



What about us?

Learnings about social care from the experiences of people with learning disabilities.

A special thanks to the families involved in this project for sharing their stories.

For further information, help and support please contact the following:

For people with a learning disability and their families and carers, you can contact the Mencap Learning Disability Helpline on **0808 808 1111** or email **helpline@mencap.org.uk**.

For information on learning, support or care for people with a learning disability and/or autism, you can contact MacIntyre on **01908 230100** or email **hello@macintyrecharity.org**.

For more information on campaigning for a properly funded care system, you can visit the Care and Support Alliance at **www.careandsupportalliance.com**.





Introduction

Social care is defined as services designed to help if you need practical support because of an illness or disability, or care for someone receiving social care and support (NHS, 2021). The range of support accessed by people can vary from a few hours a week to round-the-clock care.

Over 1 million adults in England received short-term or long-term social care support in 2019/20. For 155,400 of these adults, a learning disability was the main reason they needed support (NHS Digital, 2020).

For too many years, not enough money has been spent on social care. This has meant that many people with a learning disability have had their lives and wellbeing limited because essential support has been reduced or removed.

We welcome the Government's intention to 'fix social care once and for all'. But too often talk of social care has only resulted in the can being kicked down the road. This Government must keep its pledge and implement meaningful reforms that work for all social care users, including working age disabled adults.

People with a learning disability are often forgotten in discussions about the future of social care. Reforms must be bold and ambitious and deliver a system which ensures that disabled people can live where they want and how they want to.

Many decision makers also struggle to understand how support might differ for people with a learning disability compared to older people. This report explores the lived experience of social care for people with a learning disability and their family. It aims to show how getting it right can improve quality of life, as well as the impact that getting it wrong can have.

Each case study explores the real-life experience of participants, gathered through interviews by Mencap as part of the What About Us? research project. The people described in each case study are real, although in some cases names have been changed to ensure anonymity. Participants were recruited through Mencap's social media channels, as well as existing mailing lists. Interviews were carried out in July – August 2021 via online communication platforms. If you would like to learn more about this project, please contact research@mencap.org.uk.

Katherine's story

Katherine is 40 years old and has Down's syndrome and epilepsy. She is the much-loved eldest daughter of Linda, a mother of three who lives in Southampton.

Linda and her husband cared for Katherine at home until she was 29 years old. Her husband developed motor neurone disease and deteriorated rapidly, making it harder to care for Katherine. Linda says her local council were very supportive and allocated Katherine a social worker to help find her appropriate housing. Since then, Katherine has shared a bungalow with one other person, located a short drive away from Linda. Katherine receives 24-hour care, which consists of one to one care during the day and shared waking care during the night.

The pandemic was a particularly difficult time for Katherine and Linda: "for months I had no contact with her and now the only way I see her is in her room, with a face mask, an apron and gloves and I cannot go into the rest of the accommodation," says Linda.

Since March 2020, Katherine has been unable to attend her regular day centre which she previously visited 3 days a week. Linda explains, "that was her community, other people with Down's syndrome and other people with completely different problems. They were always very protective of Katherine". Currently, Linda is not clear if or when Katherine will be able to visit the day centre again. Katherine has become more withdrawn during the last year and staff have found that interaction with her has reduced.

However, Linda is pleased that the Community Learning Disability Team have been proactive in assessing how Katherine's quality of life can be improved. Whilst Linda acknowledges that circumstances have not always been easy, she is grateful for the social care and provision that Katherine has received. But Linda would like to see a shift in the narrative around social care. She says, "it's always the elderly at the top and then almost as an afterthought at the bottom are people with a learning disability... if you're lucky."



Reflections

- Although circumstances have not always been easy, Linda and Katherine were able to access appropriate social care provision at the point of need.
- The closure of Katherine's day centre during the coronavirus pandemic highlights how social care is more than just personal care. However, Mencap has heard about a worrying number of proposals to close day opportunities across the country which will undermine people's independence and community connections. Many other day services are struggling to re-open due to underfunding and unclear national guidance.
- Linda expressed concern that people with a learning disability are often not considered a priority in wider conversations about social care.

James' story

James is 22 years old and is described by his mother Jane as 'really bright with very high expectations of life'. James has quadriplegic cerebral palsy, epilepsy, autism and severe learning disabilities. He also has behaviour that challenges and is doubly incontinent.

