



Achieving an Ordinary Life

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restraint reduction
network 

The logo for the Restraint Reduction Network, consisting of the text "restraint reduction" in a bold, lowercase sans-serif font, with "network" in a smaller font below it. To the right of the text is a graphic of three vertical bars of increasing height, colored in shades of purple and blue.

University of
South Wales
Prifysgol
De Cymru

The logo for the University of South Wales, featuring the text "University of South Wales" and "Prifysgol De Cymru" in white, sans-serif font, set against a red background that is shaped like a shield with a rounded bottom.

The United Nations Convention on the Rights of Persons with Disabilities

**Article 19,
obliges states to develop community living to replace institutional care through a process of ‘progressive realisation’.**

**the provision of
“a range of in-home, residential and other community Support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community.”**

(UN CRPD 2006 (8))

**institution
watch**

PEOPLE
FIRST
OF CANADA



PERSONNES
D'ABORD
DU CANADA

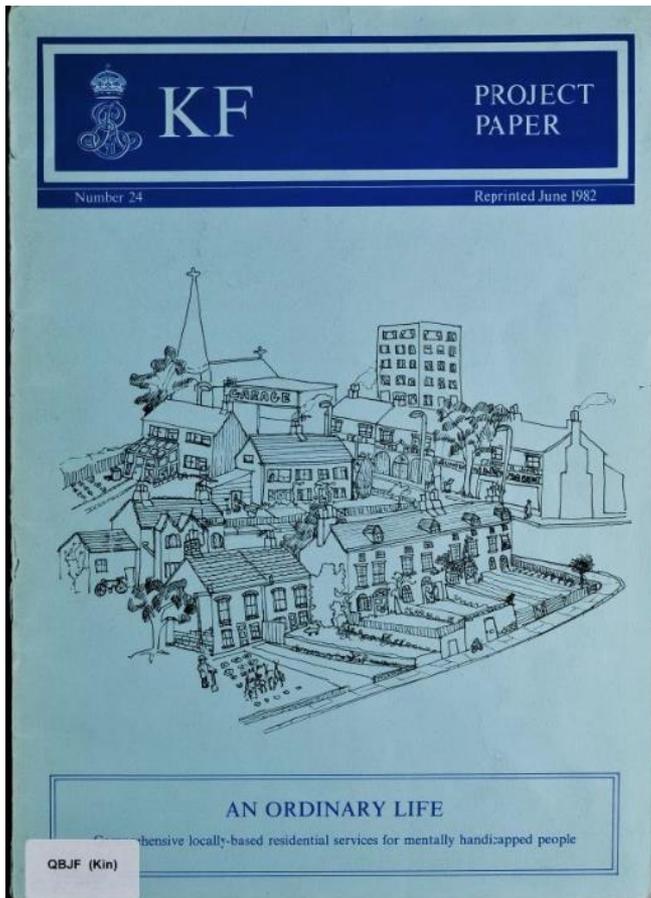
“ Institution

...any place in which people who have been labelled as having an intellectual disability are isolated, segregated and/or congregated.

...any place where people do not have, or are not allowed to exercise, control over their lives and their day-to-day decisions.

An institution is not defined merely by its size.”

An Ordinary life Kings Fund 1980



People with intellectual disabilities

We want to see people with learning disabilities 'in the mainstream of life, living in ordinary houses and ordinary streets, with the same range of choices as any citizen, and mixing as equals with the other members ...of their own community'
(*An Ordinary Life*, 1988)





1st Pilot Projects 1980-1982



NIMROD- Wales , Andover- England,
Ordinary community houses **+++ Active Support** (PBS)
Small scale- 6 people -higher staff ratio
Very positive results



- Much higher levels of staff contact and assistance
- Much greater participation in domestic, leisure, & social activities
- Continued skill development over time
- Better outcomes for more severely disabled people
- Proved all people could live in the community!!



