

**HOUSING STRATEGY**  
**HOUSING FOR PEOPLE WITH LEARNING**  
**DISABILITIES**  
**(2010 – 2015)**



**HOUSING STRATEGY  
HOUSING FOR PEOPLE WITH LEARNING DISABILITIES**

**Contents**

<b>Chapter 1</b>	Vision and Action Plan
<b>Chapter 2</b>	Supporting Information  Statistics and trends; people with learning disabilities now and in the future
<b>Chapter 3</b>	What people like in a home
<b>Chapter 4</b>	Advice and information on housing options
<b>Chapter 5</b>	Affordable rented housing
<b>Chapter 6</b>	Home ownership
<b>Chapter 7</b>	Developing new affordable housing
<b>Chapter 8</b>	Private rented housing
<b>Chapter 9</b>	Care and support – Independence in the home
<b>Chapter 10</b>	Supported housing
<b>Chapter 11</b>	“Shared lives” schemes
<b>Chapter 12</b>	Residential care
<b>Chapter 13</b>	Resources
<b>Chapter 14</b>	Conclusion
<b>Appendices:-</b>	
Chapter 1	What does “learning disability” mean?
Chapter 2	“What we said about housing”
Chapter 3	National to local – What strategies and laws want to see
Chapter 4	Sources of accessible information on housing options
Chapter 5	References used in this Strategy

# HOUSING STRATEGY – HOUSING AND PEOPLE WITH LEARNING DISABILITIES

## Chapter 1

### Vision and Action Plan

#### **The Vision of this Strategy**

Southampton City aims to meet the housing aspirations of people with a learning disability, and for them to have choice over where and how they live their lives; that they have decent homes to live in, and the support they need to enable them to be independent, and that their rights as individuals are recognised and respected.

#### **Introduction**

This Strategy will cover the five years from 2010 to 2015. It refreshes and builds on the previous Housing Strategy – “Housing and Support Options: A Housing Strategy for Learning Disability”, which was produced in 2002.

Key achievements from Housing and Support Options: A Housing Strategy for Learning Disability has been:

- The development of the housing accommodation panel for Southampton’s learning disabled population to support access to their own tenancies including the development of the Housing and Support needs assessment
- New and strengthened contracting with key providers to support people’s skills in maintaining their own tenancy
- The acquisition via campus capital grant from the Department of Health to support people previously living in NHS campus accommodation to have their own tenancy (this has included working with Housing Associations) and locally we have acquired 25 properties to support people with complex needs
- Since 2002 over 200 individuals have moved into their own tenancies, increasing their independence and control over their own accommodation. This includes increasing numbers who have moved into self-contained accommodation. This trend is planned to continue over the lifetime of the new strategy.

A multi-agency group helped to produce this Strategy. This group included representatives from:-

- Southampton Mencap
- Choices Advocacy
- The Council’s housing service
- The Council’s learning disabilities team in Health and Adult Social Care

- The Council's Supporting People team in Health and Adult Social Care
- NHS Southampton City

The key objectives of the previous Strategy were achieved. However people's aspirations have now moved on, with many people preferring smaller schemes, wanting more options, or moving on to more independence in their own home with visiting support. This Strategy thus aims to move the agenda of choice and independence on further.

The Strategy plans for the housing needs and aspirations of people with learning disabilities, and for ensuring that people have the same range of housing options as everyone else. In doing so, it will also enable people to have more choice over where they can live, and more chance of living in their own home.

## **Overview**

The learning disabled population are living longer healthier lives. This means that Southampton City Council must be more proactive in how we manage and lead the support that we provide for people with learning disabilities with their housing needs. We have identified some key trends that we need to understand more about, and this will support our decision making when developing housing options.

### The **trends** identified in this Strategy include:

- More people with learning disabilities living in the City.
- More people who are aged 50 and over. This group of people are, on average, at greater risk of age-related health problems and dementia - at an earlier age than the general population.
- More people with profound and multiple learning disabilities reaching adulthood and middle-age. This is still a small group of people, but with very high support needs and accommodation will need to support those needs
- More people living at home with older parents or family carers, and who need to plan for their housing futures sooner rather than later.

People increasingly want more choice over where they live, to be able to live (with support) in their own home, and to feel safe in their home and in the local area.

Increasing government emphasis on people having more housing options, having a choice over them, being enabled to live independently (with support) in their own home, and where possible people using their own monies to fund housing.

Increasing difficulty for public sector organisations to provide capital funds to build new affordable or supported housing, leading to the need for a more creative range of solutions.

Increasing owner occupation among the general population means the need to investigate the ways some parents can release capital from their family homes, to help their adult child obtain their own home.

The **priorities** identified in this Strategy include:-

Work towards meeting the housing aspirations and preferences of people with learning disabilities, and their families.