As James entered his final year at a specialist college, Jane began planning for his transition to a full-time care placement. Jane says, "despite multiple disabilities, I wanted him to continue to be supported to have a meaningful life". To ensure James received the right kind of support for his needs, Jane drew up requirements for a bespoke package of care that would mean he had a place to live with the right care and support. This included accounting for his wheelchair access and having access to multidisciplinary support. Jane says "We would have loved to have got him a little place and remodelled it for him with all the technology that he could use but I know from experience, we would never be able to get the right care support in place. We would be basically monitoring his care all the time and that burden would be too great for us. With great sadness, we let that go".



Jane reflects that the process of finding appropriate support for James required an immense amount of time and effort. Jane was able to use an existing public database to search for care facilities in England. However, this left Jane with around 35,000 placements to consider. Jane explains that "I had to dig down into the detail and that was very time consuming because I had to actually ring them up and research online what they do". Jane says she identified only 10 potential places that could meet his needs and that only one of these was viable.

Reflecting on her experience of looking for support for James, Jane feels that "one of the problems of being in this situation as a family member, a parent or a care giver is that there are so few people with your experience of life and your understanding and most people find it difficult to comprehend the reality of providing for someone like my son. Quite understandably, I would have before I had him. It's a hidden thing".

Reflections

- Finding appropriate care for people with a learning disability who have more complex needs is often a complicated and arduous effort, left up to families and caregivers to organise. There is a lack of opportunity to develop bespoke packages of care that fit around the individual.
- There is a need for better support and clear information about provision of care for people with a learning disability and their families and caregivers. This is crucial to allow them to make informed choices.
- Many people with a learning disability have complex needs that need health and social care to work together to deliver joined up support.
- Families and caregivers are experts and provide vital insight into the needs of people with a learning disability and how best to support them.
- There needs to be increased awareness of the reality of arranging appropriate care that many people with a learning disability and their families face.

Tom's story

Tom is 19 years old and lives in London. He is described by his grandmother Emma as intelligent with an interest in politics. Tom was diagnosed with complex autism when he was 9 years old. He moved in with Emma when he was 14 years old.

Throughout his primary education, Emma feels that Tom was not given appropriate support for his needs. For example, she says a suitable Education, Health and Care (EHC) Plan was not put in place. Emma reflects how a lack of understanding and support for Tom's needs ultimately led to him being expelled from school. Following this, Tom remained at home for 18 months due to a string of failed attempts to find a suitable education setting for him to move to. Eventually, Tom was placed in a boarding school.

At 15 years old, medical professionals suggested that Tom's transition to adult services should start early: "we had 15 people in that meeting, and everyone was in agreement that transition should start early," says Emma. Despite this, social services only began to start this transition a month before his 18th birthday. Rather than Tom being supported by a transition worker before being placed with an adult service social worker, Emma explains he was passed around a series of social workers which led to him feeling overwhelmed by the changes that were happening around him. As a result of the lack of support for Tom to transition, Emma says he has had to stay in education for another year "the social worker that was supposed to be dealing with that left and didn't even inform me, we've had about 15 social workers since I've had him, it's been ridiculous". Tom is currently waiting to secure housing in a supported living service.

Emma believes Tom can achieve great things. However, she notes the lack of communication surrounding his transition has meant Tom does not know what services are available to him or what to expect in the future. Emma feels that without better communication, more disabled people are likely to slip through the cracks and end up in a similar situation to Tom. She feels that people with a learning disability are not considered important by local authorities and central government: "I just think they try to brush people with disabilities under the carpet".

Reflections

- Tom's story is an example of the lack of support many people with a learning disability face when transitioning to adult services. More must be done to provide adequate support and guidance to families.
- Tom did not receive the right support during his transition meaning that he will be entering adult social care without his needs being planned for.
- Without knowing what choices and services are available to him, Tom has been left feeling confused and overwhelmed by what his future will look like. This could have an adverse impact on Tom's future education and other life choices such as employment and relationships.

Christopher's story

Christopher is a 23-year-old who lives in London. He is a keen runner and trains 6 times a week. Christopher has a mild learning disability and lives with his mother, Cheryl. Cheryl gave up work 4 years ago to support Christopher and help him gain independence.

