SSIA would like to thank the lead Local Authority demonstrator sites and the regional Local Authorities and Health Boards who were involved in this work and continue to drive the work forward.

We would also like to acknowledge the special contribution that the late Dr Mary Myers, who inspired much good practice for learning disability services in her lifetime, and who was a member of the Alder team.

Published February 2014 based on research undertaken during 2013.

ISBN number: 978-1-78286-005-1
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Wales has been at the forefront of service development and opportunity for people with a learning disability for many years. Much has been achieved over recent decades to drive forward the disability agenda and more opportunities are now available for people within their communities.

Health and social care services in Wales face unprecedented challenges in the form of increasing demand and expectations from users and carers, and extreme fiscal constraint which will continue over the medium term. ‘Sustainable Social Services for Wales: A Framework for Action’ (2011) makes clear the Welsh Government’s view that Social Services and its partners must meet these challenges through renewal, i.e. transforming the way in which services are delivered, collaborating across sectors and ensuring a genuine citizen focus, rather than retrenchment in which individual organisations minimise existing provision to reduce cost, with obvious implications for service quality.

The published Social Services and Well-being (Wales) 2013 Bill will place statutory responsibility on local government and its partners to further develop services which focus on keeping people as independent as possible and reducing or preventing the requirement for targeted services, and, in particular, out of long term and institutional care. This aims to improve outcomes for individuals and ensuring long term sustainability of social services in Wales.

These challenges are perhaps most clearly evident in the area of Learning Disability services. Changing demographics are well rehearsed; people with a learning disability live longer and as a result have more complex needs, often with little or no immediate support from family and friends. Increasing pressure on other parts of the system, notably Children’s and Older People’s Services, has a direct impact on the resources available to support those with a learning disability.

This ‘perfect storm’ requires a radical response, building on a proud record in Wales of innovation in Learning Disability services. Traditional services must be reshaped to promote and safeguard the independence of users and maximise their ability to contribute meaningfully to society, whilst striving for the highest levels of financial efficiency. This must build on the principles that underpinned the 1999 All Wales Strategy for Learning Disability.

The SSIA’s programme to support the transformation of Learning Disability Services in Wales was conceived to help councils and partner agencies to drive forward the required change. The programme, delivered in partnership with specialist social care, health and housing advisers Alder, was designed to critically assess current provision and practice across Wales and identify a sustainable service model for the future. Alder’s ‘Opportunity Assessment’ approach, previously applied on behalf of the Department of Health (DH) across the English regions, formed the basis of the programme.

Opportunity Assessment involves a three-pronged approach to assessing current provision, based on a ‘strengths led enquiry’ model, and focusing on analysis of:

- Existing service data.
- Commissioning and delivery strategies.
- Current practice through sample case files and engagement with practitioners.

Opportunity Assessments were carried out in six Demonstrator sites across Wales, over a period of 18 months commencing in September 2011. In addition further focused work was undertaken on a regional basis in Mid and West Wales, and in Bridgend and Conwy County Borough Councils. Findings from the Assessments were fed back to the councils involved and shared regionally/sub-regionally with neighbouring authorities and Local Health Boards with the aim of facilitating the development of collaborative approaches to service development and transformation.

Although the Opportunity Assessments found examples of effective practice in existing services, it was clear that further transformation is needed to maximise opportunities for independent living and reduce overall service costs. A key recommendation from the programme is the adoption of the “Progression” model as the blueprint for modernising services. The model is predicated on engaging with service users and helping them to acquire or maintain independent living skills. It identifies appropriate service responses at different levels of independence to achieve this. The argument for the model is that in so doing the twin aims of maximising independence and lowering costs through a reduced reliance on institutional care can be met. This sits comfortably with the Sustainable Social Services agenda.
As a result of the programme, a number of initiatives are already underway across Wales to remodel Learning Disability services. A number of these, for example in Western Bay and Mid and West Wales, are predicated on greater collaboration and integration of services across health and social care. Transformation of Learning Disability services features strongly within the Local Government Implementation Plan for Sustainable Social Services. The findings from the SSIA programme and the benefits of the “Progression” Model are subject to scrutiny and debate within the Deputy Minister’s Learning Disability Advisory Board.

This report provides further information on the programme, the Opportunity Assessment model and implications for the future of Learning Disability services in Wales. Examples of existing effective practice are also included. Further information is available on the SSIA website at [www.ssiacymru.org.uk/7047](http://www.ssiacymru.org.uk/7047). We are always keen to receive information of other developments across Wales and would encourage readers to get in touch with examples; please contact enquiries@ssiacymru.org.uk.

2013 has seen the development of the Social Services and Well-being (Wales) Bill which is currently going through the Welsh Government. The key areas of the Bill which are of greatest significance to local government include:

- General Principles.
- Cost Implications of the Bill.
- Wellbeing.
- Preventative services.
- Assessment and Eligibility.
- Safeguarding and Protection.
- Integration with Health.
- Children.

These areas will be significant for people with a learning disability and we must ensure we engage with individuals and their carers to implement the changes that will be required by this new Bill. During the National Social Services Conference 2013 the Deputy Minister said during her speech:

“*We have a great opportunity to make a real, positive and enduring difference to people’s lives. We can move forward in focusing on real, life enhancing outcomes for people, simplifying and slashing bureaucracy so that we can more effectively capitalise on hard pressed resources. Together we can create a solid foundation for a generation change for social services in Wales, a change that will make it sustainable, not only in the coming years, but in the coming decades.*

*Now more than ever we must focus on what is really important; remodelling services, ensuring that we are all working to the same ends, and securing more innovative and effective delivery including through greater collaboration and integration of services.*”
In 2010, the Social Services Improvement Agency (SSIA) included a Learning Disability Transformation Programme in its Business Plan, in recognition of the particular challenges emerging around Learning Disability Services in terms of budgets and service models. These have been identified in Councils’ Annual Reports and reinforced by a stakeholder group that was used as a basis for consultation.

The agreed requirement was to develop a programme of support for Councils in Wales and their NHS partners that will improve the cost effectiveness of support to people with a learning disability and contribute toward the development of partnership working:

- Within local authorities, i.e. between departments.
- Between local authorities, i.e. where regional approaches would be beneficial.
- Between local authorities and other stakeholders that support people with a learning disability.