Provide sufficient, good quality housing and support options for people to live independently (with support) in their own homes.

Provide advice, information, and support to help enable people, and their families, make choices over their housing and know how to access that housing.

Personalisation to be at the heart of the support provided to people to enable them to access the housing of their choice and to live in their own home

Meet the government standard, Public Service Agreement (PSA) 16, i.e. the proportion of adults with learning disabilities in settled accommodation increases over time.

### **Resources**

A total of **£12.4 million** is being spent on social care and housing related support services for people with learning disabilities in Southampton in the financial year 2009 – 2010.

- £11.2 million Community Care (LD) spend
- £1.2 million Supporting People (LD) spend

### **Action Plan**

This Strategy includes a detailed Action Plan which sets out the objectives to be achieved by 2015.

### **Any enquiries about this Strategy**

Please contact

Sue Perry  
Policy Officer  
Housing Solutions Division  
Southampton City Council  
[Sue.perry@southampton.gov.uk](mailto:Sue.perry@southampton.gov.uk)

An “easy-read” summary of this Strategy is also available

# **Housing Strategy – Housing for People with Learning Disabilities**

## **Action Plan**

*Please complete the following sections within this page if this is a stand alone document rather than an appendix to a strategy/corporate plan.  
If these sections are not completed please ensure that the issues have all been addressed in the main document.*

### **Introduction**

The purpose of this action plan is to work towards achieving the priorities of the Housing Strategy – Housing for People with Learning Disabilities (2010 – 2015).

#### **These priorities are to:-**

- Work towards meeting the housing aspirations and preferences of people with learning disabilities, and their families.
- Provide more, and good quality, housing and support options for people to live independently (with support) in their own homes.
- Provide advice, information, and support to help enable people, and their families, make choices over their housing and know how to access that housing.
- Personalisation to be at the heart of the support provided to people to enable them to access the housing of their choice and to live in their own home
- Meet the government standard, Public Service Agreement (PSA) 16, i.e. the proportion of adults with learning disabilities in settled accommodation increases over time.

This Action Plan needs to be cross-referenced with the Action Plans of other strategies and any future updates:-

- Housing Strategy (2007 – 2011)
- Supporting People Strategy (2005 – 2010)
- Housing Strategy for Older People (2009 – 2014)
- Homelessness Strategy (2009 – 2014)

## **Consultation**

The multi-agency group which helped to produce this strategy, and its action plan, included representatives of:

- Southampton Mencap
- Choices Advocacy
- The Council's housing service
- The Council's learning disabilities team in Health and Adult Social Care
- The Council's Supporting People team in Health and Adult Social Care
- NHS Southampton City

The Southampton Learning Disability Partnership Board has also been involved. They funded the housing consultation event for people with learning disabilities, held in August 2009, with the outcome being reported back to them. "Busy People", a group of self-advocates who are members of the Board, met to discuss the Strategy before the Board meeting. The Learning Disability Partnership Board met to discuss the Strategy on 8<sup>th</sup> March 2010.

The people who attended the Housing Consultation Event for people with learning disabilities in August 2009, played an important part in developing the aims and objectives of the Strategy from the perspective of what people like in a home. A report of this event forms Appendix 2 of this Strategy.

## **Management and Monitoring of this Action Plan**

The action plan will be monitored by a working group, and the Council's Cabinet Member for Housing and Local Services and the Cabinet Member for Adult Social Care and Health. This monitoring will principally be via an annual report on the progress of the action plan, produced by the Council's Housing Solutions Division.

Objective	Benefits and measures of success	Actions	Timescales and milestones	Financial and other resource requirements	Responsible Officer	
<b>The required government standard</b>						
1.	Southampton meets the government standard, Public Service Agreement (PSA) 16, i.e. the proportion of adults with learning disabilities in settled accommodation increases over time from the baseline of financial year 2009 – 2010.	<ul style="list-style-type: none"> <li>• Citizens rights to live in their own tenancy are supported</li> <li>• Improvement in peoples overall wellbeing and quality of life, and reduces housing inequalities.</li> <li>• Southampton improves its PSA 16 target.</li> </ul>	<p>Implement the Strategy.</p> <p>Ensure recording systems are accurate, and are validated by data quality checks.</p>	To be monitored quarterly at housing strategy group.	Staff time to check statistics, which is already within existing roles.	Information officer for Health and Adult Social Care.
<b>Supported housing</b>						
2.	Investigate how other, new models of supported housing are provided, taking into account best practice and national guidance on housing, care and support.	<p>More housing options are available to respond to the predicted and changing needs of the learning disability population.</p> <p>These options maintain quality, provide the housing people want to live in, and provide value for money.</p>	<p>Investigate the potential viability and suitability of other models, including Key Ring schemes and private leasing schemes.</p> <p>If a model(s) is found to be a viable option, including financially viable, a business case is made for it, with a view to a pilot project.</p>	Investigation to be carried out by January 2011.	Investigation to be carried out by responsible officers.	<p>Housing enablement officer (Health and Adult Social Care).</p> <p>Policy Officer – Housing Solutions Division.</p>