Over the last few years, Christopher has lived in two different supported living services and has had a mixed experience. He lived in the first service for 6 months with 3 other people. Although happy with the service, the level of support was not suited to Christopher's needs, which eventually led Christopher and Cheryl to look for alternative housing.

Christopher and Cheryl found a second supported living service, which sounded like a good fit. They were upfront with the service, informing the managers that Christopher has bipolar disorder: "both of us were saying 'this is what happens when Chris gets ill', and they were like 'yeah, we can deal with that and that's fine'". However, several issues arose during this time which proved to be frustrating for both Christopher and Cheryl.

Firstly, Christopher was entitled to continuous shared care (along with the other residents) and 26 hours of weekly one to one support. However, staff supporting with shared care were also required to support with one to one care, which often meant Christopher or others living in the service were left in the house on their own. This was understandably difficult for Christopher and Cheryl had to challenge this on several occasions before it was rectified.

As well as this, the service failed to maintain adequate staffing levels on the weekend. This meant one to one support was limited to weekdays despite Cheryl voicing concerns that this would be detrimental to Christopher's mental health.

During the coronavirus pandemic, Christopher's one to one support decreased even further due to staff sickness: "3 of the staff went off ill and it left us a bit lonely." Coupled with the fact that the service often relied on agency staff meant it was hard for residents like Christopher to form relationships with the people supporting them. As the country entered a national, Christopher's mental health suffered. Whilst the service initially told Cheryl and Christopher that staff were trained to be able to support in this circumstance, they did not find this to be the case. The situation reached breaking point in January 2021, resulting in Christopher moving back home with Cheryl.

After this, the council provided Christopher with 42 hours a week of social support at home. They were able to employ a family friend to provide consistent support: Cheryl says "Chris made more improvement in those 4 months than probably the whole year and a bit that he was at the other place".

Christopher and Cheryl have found a supported living service that he will be moving into in the near future. Whilst Christopher is nervous to make the move, he is also excited and hopes that in the future he can be more independent with cooking and travelling. Cheryl believes that finding the right supported living service will help Christopher to learn skills which will enable him to live independently in the future.



Reflections

- Although Christopher's needs were assessed, Cheryl and Christopher feel that social care services overpromised what they could provide, which led to unnecessary stress and disruption to the family. Christopher's experience also reveals one of the key issues facing the social care workforce – understaffing. The upcoming reforms must create a sustainable workforce that can meet people's needs.
- Cheryl and Christopher found that the process for accessing social care can be complicated and often feels like the person must fit the provider and services dictated.
- When Christopher was able to access social care that was appropriate for his needs, his quality of life significantly improved.

Caroline's story

Caroline is 37 years old and lives in Swindon. She enjoys a range of hobbies such as cycling and horse riding. Caroline has severe learning disabilities and epilepsy.

Her mother, Sarah receives direct payments for her daughter which allows her to employ support workers and take part in activities in the community. Prior to the coronavirus pandemic, Caroline enjoyed a range of activities such as cycling, horse riding and attending a day centre. Whilst places such as the day centre have re-opened in recent months, Sarah said "they're still only taking 12 people a day and they were taking 50-60 people; it's got a long way to go yet before it opens properly".

Sarah says that she has not had any help from social services to find activities for Caroline: "I've had to find them all and that is why I set up a group for adults with learning disabilities, it's an art and crafts group. I set it up really because there wasn't much for her to do" says Sarah. Sarah would like to see more support for people in a similar position to her: "I suppose, it would be really helpful if there was somebody that could help me find activities. It would be nice to chat it over with a social worker first, but I'm not sure that's going to happen".

In the past, Sarah says she has asked social services for help finding respite care. She explains that Caroline's name was added to a list for a respite family. However, she says "I didn't hear anything really. Nothing. So, in the end I thought, I can't wait around for them all day, I'll just get on with it myself". Sarah now employs a woman to provide respite care, she says "she has her 1 weekend and 3 days a month so that gives us some respite which personally I couldn't do without. But again, nothing to do with social services, they didn't vet her. I pay her out of the direct payments, they don't even know her".

Reflecting on her experience, Sarah says "It's not easy doing direct payments. You have to find the activity, find the staff, it's not the easy option but it's worked for us. It's hard being a carer. I don't think people appreciate it enough to be honest".