The aims were to:

- Assist in the delivery of Welsh Government policies.
- Improve the quality of life for people with a learning disability, especially through reduced use of residential care and increased housing based support.
- Reduce unsustainable growth in expenditure on learning disability services.
- Enable the development of partnership working.

The Project; the successful provider would help Welsh Councils and their partners to understand better how to:

- Assess opportunities to improve the cost effectiveness of current resource allocation. Although the focus of this project is on people with a learning disability, the method is transferable and has been used with success in other adult service groups.
- Create local capability in Opportunity Assessment methods.
- Build on strengths in current practice.
- Realise benefits identified through Opportunity Assessment.

In light of these aims, a range of possible approaches was considered. The consensus was reached that the SSIA programme should critically assess current provision and practice across Wales and identify a sustainable service model for the future. This approach echoed that taken previously, in relation to Older People’s Services in partnership with Professor John Bolton, which informed a broad model of service which has since become the basis for service modernisation and change across Wales.

The Opportunity Assessment approach, developed by the group of consultants trading as Alder and implemented on behalf of the Department of Health in England, was examined. On the strength of evidence that this approach had realised significant efficiencies and formed the basis for radical service change across the border, it was adopted for the SSIA programme. Accordingly, Alder were engaged to undertake five Opportunity Assessments in Demonstrator Authorities. The scope included to share learning with neighbouring local authorities and statutory partners and to consider potential regional solutions to the issues emerging from the assessments. The Councils involved were:

- Caerphilly County Borough Council within the Aneurin Bevan Health Board area.
- Gwynedd Council within the Betsi Cadwaladr University Health Board area.
- Neath Port Talbot County Borough Council within the Abertawe Bro Morgannwg University Health Board area.
- Pembrokeshire County Council within the Hywel Dda Health Board area.
- Vale of Glamorgan Council within the Cardiff and Vale University Health Board area.

During the SSIA funded programme, Alder undertook an additional Opportunity Assessment in Bridgend CBC, paid for by the Council. The findings of this project are included in this report.

Susan Cooper, then Head of Community Services for Bridgend CBC, also joined the Alder team to participate in an Opportunity Assessment as part of a contractual agreement between SSIA and Alder to transfer learning about the method to the Welsh Social Services economy.

In North Wales, Alder advisers carried out a supplementary review of NHS case records in Conwy to examine issues of joint local authority/NHS working in Learning Disability Services.

The following sections describe the work that was undertaken and the results they achieved.
An Opportunity Assessment shows how councils can help people with a learning disability to achieve a higher quality of life and at the same time reduce the cost of services provided. The focus is not just on reducing cost alone but gives greater importance to the outcomes delivered by services. If services can help a person gain greater independence and as a consequence lower needs, cost can be reduced. The aim, therefore, is to improve the cost effectiveness of services purchased by the local authority responsible for commissioning.

There are three main components to an Opportunity Assessment:

1. Data component
2. Strategy component
3. Practice component

Alder’s Opportunity Assessment Approach

- Benchmark and review nationally published data
- Review local data
- Meet senior strategic and operational managers
- Desktop review of strategy and relevant documents
- Opportunities to re-provide
- Lower cost and better outcomes
- Practice Analysis (Case files and reviews)
- Meet practice staff
A study of cost effectiveness should examine each of the different elements that contribute to the achievement of a particular outcome at the lowest possible cost. This will include consideration of:

- The aims of the service to be provided and how these are specified.
- Whether the price of the service is competitive.
- Whether the service is designed and delivered in the most efficient way.
- Whether the service is suitable and effective at meeting the original aims.

These questions can be applied to an individual service, such as a residential or day service, or to the social care and health system in its entirety. The figure below illustrates the ‘Three Es’; Economy, Efficiency and Effectiveness, and the relationship between them; Cost Effectiveness. This has been widely used as an evaluation framework for assessing whether public services achieve best value.

- Economy: measures the cost of the resources input/used to deliver a service.
- Efficiency: measures how well the service transforms inputs (the building blocks of the service) into outputs (the things the service provides to its customers).
- Effectiveness: measures how well the service meets its objectives.
- Cost effectiveness: measures the cost of the service in relation to the outcomes achieved.

**Cost Effectiveness:**

**Best outcome at lowest cost**
The main uses of an Opportunity Assessment are to:

- Inform strategic commissioning decisions, with the aim of redistributing resources so that people with a learning disability can achieve the highest level of independence consistent with their aspirations and abilities at the lowest possible cost.

- Show how professional practice in community learning disability teams can be developed to focus on the achievement of improved outcomes.

- Better connect strategic planning and commissioning with the professional practice in community learning disability teams.

The Opportunity Assessment method was developed to meet the requirements of local authority learning disability services. The approach can however be extended to joint and integrated arrangements between local authorities and NHS organisations. In this guide we shall mainly describe the use of the method in a local authority context.

The Opportunity Assessment does not explicitly examine the efficiency of business processes used in local authority learning disability services, nor does it include any detailed consideration of Community Learning Disability Team staffing, team structures and skill mix. Where relevant, an Opportunity Assessment may indicate areas that require more detailed analysis.
Findings from the Learning Disability Transformation Programme

All of the Opportunity Assessments in the participating councils in the programme indicated that there is scope to improve outcomes for people with a learning disability and reduce costs.

Outcomes

1. There is significant scope to improve the quality of life of people with a learning disability. Opportunities to help people achieve greater levels of independence are being missed, both in terms of living arrangements and work/leisure. Greater independence would lower future costs by reducing the level of need and hence the services required.

   Councils in Wales have largely made good progress in reducing the numbers of people with a learning disability living in residential care. Many individuals, however, still receive some form of 24 hour support, either in a staffed supported living environment or with a combination of supported living and day services. The wide variation in use of 24/7 support models suggests that, in some areas, work can be done to develop alternative, less intensive arrangements for some people.

   • Plans for people could be longer term and more in line with their aspirations for independence. The absence of specific long term goals results in missed opportunities to provide targeted support to help people reduce their needs.

   • All of the Opportunity Assessments indicated that local markets lacked the breadth and depth of services that seek to develop independence and operate an enabling model of support.

   • The case file reviews suggested that some people are offered little help to acquire the confidence and skills to live more independently. This, combined with a culture of risk aversion in both providers and Community Learning Disability Teams, results in missed potential for independence and little reduction in need, and thus cost, even where this could be reasonably expected.

