

Dear Sam,



We are a provider supporting a total of 63 people aged 19-74 with severe and profound learning disabilities.



They live in residential and supported living services.



The issuing of shielding letters to all clients has been very hit and miss.



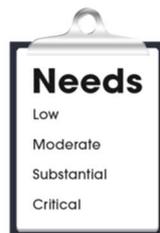
Our assessments of vulnerability appear much higher than shielding letters reflect.



One person with complex and severe respiratory disease on end-of-life care has had no shielding letter?



In every service we have at least one person who is 'clinically extremely vulnerable.'



In shared homes we have had to risk assess based on the most vulnerable. The smallest home has 4 people and the largest has 11 people.



Needs	
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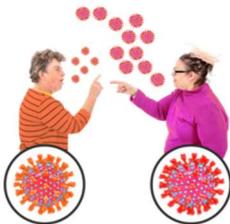
Many people we support do not 'fit' into the categories set out, they fall into several.



In addition to the fact that generally people with a learning disability are more likely to die from COVID than general population, we have additional concerns that do not seem to have been taken into account.



People with severe and profound disabilities in our service cannot / do not wear masks.



Have high levels of staffing increasing possible exposure.



Don't socially distance.



Cannot easily isolate.



Many produce excess saliva and cannot understand/perform strict infection control measures.



Guidance is confusing for providers
let alone individuals.



We are struggling to know who to go
to with these issues.



Thank you,
Mark, George and Lisa,
Dalesview Partnership.
