

CHOICE IN HOUSING CARE AND SUPPORT SERVICES FOR PEOPLE WITH LEARNING DISABILITIES

**A NORTH WEST TRAINING AND DEVELOPMENT GROUP
PROGRAMME**

2001

The
Housing & Support
Partnership

PART I

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Maurice Harker & Nigel King
78A High St, Witney OX8 6HL
01993 705 012
www.housingandsupport.co.uk

1. Introduction

The White Paper *Valuing People* was notable for containing the first recognition of the importance of housing and support services for people with learning disabilities. In summary the key points were

- The Government objective: To enable people with learning disabilities and their families to have greater choice and control over where and how they live.
- Most people with learning disabilities live with their families. Often they leave the family home only as the result of a crisis such as the illness or death of the carer.
- With growing numbers of people living with older carers, the Government wishes to see better forward planning by local councils so that carers do not face continuing uncertainty in old age and their sons and daughters gain greater independence in a planned way.
- People with learning disabilities can live successfully in many types of housing: individual self-contained, housing networks, group homes, and shared accommodation ...the full range of tenures, including home ownership.
- Expanding the range and choice of housing, care and support services is key to giving individuals more choice and control. The Government wants the development of a range of housing options.
- Individuals also need accessible information in order to make choices. Many people with learning disabilities will need advice and support to do this.

The *Housing and Support Partnership* supported by the Local Government Association carried out a Pilot Study with six authorities and a report, *An Ordinary Life*, has been published by the Local Government Association and Joseph Rowntree Foundation. This looked at ways of providing more diverse housing and support and covered

- national trends and information
- local population and demography, profile of number and range of needs
- the range of possible housing options
- achieving better value for money
- a strategy for new service development, reshaping and re-provision
- consulting families and service users
- constraints on change and how to overcome them
- lessons and good practice from elsewhere

Outline for the NWT&DT programme

The aim of the programme is to provide training, workshops and consultancy to help local authorities with the practical tasks suggested by the White Paper

1. Housing and social services working together to expand housing, care and support options.

2. Providing families and service users with practical advice and information.
3. Developing local housing strategies local housing strategies for people with learning disabilities.
4. Planning for those living with older carers and promoting supported living for this group. They need to be able to plan for the future in good time.
5. Working alongside the Supporting People programme to bring together resources and the planning and commissioning of housing, care, and health services.

The sessions will cover

Elements for a local housing and learning disability strategy the legislative and policy framework, the White Paper aims *expanding the range and choice of housing, care and support services*, tools for strategy development and what it means in practice. Planning and implementation: deciding priorities and bringing the main components together.

Extending the range of housing and support options: what should a range of types of service consist of, their strengths and weaknesses, what they typically cost and achieve: individual self-contained properties, housing networks, group homes, and shared accommodation ...the full range of tenures, including home ownership, working partnerships between housing and social services, using existing housing and new development, tenancy, capacity and registration.

Identifying the changing pattern of needs locally: Information on needs, what we know and what should be established locally to inform local planning: those living with older carers, school leavers, ageing and changing needs, special and complex needs This will provide some simple materials for data collection and individual consultancy work can be provided to assist with data collection and analysis.

Income and cost data: methods for cost data collection for the comparison of services and types of services and as the basis for value for money calculation when set alongside evaluation of quality measures. Optimising income and benefits including those for care and housing support. Using trusts and families' own equity.

Quality outcomes, performance and management processes: methods for assessing and supervising services, specifications for service agreements, auditing quality and management practice. This will be based on tested methods which can also be used for best value or benchmarking services on performance.

Managing development and change: reasons for change: problems with existing and aims for diversity, better standards, more individual solutions; opportunities and incentives, reshaping services, option appraisal, structures - the form for new partnerships, development procurement and tendering services, capital projects, specification and contracting, practical examples.

Besides the main sessions 'optional extras' can be provided for individual authorities on a sessional basis. These will include

- practical assistance with local needs data collection
- help and analysis with the use of the NW Audit tool for residential services
- management and analysis for cost data collection for residential services
- consultancy work on reshaping services
- introducing person centred approaches to planning for independence
- workshops for families or staff on the range of 'housing options'
- planning and facilitating local authority stakeholder conference on 'developing a housing strategy' for people with learning disabilities

The Housing and Support Partnership

The *Housing And Support Partnership* has a strong track record in the field of housing care and support for people with learning disability.

Nigel King

Nigel King has twenty years experience working in social housing. He held a number of top jobs including Assistant Chief Executive at Riverside Housing Association in Liverpool and Chief Executive of Guardian Housing Association. Trained as an economist he has particular expertise in social housing development and finance, low cost home ownership and strategic planning. Since 1996 he has been the lead advisor for "Housing Options", a specialist advice service for families and professionals supporting people with learning disabilities. He was a member of the Rowntree inquiry into meeting the costs of continuing care.

Maurice Harker

Maurice Harker was chief executive of New Era Housing Association and previously the advisor on special needs for the National Federation of Housing Associations. He was invited to join the Mental Health Foundation learning disabilities Committee of Inquiry chaired by Dame Gillian Wagner on opportunities and services for people with learning disabilities and now serves on their Learning Disabilities Committee. He is also a member of the National Autistic Society. In conjunction with Lynn Watson at Southampton University he developed the "Pathways" method of needs assessment now used by local authorities throughout the country. He has worked on research for the DLTR guidance on *Housing Options for People with Learning Disabilities*.

Recent publications include:

Ownership Options, for people with learning disabilities - National Housing Federation

Mental Health and Home Ownership - National Housing Federation

Risk Management in Supported Housing - National Housing Federation

An Ordinary Home - Local Government Association

Making Housing Choices - Pavilion

Leaving Home - Mental Health Foundation

Growing Older With Learning Disabilities - Mental Health Foundation (in draft)

2. Valuing people the housing dimension

The White Paper is important for three reasons.