2. Many people with a learning disability are provided with services of a disproportionately high level, relative to their current recorded needs. In particular, there is extensive use of 1:1 or higher ratio support that sometimes cannot be justified by the level of individual need. This can be the result of:

   • Lack of a sufficiently rigorous assessment.

   • Reviews that are inconsistent and/or lack rigour.

   • Risk averse practice.

   • Risk averse support providers.

   • A failure to reduce services that were increased at a time of temporarily increased need when they are no longer necessary.

   • Missed opportunities.

3. Some services are disproportionately expensive:

   • There is a wide variation in costs for broadly similar services.

   • There is scope to introduce more rigour and challenge into processes for approving care and support packages.

   • A more strategic and regional approach to procurement will help to create a market that offers greater choice and more economic pricing.
Implementation projects following Opportunity Assessments reveal that sometimes parts of the service that contribute to cost are not required/delivered but continue to be funded by the commissioning authority.

In some instances there is duplicate funding of part of a person’s support, resulting in avoidable costs. For example, people living in residential care but also attending a separately funded day service, where there is no adjustment to the residential care cost, are incurring unnecessary expenditure. Where there is a valid reason for day services, this should be funded by the provider from within the residential fee or the fee reduced to reflect time spent out of the home. Supported living models offer greater flexibility for creating cost effective bespoke support to an individual.

Opportunities are being missed to use assistive technology to reduce some support costs, for example waking night staff. Assistive technology for people with a learning disability is a specialist area and can be different to the technologies more commonly seen in use by older people. Local authorities should adopt a more strategic approach to the use of assistive technologies in learning disability services.
The Figure below shows what can be done to help people with a learning disability do more for themselves.

Case File Reviews
There is no need to work harder to help people to learn and do more for themselves.

1. Sometimes care managers try to reduce risks so much they:
   - Give people more support than they need, and
   - Make it hard for people to learn to do more for themselves.

2. Some people get “stuck” with unsuitable support because:
   - Support planning does not focus enough on learning,
   - Of a lack of other choices in the local market.

3. Planning to “move on” from the family home or from children’s services is underdeveloped.
   So some people who could live more independently move into residential care.

4. Support planning is not always imaginative nor challenging.
   So opportunities to help people do more for themselves can be missed.

5. Technology could be used to help more people:
   - Do more things for themselves, and
   - Have more freedom and choice in their lives.

6. If reviews focused more on how to promote independence people would:
   - Have more opportunity to do what they want, and
   - Some support costs might be lower.

The reviews of cases showed that there is a need to work harder to help people to learn how to do more for themselves.

The Combined net expenditure on support for people with a learning disability by the six Opportunity Assessment sites in 2010-11 was £81.3m. Potential savings identified from five of the six projects are from £4m to £8m p.a. This represents savings of between 5% and 10% of net expenditure. Note: No savings were calculated for the Conwy practice/case file review and limitations on the costing data available at Gwynedd restricted our ability to reliably estimate the potential savings, i.e. actual savings could well be more than the range identified.

- The largest savings range was 7% to 14% at one site.
- The lowest savings range was 2% to 3% at one site.
The table below shows the saving identified in the SSIA Learning Disability Programme by category of the opportunity.

### Main Financial Opportunities:
The specific savings opportunities identified fit into six broad categories.

<table>
<thead>
<tr>
<th>Opportunity</th>
<th>Percentage of savings</th>
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<tr>
<td>Review high cost cases to (a) right size support, and (b) negotiate a fair price for the “right sized” package</td>
<td>35%</td>
</tr>
<tr>
<td>Right size support for people currently supported in 24/7 support models that exceed their needs</td>
<td>27%</td>
</tr>
<tr>
<td>Deploy assistive technology more to (a) enable greater levels of independence, and (b) reduce some support costs</td>
<td>13%</td>
</tr>
<tr>
<td>Reduce duplication of support by residential care and day care and other community support providers</td>
<td>12%</td>
</tr>
<tr>
<td>Access income sources notably continuing health care funding in all appropriate cases</td>
<td>6%</td>
</tr>
<tr>
<td>Other incl. using universal services rather than specialist services, using older peoples services where primary needs are age related not LD related and paying a fairer price for respite support.</td>
<td>7%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
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All of the councils that participated in the programme have developed action plans based on the findings of their reports. Even where the process pointed to significant opportunities to do things differently, the council staff that have participated in the SSIA Learning Disability Programme have frequently commented on the particular value of the strengths-based review of practice. This significantly differs in approach and scope from the more familiar inspection process. In every project there were examples of good practice and staff were pleased that such work was highlighted. It was seen as both a source of strength and a basis for improvement.

The reports are deliberately written in a format that assists planning and implementation programmes. Some councils chose to adopt a fast-track approach to benefits realisation. This recognises the opportunity to: achieve substantial short-term financial benefits; improve the quality of life of people with a learning disability; and create more sustainable longer term budgets. The Opportunity Assessment was used to make a business case for investment in a temporary additional staff resource, sometimes with external implementation support.

Although some financial benefits can be made relatively quickly, realisation of substantial benefits (both financial and in relation to the adoption of new ways of working) require at least 6 – 12 months from initiation of the implementation plan. It is therefore difficult to give exact figures for financial benefits achieved to date. However, the councils actively pursuing the recommendations of their reports are making or exceeding the financial savings within the predicted range.
Implications: How to improve outcomes for people with a learning disability

1. Practice in Community Learning Disability Teams

It is essential to understand the aspirations of people with a learning disability and planning should consider both long-term and immediate needs. All support should aim to enable the individual service users to achieve their aspirations at a pace that is realistic for them and in a way that is safe and affordable. This way of working is referred to as the “Progression” Model. For more detail see the later section 'Implementing a "Progression" Model' on page 19. It explains how practice needs to be adapted to deliver “Progression” in a sustainable way in the future.

The “Progression” Model should be embedded in all social work including transition work, assessment, support planning and review processes.

The practice review within an Opportunity Assessment is designed to contribute to an understanding of the Learning Disability Service as a whole. The importance of practice standards to the achievement of outcomes and the cost effectiveness of services cannot be underestimated.