Reflections

- Although direct payments allow for choice and control over what services people use, there is a lack of support to help guide and inform recipients on what is available to them and how to manage the provision of care.
- In many areas, there is a lack of suitable activities to meet the needs of people with a learning disability, particularly for people with higher support needs.
- Support such as respite care is an important part of carers lives but there is currently not enough respite care provision and, more widely, support for carers.
- Social care support for people with a learning disability involves a diverse range of services and activities far beyond the tradition perception of care homes and personal care.

Nick & Megan's story

Nick is 48 years old and lives in Ringwood. His sister Megan is 53 years old and lives in Weymouth. Megan and Nick both have mannosidosis, a rare genetic condition characterised by a learning disability, hearing loss and skeletal abnormalities.

His mother, Merrin, says Nick lives independently in supported accommodation. He is visited daily by a support worker who helps him with tasks such as cooking and dealing with bills. In total, Nick is supported for around 18 hours a week. Merrin says that this level of support is “absolutely right for him. He doesn't like too much fuss made and he likes his independence”. Although Nick's balance has been affected in recent years, he has access to a mobility scooter and enjoys going into the nearby town for a coffee. Nick also travels independently to a day centre 3 days a week.

Megan has 24-hour care and lives with 3 other people. She has 11 hours of one to one support daily. Megan enjoys going out, especially on special visits to places in the local area. Currently, Merrin is in the process of applying for a wheelchair accessible car so that Megan can visit places further afield. Merrin says “the last year has been very difficult, but I do feel that once we have the car we can make life a bit better for her”. Merrin said she has found the process of applying for the car very straightforward.

Nick has also received appropriate support when challenges arose with his living situation. Previously, Nick shared a ground floor flat with another man for around 7 years. However, upon visiting the flat, social workers raised concerns about Nick's health due to an unsuitable living arrangement. Merrin says “within a year, Nick got his bungalow which he absolutely loves. Not only does he get the bungalow, they tore out the bathroom, gave him a wet shower room and the most amazing toilet you've ever seen”.

Merrin says overall, “they've both been very lucky”. Reflecting on her experience, Merrin says “although I've got 2 children and life isn't easy, it's a lot easier than it is for some people. For some people, it's really difficult”.

Reflections

- Both Nick and Megan can access social care which suits their needs. When additional support has been required, this has been easily accessible.
- When needed, appropriate funds have been granted to ensure that the social care they receive matches their needs. This has seen Nick and Megan lead happy and as independent as possible lives.
- Independence is very important for people like Nick and Megan and social care has to ability to ensure this is possible.

Jade's story

Jade is 34 years old and has Down's syndrome. Jade enjoys getting involved with charities and has recently jumped out of a 15,000 feet aeroplane to raise money for London Air Ambulance. She lives at home with her family.

Jade received direct payments from her local council. Her mother, Sara, says that when direct payments were first offered to Jade, it was portrayed as an easy system to manage. However, Sara explains that she was not given appropriate guidance on the administrative side of the payments, such as completing time sheets. Although direct payments help Jade financially, there is little support with additional tasks such as arranging activities and finding personal assistants.

During the pandemic, Sara feels that her family have been ignored. She says "I had one phone call to tell me I couldn't pay Jade's personal assistant, that was it. If it hadn't been for Croydon Mencap, I and a lot of other parents would have gone stir crazy". As well as this, Sara says there is a lack of respite care run by the council in her local area. She explains that she had previously been offered respite outside of her local area when all of the existing services were closed. However, she explains "Jade hadn't even managed to get there and stay, and it was shut down. We were all told, it ran for about 6 months then it was shut down". No alternative respite services have been provided by the council since, she says.

As the country has come out of a national lockdown, Sara says that Jade has been able to resume some activities. However, restrictions by the local council have meant that access to Jade's day centre has been reduced from 4 days a week to 2. Sara says, "we're all told, 'big announcement, life is going back to normal!' Except, no it isn't".

Sara is unsure about what the future will hold for Jade. Jade has a partner and Sara explains that she hopes they will receive appropriate support to stay in touch with each other. Sara says she is also concerned that there will be pressure for Jade to live independently. She says "The kick now is... 'they can all live on their own'. No, they can't and some of them don't want to'. Sara feels like people with a learning disability are being let down by a lack of social care. She says "From the day you take on, or have a child like Jade, that's what you do. You fight. As you get older, it gets hard. It's supposed to make our lives easier; it's supposed to help".