Objective	Benefits and measures of success	Actions	Timescales and milestones	Financial and other resource requirements	Responsible Officer
<p>3. Provide a supported housing service for key target groups:</p> <ul style="list-style-type: none"> <li>• People with profound and multiple learning disabilities (PMLD).</li> <li>• People with learning disabilities with associated autism, who may challenge services.</li> <li>• People with complex, health conditions</li> <li>• People with mobility problems or sensory impairments needing accessible</li> </ul>	<p>An increase in the housing options that people can choose from.</p> <p>More people are able to live in supported housing with their own tenancy.</p> <p>People have a choice of supported living in a self-contained flat.</p> <p>Increased confidence with families re their family member leaving home, demonstrated by increased engagement from families to support move on to own tenancies.</p> <p>People, who develop age-related health problems or dementia at an earlier age, are able to access sheltered or extra care housing when they need it – including at an earlier age.</p> <p>Better quality support is</p>	<p>Produce support and housing specifications that are the basis of delivering positive outcomes.</p> <p>Investigate sources of suitable accommodation with housing partners (e.g. SCC, housing association, support providers housing arms) with the aim of obtaining a small block, or floor within a block of flats.</p> <p>Work with support providers housing arms to bring capital to these services, so that appropriate buildings are available.</p> <p>Complete the re tender process domiciliary care. If interim arrangements required for support agree exemptions.</p>	<p><u>First stage</u>:- Housing and support specification to be drawn up by end of July 2010.</p> <p><u>Second stage</u>:- Find buildings (or parts of) for key groups</p> <p>Implement process of tendering for support services.</p> <p>PID/Project plans/Risk Log and Business Cases to be developed for each</p>	<p>Land or buildings to locate schemes on (i.e. SCC/private landlords/ Housing Associations etc)</p> <p>Staff time to plan and implement the project.</p> <p>Revenue for support costs from pooled budget (LD Section 75).</p>	<p>Learning Disability Joint Commissioning Manager.</p> <p>Team Manager of the Learning Disability Team</p> <p>LD Housing Enablement Officer</p> <p>Housing Development Team (Housing Solutions Division) – for work with housing associations.</p>

	<p>accommodation without stairs.</p> <ul style="list-style-type: none"> <li>• Young people (under 30) needing shared supported housing as a stepping stone to independent living.</li> <li>• Older people with early-onset dementia or age-related health problems.</li> </ul>	<p>provided by including REACH standards as core performance measures for all domiciliary care providers.  A reduction in the current level of crisis/ breakdowns in people's provision</p> <p>The Learning Disability pooled budget supports personalised commissioning, ensuring that efficiencies within that budget are made, and are reallocated as part of budget setting exercise.</p>	<p>Progress and set up the projects. This to include allowing time for the transition of the new tenants, as necessary.</p>	<p>scheme by October 2010</p>		
--	--	---	---	-------------------------------	--	--

Objective	Benefits and measures of success	Actions	Timescales and milestones	Financial and other resource requirements	Responsible Officer
<p>4. Increase the provision of supported housing, in small blocks of flats, or on the ground floor of larger blocks. Some to be long-term homes, some to be short-term to prepare people to move-on to more independent living.</p> <p>This housing to be supported by visiting ("floating") support, not on-site provision.</p>	<p>People are able to move from the family home or from shared, or more intensively supported housing, without having to make a big jump to general needs flats.</p> <p>People are able to take up the vacancies in more intensively supported housing that people moving to these flats will leave behind.</p> <p>Flats and places in more intensively supported housing (for example with 24 hour support) will be freed-up for people who need it, by some of the current residents moving-on to these flats.</p>	<p>Pursue any options for working with a housing association to obtain a small block or a floor within a larger block in their new build housing.</p> <p>Provide small schemes of supported housing, of around 6 to 7 people per scheme.</p> <p>Aim to provide 2 schemes, with at least one on the West side of the City.</p>	<p>PID/Project plans/Risk Log and Business Cases to be developed for each scheme by October 2010</p>	<p>Land or buildings. (i.e. SCC/private landlords/ Housing Associations etc)</p> <p>Staff time to develop the project.</p>	<p>Housing Development Team (Housing Solutions Division)</p> <p>Housing Enablement Officer (Health and Adult Social Care).</p>