All Wales Strategy 1983

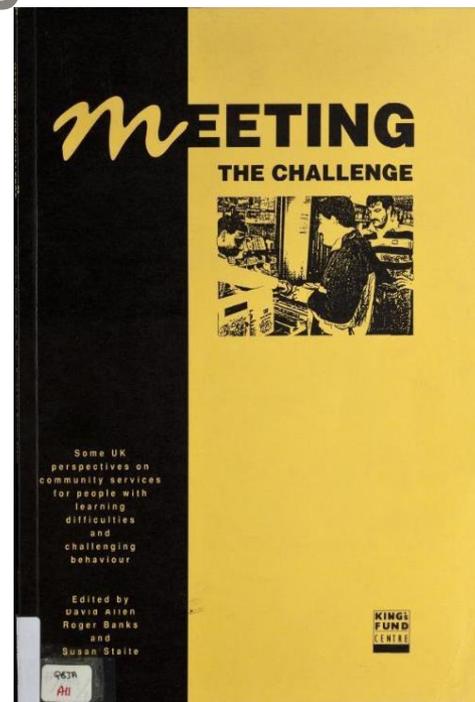


Right to

- A normal pattern of life in the community
- To be treated as an individual
- Additional help from community & professionals

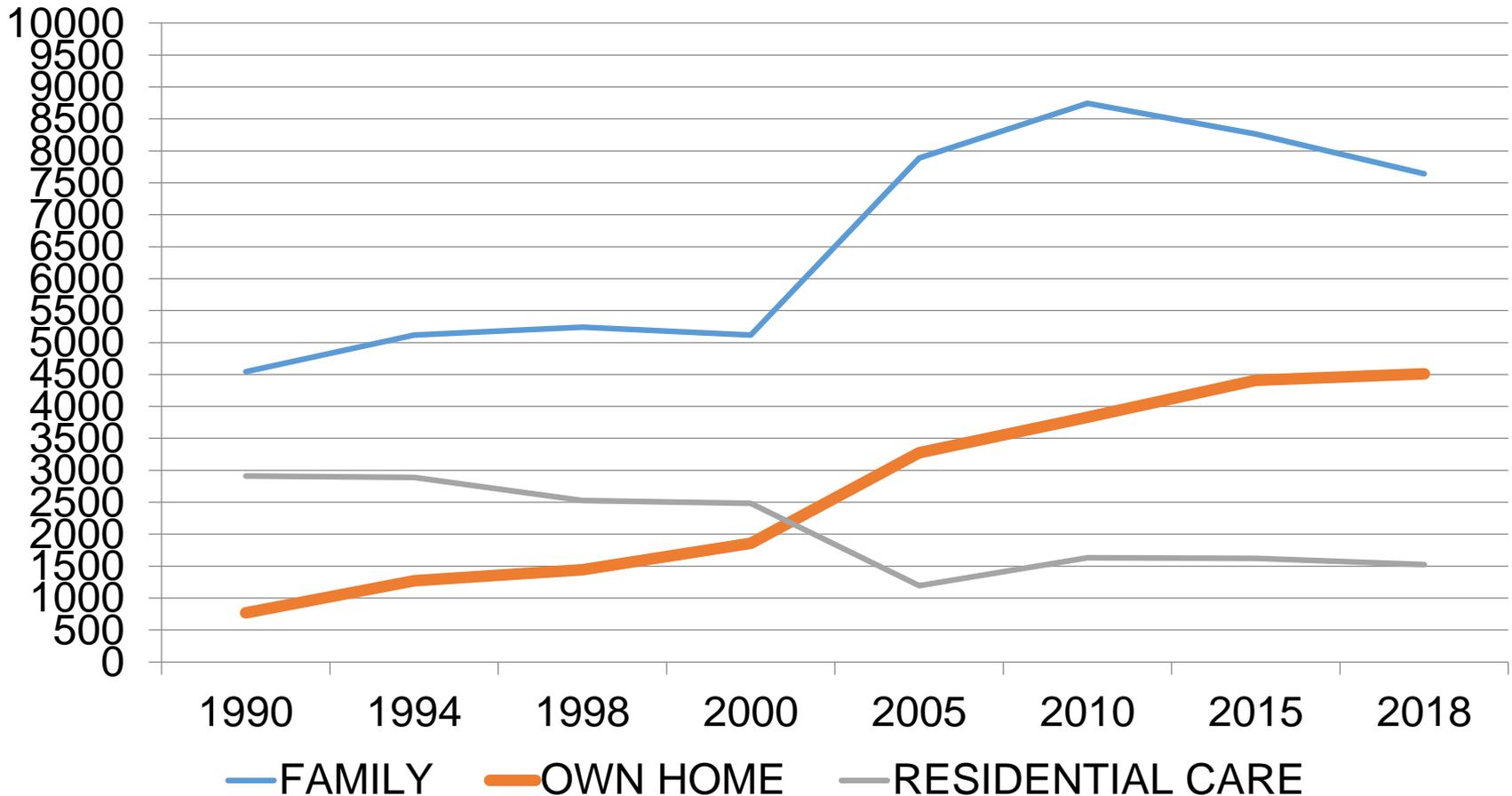
People with Challenging Behaviour 1991-

An Ordinary life too?