- First because it's there, an indication that people with learning disabilities are not forgotten - as it might sometimes seem. A government paper has been produced with care and following consultation to enshrine the approach that can be expected for the years ahead.
- Second for the attitudes it contains: the aims and principles that should guide services are formally stated or implied in the text. These range from the Valuing People of the title, inclusion, being part of the mainstream, promoting independence, enforceable civil rights, challenging discrimination, improving choice, having a say in where and how you live, involving and supporting carers.
- Third for the goals set, specific programmes initiated and announced, changes to existing services, funding for additional ones such those for advocacy, a helpline, reprovision of hospital services, extending direct payments.

A government White Paper on learning disabilities is an event. It's been 30 years since the last one and times have moved on. In those days the options for carers were few staying at home or being placed in a long stay hospital. Not a lot of community care about it. The 1971 White Paper was the signpost pointing away from the institution. The numbers of alternative community places needed in residential care and lodgings was specified and a timetable given for reducing the hospital population.

Planning for independence

Since then a lot of the effort of services has been toward the resettlement of people from those institutions. But most people then and now live at home. The money spent is still concentrated on the few and the cost and hard work for many falls on families. More recent guidance from a government circular in 1992 was still open ended, *Most adults with severe or profound learning disabilities are likely to need to live other than in their family homes at some point*. The problem for families and for the individual concerned is - at what point ?

The overwhelming experience from meeting many parents and care managers is that the move to independence is rarely offered until some point of crisis or because of old age or the death of a carer. After years of uncertainty and worry, the transition is not planned ahead of time and the idea of having a choice over where to live is rarely fulfilled. People are fitted in to the occasional gaps in existing services as vacancies are found. This is the overwhelming experience of carers.

For adults, the choice of where and how you live is vital. It matters to families for whom the transition to adult independence is fraught with uncertainty. On the first of our categories (because it's there) the White Paper is important because it recognises this issue distinctly.

Choice of where you live

This is given as the Government objective, it is good, is it achievable ?

To enable people with learning disabilities and their families to have greater choice and control over where and how they live.

The Prime Minister in the foreword to the White Paper *Valuing People* seems to recognise the problem for families *at best they may feel obstacles put in their way and at worst abandoned*. It is also very good to see that the stated aim of a home of your own is *to enable people with learning disabilities and their families to have greater choice and control over where and how they live*. This is a bit better than the guidance that said that adults will need *to live other than in their family homes at some point*.

Now the White Paper says

Most people with learning disabilities live with their families. Often they leave the family home only as the result of a crisis such as the illness or death of the carer. Planning ahead to move to more independent living is not always possible as the appropriate housing, care and support options may not be available. With growing numbers of people living with older carers, the Government wishes to see better forward planning by local councils so that carers do not face continuing uncertainty in old age and their sons and daughters gain greater independence in a planned way.

That's more like a recognition of how it feels for families. It's the uncertainty, the lack of trust in the authorities, the lack of confidence about what may happen, the shortage of information about what is possible. The Mental Health Foundation argued in its national inquiry in 1997 *Building Expectations* for the kind of steps which the White Paper recommends and it is good to see these ideas adopted.

If carers are given a fair idea of what they could expect to happen, if they could be involved in a planning and preparation process for what is a difficult transition the horizon can change completely.

Housing or residential care ?

The next headline significant 'because it's there' are the references to housing. In all the earlier guidance the need for accommodation is dealt with under the heading of residential care. There is design guidance for residential care. The statistics collected by the department are for residential care. The last circular on learning disability referred to accommodation and residential care. Even the papers setting out the framework for the strategy made no reference to housing. It talked about a shared vision for health, social care, education and employment - nothing about housing here!

Fortunately the DETR were involved and consulted. They too had commissioned work on housing for people with learning disabilities which contributed ideas. Members of the strategy sub groups were also important in bringing the housing agenda forward. The DETR *Supporting People* programme (which will put something like £1bn into revenue funding for supported housing in addition to an annual capital programme) was discovered and is acknowledged. This is then reflected in Chapter 7 of the White Paper.

People with learning disabilities can live successfully in different types of housing, from individual self-contained properties, housing networks, group homes, and shared accommodation schemes, through to village and other forms of intentional community. They can cope with the full range of tenures, including home ownership.

This is radical, a very different message from that conveyed by the Department of Health which until recently seemed to be largely unaware of the investment made in services by housing authorities and through the Housing Corporation. The basic facts and figures are correspondingly weak. The Department of Health figure for residential care places is 54,000 and the records for supported housing kept by the Housing Corporation (1) indicate 16% of places are for people with learning disability, nearly 20,000 people. The two figures overlap and there is no proper total for the number with their own home (which is not in residential care) although local studies (2) suggest an estimate of about 18,000, most in shared housing. Better records are surely needed if service planning is going to begin with a proper picture of where people now live.

Planning for the future

The first concern for services since 1971 has been the reprovision of long stay hospital services. Now the attention needs to turn to the future. Of the 50% - 60% of people with a learning disability who still live with their families about a third will have carers over 65. It is alarming to find significant numbers of people with older carers, over 70 or 80 years of age, who are not known to services or for whom there are no plans for their future. The White Paper gives a shape and ideas for the future and will require information from local authorities, paying special attention to the needs of those living with carers over 70.

The Government recognises that there is particular concern about the position of people with learning disabilities living with older carers aged 70 and over. They and their families need to be able to plan for the future in good time. We have therefore decided to make promoting supported living for this group of people with learning disabilities one of the priorities both the revenue and capital elements of the Learning Disability Development Fund.