High practice standards, incorporating implementation of the “Progression” Model are essential to ensuring that the benefits identified by an Opportunity Assessment are realised. Councils implementing the recommendations of an Opportunity Assessment have recognised the importance of including practice development as an integral part of the follow-up programme. The main development areas include assessment, support planning and case review. Senior managers may want to consider developing a quality assurance framework that addresses these areas of practice.

2. Provider Services

Services that are provided should meet the requirements of each person’s individual care and support plan. Providers’ service plans should align to goals set out in the care and support plans and should be delivered in ways that enable individuals. Services should be sufficiently flexible to meet variation in people’s needs. Providers must always support people’s aspirations for independence. They should not encourage or create dependence. Where a care and support plan includes developmental goals, providers should give proper emphasis to them.

Provider business models should be able to support progression-focussed care and support plans, and match the requirements of commissioners to ensure that the market is capable of supplying suitable, economic and sustainable services.

3. Commissioning

Commissioners must proactively seek to establish a diverse market that offers a breadth and depth of services, which give choice to people with a learning disability.

Commissioners should consider how the wider community system, including the third sector, rather than specialist targeted health and social care services, can improve support for people with a learning disability. They must therefore work pro-actively with providers of “universal” services to ensure they are accessible to people with a learning disability.

Commissioning must plan for the future needs of the population. Effective commissioning combines a “top-down” strategic needs analysis with a “bottom-up” analysis which aggregates the needs of individuals according to their long-term support plans.

4. Practice and Commissioning Working Together

Strategic commissioning needs to be more than a “top down” population needs assessment. It should include “bottom-up” planning based on future projections of service requirements derived from the indicative long-term individual care and support plans.

Information about needs not being met appropriately and practitioners’ knowledge of the gaps in the market should be captured, collated and fed into the commissioning cycle. This will improve its effectiveness.
The above findings and implications can be advanced through the adoption of a "Progression" Model for Learning Disability Services. This is a conceptual model that represents different levels of independence/dependence. It can be used to show the service response to an individual’s needs at a given level of need. The main use of the model is to help plan how a person can acquire, or maintain, independent living skills. In this sense it has much in common with the Older People’s Service model developed for Wales and adopted as the ‘industry standard’ through Sustainable Social Services.

Practitioners can use the model for care and support planning. Commissioners may use it to plan the availability of services for an individual and also to assist with current and future population needs assessment.

The overall aims of the model, showing a "Progression" pathway, are shown in the figure below. Care and support planning should help people achieve the maximum level of independence to which they aspire. It is important to match the service response to current need but also to work to reduce them over time, helping individuals gain confidence and skills, and so reduce long term needs.

**Aims - Of a “Progression” Pathway**

- **Cost falls as independent living skills are gained and support diminishes**
- **Population people with Learning Disability receiving support**
- **On-going support enables increasing independence**
- **Transitions work for children and in mid life with individuals and families so service changes at “trigger points” are into the least intensive support model possible**
The model can illustrate a person’s life plan in terms of their accommodation and support needs. It can also be used to describe a care and support pathway, and is of particular use in pathway planning. Alder have developed a specialist application of “Progression”, the Accommodation and Support Planning Model, to assist with this.

“Progression” assumes that people prefer to be less, rather than more, dependent and that most people with a learning disability are able to learn at their own pace. The model also takes account of the fact that people can lose skills, for example through progressive conditions such as dementia.

It is important that the true choices of people with a learning disability are heard and understood. Advocates may fulfill a valuable role in assisting people to articulate their own choices, rather than the preferences of others, who may have vested interests.

We must also recognise that past service responses may have led to a degree of over-servicing and, on occasion, has increased dependency rather than decreased it. Reversing this may require very skilled and sensitive work with individuals, their families and their carers.

For people who lack capacity, the requirements of the Mental Capacity Act 2005 should be met to formulate a plan that is in the person’s best interests.

Use of the model also assumes that it is the aim of the social and health services to listen to and act on individual’s aspirations.
The Role of Accommodation in “Progression”

Accommodation needs change over time. Care and support needs also typically change over time. Needs may increase when a person has a progressive medical condition or as a result of age related conditions. They may also decrease, as a result of treatment, recovery, or reablement, or the acquisition of new skills.

The “Progression” Model seeks to anticipate the future accommodation and support needs of a person with a learning disability. A plan for the individual should be based on the long term aspirations of that individual: where they can realistically see themselves at a point in the future once they have attained their maximum level of independence. Planning should prompt the person to consider where they might live, how they might spend their time, and what care and support will be required to assist them in these areas of their lives.

Once a long-term goal is set, the “Progression” Model requires consideration of the different steps required to help the person realise their vision of the future. This may require a number of changes in where the person lives, and the nature and level of support required. A person with a learning disability is no different to anyone else who, over the course of their life, can expect a journey that involves a number of home moves and adjustments to meet new challenges and opportunities.

A person with a learning disability is likely to require help to plan the steps of their progression. Someone who understands the accommodation and support that could be made available may be required to advise in realistic and affordable planning.
An illustration of the “Progression” Model: Claire’s story

Claire is a young woman with a learning disability. She is about to leave a residential school some distance from her home town. Her social worker and other staff have been working with Claire and her family to develop a long term plan that will satisfy her to eventually live on her own, or possibly with a friend or partner.

Claire recognises that, at present, she would need a lot of support to live on her own. She agrees she must gain confidence and learn the skills she requires to do more things for herself. She also would like to live with a group of other young people who are learning how to live more independently. She is hoping to make new friends.

In planning for Claire’s future there are a number of options available, such as:

- She could move directly into accommodation on her own with support to meet her current needs and help to develop the independent living skills she requires.
- She could return home to live with her parents and receive help to acquire independent living skills through a college or day services programme, possibly with some additional enabling support from her parents or provided into their home.
- She could move to a specialist residential placement where she has the support to meet current needs but also an intensive programme of confidence building and skills development, reinforced by staff in the home. This placement is planned to be time limited, no more than 2 to 3 years in duration. During the placement, work is done to help Claire develop a group of friends with whom she wants to share a home and find suitable accommodation. She moves to the new arrangement, spending perhaps 5 to 7 years there, again with a support and development programme that meets current needs but seeks to reduce these through a development programme. In time she is ready to move to a home on her own, fulfilling her aspirations.

