

## Supported Living proposal – Facts sheet

### Background

Currently 263 people with moderate and higher level learning disabilities live in supported living. In our borough this involves people sharing a home, usually with two or three others, and supported by a 24/7 staff team in the home. People have their own individual tenancies, but the home itself, apart from the bedrooms, is communal shared space.

This model of care became very popular in the 1990s and 2000s – it was designed to offer intensive support on a 24/7 basis for people who could not live independently. Its aim is to enable people with learning disabilities to live with others as part of their local communities, promoting social inclusion. When the old learning disability institutions were closed (including the old NHS hospitals) it was the most common model of care for people to move into.

Rochdale Borough Council supports more people in this type of care than other Councils in Greater Manchester. In our borough we are heavily reliant on this particular model of care and have not yet developed a sufficient range of alternatives.

Our proposal is about developing a wider range of accommodation and care with support options to meet a wider and changing range of needs for people with learning disabilities. The new options we are aiming to develop will provide more choice for people with learning disabilities and reduce the need for unplanned moves.

In developing our proposal we have considered government policy and our duties under the Care Act 2014 to promote the efficient and effective operation of the market for all adult care and support as a whole. We've also considered a range of national research documents and the ones listed below demonstrate the changing needs of people with learning disabilities:

[https://www.alzheimers.org.uk/site/scripts/documents\\_info.php?documentID=103](https://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=103)

<http://www.learningdisabilities.org.uk/help-information/learning-disability-a-z/d/dementia/>

<http://www.scie.org.uk/dementia/living-with-dementia/learning-disabilities/>

People with a learning disability are living longer and are more likely to develop illnesses associated with older age.

The Table below gives the ages of the service users in Rochdale living in supported living services for people with learning disabilities in September 2015.

Age	Number
18-25	27
26-40	52
40-55	86
56-65	51
66-75	40
Over 75	7
Total	263

This information supports the conclusion in the national research documents that people with Learning Disabilities are living longer. However, this does not mean that all older people living in supported living will be moved into residential care, such moves will only take place where this option is in the persons best interest. Some of the 'real life' examples provided at the end of this document illustrate some of the circumstances where having a residential care service specifically for people with learning disabilities would have avoided unplanned moves and better outcomes for service users.

In addition to living longer people with learning disabilities are also at a greater risk of developing dementia as they get older compared with the general population (Cooper, 1997).

Kerr (2007) reports that three studies found the following prevalence rates of dementia among people with a learning disability: 13 per cent of people over 50 years old, and 22 per cent of those over 65.

For people with Down's syndrome, the risk of developing dementia is significant and increases with age: Lai and Williams (1989) report a 55 per cent prevalence rate among 50- to 59-year-olds, while Prasher (1995) puts this at 36.1 per cent. Both studies report a 75 per cent prevalence rate for those aged 60 years and older

"Perspectives on ageing with a learning disability" by Cally Ward  
<https://www.jrf.org.uk/file/41768/download?token=84nMdj9U&filetype=full-report>

"Dementia and People with Intellectual Disabilities" sections 2.1 and 2.2 – British Psychological Society  
[http://www.bps.org.uk/system/files/Public%20files/rep77\\_dementia\\_and\\_id.pdf](http://www.bps.org.uk/system/files/Public%20files/rep77_dementia_and_id.pdf)

“What Councils Need to Know about People with Learning Disabilities – a Local Government Knowledge Navigator Evidence Review”, chapter 5– Dr Paula Black, January 2014  
<http://www.local.gov.uk/documents/10180/11553/LGKN+Need+to+Know+1+-+Learning+Disabilities.pdf/ab8e2101-3d78-4637-b276-c760cb9cccf6>

This proposal is about increasing the range of options available and which are all beneficial in the right circumstances and our proposals would provide people with the opportunity to decide on an individual basis whether or not any of the alternatives would be better than their current arrangements.

This is about giving more options to people with learning disabilities, in a similar way to how older people without any learning disabilities have a range of options for their care.