Reflections

- Respite services continually face pressure from lack of funding and high demand. When local services are closed, families are often faced with unsuitable alternatives, or are offered nothing at all.
- Social care can often be viewed as a 'one size fits all' model which often ignores the wants and needs of people with learning disabilities.
- Many people with a learning disability and their families feel unsupported when managing direct payments. As Sara says, direct payments can be helpful but greater support and guidance is needed.
- Many of the services used by people with a learning disability, in particular day services, are operating at reduced capacity or not have not reopened at all. More must be done to ensure that these vital services can reopen.

Neil's story

Neil lives in Brighton with his partner and 23-year-old son Joseph. Joseph has global developmental disabilities and needs 24-hour care and support.

Joseph attends a day centre from Monday to Thursday, paid for via direct payments. Neil says that Joseph enjoys his time there and feels that it meets his needs during the daytime. The family also employ personal assistants on Joseph's behalf, paid for via his direct payments, to support him for up to 8 hours per week.

Although the personal assistants support the family for a short amount of time each week, Neil reflects that finding the right kind of person who can commit for the medium to long term is challenging: "that's one area of the social care plan I'd like to see some kind of push on, getting more personal assistants and having it be a proper career, because it's kind of an in between job for many people, especially those who are younger".

Neil and his partner are also entitled to 52 nights a year of overnight respite care, when Joseph stays at a short-break service. Neil says that the family have no family or friends who can provide overnight care at either their own homes or in Joseph's family home, so this overnight respite care is crucial for the well-being of the whole family. However, Neil finds that it is often difficult to receive this respite: "there is only one premises that provides short break respite care, it was designed to provide 14 beds, currently reduced to 9 due to Covid. They always have 3 to 5 beds unavailable due to emergency placements, with some high-needs disabled people actually living there indefinitely because there is nowhere else for them to go, locally or nearby. So, it's actually only providing up to 4 or 5 beds, at best, for all those in need and assessed to be entitled to such respite, and woefully short of the 14 beds it was built to provide! This bed-blocking is excluding people their statutory right to respite care, in breach of the Care Act...and is also unfair to the people living in a respite service, not designed for permanent residence..."

During the pandemic, Neil has found the struggle for respite care even more challenging: "last year we had about 22 [nights] of the 52 and then this year we've had 6 nights instead of what should have been 30 nights to the end of July". Neil is worried about the receiving their full entitlement in the future: "there's concerns about actually [the government and/or local authority potentially saying], 'you've coped with only having 50% of your assessed entitlement so actually you don't really need those anymore so we're not going to give you the 52, you all have 25". Neil feels like not enough is being done by the government to support families who are entitled to respite care: "they've got a statutory duty to provide it... so they should be finding other ways of providing it, if existing provision cannot meet assessed needs?"

Neil is uncertain what the future will look like for Joseph due to a lack of appropriate supported housing: "there's very, very little in the local area and what does exist is invariably going to be oversubscribed". He feels there needs to be "massive investment from central government and improvements in the provision of long term residential supported housing and care for all, including those [people with] higher needs like Joseph". Neil says, "I look forward to the government "fixing social care once and for all", but I'm not holding my breath".

Neil is the Director and Founder of Alder Community Housing CIC, a local group aiming to help provide affordable housing of choice that specifically includes adults with a learning disability in and near to Brighton & Hove. For more information, visit <https://bhclt.org.uk/local-housing-groups/alder/>.



Reflections

- Respite care is a vital service which provides relief to carers. We have seen a reduction in the availability of respite during the pandemic as well as a failure of these services to reopen at a time when many families have faced over a year of reduced support and are feeling 'burned out'.
- Many families have struggled to get their previous support reinstated after it was stopped during lockdown. This leaves people with unmet need that can escalate without the necessary interventions.
- Whilst the pandemic has intensified existing problems, many local services were already underfunded, understaffed, and often not able to meet the needs of people who rely on them.
- There is a lack of longer-term, supported and semi-supported affordable housing for people with a learning disability, leaving caregivers uncertain about what the future will look like for their loved ones. Providing this housing can help many people with a learning disability gain independence, develop life skills, and pursue their ambitions.