Professional staff, working with Claire and her family must help select the most cost effective means to assist Claire to achieve her personal goals.
Implementing a “Progression” Model

The Learning Disability Transformation Programme showed that there is a great deal of potential to develop professional practice in Community Learning Disability Teams. There is also potential to develop the functions of commissioning to deliver better outcomes for people with a learning disability and reduce avoidable costs. Changes to practice and commissioning are necessary, as is development of the ways in which practitioners and commissioners work together.

“Progression” may be defined as a person-centred developmental approach that seeks to help a person realise their aspirations for independence. The case for person-centred practice is well established and needs no repetition here. However, the case file reviews carried out during the SSIA Learning Disability Opportunity Assessment programme suggest there is much to do to embed these principles in routine practice.

The case for a developmental approach is again familiar, but perhaps less prominent. Case file reviews show some attention to people’s developmental needs but strongly indicate that there is scope for significant improvement.

“Progression” Implications for Practice:

- Person Centred Development Approach
  - Strength based assessment
  - Outcome based reviews
  - Specific assessment of daily living skills development
  - Positive risk taking
  - Differentiation of maintenance and development needs
  - Goal directed support planning
The main areas for practice development are:

- Strengths-based assessment.
- Specific assessment of a person’s abilities and needs in respect of daily living activities.
- Differentiation of “maintenance” needs (what is required to safely support current functional abilities) and “development” needs, things that help the person acquire the ability to be more independent and thus have lower needs in the future.
- Goal-directed support planning.
- Positive risk management.
- Outcome based reviews.

The SSIA Learning Disability Programme Opportunity Assessments were aimed at local authority services. No NHS records were examined, except in Conwy as a supplementary project to the Gwynedd Opportunity Assessment. The demonstrator projects, however, suggested there is scope to improve outcomes for people with a learning disability by ensuring better coordination of cases, more timely and multi-disciplinary assessment, and establishing jointly agreed priorities for resource allocation. These are areas that require further, more detailed investigation.

The demonstrator projects also showed variability in allocation of Continuing Health Care funding. A more rational approach is urgently required as present arrangements appear to be unsatisfactory.
The demonstration Opportunity Assessments have been supplemented by regional workshops tailored to local needs. At these workshops, staff from the demonstrator councils shared their learning with a range of colleagues from other local authorities and partner agencies. Each region has had the opportunity to develop prioritised action plans to further progress. Appendix 2 provides details of these events.

In **North Wales** the focus is on taking forward the Alder work as individual local authorities. Gwynedd, the demonstrator council, has commenced a modernisation programme. Alder facilitated a visit to a local authority that has 12 months experience of acting on the findings of an Opportunity Assessment and is realising benefits through a high cost case review and introduction of the “Progression” Model. They were successful in making a 'Spend to Save' bid which will be used to progress the transformation programme and training for learning disability staff is planned. This programme was developed using the PRINCE 2 principles which involve all stakeholders. The programme has a number of work streams, the outcomes of which will be monitored locally.

In **West Wales**, the local authorities in the Three Counties area and their partners in Hywel Ddá Health Board have developed a regional programme. They have appointed a regional programme manager for learning disability and an independent living manager to take forward the accommodation and supported living part of the programme. In Pembrokeshire, the council has also increased the social work staffing levels to help enable “Progression”-focused practice. Work continues as a region and with the Local Health Board to implement the regional strategic plan and to capture and update information and figures to ensure robust data. This will then be analysed and further recommendations made.

In **Western Bay** the value of the Opportunity Assessment in the demonstrator council, Neath Port Talbot was recognised and, as part of a regional approach to integration of learning disability, Opportunity Assessments were also carried out in Bridgend and Swansea. A regional project group has been established, whose first piece of work is to develop a regional joint learning disability strategy. This draft document was presented at a regional launch in July of last year.

In **South East Wales**, the demonstrator council Caerphilly is working on its own action plan to implement the findings of the Alder Opportunity Assessment. The region has its own learning disability strategy developed in 2012, which is monitored by the regional Gwent Learning Disability Delivery Group. There are four work streams and service-user groups are actively involved. Work streams are: access to generic healthcare, meaningful lives, housing and accommodation and delivery of learning disability specialist services.

In **Cardiff and the Vale of Glamorgan** a joint management appointment was made for learning disability services to analyse the service there and implement the necessary change plans. The Opportunity Assessment in the demonstrator council, the Vale of Glamorgan, provided context to the development agenda. In the Vale of Glamorgan there are five areas of service change and redesign following the SSIA programme and Alder Opportunity Assessment:

1. Re-writing the learning disability strategy to give greater emphasis to a “Progression” based approach.
2. Revision of day services provision and change in the focus of this model to more actively support “Progression” following specific analysis of these services during a tailored Opportunity Assessment.
3. Establishing a regional work programme with the South East Wales Commissioning Consortium to review high cost placements.
4. Reviewing all packages of care and resizing, including the use of telecare.
5. Review of case management IT system to support staff and free capacity for investment in “Progression” focused work.

Additional funding for the regions has been achieved through the regional collaborative bids and where regions have been successful in gaining funds. They will be allocating significant resources to continue to drive this work forward.

SSIA will continue to monitor the regional work at quarterly intervals and produce a bulletin that can be shared with others. We will also need to capture the outcomes gained from this work in the form of developments in service provision, outcomes for people with a learning disability, outcomes for carers and money saved.
1. The “Progression Model” should be adopted as the future model for learning disability services throughout Wales and implementation should be undertaken on a regional basis.

2. Future work should develop on the basis of a genuinely integrated approach, across the NHS and Local Government, to the planning, commissioning and delivery of learning disability services in Wales.

3. People with a learning disability, their families, carers and communities, including the voluntary sector, should be engaged in this work at local levels.

4. Further work must be undertaken with Health Boards to ensure joint planning and joint commissioning at a regional level for learning disability services and to better understand the resources, particularly Continuing Health Care funding, that supports people with a learning disability.

5. A new and different conversation and relationship needs to be undertaken with providers of services to ensure they are delivering on new models of support.

6. Managers and staff within local authorities must engage in this change process from the onset and senior management support and commitment is also crucial. Assessment must focus on outcomes and must be reviewed and monitored regularly. This model requires a significant change in approach for staff and so may necessitate additional or different training.