Objective	Benefits and measures of success	Actions	Timescales and milestones	Financial and other resource requirements	Responsible Officer
<p>5. To ensure the continuous improvement of current supported housing schemes &amp; services.</p> <p>The lessons from this are extended across all supported housing schemes and services that support all people in tenancies.</p>	<p>Tenants are well-supported and can be sure of receiving quality support</p> <p>People increasing their independence and their community presence.</p> <p>Tenants' concerns are recorded, monitored, and responded to.</p> <p>Fewer complaints about services than in the baseline financial year (2010 - 2011).</p>	<p>Regular contract monitoring and reviewing of the Frameworks for Domiciliary Care and Supporting People Services with valid input from tenants.</p> <p>Make use of benchmark tools such as those developed by the National Development Team - inclusion (NDTi) quality indicators, to ensure people's quality of life improves.</p>	<p>Ongoing contract monitoring, and annual reviews, for domiciliary care related to supported housing – in line with current agreements.</p> <p>As above for services funded by Supporting People, and operated under their contracts.</p>	<p>Staff time from Health and Adult Social Care, including the Supporting People team.</p> <p>Support and Housing providers time</p> <p>Time from the Tenants Group, supported by Choices advocacy.</p>	<p>Supporting People Team</p> <p>Manager of the Learning Disability care management team. (Health and Adult Social Care).</p> <p>Managers of support and housing provider organisations.</p>

Objective	Benefits and measures of success	Actions	Timescales and milestones	Financial and other resource requirements	Responsible Officer	
<b>Care and support – to help people stay independent in their home</b>						
6.	<p>To continue to provide services to support people to sustain their own housing, and gain the skills to live as independently as possible.</p> <p>This to be by services funded by Supporting People, with provision for the use of personalised money made within each service.</p>	<p>New services in place, that support people to live as independently as possible.</p> <p>Achieving the National Indicator (NI) 141 government target, through a minimum of 70% of people in supported housing moving-on in a planned way.</p> <p>Achieving Key Performance Indicator (KPI) 1 target of 98% of people using the service maintaining independent living.</p>	<p>Commission two housing related support contracts providing short term supported housing and floating (visiting) support.</p> <p>Implement and monitor the service contracts.</p>	<p>New service contracts to be in place by December 2010.</p> <p>Quarterly performance and contract monitoring ongoing, for the duration of the contracts.</p>	<p>Staff time for the Supporting People in contract implementation and the contracts process.</p>	<p>Supporting People contract officer. (Health and Adult Social Care)</p>

Objective	Benefits and measures of success	Actions	Timescales and milestones	Financial and other resource requirements	Responsible Officer
<p>7. Housing support staff to receive training in housing, including supporting people through accessing housing options, tenancy management issues, and knowing when repairs and maintenance are needed.</p>	<p>Housing support workers are better able to support people to consider their housing options, access the housing they want, and to sustain their home more effectively.</p>	<p>A training scheme to be set up for any Council staff providing housing support.</p> <p>New contracts with support providers to make it clear that compliance with the contract will include staff having this basic understanding and awareness of these housing matters.</p>	<p>Council training scheme to be in place by 2011.</p> <p>Training among support providers to be required in support contracts let from December 2010.</p>	<p>Staff time to organise the training for Council staff, and to monitor the Supporting People contracts.</p>	<p>Housing Enablement Officer (Health and Adult Social Care) in liaison with the Housing Solutions Division of the Council.</p> <p>Supporting People contracts officer.</p>

Objective	Benefits and measures of success	Actions	Timescales and milestones	Financial and other resource requirements	Responsible Officer
<p>8. Ensure that personalisation becomes part of housing support, social care and domiciliary care options for everyone.</p>	<p>People are able to choose who supports them and provides them with social and domiciliary care.</p> <p>The emphasis on personalisation maximises people's personal control over who meets their support needs, and how they do that.</p>	<p>Review existing care and support contracts with support providers to ensure that they all take account of the personalisation agenda.</p> <p>The use of the Putting People First process (a way of ensuring the personalisation of services) is to be a specific criterion in any new support contracts.</p>	<p>From July 2010 everyone newly referred to the Learning Disabilities Team (Adult Health and Social Care) will be assessed under the Putting People First process.</p>	<p>Staff time within the Learning Disabilities Team.</p> <p>This affects care and support provided by all the funding streams, for example, the Community Care Budget, Independent Living Fund (no new entrants at the current time), and the Supporting People Grant.</p>	<p>Manager of the Learning Disability care management team. (Health and Adult Social Care).</p> <p>Learning Disability Joint Commissioning Manager</p> <p>(Both located within Health and Adult Social Care)</p>