The relatively large numbers of those living at home now need to be the first concern for the next round of local authority plans. The introduction of planning mechanisms through the Joint Investment Plans gives the means for this.

At operational level, links need to be made between local housing authorities' housing advice services and local arrangements for accessing housing, and wider person-centred planning processes for people with learning disabilities. Joint Investment Plans provide an opportunity for all stakeholders to review the housing care and support options available in their area and develop plans for how to expand choice for individuals.

Expanding Choice in Housing, Care and Support Services

Housing and social services are asked to work together to expand housing, care and support options. In order to strengthen such partnerships, the Department of Health and the Department of the Environment, Transport and the Regions will shortly issue a joint circular and detailed guidance on commissioning the range of housing, care and support services required to expand housing choice. This will include consideration of ways to develop new joint performance indicators for social services and housing authorities. There is a promise too of legislation to introduce new duty on local housing authorities to provide advice and information.

Supporting People is a new policy and funding framework for support services that will be implemented in April 2003. It will bring together resources from several existing programmes into a new grant to local authorities, which can be applied more flexibly to fund support services for people with learning disabilities and for other vulnerable people wherever they live. (3)

Returning to the three headings used at the beginning, the White Paper is important for what it represents, for just being there and particularly for its recognition of housing as a key element. The partnership with the DETR is discovered. It is valuable for the aims and principles endorsed and the recognition that there should be more options than residential care.

Does it all add up ?

The problem of resources remains. Development funds of £20 and £30 million for capital and revenue are welcome but in the face of the demand for services in the future for those now living at home the reality is for local authorities that their share of the fund will allow only modest room for development. The development fund would allow an additional £ 150,000 revenue for this authority for a variety of initiatives. This would pay for about 6 people to be supported in their own home whereas national estimates of the gap between demand and places for an authority of that size would be 150. (4) The level of demand is kept down by leaving people with their family carers for as long as possible and then fitting them in to vacancies in services as they arise, the very problem that the White Paper seeks to challenge.

To offer choice and an achievable goal of person centre planning, the options have to be created not hidden. The arithmetic suggests it will not be easy.

- (1) Housing Corporation (2000) *Core Bulletin Supported Housing* Issue 9
- (2) Harker M and King N (1999) *An ordinary home* Local Government Association
- (3) DETR (2001) *Supporting People: policy into practice*
- (4) Watson L and Harker M (1996) *Community Care Planning: a model for housing need assessment*

3. JIPs and a housing and support strategy

The programme for Joint Investment Plans for April 2000 and April 2001 is set out in DoH Circular LAC (99)39. By April 2001 health and local authorities together with their partner agencies are required to complete a Joint Investment Plan for adults with learning disabilities covering the years 2001/2002 to 2003/2004. The policy context and objectives for JIPs for people with learning disabilities are set out below. Local authorities will lead the process for developing the plans for people with learning disabilities.

Summary of Joint Investment Plan guidance

The JIP process is described in the JIP General Guidance, which can be found at on the DoH joint unit website. The basic elements of the process are given below:

- An agreed and accurate analysis of need is carried out using qualitative and quantitative information
- Current levels of NHS and local authority resources and activity are mapped out
- An analysis of the gaps between levels of service need and existing service provision is made. Shortfalls in service provision are identified
- An action plan which identifies priorities for meeting shortfalls in service provision, targets and milestones, is prepared
- Stakeholders review the planning process

There are some general lessons that can be learned from an analysis of earlier JIPs ensuring that plans should:-

- reflect an understanding of the individual needs of people at critical times in the care cycle
- obtain data to show how the needs of the population will change over time
- reflect the needs of all people with learning disabilities, including those with the most complex or challenging needs
- engage a wide range of stakeholders
- link investment intentions to the needs analysis
- contain measurable milestones and performance indicators.

Policy context

Guidance on the development of health and social services for people with learning disabilities was issued in 1992 (LAC(92)15 and HSG(92)42). "Signposts for Success" focused specifically on good practice guidance for health services. A Social Services Inspectorate national inspection of learning disability services in eight local authority areas in 1997 and a more recent survey of 24 local authorities and their matching health authorities reported in *Facing the Facts*, have shown that services are becoming

increasingly responsive to individual users' needs. However, progress is patchy and the level, quality and cost of services varies considerably both within and between areas.

An ordinary life

There is now widespread acceptance of a positive service philosophy based upon the influential "Ordinary Life" initiative and O'Brien's "Five Accomplishments". Important characteristics of services that genuinely pursue such a philosophy would be:-

- that people have a right to expect to use the same services, resources and facilities as other, non-disabled, people, including access to healthcare
- that people should be central to decisions that have an impact on their lives and that organisations have an obligation to listen and respond to their wishes and aspirations.
- Person-centred planning should be the basis for designing services and social inclusion for everyone with a learning disability, including people with more complex disabilities. A close partnership with service users, families and other agencies is needed to achieve this.

Working in partnership

Social Services Departments continue to be the lead agency for planning and arranging services. They need to involve and work closely with: service users; family carers; other local authority departments (such as housing, education and leisure); and other agencies including health, the independent sector, and employment.

Some authorities have links with strong groups of people with learning disabilities and groups of family carers who are well accustomed to speaking up about their needs and wishes, commenting on local services and contributing to plans. In other areas investment may be required to support the development of such groups. Some examples of good practice are cited in "Facing the Facts".

The learning disability JIP

The objective of the JIP for learning disability services is to promote independence and social inclusion. The early consultation on the national strategy highlighted these issues:-

- developing Direct Payment schemes
- developing the range, quantity and quality of housing and support options
- improving local challenging behaviour, mental health and related services so as to reduce the number of out of area placements
- enabling people with learning disabilities and their families to take a full and active part in planning, monitoring and reviewing services.

