accommodation (e.g. McConkey et al, [“The views of people with intellectual disabilities to their present and future living arrangements”](#)).

**Is the problem amenable to further intervention by the DHSSPS or other?**

The [“Equal Lives Report”](#), of the Review of Mental Health and Learning Disability has identified a number of objectives in relation to accommodating people with learning disabilities in the community rather than long stay hospital accommodation:

**Objective 4:** to enable people with a learning disability to lead full and meaningful lives in their neighbourhoods and have access to a wide range of social, work and leisure opportunities.

**Objective 5:** to ensure that all men and women with a learning disability have their home in the community and that, where they live with their family, their carers receive the support they need.

**Objective 6:** to ensure that an extended range of housing options

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are developed for men and women with a learning disability.

**Objective 9:** to enable people with a learning disability to have as much control as possible over their lives through developing person-centred approaches in all services and ensuring wider access to advocacy and direct payments.

Outlined below are a number of further actions identified by the report:

- The vast majority of people with learning disabilities live with their families. Families should be supported in continuing to provide housing and support as long as both parties wish this to happen. The support should include the provision of housing adaptations, domiciliary support and respite care.
- If family carers are no longer able to look after the person with a learning disability, support should be made available to enable people with learning disabilities to remain in their neighbourhoods if they wish to do so.
- Meeting the accommodation and support needs of people with a learning disability is not just the responsibility of Health and Social Services. Hence Health and Social Services Boards and Trusts must work in partnership with a range of statutory and non-statutory housing and social care agencies in order to fulfil these needs.
- A range of different types of accommodation and support services should be available within Northern Ireland so that services can be better tailored to the needs of individuals and to provide for an increased element of choice. People with a learning disability, their relatives and paid carers should be informed about the range of accommodation and support options that are available. This should be available in accessible formats.
- People should not live in hospital accommodation. Some may have to be admitted for short periods of acute assessment and treatment, but no one should remain there for long periods due to their specialist needs. Everyone should have a home address to which they will be discharged.
- Resettlement of long-stay patients from hospitals within the context of supporting living principles must be progressed as rapidly as possible. By June 2010, all people living in a learning disability hospital should be relocated to the community. Funds need to be provided to ensure that on average 80 people will be resettled per annum over the 5-year period from 2005 to 2010.
- In order to address the concerns raised about the potential for developing a new long stay hospital population all commissioners should ensure that they have arrangements in place to provide emergency support and accommodation for persons with a learning disability. Learning disability hospitals should not provide this service from 1 January 2007.

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