Objective	Benefits and measures of success	Actions	Timescales and milestones	Financial and other requirements	Responsible Officer
<p>9. Increase the use of assistive technology to support people to maintain their independence in their own tenancy, prevent people having to enter residential care, and reduce the load on family carers wanting to continue caring for longer.</p>	<p>More people are part-supported by assistive technology to stay in their home reducing number of people that may have previously entered residential care if assistive technology was not available.</p> <p>Staff and support workers are better able to support people who have this technology already in situ, and make suggestions about its future use in peoples' support.</p>	<p>Ensure relevant staff and support workers are aware of, and up-to-date with, the different types of assistive technology available and how to access them for their service users.</p> <p>Increase the awareness and understanding of this technology among people with learning disabilities and their families.</p>	<p>Ongoing - given the usual rapid pace of technological development.</p>	<p>Staff time to keep up-to-date.</p> <p>Resources to buy and install equipment currently funded via Joint Equipment Store (Section75)</p>	<p>Learning Disability Joint Commissioning Manager</p> <p>Team Manager of the Learning Disability Team</p> <p>(Both located within Health and Adult Social Care).</p>

Objective	Benefits and measures of success	Actions	Timescales and milestones	Financial and other resource requirements	Responsible Officer	
<b>Advice and information on housing options</b>						
10.	<p>Provide up-to-date, local, information about housing and support options, and how to access them, to people with learning disabilities, their families and carers, and to professionals.</p>	<p>The “Where you can live” booklet is kept relevant and up-to-date.</p> <p>Everyone who needs to be, is aware of the booklet and how to access it.</p> <p>Positive feedback from carers and service users show they have more understanding of who/how/when to ask about moving on from the current home.</p> <p>More planned, and fewer emergency moves, of people from their family home.</p> <p>A well-trained, well-informed workforce effectively support families &amp; people with LD; and have access to specific housing advice and ideas if needed</p>	<p>Regular updating and distribution (paper copy and internet) of the “Where you can live” booklet.</p> <p>Market the booklet to increase peoples’ awareness of housing options.</p> <p>Provide training or information sessions for prospective tenants and family carers, using the most suitable material and formats for the audience.</p> <p>Provide effective training for professionals, including for Council staff.</p>	<p>The “Where you can live” booklet is reviewed annually at the start of each year, and updated as necessary.</p> <p>Regular events about options for support and housing, and how to access them.</p> <p>The training and information needs of</p>	<p>Printing, distribution, and marketing costs are currently covered by the learning disability care management team. Future costs to be factored into their budget.</p> <p>Staff time to attend training</p> <p>Possibly time off work for families to attend training.</p>	<p>Housing Enablement Officer (Health and Adult Social Care) - in liaison with the Housing Solutions Division of the Council for updating the housing facts.</p>

				each group are known by August 2010.  Plan further actions depending on identified need.		
--	--	--	--	--	--	--

Objective	Benefits and measures of success	Actions	Timescales and milestones	Financial and other resource requirements	Responsible Officer	
<b>Home ownership</b>						
11.	<p>Investigate the barriers to people taking up home ownership and low cost home ownership, and the ways to resolve them.</p> <p>This to include any ways that families can fund, or part fund, housing for adult children or relatives with learning disabilities.</p>	<p>Any suitable and reliable options are made available, as general information, to parents and family carers, and professionals. (N.B Named companies or their specific products will not be recommended due to financial regulations).</p>	<p>The barriers to home ownership, including funding, are identified and actions identified to resolve them where possible.</p>	<p>Work to be carried out by April 2011.</p> <p>Provision of information is ongoing, and reviewed annually during the life of this Strategy.</p> <p>Numbers taking up home ownership to be monitored from April 2010-2011.</p>	<p>Investigation to be carried out by existing staff.</p>	<p>Housing enablement officer (Health and Adult Social Care)</p> <p>Housing Solutions Division – Policy Officer and Housing Development Team.</p>

12.	Promote home ownership, including low cost home ownership, as a housing option.	<p>People are fully aware of shared ownership as an option, because information is available and professionals are well informed.</p> <p>An increase in the numbers of people exploring shared ownership; and the number of people successfully completing a purchase. This to be monitored April 2010 – 2011 as the baseline.</p>	<p>Provide accessible information to people and their families.</p> <p>Explore successes or otherwise in other areas, and share positive stories and learning with others. Implement what is learned from this.</p> <p>Work with 'Homes in Hants' to extend their marketing to people with learning disabilities, as part of a process of extending it to a wider audience.</p>	An increase in take-up of low cost home ownership by 2013.	<p>Professionals, carers and service users time in attending training, and marketing events.</p> <p>Cost of any events to promote low cost home ownership, outside of 'Homes in Hants' events.</p> <p>Staff time in engaging with housing associations.</p>	<p>Housing enablement officer (Health and Adult Social Care)</p> <p>Housing Development Team.</p> <p>In liaison with Mencap, support providers, and 'Homes in Hants'</p>
-----	---	--	---	--	---	--