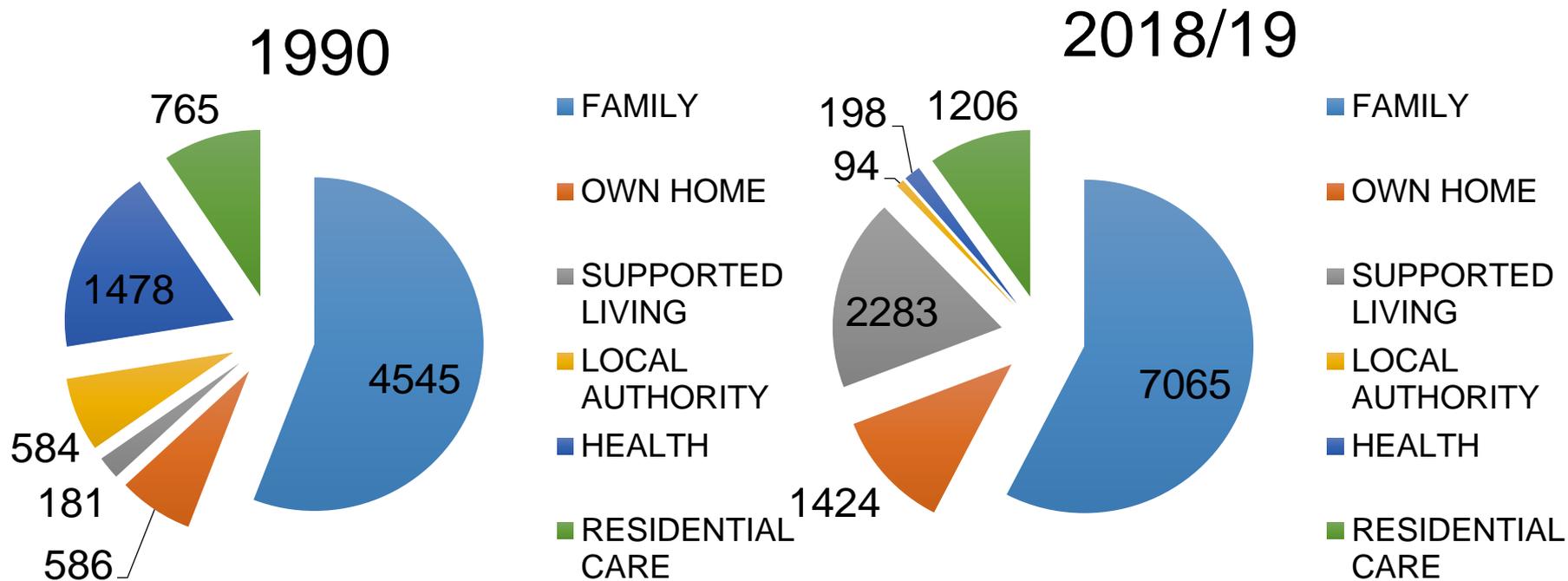


Key Accommodation Trends People with Intellectual Disabilities Wales

1990-2018



Where People with Intellectual Disabilities live in Wales



ALL AGES SOURCE WELSH GOVERNMENT STATISTICS

<https://gov.wales/sites/default/files/publications/2019-06/statement-on-policy-practice-for-adults-with-a-learning-disability.pdf>

<https://stats.wales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Disability-Registers/personswithlearningdisabilities-by-localauthority-service-agerange>

Key Problem

The pilot projects only had a partial influence on national policy in UK

Small Ordinary House was more widely adopted-✓

‘Active Support’✗ was not!

It had to be reintroduced almost 20 years later

What Does 'Own Home' look like?



www.alamy.com - ATFOP2



1 - 4 People

Varying levels of staff support depending on individual need e.g.

❖ 1 hour a day

❖ 1 staff : 4 people

❖ 1 staff : 2/3 people

❖ 1 staff: 1 person

'Ordinary Domestic' Design & Equipment

Located in the person's community close to amenities and facilities

Person centered

So none of them look the same!

Why ordinary living is best

Small scale community based services achieve better quality on a range of outcomes than larger, institutional ones:

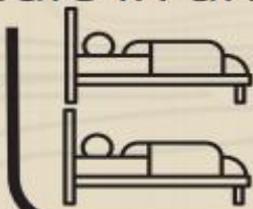
- Participation in daily life
- Maintaining relationships with family
- Choice
- Personal development
- Social inclusion
- Person centered
- Accessing community facilities & activities