7. Additional short-term capacity may be required to analyse case management information. Implementation of the whole programme may require specialist skills, as well as initial resources, which should be recouped on full implementation.
Local Authorities in Wales are now operating in a climate of both fiscal and demographic challenges unseen since the 1940’s. We must adopt a new approach and have a different conversation with individuals and their families. We must focus on people and their communities’ strengths and assets. Proportionate interventions must be made when needed and intervention must happen earlier to enable individuals to have real choice to remain living in their communities.

This work has been important in its focus to move the model for learning disabilities forward. It is apparent that this work has been a catalyst for change that will now be taken ahead within the regions.

Some of the Local Authorities and Health Boards who participated in the programme are beginning to see significant reductions in expenditure coupled with positive results for people with a learning disability.
Appendix 1: Case Studies

Case Study 1

“Progression” in action

J and P are two young men with autism and moderate LD. Following emergency care including acute services they were at risk of long term hospitalisation and/or prison and ended up living in a homeless hostel for young people where they became targets for abuse.

Following a reassessment of their needs both were supported to move into 24/7 supported living, sharing accommodation together. A large initial investment in staffing was made with the aim of enabling them to develop the confidence and skills to lead a more independent life in the future. They received 16 hours per day plus sleep in support.

Outcome

A night time emergency call number was used as an alternative to “sleep-in” staff who were gradually withdrawn until not required at all. Calls to the emergency number also reduced over time as the men adjusted to the new arrangement.

Staffing costs focused on skill development which included progression to personalised technology. J, who has autism, now uses his iPad to access support via Facetime, to cook using recipe apps, to access his personal money, and to shop (by accessing images of items to show a shop assistant).

The combined support in this house, for the two men, has now been reduced to 26 hours per week; an 85% reduction in hours.

Both men now feel ready to move onto the next step in independence; having their own front doors. They will live as neighbours to maintain the mutual support they give each other and will retain their current level of outreach support with the same provider.

The initial investment in service provision was expensive, however, it has now been reduced significantly and led the two men to a far greater level of independence using a progression model in which the work was invested ‘up front’, with providers gradually stepping back. The result is a sustainable one.

Using tablet computers to support independence

iPad costs: whilst staying in 24/7 supported living J had built up his own disposable income and purchased his own iPad. Although many people with a learning disability or autism own iPads, these are not routinely used effectively for support towards independence.

Next steps in the bigger picture: Hoping to set up four groups across the County to train people up to use this technology and move progression model along. The Authority is exploring the possibility of employing someone or engaging volunteers with the skills to teach people with a learning disability to use iPads in different ways. The aim is also to train staff about how to support people with a learning disability with this technology, and also have key staff to champion its use, e.g. teaching people how to make the most out of Facetime in this context.

Comment from lead manager: “For longevity and sustainability it is better to invest in reshaping; investment and timing is the key. As this case study shows, it takes time but that is the way to achieve independence”.

APPENDICES

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Case Study 2

H has a mild learning disability. At 18 she left home and was supported by domiciliary care. She eventually moved into her own flat at the age of 26.

H’s mental health declined and she became very unwell. Suffering a transient psychotic episode and paranoia, she set fire to her flat. As a result she was detained under the Mental Health Act at an assessment and treatment unit.

On discharge from hospital, under Section 117 of the Mental Health Act, she received residential care with 1-1 support 24 hours per day. She was considered as posing a high risk to herself and others.

H spent 14 years receiving this level of support. In 2012 it became apparent that her support was based on historic events and may in fact be a restriction of her liberty. She presented as well, stable and her medication was decreasing.

H wanted to live without support in the community. A positive risk taking approach was adopted and an assessment was carried out to clearly identify the actual risks of reducing H’s support. A correlation could be seen between risk behaviour and mental health decline.

Using the “Progression” Model, a plan was formulated that helped H to gradually build her confidence and independence by spending periods of time without support, such as going unaccompanied to the shop. She received travel training and the amount of 1-1 support gradually reduced. After many years receiving too much support H had become institutionalised. She required help and reassurance to re-establish her independent living skills.

Over time H’s independence increased and it became clear that she did not need to be in residential care. She now lives in a shared house with two other women. She works on a voluntary placement three days per week and travels to her work alone. She has built new friendships and is able to travel to visit her family alone (in the past staff would have accompanied her). She manages her finances herself with very minimal support.

H now receives 33 hours of support per week. This is not associated with critical need but is primarily to provide her with the reassurance she needs after becoming institutionalised, disempowered and de-skilled after spending so many years in residential care without any efforts towards progression.

Through positive risk taking and empowerment, H has developed positively and risk is minimal.

H’s most recent support plan aims to reduce support to 10 hours per week. These hours would mainly focus on supporting her when attending health appointments. There is hope to reduce these hours even further. H does not want to live alone, and isolation and loneliness were linked to her mental health decline. She will continue to live in shared accommodation. The signs of her mental health decline are known and monitored, so that support can be increased if required.
Case Study 3

S is a 43 year old man and has been supported by local authority social services since leaving his parent’s home when in his 20s.

Initially S lived independently, however, due to his perceived vulnerability, he was soon accommodated by the LA, mostly through Shared Lives (adult family placement scheme). Before the current care plan, S was placed with a family who owned a shop and employed him there. The rules and conditions on the Shared Lives placement, such as curfews and restrictions on guest visits led to S becoming increasingly unsettled and frustrated. He was unhappy as he knew of people with similar needs who were living independently, including his girlfriend. Knowing what was available, he wanted to be more independent.

His physical health deteriorated, he developed skin problems, incontinence and was chewing his nails. During this time he also became very dependent on phone conversations with his parents.

The Community Support Team reassessed S's strengths and weaknesses, identifying some autistic traits. S's case had not been subject to active case management however a fresh approach, informed by the “Progression” Model, offered a new focus on S's strong desire to work and wish to live more independently in a less restrictive environment. This enabled new goals to be set and a plan, more suitable for his aspirations to be established.

Moving away from the Shared Lives placement, a priority if S was to live more independently, would mean that he would lose his job in the host families shop. Assessment of S’s employment potential showed that, despite his motivation and abilities, he would not yet be able to sustain employment and so it would be difficult for him to find an alternative to the previous arrangement.