Objective	Benefits and measures of success	Actions	Timescales and milestones	Financial and other resource requirements	Responsible Officer	
<b>Parents who have learning disabilities</b>						
13.	<p>To further investigate the housing and support needs of parents with learning disabilities, and the current provision for this group.</p> <p>To work with the “Parents who have learning disabilities” group in this work.</p>	<p>More opportunities are created for parents to be supported with their children, and for families to be supported to stay together.</p>	<p>Research current provision and its suitability, or scope to be reconfigured or adapted, to meet the needs of, parents with learning disabilities and child/children.</p> <p>Investigate the possibility of a scheme similar to “shared lives” model, to help parents to learn parenting skills and gain in confidence in caring for their child/children</p> <p>Conduct further research into the issue, including what is done in other areas, and come up with proposals if appropriate.</p>	<p>Research completed by Autumn 2010.</p> <p>PID/Project plans/Risk Log and Business Cases to be developed for each scheme by January 2011.</p>	<p>Staff time and travel costs within existing Resources.</p>	<p>Housing enablement officer (Health and Adult Social Care), in liaison with Children’s Services</p> <p>Valuing People Implementation Manager</p>

Objective	Benefits and measures of success	Actions	Timescales and milestones	Financial and other resource requirements	Responsible Officer	
<b>Residential care</b>						
14.	<p>Plan for the future needs of people in residential care to live in supported housing, including people who have lived in Long Term Agreement homes since they moved from Tatchbury Mount (hospital).</p> <p>This process to also include reviewing and further developing the database of the residential care population, to use in commissioning the supported housing that will be needed by this group.</p>	<p>Everyone has the chance to consider supported housing as an alternative to residential care, if they wish to.</p> <p>Where people do not have the level of understanding to do so, then this is to be considered for them, in line with the Mental Capacity Act).</p> <p>The proportion of people in supported housing increases as that for residential care decreases.</p> <p>Learning Disability pooled budget to support personalised commissioning ensuring that efficiencies within that budget are made to be reallocated as part of budget setting exercise.</p>	<p>Populate the database so it shows all current residential placements and the information necessary to help predict the housing, care and support needs of people needing to move out of residential care.</p> <p>Use the database as a tool to help predict future needs, in order to help commission appropriate services that people want to live in, in conjunction with all involved parties, including those people in residential care at present.</p>	<p>Database fully operative by Summer 2010, when the process of reviewing the housing and support needs and wishes of people in residential care will begin.</p>	<p>Staff time, mainly Integrated Learning Disability Team</p>	<p>Learning Disability Joint Commissioning Manager</p> <p>Housing Enablement Officer (Health and Adult Social Care)</p>

<b>Adapting contracting arrangements</b>						
15.	Adapt current contracting arrangements to provide new supported housing schemes in the City.	More flexible contracting arrangements enable the use of a wider range of housing options.	Discuss tendering requirements with the Councils contracts and legal specialists to ensure they will fully enable supported housing to be developed to meet the immediate and future needs and choices of the learning disability population.	To be completed by the end of 2010.	Finances and staff resources are already dedicated.	Learning Disability Joint Commissioning Manager  Housing Enablement Officer  (Both are in Health and Adult Social Care).
<b>The Learning Disability Housing Panel</b>						
16.	Continuously review the role and remit of the Learning Disability Housing Panel to ensure the needs of people with learning disabilities are provided for.	Access to self-contained and innovative housing solutions are maintained in-line with this Strategy.	Look at the effectiveness of the Learning Disability Housing Panel in achieving the desired outcomes of users.	Ongoing.  Significant review of the process to be done in April 2012.	Finances and staff resources are already dedicated.	Supporting People service review officer for Learning Disability services.

# HOUSING TOOLKIT – HOUSING AND PEOPLE WITH LEARNING DISABILITIES

## Chapter 2

### Supporting Information

#### Statistics and trends

#### People with learning disabilities now and in the future

### Introduction

One of the key components of planning housing and related services is the number of people going to need it. This Chapter looks at the numbers of people with learning disabilities, and their ages, ethnicity and levels of disability, in Southampton and nationally. It also includes information on where people live, housing provision, housing-related support, and at some related problems of social exclusion.