Information sources

Authorities will need to draw on a range of information sources in order to assess what local people want or need. Sources of information include

- National incidence and prevalence trends
- Local sources, care management, housing needs data, school leavers
- Views of local people with learning disabilities and families
- National evidence of good practice
- Statute policy guidance and regulation
- National and local PI's

Mapping resources and activity

Ideally authorities would map existing resources alongside needs analysis. Because information systems may not be available for this initial JIP it is important for authorities to share information about resources. Part of the framework for mapping finance and activity is shown below. Action or implementation plans should include: what people want, what is available, priorities for change, outcome measures, action/tasks, milestones, targets, money, other resources, responsibility.

Places and people funded

Funding	Soc serv		S28A		Health	
	People	Places	People	Places	People	Places
Long stay						
Continuing care						
Nursing homes						
Registered care						
Hostels						
Supported housing						
Adult placement						
Own home						
Short term care						
Assessment						

Action Or Implementation Plans - Choosing priorities

Authorities which approach JIP development in the way suggested above are likely to identify a wide range and large number of ideas for service development and change. Some will involve adjustment of current services, but others will offer more fundamental challenges to the existing pattern and style of services. These may well be more difficult to pursue through the usual service planning mechanisms. Whilst being realistic about the capacity for change management, it will be important to make sure that the method for choosing priorities does not put all the innovative ideas in the "too hard" box!

As with resource mapping, it is important for the priority setting process to be transparent. JIP partners may have well established forums and processes, but sometimes the existing methods tend to favour the urgent at the expense of the important.

A framework for action plans

	Place to live	Money	Leisure	Support	Etc.
What people want					
What is available					
Priorities for change					
Outcomes/measures					
Action/tasks					
Milestones					
Targets					
Money					
Other resources					
Responsibility					

Planning Service Development - the framework for a medium term strategy

Service commissioners in local authorities and the NHS have the task of deciding the range of housing and support they require, the overall amount of provision and the balance of different service types. The specific grant for *Supporting People* due to be introduced in 2003 (*Local Government Act 1999*) reinforces the planning and commissioning role of local statutory authorities, who will be expected to show that they have a good grasp of the match between need and supply and a sound rationale for determining priorities. The potential for greater integration of health and social care budgets (*National Health Service Act, 1999*) also adds to the importance of having a framework for local commissioning and reshaping of services.

General guidance on service commissioning

General guidance on service commissioning is available in the Audit Commission handbook *Take Your Choice: A commissioning framework for community care* (Audit Commission, 1997). The Audit Commission handbook states, in respect of community care, that social services departments should have a clear idea of:

- the type of services they will need in the future;
- the volume of services they require;
- what quality and price services should be;
- how current supply can be changed, innovation encouraged and redundant or inefficient services decommissioned.

There is often difficulty because resources are tied up in traditional service models. This can leave very little room for new development.

'Preserved rights' to residential care benefits paid before the introduction of community care funding in 1993 inhibits moves to more independent unregistered services. Hospital resettlement projects commissioned by the health authority and funded through 'Section 28A' payments may be difficult to change or reform and there is a concern that this funding may be lost over time instead of maintained for future needs. Old local authority 'Part III residential services may need rethinking.

Stages for a development strategy

1 INFORMATION ON NEED, DEMAND AND EXISTING SERVICES

feedback from commissioners, managers, carers and service users

local records of need, including individual assessments

reviewing what existing services offer, gaps and the need for change

appraisal of the options, testing the cost, quality and effectiveness of services to inform strategy and service planning



2 SET AIMS AND OUTCOMES FOR SERVICES

national and local objectives

strategic objectives and service specifications



priorities for development

3 ANALYSE POTENTIAL FOR IMPROVEMENT

identify problems and potential for improvement

breaking down a barrier between casework and service development



defining a wider range of options

4 THE DYNAMICS OF DEVELOPMENT

planning assumptions

partnerships to create a service that can respond to individual needs and preferences



communicating and developing the relationship with providers

5 COMPARING PERFORMANCE

outcomes for people, organisational standards, quality assurance, audit, inspection, accreditation



consultation with managers and providers
listening to service users and carers

Information on need and existing services

In order to make plans the authority requires an overall picture of expected future needs and when services are to be developed. While assessments are needed to make decisions about placements and support for individuals these assessments should also inform the assumptions about overall levels of need.

Commissioning is inhibited by a lack of information available on the balance of expenditure on different types of housing and residential provision. A weakness in local authority contract review is the shortage of cost data collected from providers. Given the pressure on financial resources the testing of value for money in existing services is an area where there is potential for improving cost effectiveness.

In developing a local strategy for housing care and support, local authorities and their partner organisations will need to identify and address their own particular gaps in knowledge about local services and the main barriers they face in trying to shape the kinds of services they require. The strategy should be based on a detailed audit of current services and an understanding of trends in: resources/supply; need/demand; and financial mechanisms for revenue and capital funding.

A comprehensive audit or locality analysis of housing and support should include

- population figures, living circumstances a profile of needs projections of needs/demand and details of individual assessments
- supply, types, aims and quality of services; costs; outcomes for individuals; and supply/resources.