As a first step towards meeting S's needs, the Community Support Team helped him to access a day service that also operated as a catering firm, giving clients some structure and work-like activities. Although the team worked with S to look at other employment opportunities, the day centre was thought to be the best fit for his needs and abilities.

S was helped to claiming all the welfare benefits he was entitled to. A speech and language therapy programme helped him to better manage day-to-day tasks as previously he had regularly become confused and/or misplaced possessions. This was done with the aim of managing and minimising the risks associated with independent living.

The team then located an appropriate property for S to let independently. It is in a safe area and is near to shops and transport links. His flat has an intercom which helps S to feel secure. He is glad to not have a curfew and to be able to entertain guests.

S is now much more contented in himself; he feels as though he has control over his own life and is coming and going happily. He is no longer incontinent, his skin and nails are visibly better and he phones his parents a lot less.

The transition took place over 18 months.

The adult placement was costing £335 per week, £17,420 annually.

He now receives 3 hours of support a week (£30 p/w) and spends 3 days a week at the day centre (£99 p/w), his current support costs £6,708 annually.

Though he was originally receiving a relatively inexpensive service, the costs of S’s support have been substantially reduced. S now has control over his own life, something he hasn’t had before. He is happier and more independent.
Case Study 4

The two sisters have lifelong severe learning disabilities, including autism. They have difficulty communicating and have displayed other physical symptoms, including incontinence.

Other than once having attended day services, the sisters have not used social services. Their care was almost entirely provided by their parents. Now in their 40’s, the sisters have lived with their parents for their entire lives and their parents took early retirement in order to care for them.

In 2011 the sisters’ mother was diagnosed with late stage cancer and needed respite care. It was at this point that the Community Support Team became involved. Knowing that she did not have long left to live, she made clear that she wanted her daughters to remain in the family home. The initial plans to meet the sisters’ needs were unsuccessful: the local authority couldn’t take over the home and the sisters’ mum died before it could be willed to a housing association.

Their father started to evidently struggle and was becoming observably frailer. The team noted the increasing risks, attributed to grief. The father refused to visit a GP and a domiciliary agency was brought in to support the family at this time.

The team arranged for a relative to act as family advocate and were able to meet with the father to explain the possibility that both women could be placed in out-of-county local authority (LA) care. This would have been very expensive for the LA and extremely unsettling and upsetting for the family. In addition, the Community Support Team believes that the women would likely develop behavioural problems if they moved out of the family home, since they have not previously coped well with change and transition.

At this point, a plan was drawn up to phase out the domiciliary agency’s care and to bring in support providers. Shortly afterwards, the sisters’ father was admitted to hospital following a fall and was diagnosed with dementia.

The Adult Community Care Team now supports the two women and their father (who still owns the house) at the family home. Had this not been possible it is likely that the women’s father would have been admitted to a care home and they would have been placed in an out-of-area residential placement, something he was unwilling to allow.

The out-of-county arrangements (for the sisters) would have cost at least in the region of £2,500 per week for each. The current live-in support package costs around £800 for each sister per week.

The current total cost of the women’s care is therefore in the region of £83,200 per year, substantially less than the estimated £260,000 pa for out-of-county LA care.

This massive saving is for a more stable and welcome service that meets the family’s objective of staying together. There is a continuity of care with the day service and a crucial continuity in the sisters and their father being able to live together in the family home.
Appendix 2: Agendas from the regional events

The SSIA Regional Learning Events

Three of the five localities where demonstration Opportunity Assessments had taken place held a learning event or seminar to share the findings and involve staff from authorities that had not been involved.

The aim of these events was to:

- Set the background and context to the SSIA Learning Disability Programme (Alder Presentation).
- Share the learning and main messages (Alder Presentation).
- Share the local experience of the programme (Council presentation).
- Showcase good practice (practice example), an opportunity for the demonstrator council to share an aspect of their local approach that is particularly successful or a local service that merits wider attention.
- Examine areas for local collaboration / action (First workshop and plenary).
- Look at emerging national issues: This will help set the agenda for the national learning event (Second workshop and plenary).
- Make links to other SSIA programmes and promote SSIA work (SSIA presentation).

The North Wales Councils: Anglesey, Conwy, Denbighshire, Flintshire, Gwynedd and Wrexham (Betsi Cadwaladr Health Board Area) and West Wales (3 Counties/Hywel Dda Health Board Area) held workshops with a common programme. The former Gwent Councils had shared findings as part of the Gwent Learning Disability Delivery Group regional work programme and opted for a programme tailored to issues of local interest. The agendas for these events are shown below.

The Western Bay Councils (Bridgend CBC, Neath Port Talbot CBC and City and County of Swansea) are developing an integrated Learning Disability service with Abertawe Bro Morgannwg Health Board Learning Disability Directorate to serve the area of all three councils. Alder have carried out Opportunity Assessments in all three councils and are supporting a thematic review of NHS records as part of the integration programme. Learning from the SSIA LD programme has been subsumed within this local work.
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<thead>
<tr>
<th>Item</th>
<th>Presenter / Facilitator</th>
<th>Time (min)</th>
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<tbody>
<tr>
<td>Welcome and Introductions</td>
<td>SSIA</td>
<td>30</td>
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<tr>
<td>Alder presentation</td>
<td>Alder</td>
<td>60</td>
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<td>Background to the programme</td>
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<td>Method</td>
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<td>Lessons from the programme</td>
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<tr>
<td>Demonstrator Site Presentation</td>
<td>Council</td>
<td>30 to 45</td>
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<td>Value to the council</td>
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<td>What has been done in response</td>
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<tr>
<td>Best Practice Showcase</td>
<td>Council</td>
<td>30 to 45</td>
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<tr>
<td>Regional Opportunities</td>
<td>Alder</td>
<td>60</td>
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<td>What issues for people with a learning</td>
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<td>disability would benefit from regional</td>
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<td>collaboration?</td>
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<td>Small groups (30 minutes)</td>
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<td>Plenary discussion (30 minutes)</td>
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<td>National Opportunities</td>
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<td>What is the emerging national agenda for</td>
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<td>people with a learning disability?</td>
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<td>Small groups (30 minutes)</td>
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<td>Plenary discussion (30 minutes)</td>
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<tr>
<td>SSIA Presentation</td>
<td>SSIA</td>
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<td>The SSIA programme links and future</td>
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<td>highlights</td>
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<td>Summary</td>
<td>Alder</td>
<td>15</td>
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<td>Closing Remarks</td>
<td>SSIA</td>
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Agenda for SSIA LD Programme Gwent learning Event