### 1. How many people with a learning disability are there?

About 985,000 people in England have a learning disability (about 2% of the population). 796,000 of them are aged 20 or over (Estimating Future Need/Demand for Supports for Adults with Learning Disabilities in England, Institute for Health Research, Lancaster University (2004) <sup>(23)</sup>)

In Southampton there are 798 people that are known to the Integrated Learning Disability Team (aged 18 and over). There may well be other people but, due to some proactive working, Health and Adult Social Care now feel they know about most adults in the City with learning disabilities that may need additional support from that team. Many people with learning disabilities will be leading positive lives without the support from Health and Social care, however, it is our intention that where a person does have a learning disability even if they are not known to our specialist learning disability services, that this will be recognised by other universal services and adjustments made to those services to support the individuals to implement their rights of inclusion and citizenship within Southampton.

There are some reasons why we do not know about everyone with a learning disability in Southampton:

- There is no complete agreement on what a learning disability is.
- Not everyone with a learning disability has had this diagnosed, and been told.
- No accurate cross agency records of the number of people with learning disabilities are kept by government departments, local authorities, or large-scale population surveys <sup>(23)</sup>.

**2. An explanation - people who are “service users” in Southampton:-**

When statistics about Southampton state “service users”, this means people formally allocated to the learning disabilities adult services team of Health and Adult Care, and who thus use their services. These are therefore not the total numbers of people with learning disabilities in the City.

**3. Numbers of people and their ages:-**

**Southampton:-**

Adult service users of Health and Adult Social Care –

by Age Group:-

(As at 30/11/09) <sup>(9)</sup>

Age group	Adults with learning disabilities	Proportion of adults with learning disabilities
18 – 24 (U-25)	159	19.9%
25 - 49	378	47.4%
50 - 64	198	24.8%
65+	63	7.9%
Total (aged 18+)	798	100%

Of the adult population of Southampton (182,600 people aged 20+) (3), 0.4% have a learning disability (798 people).

**School age children with a recorded special educational need (SEN) for learning disabilities (School year 2009 – 2010) <sup>(46)</sup>**

This chart shows the numbers of children on the school roll in Southampton from reception to year 13.

<b>Total children on school roll</b>	<b>Children with MLD</b>	<b>Children with SLD</b>	<b>Children with PMLD</b>	<b>Total children with MLD, SLD, PMLD</b>
<b>22,988</b>	<b>648</b>	<b>71</b>	<b>9</b>	<b>728</b>
<b>100% of school roll</b>	<b>2.8% of total on school roll</b>	<b>0.3% of total on school roll</b>	<b>0.04% of total on school roll</b>	<b>3.2% of total on school roll</b>

“SEN” means the child has either a SEN school action, SEN school action plus, or a statement. Mild learning disability is not recorded under this national SEN system.

SEN terminology:-

MLD = Special educational need (SEN) recorded as moderate learning disabilities

SLD = SEN recorded as severe learning disabilities

PMLD = SEN recorded as profound and multiple learning disabilities

This chart shows that children with an SEN recorded for moderate, severe and profound learning disabilities form 3.2% of the total number of children on the school roll in Southampton. This is much more than the proportion of adult service users

(0.4%) against the total adult population of the City (as shown in the figures above for adult service users).

It can thus be expected that as these children grow into adults, the numbers of people with learning disabilities, who will need a range of housing options to suit their needs and choices, will increase. As can be seen, there are currently 798 adult service users, but coming up behind them are 728 school-age children. The largest group of children and adults will be those with moderate, and also mild, learning disabilities. There are relatively few children and adults with severe and profound learning disabilities, but they need higher levels of support, and housing options which enable them to receive that while living as part of their local community.

### **England:-**

The lack of accurate statistics on learning disability meant that, in 2004, the government asked the Centre for Disability Research (CDR) at the University of Lancaster to establish some robust estimates <sup>(23)</sup>.

CDR's estimates for England were <sup>(23)</sup>:-

Children and young people (aged under-18)	157,000
Adults (aged 18 – 64)	701,000
Adults (aged 65+)	127,000
Total people in England	985,000

Using these figures, people with learning disabilities account for 1.9 % of the population of England (around 51 million) <sup>(23)</sup>.

## **4. A predicted increase in people with learning disabilities –**

### **Numbers – England:-**

The lack of accurate figures also makes it difficult to predict changes over time. However some factors do indicate likely future changes, including <sup>(23)</sup>:-

- The 10% population rise expected in England by 2027, which is likely to be mirrored in the learning disability population.
- Increased life expectancy (particularly among people with Down's syndrome with better monitoring and clinical support for health needs
- More children and young people with severe and profound learning disabilities are surviving into adulthood, reflected through better clinical support providing improved health outcomes

The CDR study forecasts the number of adults with learning disabilities will grow by 14% (to 908,000) by 2021 <sup>(21)</sup>. This includes a 0.2% increase in people aged 15 - 49 (2001 to 2021), but a 48% increase in people aged 50+ <sup>(22)</sup>. Increasing numbers of people will have more severe and profound needs.