Checklist of information on needs

- Is there a profile of the population for whom services may be provided from a register or database maintained and updated annually
- Does the authority know where people live now and their living circumstances
- Are certain needs, groups or minorities being missed
- Is there a comparison of local and national information
- Are there agreed priorities amongst the potential demands for services
- Does the authority know the number living with older carers and are there plans for those living with older carers
- How many people are thought to require a move and their preferences

Locality analysis – audit of housing care and support

The review of services in an authority should include the following

- Is there a map of existing services identifying gaps in provision
- Does the authority have a record of the number and cost of places provided over the last 3 years and needed over the next 3 years, identifying trends and changes
- Is there a plan for the number and type of new places and support required
- Level and type of support offered, gaps in services
- What imbalance in the kinds of support/care services available or levels of support
- Whether certain types of housing strongly associated with particular aims?
- How much flexibility is there to change the level or type of support/care without people having to change their accommodation?
- How much scope is there for people to change their housing while maintaining their support (from the same or a different provider?)
- Service providers: types, aims, quality, deficits
- The housing supply: existing and new development, adaptations/improvements,
- Costs: capital and revenue; external support; cost to funders; cost to individuals;
- Key outcomes required: security, skills development, choice, services, support, stability etc.
- Projections: range of service types needed, supply, costs, savings

The dynamics of development

It is recommended that service development is guided by

- strategies to increase quality and choice enlisting senior management commitment to these principles for development
- a consumer focussed approach, listening to service users and their families
- market mapping of needs, supply and the use of existing services
- medium term plans for service development should be agreed between health, housing and social services
- more and better use of self contained housing options, using clustered housing and managed networks of local housing
- simple best value methods for assessing existing services for cost and effectiveness, for continuous improvement, and performance assessment
- an efficient approach to the management of the provider market
- a partnership approach for joint strategies between housing, health and social care for the commissioning of services and individual casework.

The strengths or weaknesses of planning for people and planning services can be characterised by the persistence of two separate cultures. Person centred planning is widely recognised as good practice for social care services but its separation from service planning is sometimes quite marked. The unfortunate consequence of this is that the choice, for people and their care managers, is lacking. Choice besides being offered must be created, one cannot happen without the other. Encouraging choice requires a range of suitable and successful solutions for people from which to choose.

Two cultures

Planning for individuals

Person centred planning

Individual assessments

Care plans

Purchase of placement

Monitoring outcomes for people

Allowing change, flexibility or the chance to move

Listening to users

Planning services

Service management

Population needs

Development strategy

Commissioning services

Quality assurance and service standards

Improving or reshaping services

Consulting users, carers, managers and providers

The partnership approach to service development

- To give information to service users and families about housing care and support options, rights to housing and services, how to make the right contacts.
- Developing a partnership approach between housing, health and social care departments for the commissioning of services and individual casework.
- Social services to act as a client for housing on behalf of people with learning disabilities and present clear arguments for future needs.
- Producing joint strategies that map and plan the profile of services to guide service development plans.
- Joint planning to maximise the use of housing, health and social services resources and funding - for existing and new services.
- Joint agreement of the aims and objectives of services establishing senior level commitment to principles of quality and choice
- Using best value methods for continuous improvement, performance assessment and value for money

Checklist for a local development strategy

- Are there formal aims for the services, outcomes for people
- Are the priorities for services understood, what will be the range of needs to be met
- Is there an assumption of shortfall of number and type of places needed against those available to establish the number of places to be provided over 3 years
- Are comparisons made with other authorities of levels and range of services available
- What forms of housing are needed - specification, type and mix of housing
- How are existing services funded through health, housing, social services and benefit income
- Do the authority have a satisfactory panel of providers for housing care and support
- Are there adequate specifications for housing needed and for care and support services
- Will services be registered as residential or domiciliary care or unregistered
- Are responsibilities allocated for how will the service be planned, commissioned, directed and supervised
- How will it be specified and commissioned
- Are there formal relationships between those who need to be involved, care managers, purchasers and providers
- What is the role of the parties, who contributes each part of the process
- Is there a 3 year budget or plan for service development. Have the parts of the service been costed -what is the income and cost to the authority
- Are there formal arrangements for joint working between housing, social care and health organisations involved
- How will the services be managed and supervised

Several partnerships are crucial for successful service improvement. The partnership with health, with providers with carers and service users. Joint working needs formal definition for good working practice. In the case of health joint commissioning is still irregular and services would benefit from clear expectations for the future. Structured

joint commissioning needs to be formalised including agreement about sharing costs in a budget. Tangible mutual benefits need to be experienced rather than the penalties of cost shunting

The partnership with providers is also evidently uncertain and often unnecessarily distant. Providers have to be involved and informed in order to achieve efficient service delivery. The Audit Commission guide *Take your choice* gives excellent illustration and advice. Our own checklist is given below.

Improving the partnership with providers

- Has the authority a good range of service providers
- Does the authority have plans to improve this range and promote good relationships
- Is the role of in house and independent sector providers defined
- Are fair comparisons made between in house and independent providers
- Is there a clear statement of what counts as success and quality in a service
- Is this reflected in the standards of service set and specified
- Are the information and reporting arrangements such as to allow proper supervision and management
- Does contract monitoring use information from care management, inspection, users and carers survey
- Does the authority openly discuss its future requirements, changes proposed and engender trust
- Are benchmarking comparisons made between providers
- Is there a regular review of cost and effectiveness measures
- Are contract agreements clear, adequate, kept up to date, give period for review, provide adequately for termination etc.
- Do contract and finance arrangements give providers confidence and stability

Involving users and carers

- Is there information for users and carers about the care management and assessment process
- Does the authority provided information for families about options including support for those living with their families or living independently
- What is done to encourage partnership and preparation for independence or transition
- Do families and service users have access to a known key worker or care manager
- Has any survey been carried out of user or carer views
- Are there opportunities to consult about the priorities and direction for services
- Has any action been taken as a result