Below is list of alternative options that can be considered as alternatives to supported living. This isn't an exhaustive list and some of the options are already available and some are being developed:

### **Residential Care model similar to the Springhill new development**

Our vision for the Springhill Resource Centre is that it will offer a living well dementia hub, with strong connections with the community, offering opportunities to socialise, build networks and access high quality co-ordinated services to support people with dementia and their families.

In summary, the following services are likely to be delivered from the Springhill Resource Centre:-

- Learning Disability residential offer for approximately 18 people
- Short Term residential respite offer for people with dementia including early onset dementia
- Building Based support service for people with dementia
- Community Based support offer for people in the community with dementia
- Carers space where carers could get together in a self-help format to provide peer support, socialising and networking opportunities but also receive information and advice, training and support as required.
- A range of other services including health services that will provide follow up services following a diagnosis of dementia for both the person with dementia and their carers. This will include access to Dementia advisors who will provide information, advice and support and access to a range of holistic therapies.

### **Extra Care Housing**

Extra Care Housing is a term used to describe developments that comprise self – contained homes with design features and support services available to enable people to live as independently as possible, taking account of their individual needs

It offers an alternative choice in terms of the accommodation provided and typically also provides special facilities for those who have physical disabilities

Individual care packages can be agreed, care and support is available twenty four hours a day and there is ability and flexibility to provide support to people with different ages and needs. Extra care schemes usually have investment in Assisted Technology

It is proposed that the Rochdale Extra Care Schemes will offer:-

- Your own front door
- Your own tenancy
- On site staff 24 hours a day
- A range of communal/community based on site services, which are likely to include lounge , laundry, somewhere to eat

**Self-Contained accommodation supported by community services, either attached to the accommodation or on an outreach basis**

As an alternative to group home living for those who want their own privacy. A number of providers in Rochdale are now offering small developments of self contained flats. The flat schemes are usually between 6-12 in size to keep schemes smaller and more personal. Sometimes, staff are attached to these schemes but can also support people in the wider community who have their own tenancies. This is sometimes known as a core and cluster model. These schemes differ from extra care in that they are usually smaller and don't usually have on site community facilities.

**Shared Lives placements**

Shared Lives services offer support in a home environment. Shared lives schemes are designed to support adults with learning disabilities, mental health problems, or other needs that make it harder for them to live on their own. The schemes match an adult who has care needs with an approved shared lives carer. These carers share their family and community life, and give care and support to the adult with care needs.

Shared lives schemes are available across the country and are an alternative to traditional kinds of care, such as care homes. The schemes are sometimes also known as adult placement schemes.

In Rochdale, PossAbilities offer Shared Lives options to people with a range of needs, including people with Learning disabilities

**Specialist Residential Care**

Specialist residential care usually provides care for people who have more complex needs. Often, the complexity of need requires staff who are specially trained to meet the specific needs. This type of care is more likely to include nursing care and needs could include people who have very challenging behaviours and Complex Autism needs.

**Older Persons Residential Care**

Care homes offer accommodation and personal care for people who may not be able to live independently. Some homes also offer care from qualified nurses or staff with specialist training in caring for particular groups such as younger adults with learning disabilities.

There are two main types of care homes – residential and nursing homes.

**Residential care home**

- Range in size from very small homes with few beds to large-scale facilities.
- Offer care and support throughout the day and night.

- Staff help with washing, dressing, at meal times and with using the toilet.

### **Nursing homes**

This type of home will normally offer the same type of care as residential ones but with the addition of:

- 24-hour medical care from a **qualified nurse**

Please find below for your information some 'real life' examples. This explains more about why we believe the current group homes do not always meet the needs of some people, and how the proposed alternatives could do so. These are 'real life' situations but details have been changed so that individuals cannot be identified to protect confidentiality.