The former Gwent Councils (Caerphilly, Monmouthshire, Newport, Torfaen) requested a bespoke learning event to address a number of specific issues. The agenda was as follows:

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<tr>
<th>Time</th>
<th>Activity</th>
<th>Duration</th>
<th>Lead</th>
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<tbody>
<tr>
<td>9.00</td>
<td>Local agenda</td>
<td></td>
<td>Participants</td>
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<tr>
<td>10.15</td>
<td>Welcome; Opening remarks</td>
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<td>NB</td>
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<tr>
<td>10.30</td>
<td>Workshop 1: Vulnerable Adults</td>
<td>30-45</td>
<td>Alder</td>
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<tr>
<td>10.35</td>
<td>Introduction: The Issue of “vulnerable adults” for LD services</td>
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<tr>
<td>10.35</td>
<td>Exercise 1: Understanding this population and their needs</td>
<td>30-45</td>
<td>Alder</td>
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<tr>
<td>11.00</td>
<td>Alder Presentation: Possible service responses, including presentation of the “Hestia” and KeyRing Plus models/business cases</td>
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<td>11.30</td>
<td>Exercise 2: Action planning</td>
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<td>All Alder lead</td>
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<td>12.15</td>
<td>LUNCH</td>
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<td>12.45</td>
<td>Workshop 2: Introduction to the “Progression Model”(1)</td>
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<td>Alder</td>
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<td>12.45</td>
<td>Alder Presentation:</td>
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<td></td>
<td>• Underlying assumptions</td>
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<td>• Progression defined</td>
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<td>• The Alder accommodation and support planning model</td>
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<td>• Claire’s story, an example of progression</td>
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<td>• Implementing the “Progression Model” – implication for practice</td>
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<td>1.15</td>
<td>Exercise 1: Local stock take and action planning</td>
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<td>All Alder lead</td>
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<tr>
<td>2.00</td>
<td>Exercise 2: Developing a regional commissioning response</td>
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<td>All Alder lead</td>
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<td>2.45</td>
<td>Refreshments</td>
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<tr>
<td>3.00</td>
<td>Workshop 3: Outcome focused commissioning</td>
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<td>3.00</td>
<td>Alder Presentation:</td>
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<td>Alder</td>
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<tr>
<td></td>
<td>• The “Progression Model” Implications for commissioning</td>
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<td>• Strengthening the commissioning cycle</td>
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<tr>
<td></td>
<td>• Outcome based commissioning</td>
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<tr>
<td>3.30</td>
<td>Exercise 1: Action planning</td>
<td></td>
<td>All Alder lead</td>
</tr>
<tr>
<td>4.15</td>
<td>Summary and closing remarks</td>
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<td>NB</td>
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<td>4.30</td>
<td>CLOSE</td>
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Appendix 3: History of learning disability services in Wales

Historically, learning disability services in Wales underwent significant changes in the early 1980s with the development of the All Wales Mental Handicap Strategy (1983). The three main principals that underpinned this strategy were that people with a learning disability had the right to:

- To an ordinary pattern of life within the community.
- To be treated as an individual.
- To additional help and support in developing their maximum potential.

These principals were reconfirmed in the 1994 revised guidance.

This strategy sought to enable people with a learning disability to enjoy the full range of life opportunities and choices; to have positive identities and roles in their families and communities; to exercise choice and to develop independence, self-respect and self-fulfilment. It established the rights of people with a learning disability to have normal patterns of life within the community, to be treated as individuals, and to receive additional help and support from the communities in which they live and from professional services in developing their maximum potential. As a result of this strategy, many of the large institutions were closed and people were enabled to live in hostels and residential units. From there, many were supported to live in small group living facilities in the community, playing an active role in work and social life.

The All Wales Strategy was followed by a White Paper – Building the Future (1999). This was based on five principles:

- To promote an inclusive society.
- To support and promote effective social services providing best value on a fair and consistent basis for those who need them.
- To provide support for those who need it in a safe environment that preserves dignity.
- To encourage and support those who can do so to build their independence and to promote the continued development of a high quality workforce.

This followed a request by the then National Assembly for Wales to develop the Learning Disability Advisory Group (LDAG) to undertake a review of the progress of the original ‘All Wales Strategy’ and put in place recommendations for the future. They achieved this and produced ‘Fulfilling the Promises’ (2001) which was adopted as a national policy document.

The group established that the ideas and values in the original strategy remained important, but their vision was that people with a learning disability would have the same value and status as everyone else and have equal rights to:

- Good Health.
- Good Housing.
- Protection from Harm.
- Opportunities to Obtain Meaningful Work.
- Positive Roles in their Families and Communities.
- Opportunities to Learn and Improve Skills.
- Civic Rights.

Progress has been made over the last 30 years to develop this vision. People with a learning disability have played an active role in influencing and developing policy, challenging stereotypes and making a stand in terms of their right to be included, to participate and to be offered the same opportunities as everyone else in society.

In 2004, Section 7 Guidance was produced by the Welsh Government in response to ‘Fulfilling the Promises’. This promoted Person Centred Planning, Information Provision, Advocacy, Joint Working and Planning, Transition Planning, Community Living, Employment, Further Education and Day Activities, General Health Needs, Complex Health Needs and those with Challenging Behaviours.
In 2007, the Welsh Government issued a new 'Statement on Policy and Practice for Adults with a Learning Disability'. This replaces previous strategy guidance and confirms a vision for the future based on the following statement of principles. All people with a learning disability are full citizens, equal in status and value to other citizens of the same age. They have the same rights to:

- Live healthy, productive and independent lives with appropriate and responsive treatment and support to develop their maximum potential.
- Be individuals and decide everyday issues and life-defining matters for themselves joining in all decision-making which affects their lives, with appropriate and responsive advice and support where necessary.
- Live their lives within their community, maintaining the social and family ties and connections which are important to them.
- Have the support of the communities of which they are a part and access to general and specialist services that are responsive to their individual needs, circumstances and preferences.

Much work has been done since these major changes in policy. This continues as many statutory, voluntary and community organisations remain committed to changing the lives of people with a learning disability and many have made good progress.