Implementation problems to be overcome through a local strategy

Lack of suitable housing;	Social service links with housing department and providers
Inadequate information on costs	Basic data collection on services in standard form
Resources tied up in traditional models	Review and plan for reshaping services
Desired services seen to be too expensive	Maximise income available, improve efficiency, draw on informal supports and develop individual's own capacities
Commissioning process not developed;	Propose and test assumptions about needs, existing services and projections for development
Formal contracting procedures inhibit partnership with providers	Develop fair practice for consultation and negotiation with providers
Lack of political support.	Use best value consultations with carers and service users, involve members in local stakeholder conference
Agencies not working together;	Use the strategic development process to involve and consult partners
Shortage of suitable providers;	Review existing provider panel, draw up provider specifications and consult and involve potential partners

4. An introduction to the housing agenda

National guidance on the partnership with housing

Housing is an essential element in the network of community care services. The Audit Commission estimate that around £2 billion a year is spent on housing-related community care services for around 1.3 million people. There are some 450,000 placements by local authorities and housing associations in sheltered housing with wardens on site - similar to the total number of residential and nursing home places. A recent Audit Commission report *Home Alone* found that collaboration between housing and social services is often weak, and the full potential of housing departments and providers to contribute to community care is not being exploited (1).

" A picture emerges of inadequate identification of needs, inflexible use of stock and insufficient early intervention to prevent vulnerable people reaching crisis point."

" There is little evidence of joint working with social services and local Registered Social Landlords...".

Home Alone, Audit Commission, 1997

The Government recognises the crucial role housing has to play in community care and the need for partnership between health, housing and social services in supporting people in the community. This partnership needs to involve not only the statutory authorities but also housing providers to ensure that housing needs are identified and strategies developed to address them. In areas with two-tier local government where social services are the responsibility of the county council while housing is the responsibility of the district councils there is an additional boundary to overcome.

The role of housing in community care

The DH and DETR have worked together to produce joint guidance for health, housing and social services to develop strategic plans (2). The workbook *Making Partnerships Work in Community Care* advises on making local connections (3).

Section 46 of the NHS and Community Care Act 1990 requires local authorities to publish community care plans, keep them under review and replace them with a new plan when necessary. It also specifies those agencies whom the social services department must consult, including housing authorities.

1. Audit Commission (1998), *Home Alone*, Audit Commission
2. DoH/DETR (1997) , *Housing and Community Care: Establishing a Strategic Framework*, DoH Publications
3. Means, R et al (1997) *Making partnerships work in community care* DH/DETR

Examples of further work at national level are the:

- The Supporting People programme to establish practicable and sustainable arrangements for the long-term funding of supported accommodation
- Changes to the building regulations to make all new homes more accessible to disabled people
- Work with the national housing federation to improve standards in housing and support schemes through its "framework for housing with support"
- Preparing guidance for local authorities on housing options for people with a mental illness or learning disability
- Development of the long-term care charter, with its emphasis on housing as well as health and social services

Structure for partnership

A structure is needed for the development of a partnership with the housing authorities. The basis of community care is that this is necessary both at the strategic, operational and individual case assessment and planning level. In outline the responsibilities of each are as follows.

Social Services

Social services authorities are the lead agency for planning and arranging community care. Their responsibilities include:

- preparing a community care plan which describes their plans to address community care needs within their area;
- undertaking assessments of any individual who may have a need for community care services; and
- involving health and housing authorities, service users, carers and the independent sector in drawing up community care plans and in planning care for individuals.

Housing

Housing authorities are responsible for developing housing strategies that address the full range of housing needs in their area and make the best use of the private, public and voluntary sector housing stock. Housing authorities are expected to co-operate with social services authorities in implementing community care by:

- contributing to the development of joint policies and community care plan;
- making available a range of housing advice and services;
- taking full account of individuals' needs when allocating tenancies or nominations; and
- basing investment decisions and priorities on a proper assessment of the future needs of the local population.

Housing authorities in preparing housing strategies should consult social services and

take account of needs identified through the community care planning process. Housing providers, including local authorities and other social landlords, have a key role in making suitable housing available to vulnerable people. They may also be involved in providing support and care services to individuals, with funding from their own resources, or from social services, health agencies or other sources.

Allocations

Section 167 of the Housing Act 1996 requires local housing authorities, through their allocations policy, to ensure that reasonable preference is given to certain priority need categories, and additional preference to those with a particular need for settled accommodation on medical or welfare grounds, who cannot reasonably be expected to find accommodation for themselves in the foreseeable future.

Further guidance on allocating housing is given in the Code of Guidance on Parts VI and VII of the Housing Act 1996 issued by the Secretary of State for the Environment and the Secretary of State for Health in October 1996. In particular, paragraph 2.13 of that Code of Guidance explains that allocation schemes should reflect the variety of housing needs and circumstances of vulnerable individuals, and section 5 explains the detailed provisions on allocations schemes.

The Housing Corporation

The Housing Corporation distributes central government housing capital and revenue resources to registered social landlords, regulates their housing activities including ensuring their continued viability, and seeks to promote innovation and good practice. The Corporation works with local authorities on the identification of local needs, and follows housing authorities' priorities in allocating capital funding for new developments. The Corporation also works with housing authorities to seek the views of relevant agencies (including social services) when reviewing revenue funding for special needs schemes.

Structure for joint working

The joint circular *Housing and Community Care (10/92)* restated the aim to support people in their own homes with the right level of intervention and support to enable them to achieve maximum independence and control over their own lives. Guidance from the DoH/DETR in 1997 *Housing and Community Care: Establishing a Strategic Framework* gave additional help and practical illustration of how this could be achieved.

A structure needs to be practical and fit for the purpose. The aim is to provide accommodation and support for people in their homes to enable them to achieve maximum independence and control over their own lives. The aims should be

developing a community care and housing strategy for people with special needs, based on a multi-agency approach to determining needs, facilitating initiatives, considering new proposals and maximising funding opportunities.

