



16 July 2025

**Our Ref:** FOI 1243

Dear

**Freedom of Information Act 2000  
Information in relation to Adults Learning Disability Care Homes**

I am writing to confirm that the South Eastern Health & Social Care Trust (the Trust) has now completed its search for information relating to above which you requested on 19 June 2025.

A response to each of the questions raised has been provided by the Adult Services & Prison Healthcare Directorate and is attached in Appendix A.

If you are unhappy as to how this request has been handled, you have the right to seek a review within the Trust in the first instance. You should write to the Information Governance Department, Lough House, Ards Community Hospital ([informationgovernance@setrust.hscni.net](mailto:informationgovernance@setrust.hscni.net)) within two months of the date of this response and your complaint will be considered and a response provided, within 20 working days of receipt.

If, after receiving a response, you remain unhappy, you can refer your complaint to the Information Commissioner at The Information Commissioner's Office –Northern Ireland, 3rd Floor, 14 Cromac Place, Belfast, BT7 2JB. It is important to note that if you refer any matter to the Information Commissioner, you will need to show evidence of having gone through the Trust's internal review procedure to try to resolve the matter with the Trust in the first instance.

If you have any queries about this letter, please do not hesitate to contact me. Please remember to quote the reference number above in any future communications.

Yours sincerely

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**Rebecca Manning**  
**Information Governance Officer**

**Q1. How many adults with a learning disability in your trust live in a residential care home?**

A1. There are 149 adults with a learning disability within the Trust who live in a Residential Care Home.

**Q2. How many adults with a learning disability in your trust live in a nursing care home?**

A2. There are 118 adults with a learning disability within the Trust who live in a Nursing Care Home.

**Q3. Why do adults with a learning disability live in a care home?**

A3. An adult with a learning disability, known to services, will have an assessment of their needs completed by staff. This assessment may indicate their assessed need would be better met through the provision of residential or nursing care. This decision is always made in the person's best interests.

**Q4. How many adults with a learning disability who live in care homes have their challenging behaviour managed by the PBS Framework?**

A4. The information requested is not held on a central information system. To obtain this information would require a manual review of records.

This would exceed the 'Appropriate Limit' as defined by the Freedom of Information Act 2000. The Trust therefore exempts the release of this information under Section 12(1).

12.(1) Section 1(1) does not oblige a public authority to comply with a request for information if the authority estimates that the cost of complying with the request would exceed the appropriate limit.

In accordance with the Freedom of Information Act 2000 this statement acts as a Refusal Notice in respect of question 4.

**Q5. In respect of the PBS Framework, how long should it take for the challenging behaviour to reduce?**

A5. The Primary goal of Positive Behavioural Support (PBS) approaches, is the maintenance and/or improvement in a person's quality of life, based upon a set of values which promote person centred support. PBS approaches are often used in services for people with a learning disability to inform the ways people who present with behaviours of concern are supported. These approaches can use a range of evidence based approaches to seek to

achieve these goals. The combination of these values and approaches, and their theoretical underpinnings, are often referred to as a framework.

The primary goal of Positive Behavioural Support (PBS) approaches is the maintenance and/or improvement in a person's quality of life. The reduction in behaviours of concern is often closely related to this, but not always so. Often by improving quality of life a person's behavioural presentation will improve. Sometimes direct work to reduce particular behaviours will lead to quality of life improvements. Sometimes there can be a relatively consistent level of behavioural concerns, whilst at the same time a person's quality of life can be improved – this would be considered a positive outcome also (for example: a person may have reduced opportunities to engage in preferred hobbies in the community because of their behaviour which may be related to seizure activity that is being as well managed as possible, a PBS approach might look at ways to support staff to be best equipped to support the person in the community to more frequently engage in their favourite activities, whilst also keeping the person as safe as possible when risky behaviour occurs, thus improving quality of life).

Behavioural change can take place very quickly (within hours of advice provided), or much longer (many years), and anywhere in between. Such variance depends on a huge numbers of variables, behaviour change may not happen at all, PBS recognises that each individual is that, individual.

**Q6. *What action does the South Eastern Trust take if an adult with a learning disability has challenging behaviour that has not improved within one year?***

**Q7. *What action does the South Eastern Trust take if an adult with a learning disability has challenging behaviour that has not improved within two years?***

**Q8. *What action does the South Eastern Trust take if an adult with a learning disability has challenging behaviour that has not improved within five years?***

A. In response to questions 6, 7 & 8. As per many health and social care interventions .There are a range of methods to evaluate outcomes. With regards to 'challenging behaviour' this may include behavioural recording, assessments of quality of life, indicators of physical health etc. As with most Trust interventions their efficacy is dependent on a wide range of factors.

Often intervention is successful, sometimes less so, and sometimes not at all (we can compare this with physical ill health. On occasions, no matter what interventions are tried things unfortunately remain as they are. In most instances, however, there are noticeable and significant improvements. The time for these improvements to occur, and the degree to which they do, is highly variable, depending on factors such as individual characteristics, 'mediator variables' (the ability of the person's support network, such as families/carers, to implement recommendations), the individual's physical

health etc. Approaches should be reviewed and adjusted accordingly on an ongoing basis for a person who presents with 'challenging behaviour', there is no set time for this review as it is so dependent on individual circumstances. As per above some people may always present with some degree of 'challenging behaviour'.