A vision for social care

There is a lot of talk about reforming the social care system which is good news.

What we want to see is a bold and ambitious plan to help ensure that disabled people can live where they want and how they want to.

“Our needs are very different from an older person’s. Many of us don’t need personal care, and for those that do being helped to wash ourselves, get dressed, be fed and then stuck in front of the TV is not a life.

“We want to make a meaningful contribution to our communities and to society at large and to be able to get out and about and live the lives we want. Give us the right type and amount of care and support, when we need it and we can achieve amazing things.

“Most importantly, remember that we are all different. We need support that fits around us and what we want and need.”

But for too many years not enough money has been spent on social care. This has meant that lots of people with a learning disability have had their lives and wellbeing limited because the essential support needed has been reduced or removed.

“Many of us get a lot of support from our families, but they need support themselves, especially to be able to do this in a sustainable way. Short breaks are important and without a break every now and then, many of our families find it hard to cope.

“We, and our families, are fed up having to fight to get the help and support that we need. We worry all the time about any support we do receive being taken away if we make a fuss. We don’t want to end up in crisis in order to show that we need support.”

What we want from social care:

1. To live happy and healthy lives and be valued members of our community
2. To be involved in making decisions about our lives:
 - a. To decide what type of care and support is best to meet our needs
 - b. A choice of different types of good quality care
 - c. To choose where we live and who we live with
3. The right amount of care and support
4. Information that is easy to find, including about what we are entitled to
5. Support that is free when we need it
6. Good quality and appropriate community care so we never end up locked away in assessment and treatment units.
7. To be supported by people who are skilled and whose skill is recognised and valued.
8. To be able to take risks but also to feel supported and safe at the same time

Mencap’s social care reform manifesto

Mencap’s vision is for the UK to be the best place to live in the world, if you have a learning disability.

For this vision to be realised we need to ask – what sort of society do we want to live in? One where

everyone who needs care and support to live a happy and healthy life gets the support they need when they need it or a country where disabled and older people have to be grateful for whatever they are given, delivered often by low-paid and undervalued workers operating within a system fixated on time and task, cost and bureaucratic processes.

Don't start by trying to just fix the current system.

Don't think about services. The starting point should be allowing people to live their best lives and what support is required to make this happen.

To do this the social care system needs to:

- Think about impact rather than input and simply counting hours of support
- Encourage community innovation in social care by providing the right environment for this to flourish
- Invest in the workforce and allow them to work together with those who use social care to find the best ways to meet their needs

How can we achieve this?

- Users of social care and their families must help design local services.
- More money. Whilst the system can certainly work more efficiently, at the moment, basic legal requirements are not being met and the system is too fragile to support change.
- Have a 'free at the point of need' approach to social care.
- Put the individual at the centre by creating a commissioning model that focuses on outcomes rather than input and 'hours of care'. This allows local authorities and providers the freedom to do this rather than thinking about what they can afford to do.
- Give users greater choice to source the support that they want and where someone had a personal budget, greater control over how this is spent.
- Individual's budgets should follow the person not the service or agency. This can be done by removing the line between health budgets and social care budgets and by using models like Individual Service Funds.
- Refocus on early intervention. A little support can go a long way and we must do more to help people avoid crisis situations and requiring expensive interventions or ending up in in-patient units.
- Support the care workforce to demonstrate that this is a profession that is valued in society. We must offer better pay and reward to social care workers, provide better training and professional development options
- Provide people with a learning disability and their families with easily accessible information about their rights and the support that is available to them. This should include help to understand and exercise these rights, including challenging cuts to support and services.
- Build a system of trust through providing funding for innovation. We also need to invest in local decision making and take a few risks in order to help enable people with a learning disability to flourish as active citizens. We understand the need to keep people safe, but this should be balanced with their right to live a happy and healthy life.

Glossary

Day centre

A service providing care and social opportunities during the day for people who are not fully independent.

Direct payments

An arrangement by which an individual's personal budget is paid directly to them, or somebody they choose, by their local council.

Learning disability

A learning disability is a reduced intellectual ability and difficulty with everyday activities, which affects someone for their whole life.

Personal assistant

An individual who is employed by someone who is paying for their own care through a direct payment or personal budget, to help with various aspects of their daily life.

Respite care

Taking a break from caring, while the person you care for is looked after by someone else.