(e.g. Emerson and Hatton, 1996; Felce, 2000; Mansell and Beadle-Brown, 2010; Chowdhury and Benson, 2011, Šiška 2014 etc ++).

19 years in an institution

When I was 10 years old I lived in a children's home.



I shared a bedroom and a bathroom with lots of other people. It didn't feel like mine.



I wasn't allowed pets.



When I was 17, I was moved to a locked ward in St Margaret's Hospital.



I couldn't go outside when I wanted.



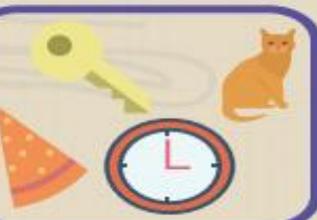
When I was 21, I was moved to a bungalow on the St Margaret's site.



I didn't choose what I ate at mealtimes, or when I ate.



When I was 22, I was moved back to St Margaret's and lived on a locked ward.



Now I live in my own home. I have a key. I go outside when I want. I have a cat. I choose when to eat and when to sleep.



I couldn't go to bed when I wanted.

When I was 23, I was moved to a different locked ward.



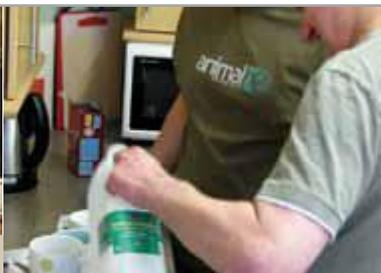
An ordinary life Jenny's story

<https://www.changingourlives.org/blog/jennys-ordinary-life-book>





Helping people to participate improves quality of life



Active Support

Supported Living in the UK

Closer to home

Local Health & Local Government 'Commissioners'

Assess needs- Provide £ for care and support



Housing provider

- Small house
- Adaptations
- Maintenance
- Repair



Support provider

- Values
- Staff
- PBS
- Practice leadership



Key lessons

Ordinary small home +



= best quality



Diolch yn fawr iawn Thanks very much



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