Specific objectives

1. Establish a shared vision and common objectives for housing and community care services across agencies
2. Develop strategy for housing and community care to inform the Community Care Plan and district Housing Strategies including
 - current and future need for housing and support services,
 - use of existing stock and sheltered housing
 - effectiveness of current housing and support services,
 - pooling resources and ensure their effective use across agencies,
 - the use of aids and adaptations
3. Map needs and resources to provide information for strategic decision-making
4. Develop effective operational co-ordination including
 - protocol/procedures for joint assessments
 - effective regular communications, sharing of information and formal liaison arrangements
 - joint training to share knowledge, understanding and skills.
 - improve links at a purchaser/commissioner level
5. Promote the use of performance measures for housing and community care services, covering cost-effectiveness and quality
6. Review existing provision, mainstream housing services to ensure that they help to meet the needs of vulnerable people using all tenures and improving housing allocations
7. Identify and prioritise needs and Housing Corporation bids, arbitrating between districts.

Options and choices

Experience from the past is that people with a learning disability have limited choice about where and with whom they live. A study with 6 local authorities (Harker and King 1999) found that only 7% of people with learning disability have their own home but showed how supported housing options add to the range of possibilities.

Generally lack of suitable housing was not a limiting factor in offering more choice. It was weakness in planning and co-ordination of the housing and support needed. The supply of housing can be improved by a better use of existing stock: council and housing association tenancies, home ownership, private sector and mixed developments. The plan for these services needs a specification for what is suitable for standard of amenity, location, access to community and family. It must identify clients and the housing provider. The improved range of residential options then requires a service to support people with a wide range of needs - an outreach or supported housing service.

Housing and social service departments both benefit from joint working and the results can be very effective. For one authority this included the following

- Social services kept an up to date list of priority cases for housing or accommodation needs. This was used to plan services, inform and capital programmes. The information for the list was based on individual assessments for housing and care. Each year the need for places could be quantified and gaps or shortages identified.
- An annual quota for nominations for housing association or council lettings was jointly managed with the housing department agreeing eligibility for housing. From a range of services which was predominantly registered residential care the authority now has more than a hundred people with their own tenancy and receiving housing benefit.
- Better use was made of existing housing, of one or two bed units, linking allocations to the support or care package for tenants. It ensured need informed supply and that support services kept pace with capital developments. Care and support was commissioned from an independent specialist provider.
- There was liaison with the housing department and housing associations over development opportunities and new capital development programmes. This has produced several new build developments providing either grouped self contained units or small shared purpose built houses one for people with autism.
- Joint commissioning by housing and social services improved the use of resources: land, stock, funding and staff. This could be reflected in the local authority plans for housing and care. Links with other local authority departments such as valuation helped with reshaping or reprovision of local authority services. Joint training between departments improved operational links.
- Information was provided for family carers on housing options. This took the form of workshops and published guidance.

Harker and King *An Ordinary Home* Local Government Association 1999

The Housing Green Paper

The Housing Green Paper, published in April 2000, set out our agenda for improving the quality and choice of housing available to all, including people with learning disabilities. This requires housing authorities' participation in the development of the Joint Investment Plans, and in the planning and development of services. Likewise, social services and the NHS need to be involved in developing the local housing strategy and Housing Investment Programme.

Such collaboration is needed at all organization levels, right down to the operational level. Local housing authorities' housing advice services and local arrangements for accessing housing, need to be integrated with wider person centred planning processes for people with learning disabilities. And good liaison is required between landlords and those providing care and support services, where different organizations or staff are involved.

Planning and commissioning

But changing professional attitudes and opening up arrangements for accessing housing can only take us so far, unless the different types of accommodation that individuals may want are actually available for them to choose.

In some areas there has been a lack of active planning by local authorities to develop housing options for people with learning disabilities. In other areas there has been conservatism in the choice of options, with authorities expanding provision by replicating the same type of development rather than taking the opportunity to broaden the range of housing options.

To ensure that this happens, it will be a requirement that the JIP must include development of a local housing strategy, with projections of the number of people with learning disabilities who will need housing in the future. This strategy should also identify the evolving pattern of housing preferences amongst people with learning disabilities locally, and set out plans for the future supply of different housing options, linked in with plans for the future development of care and support services.

To ensure that authorities have the knowledge and confidence they need to develop the full range of housing options, the Department of Health and the Department of the Environment, Transport and the Regions will shortly issue a joint circular to housing and social services authorities, together with detailed guidance on commissioning the full range of housing, care and support services required to expand housing choice.

Improving choice in housing

The following list represents a few of the ideas developed with the Pilot Study authority participants for the range of housing possibilities which could be considered:

Supply

- Nominations/referrals to Registered Social Landlords (RSL's)
- Sale/transfer of existing housing
- Remodelling/refurbishing local authority or RSL stock
- Adapting owner occupied/parents/local authority properties
- Change of use of Council or RSL's stock
- Private sector leasing and renting
- DIYSO and conventional shared ownership
- Joint purchase by parents/individuals
- Purchase of existing satisfactory properties by RSL's

Financial support

- Supported Housing Grants for general needs housing and floating support
- Using Independent Living Fund and Disability Living Allowance

Accessibility

- Providing aids and adaptations
- Adoption of "Lifetime Homes" standards
- Using new technology

Detail from King N and Harker M, 2000, *Making Housing Choices Pavilion*

5. Needs and services

Because of the importance of addressing real levels of need and the evidence of wide variation in match between provision and population it is useful to establish baseline information on population and prevalence. The review by Emerson and Hatton of 1991 OPCS figures and 1995 Department of Health returns show wide variation in the levels of residential provision, the number of places available and the number of residents supported by the local authority. (1)

The Sheffield Case Register shows an overall level of 0.45 % but this prevalence rate is higher, 0.6% among those in the 25 - 40 year old age range. (2) Those included are people with a severe learning disability and expected to need support from community services.