Social care

Services designed to help if you need practical support because of an illness or disability, or care for someone receiving social care and support.

Social worker

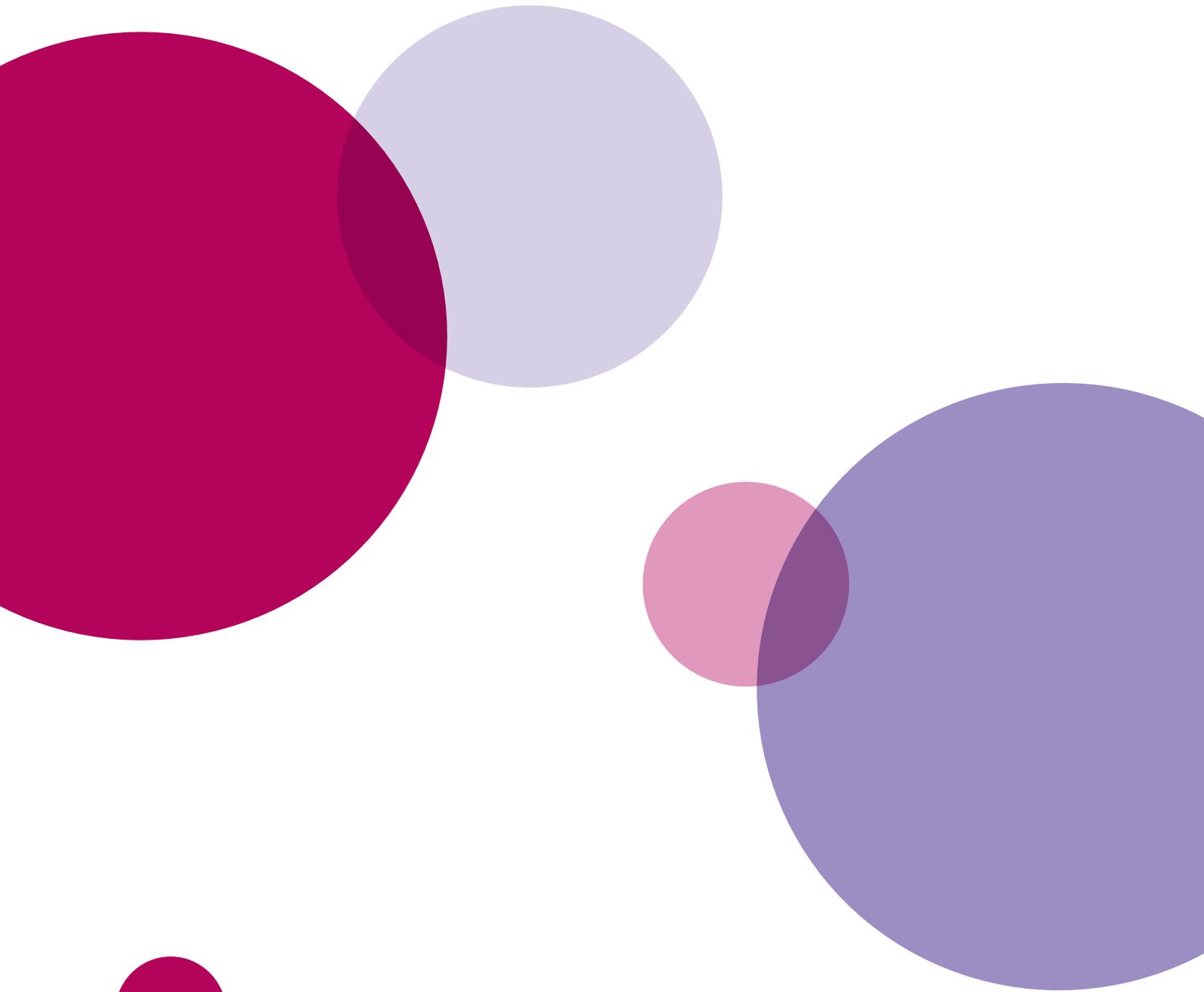
A professional who supports adults, children, families and communities to improve their lives.

Supported living

A service designed to allow individuals to retain their independence by supporting people with a wide range of needs in their own home.

Transition to adult care

The process by which an individual with long-term health conditions are supported to move from child to adult health and social care services.



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