**FREEDOM OF INFORMATION REQUEST**

Please accept this data request under the Freedom of Information Act as a Freedom of Information Request.

This request seeks to collect data for individuals living in Supported Living and Residential Care settings with Learning Disabilities including those with Learning Disabilities and Autism. We **are not** asking for information related to those with only Autism **who do not have a Learning Disability** unless you are unable to separate the data. If this is the case, please make this clear in your response.

**LD Supported Living:**

1. Please complete the following table with the information requested for the last full week of April 2025

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Category** | **Total Hours for the week** | **Mean hourly rate paid** | **Median hourly rate paid** | **Lowest hourly rate paid** | **Highest hourly rate paid** |
| **Hours provided during the day** |  |  |  |  |  |
| **Wake hours provided during the night** |  |  |  |  |  |
| **Sleep-ins provided** |  |  |  |  |  |

**Residential LD Care:**

1. Please complete the following table with the information requested for the last full week of April 2025

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | **Mean rate paid** | **Median rate paid** | **Lowest rate paid** | **Highest rate paid** |
| **Placements** |  |  |  |  |
| **Current total placements today** |  | | | |

**Nursing LD Care**

1. Please complete the following table with the information requested for the last full week of April 2025

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | **Mean rate paid** | **Median rate paid** | **Lowest rate paid** | **Highest rate paid** |
| **Placements** |  |  |  |  |
| **Current total placements today** |  | | | |

1. Please provide the annual fee uplift for the current financial period. If you have paid a bespoke uplift to different care providers or residents, please provider the average % uplift paid to providers in the period stated:

**(Supported Living)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Percentage uplift** | Number of Providers receiving this uplift | Number of Individuals receiving this uplift |
| 2024-25 |  |  |  |

**(Residential Care)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Percentage uplift** | Number of Providers receiving this uplift | Number of Individuals receiving this uplift |
| 2024-25 |  |  |  |

**(Residential Care with Nursing)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Percentage uplift** | Number of Providers receiving this uplift | Number of Individuals receiving this uplift |
| 2024-25 |  |  |  |

1. For the period 1st April 2024 to 31st March 2025, please provide the number of **individual residents**, where their contracts for the provision of LD services for both residential care or supported living were either terminated by the care provider, handed back by the care provider, or were renegotiated due to the threat or notice of termination/handing back was made by the care provider. You should provide the number of residents this applies to and the number of care providers.
2. Please provide a copy of your 2025 to 2026 fee uplift letter that was sent to care providers. If you have not yet reported your fee uplift, please outline the Council’s timeline for publication, including any internal dates where decisions related to the offer will be made.

***Note****: Please do not embed the document in your response. Please share the letter as an attachment.*