### **Example 1 – Mrs A**

Mrs A is 75 years of age. She lives in a group living home with two other people, she became frail and unable to walk safely due to health problems. Unfortunately Mrs A then had a number of falls and was admitted to hospital. At this time the Supported Living provider decided that they could no longer meet her needs safely in the group home. Every effort had been made to support Mrs A to return including adaptations to the home and an increase in staffing; however, it was simply unsafe. Mrs A was also suffering from dementia and did not have the mental capacity to understand the situation. Mrs A was admitted to an older persons nursing care home. If alternative more specialised residential care had been available when Mrs A began to have serious difficulties there could have been a planned move, avoiding the crisis situation that developed, and better meeting Mrs A's needs.

### **Example 2 – Mr B**

Mr B is 50 years of age and lives in a group home with two others. He has a number of long term health conditions as well as his learning disability. He became immobile and was unable to move around the home without breathing difficulties. Health professionals considered that his group living home environment was not safe for him. Unfortunately none of the supported living providers were able to offer a suitable alternative and the only option was a residential placement out of the borough. Mr B remained at a care home outside of the borough for 11 months and although he received care in relation to his physical needs, he was isolated from his friends and family. He was unable to return to a group home because of this health care needs but he would have benefitted if more suitable residential care had been available in our borough.

### **Example 3 – Miss C**

Miss C is 55 years old and lives with three other people of a similar age in a group home. She has Downs Syndrome and developed dementia two years ago. Miss C had lived with the same people for many years and they regarded themselves as a family. When Miss C was diagnosed with dementia she started to demonstrate behaviours that were totally out of character for example, sexualised behaviour, swearing, hitting out, shouting and screaming. Her co-tenants found the changes in her behavior very difficult to understand and felt a sense of loss for the person they had known. Additional support was provided for her co-tenants but Miss C's behavior continued to be very difficult for them, they were not able to understand it and the tensions in the group home increased. The co-tenants found it increasingly distressing and this affected their own health and mental wellbeing. Eventually Miss C moved into a care home for older people. This home did not have any specialist knowledge or arrangements for people with learning disabilities. The proposed new residential scheme may have been an ideal option for Miss C at an earlier stage. , the new residential service may have been an ideal option for this lady at an earlier stage.

### **Example 4 – Mr D**

Mr D is a young man who previously lived in a service called 'Shared Lives'. Shared Lives is where a person lives with a host family, as part of the family. Mr D found living with his host family to be too restrictive and wanted more independence so he moved to a supported living group home. Unfortunately differences in personalities and problems relating to the different levels of need of the co-tenants led to tensions in the shared home. Mr D felt that his co-tenants were capable of doing more in the home but that they expected the staff to do it. Mr D has mental capacity to make his own decisions about important matters. Mr D is able to do some limited work and his stated aim is to live independently and get a job. Mr D would be an ideal person for the new Extra Care housing proposal which would support him but also enable him to have the independence he wants. The opportunities of the social and communal facilities that extra care could offer could be a catalyst for him developing an even more independent life.

### **Example 5 – Miss E**

Miss E is a 25 year old woman who shares a group home with two others. She has a moderate level of disability and both of her co-tenants have complex learning disabilities and communication difficulties. Miss E is independent and likes joining in with community activities and developing social networks. Miss C is able to communicate her wishes and made it clear that she no longer wanted to live in the group home. It was difficult to find alternative suitable accommodation for her, there were vacancies in other group homes but not one that was suitable for Miss E. Miss E moved into residential care on a temporary

basis. Miss E could not live completely independently but she would be an ideal person for the new Extra Care housing scheme. This would offer her independence with flexible support arrangements, with the opportunity to become even more independent, improving her quality of life.

The period of consultation for this proposal has been extended by four weeks from 5pm on 31st October 2016 to 5pm on the 28<sup>th</sup> November 2016.

If you would like to provide any feedback into the consultation process in light of the above information please email [consultation@rochdale.gov.uk](mailto:consultation@rochdale.gov.uk) or write to;

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