This report and the Department of Health Workbook for Joint Investment Plans suggest that the learning disability population is likely to continue to increase over the coming years as a result of both the increased life expectancy of people with learning disabilities and the improved medical technology which is resulting in an increase in survival of babies with severe disabilities. Whilst improved screening techniques are leading to a slight reduction in the percentage of births of children with conditions such as Down's syndrome, this is more than offset by other risk factors, such as the increasing age of mothers at birth. The Workbook suggests for adult services a current 'administrative prevalence' at around 0.5 % of the general population. (3)

Numbers requiring a service

Estimates of numbers requiring a service depend on assumptions about how long people may remain in their family home before a move. The guidance issued by the Department of Health included the following:

'Most adults with severe or profound learning disabilities are likely to need to live other than in their family homes at some point. In considering residential needs local authorities will need regularly to assess and review each individual and the capacity and willingness the family and carers to continue to support the individual and, insofar as resources allow, plan a package of services.'

The main impact on the number of service places needed will depend on the average age at which people leave home. Using the population age profile for Sheffield the numbers age 40 or over are about 35% of those with learning disability. If each of those receive accommodation and support the number of places required for a general population of 100,000 will be 175.

(1) Emerson & Hatton (1997) Regional and local variations in residential provision, Tizard Review

(2) Parrott R et al (1997), *Future Demand for Residential Provision for People with Learning Disabilities*, Hester Adrian Research Centre, Manchester:

(3) Department of Health, Health & Social Care Joint Unit (2000), *Joint Investment Plans, a Learning Disability Workbook*, DoH

(4) Department of Health (1992) LAC (92)15 *Social Care for Adults with Learning Disabilities*

The same study suggests that the average age people leaving home is rather less than 40 (when carers are nearly 70) so the required number of places will be greater than 175. The 1971 White Paper proposed that 155 places were needed per 100,000 population, the All Wales Strategy a figure of 185 per 100,000 - either side of our age 40+ group number (5), (6).

The shortfall in the number of places needed has been calculated in several ways. Using a total number required nationally and comparing this with the number of health and social care places a shortfall of about 27,000 is estimated. Another comparison using a demand and supply model of needs and places available produced a figure of 25,000 places required in England, approximately 50 per 100,000 of the total population. (7)

Besides these estimates of a shortfall there is an inevitable turnover in services as people get older. Using our general learning disability population figures this should allow for a turnover of 10 places a year per 100,000 population alongside any reduction of the local estimate of shortage.

Changing services and demands

Hospital resettlement and new arrangements for social care since 1993 have shaped the development of new community based services. Both have been largely based on residential care options. In a sample of six authorities more than 75% were health or registered residential care. (8) There are a few in-patient, nursing home places and adult placements and a small number of unregistered supported housing tenancies. 62% of local authority expenditure is spent on residential care in England providing nearly 60,000 places. The number of people supported in their own homes, not residential care is only about 25% and most of these are small shared homes. The figures in *Facing the Facts* correspond very closely with these estimates.

Hospital resettlement has been carried out by health authorities using health funding with the resulting services often been managed by health trusts or their staff. Social services placements have been more concerned with those living at home with their families who at some stage need to move for their own benefit, because of family stress or the age and frailty of carers.

Besides hospital resettlement and local authority funded placements there are a third group, nearly a half of all those in residential care who are there because they were able to secure a place funded by higher rates of residential care benefit before 1993 *preserved entitlements*. Those people cannot easily move out of residential care without losing this entitlement and if they do move or die the vacant place would now have to be funded through social services support. This problem has been addressed in a recent consultation document proposing a funding transfer to local authorities.

(5) Department of Health and Social Security (1971), *Better Services for the Mentally Handicapped*,

(6) Welsh Office (1983) *All Wales Strategy* Welsh Office

(7) Watson, L. & Harker, M. 1993, *Community Care Planning: a model of housing needs assessment*, NFHA.CIOH

(8) Harker and King (1999) *An Ordinary Home* LGA London

There has been a trend towards smaller non institutional forms of service. A research review in 1996 gave numerous examples of the evidence that more positive outcomes were experienced by users in smaller community based group homes than larger hostels or institutional settings (9).

Priorities for service development

The impact of funding systems, identified shortfall, wide variations in provision and the predominance of registered care are strong features of services. This has been taken by many to a further conclusion that people should be able to have support in their own homes with more choice and control over their living arrangements. Taking all these into account the pattern for new development has to take account of

- existing levels of unmet need and increasing prevalence estimates
- increasing demand and expectations
- reprovision of older services
- moves from unsatisfactory placements
- those with older carers
- expensive out of area placements
- achieving better value for money
- greater diversity and choice

Local estimates of need

There are local studies which give detailed information on populations and needs. Nationally there are prevalence rates and changing patterns of need documented. There are existing local figures which can be used for comparison. The national JIP guidance is imprecise on the form for assembling needs data and there are no firm assumptions which can form the basis for deciding need and priority.

The first problem of producing information on need is to know the key assumptions about the aims of services, priorities, demands and preferences of individuals which will shape form of information to be collected. A group discussion with a group of authorities in the North West identified the following points

- the national format for data collection, the JIP template
- the population profile, the description of the range of needs, levels of ability
- the process for assessment of individual need and how this is used to contribute to aggregate population profiles and plans
- data collection to be as simple as is consistent with the use to be made of it
- knowing how many people with learning disability and where they live now
- the number with elderly carers
- those leaving school
- numbers 'at risk'
- needs changing over time
- information on services and accommodation available, gaps in services
- assumptions about what counts as priority needs

(9) Emerson, E. et al (1996), Residential Provision for People with Learning Disabilities: Summary Report, Hester Adrian Research Centre, Manchester: