

British Association of Social Workers response to the Department of Health consultation on the Future of Muckamore Abbey Hospital

Thank you for the opportunity to respond to the Department of Health (The Department) consultation on the proposed closure of Muckamore Abbey Hospital, a regional in-patient service for the learning-disabled population of three Health and Social Care (HSC) Trusts, the Belfast, South-Eastern and Northern Trusts which provides inpatient, assessment and treatment facilities for people with severe learning disabilities and mental health needs, forensic needs or challenging behaviour.

The British Association of Social Workers Northern Ireland (BASW NI) is part of the British Association of Social Workers (BASW), the largest professional body for social workers in the UK. BASW has 21,000 members employed in frontline, management, academic and research positions in all care settings.

Question 1: Do you agree with the proposed closure of Muckamore Abbey Hospital?

As social workers our practice is underpinned by social justice, safeguarding and upholding people's human rights, and ensuring people's voices are heard. The human rights abuses of people with learning disabilities in Muckamore Abbey Hospital which came to light in 2017 has led to a loss of confidence of families and carers in the Health and Social Care system's ability to provide safe and compassionate care as acknowledged by *The Review of Leadership & Governance at Muckamore Abbey Hospital (2020)*.

This review also asserted that policy and strategy for people with learning disabilities and their families in Northern Ireland is in urgent need of updating. BASW NI affirm this and we are of the view that no person with a learning disability should have to call a hospital their home. It is a false economy not to have the right homes with the right support in place to help people live the dignified and happy lives that they deserve.

There is no timeframe for the proposed closure of Muckamore Abbey Hospital in this consultation document, however, our social work members and the people with learning disabilities that they support are all too familiar with the targets and deadlines that have been set and missed over the years.

The resettlement of patients from a hospital setting started in 1995 when a decision was taken by the Department to resettle all long stay patients from the three learning disability hospitals in Northern Ireland to community accommodation with the aim of offering a better quality of life for the patient. The original target for this to be completed was 2002. Further timeframes of resettlement were introduced via *The Bamford Review of Mental Health and Learning Disability in Northern Ireland*, with a target of 2011 and then through *Transforming Your Care*, with a target of 2015.

More recently, in 2018 the then Permanent Secretary of the Department, Richard Pengelly, while apologising to the families affected by the abuse at Muckamore Abbey Hospital promised that arrangements would be in place for the patients living there by the end of 2019. Alternative care arrangements remain outstanding over three years later and Muckamore Abbey Hospital therefore must continue to operate until appropriate care is sourced for every current patient.

While targets can be revised the momentum of the resettlement process has clearly been compromised. *The Independent Review of the Learning Disability Resettlement Programme in Northern Ireland (2022)* advise that the rate of progress on resettlement needs to improve radically as patients have waited too long.

Reasons for the delay are numerous, including limited evaluation of successes and failures of resettlement packages and funding for provision particularly for those patients who want supported living options. The provision of appropriate accommodation and support services requires a continuous and recurring funding stream from the Government to develop those services and enable people to leave the hospital.

The then Minister of Health Robin Swann MLA advised families in October 2022 when he met them with Departmental officials that any final decision to close the

hospital will involve a defined timescale for closure and will be accompanied by a plan co-produced with current hospital patients and their families.

For those current patients in Muckamore Abbey Hospital they are unsure of where they will be living if the hospital they currently call home closes. For those people who remain in hospital, many of whom have been there for decades, the majority of them have associated co morbid physical conditions, mental health support needs, and challenging behaviours in addition to their learning disability. Their needs therefore are complex and require high levels of care and the difficulties resettling them are significant. Those with the most complex needs cannot always be resettled in the community in the views of their families. Their voices and those of their families must be heard and opportunities to learn from their lived experience utilised in the production of these co-produced plans.

There is a culture, in the views of some of our members, that within the Learning Disability sector there has been a history of overpromising and underdelivering to this group of service users and their families in relation to both resettlement and wider service delivery in the community. The Department must be mindful of this view and do all it can to ensure that there is transparency with the service users and families as it takes the proposal to close Muckamore Abbey Hospital forward.

Question 2: Do you agree that the proposed closure of Muckamore Abbey Hospital is consistent with the overall policy aim of improving services for people with a Learning Disability in Northern Ireland?

