

7 July 2011

«Addressee»
House of Commons
London
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Dear «Salutation»

There is an alternative

Any decent person watching Panorama on May 31st this year would have been appalled by the footage of people with learning disabilities in a hospital, being abused by staff employed to care for them. There has been a swift response, and the hospital has closed, but this is not just about rogue staff and weak management, and it is not an isolated case. Rather, it is about the innate failings of institutional care, a model still in operation across the country. But there is an alternative; a civilized, life-enhancing, proven and cost-effective alternative already offered by dozens of established care providers.

The Association for Supported Living (ASL) represents organisations that support about 30,000 people with learning disabilities, with combined annual budgets approaching £1 billion. Each operates successful community-based, person-centred services, which work because they respond to the needs of the person getting the support. They are true partnerships, between the service user, the support agency, commissioners, social care, housing and health professionals, families and neighbours.

For nearly 20 years Government policy, recently reaffirmed, has instructed health and social services that people with learning disabilities whose behaviour challenges need individual, local, long-term support – exactly the kind that ASL recommends. Many people with learning disabilities have complex needs and yes, they can challenge, and yes, providing good services for them requires concerted creative effort. But, as these real-life stories demonstrate, the right services offer people tangibly better lives:

- In 2005 Adel was living in an institutional environment where she was regularly restrained. Following referral to a community support provider she now lives in a home she part owns, has reconnected with her family, and is never restrained because her challenging behaviour has subsided.
- Michael lived in a succession of emergency placements before ending up in a special unit where three staff were allocated to him constantly, such was the fear of the threat he posed. He was restrained 180 times in one year. Six years on, Michael lives happily in a supported living service where he is never restrained. His parents are delighted that he has 'regained his life'.

- Kelly has a mild learning disability and mental health needs, plus a history of sexual abuse. She had a succession of emergency placements that broke down, was physically aggressive to others, and self-harmed. In a new community service, over the course of a year, Kelly learnt coping strategies to replace violence and is now much happier.
- Neil lived from the age of 16 to 21 in a hospital, where his behaviour was deemed particularly challenging. He was physically restrained two or three times a day, by up to five staff at a time. One thing that triggered Neil's behaviour was changes to his support. A new community provider ensured continuity and consistency of staffing. Neil now has a better life with many interests, and rarely needs restraint. His family believe that 'life has started again' for Neil.

ASL has collected evidence of many similar cases where people who challenge are offered high quality, cost-effective local services, which we will be presenting to the Government in the autumn. These services are not fanciful notions divorced from the reality of today's constrained economic conditions. They achieve outstanding results, and they are cheaper than institutional care:

- Adel's community-based service costs £70,000 a year less than her previous placement.
- Michael's current service saves £100,000 a year.
- The cost of Kelly's service fell from £120,000 a year to £42,000.
- Supporting Neil in the community is £40,000 cheaper than keeping him in hospital.

Research published last year using data from the Healthcare Commission found nearly 1,900 people with learning disabilities in institutional care. We know that these people are in environments where they are vulnerable, because the model of care is flawed. Panorama, however shocking, was not a surprise. It simply revealed a replica of the scandals that dogged NHS mental handicap institutions in past decades. So, we call on the Government, as a matter of urgency, to compel commissioners to set a timetable for the provision of alternative, community-based services for all of these people. ASL is willing to help and will share its experience with anyone committed to developing community services like the ones described in this letter. Services that, we assert, offer a level of care commensurate with what civilized society expects, and also save the country money.

Yours sincerely

Kim Foo
Chair