In the independent review into patient safeguarding at Muckamore Abbey Hospital, *A Way to Go* (2018), there were two major recommendations. One highlighted that ordinary lives require extraordinary support, and another calling for a long-term vision for services for people with learning disabilities and autism. These recommendations echoed the findings of *The Bamford Review of Mental Health and Learning Disability in Northern Ireland Equal Lives Report* (2005). In accordance with The UN Declaration on the Rights of Disabled Persons it emphasized the need to establish a new service model for people with learning disability, focusing on their integration into the community.

Bamford found that learning-disabled people in Northern Ireland did not enjoy equality of opportunity and were often prevented from the opportunities that others in the community enjoy. Their families commonly suffer high levels of social disadvantage, and their caring responsibilities often place them under almost unmanageable levels of stress. There is evidence of some progress having been made, but in order to tackle these difficulties there is a need for a co-ordinated approach across government departments to ensure the policy aim of improving services for people with learning disabilities is met.

A continuing change in attitude which draws a line under outdated notions of grouping people with a learning disability together and their segregation in services where they are required to lead separate lives is always required in policy drivers. The model of the future needs to be based on integration not segregation, where people participate fully in the lives of their communities and are supported to individually access the full range of opportunities that are available to everyone else as per S.75 of the Northern Ireland Act.

Future policy making must be copper fastened against the institutionalisation that Muckamore Abbey Hospital now represents for too many. Service users, families, social workers, policy makers, commissioners and service providers often comment on the shortage of accommodation and community services for learning-disabled people, not just those in the process of being resettled from hospital, but those living in community settings too.

There is a shortage of supported living accommodation for people with a learning disability, autism spectrum disorder, mental health needs, and challenging behaviour who are no longer in a position to live with their families in the community. Health and Social Services have not invested in those services at a community level to meet the demand that is there. Carers continue to care for family members long beyond what can be reasonably expected due to their unwavering commitment which is consistently hugely undervalued at Government level.

Adequate recurring funding and workforce planning for improved community care and service provision requires a clear vision and commitment. If the Department is going to effectively deliver a service model for people with learning disabilities which enables them to live safely and fully in the community, that includes accommodation, day care, crisis response and so on, assurances need to be given prior to the closure of Muckamore Abbey Hospital by the Department that is going to happen and BASW NI will be seeking out those assurances.

Question 3: Do you have any further comments you would like to add?

The resettlement scheme has contributed to low staffing levels and skills mix on Muckamore Abbey Hospital wards and an overreliance of agency staff. For the patients who remain, they are potentially being disadvantaged by the lack of continuity of care when care plans are being completed for discharge. The advantage of having a consistent multidisciplinary staff team who know the holistic and evolving needs of the patient is of vital importance.

Safeguarding remains an enduring concern for the families in light of the ongoing *Muckamore Public Inquiry* and the ongoing safety for those that remain on the Muckamore Abbey Hospital needs to be prioritised.

When looking at resettlement there needs to be some acknowledgement of the level of risk that needs to be managed with people with learning disabilities whose needs are complex and a culture of sharing that responsibility by all professionals involved in their care. Phased transition processes in conjunction with community teams should be actively promoted where possible without delay to ensure integration into the community, with families and carers involved throughout. For the resettlement of patients to be successful there needs to be safe and person centred care with adequate, skilled staff who access ongoing training and professional development whatever their roles.

Investment in the infrastructure of community services is needed going forward to avoid hospital inpatient admission. Decisions will also need to be taken about the future configuration of services on the site including day care. Meaningful day

opportunities which integrate people with learning disabilities into the community need to be an integral part of the coordinated care plans.

Resettlement needs a cultural shift among how learning disability services are viewed, resourced, funded and sustained. People with learning disabilities and their carers need to see the pay-off of a policy aim to improve services for them. The changing needs and aspirations of this growing group of service users has not been delivered upon and it is time that changed.

BASW NI look forward to continued engagement with the Department on these issues and if you would like any further information or to arrange a meeting to discuss this response, please contact Noeleen Higgins, BASW NI Professional Officer, noeleen.higgins@basw.co.uk/ 07435289912.