**Service users – England:-**

There is likely to be a corresponding increase in people using services. Most service users nationally are people with severe or profound learning disabilities <sup>(23)</sup>. The 2008 CDR study, however, forecasts more people with mild or moderate learning disabilities using services, and an overall 50% increase in service users between 2008 and 2018 <sup>(22)</sup>. Valuing People (2001) projected a 14% increase, from 2001 to 2021 <sup>(23)</sup>.

**6. The severity of learning disabilities that people experience:-**

**England**

Although there are no accurate figures, it is the case that many more people have a mild or moderate learning disability, than a severe or profound one.

Valuing People (2001) estimated that, of 1.4 million people with learning disabilities, there were <sup>(2)</sup>:

- 1.2 million people with mild or moderate learning disabilities
- 0.2 million people with severe or profound learning disabilities

The figures for school-age children (January 2006) <sup>(23)</sup> show:-

With a primary SEN for –	Number	% of total pupils in England
Moderate learning disability	171,740	2.1%
Severe learning disability	30,440	0.4%
Profound and multiple learning disability	8,330	0.1%
Total school pupils	210,510	2.6%

Similar ratios are seen in Southampton <sup>(45)</sup>, although there is a higher proportion of children with moderate learning disabilities (2.8%) and PMLD (0.04%).

**7. People with profound and multiple learning disabilities (PMLD):-**

People with profound and multiple learning disabilities (PMLD) need very high levels of support from health and social care services with most aspects of their daily lives. An increasing number depend on technology and 24 hour care to keep them alive <sup>(14)</sup>. This in turn increases people’s need for accessible accommodation with the space, layout and equipment required for their care. Knowing how many people there are, and are likely to be in the future, is vital in planning services and their funding.

Research predicts that the number of adults with PMLD in England will increase by 35.7% between 2009 and 2026 (from 16,234 adults to 22,035) <sup>(26)</sup>. More people are being born with PMLD, more surviving infancy and childhood, and then living longer, although to beyond 50 years is still unusual <sup>(8)</sup>.

The situation in Southampton can be expected to be similar to the national one.

Research estimates that 29% new adults with PMLD belong to a British minority ethnic community <sup>(14)</sup>. The increase in people with PMLD is generally higher in communities with more young people, and/or with origins in some communities of Pakistan or Bangladesh descent <sup>(14)</sup>. However these communities are relatively small in Southampton.

No significant association between the prevalence of PMLD and social deprivation has been found <sup>(14)</sup>.

#### **8. Taking into account physical and sensory impairments and health issues:-**

People with learning disabilities are more likely to have physical or sensory impairments, or health difficulties (see Appendix 1 in this Strategy). This can impact on any care, support or housing people may need, as well as on quality of life, so this is important to take into account when planning housing and services.

#### **9. Ethnicity:-**

##### **Southampton**

##### **Adult service users of Health and Adult Social Care – by ethnicity:-**

(As at 14/10/08) <sup>(9)</sup>

Ethnicity	People	% of adult service users
Minority ethnic	55	7.5%
White	658	90.0%
Unknown	18	2.5%
Total	731	100%

The above figures generally reflect the ethnic make-up of Southampton as a whole in the 2001 Census, where 89% people were white and 11% from a variety of minority ethnic groups <sup>(5)</sup>. The largest minority ethnic groups in Southampton are British Indians (2.2% of the total population) and Black African and Afro-Caribbean people (1.8%) <sup>(5)</sup>. The very small number of people with learning disabilities from Eastern Europe are recorded under “minority ethnic”, rather than “white”.

A knowledge of the ethnic backgrounds of people with learning disabilities helps to ensure inclusive and culturally appropriate services are planned for.

#### **10. Older people with learning disabilities:-**

Nationally, people with learning disabilities are generally living longer. About half of people now have a similar life expectancy to the general population <sup>(8)</sup>.

However, adults with learning disabilities are still a relatively young population. Most people (92.1%) in Southampton (537) are aged under 50, as compared with 65% of adults in the total City population (118,300 people) <sup>(3)</sup>.

Fewer than one in twelve (7.0%) adults with learning disabilities (63 people) are aged 65 years and over, compared with 15.2% of the total adult population of Southampton (35,061 people) <sup>(3)</sup>.

Despite this housing, and related services, do need to be planned for older people with learning disabilities. This age group is growing, as more people live longer, but also has a higher risk of developing dementia, and at an earlier age (50 years and over), than the general population.

## 11. Dementia and people with learning disabilities:-

### People with Down's Syndrome:-

People with Down's Syndrome are more vulnerable to dementia, with the early average age of onset being 54, and average life expectancy from diagnosis to death being 5 years <sup>(8)</sup>. Nationally, across the general population only 5% have dementia, but for people with Down's it is at least 55% <sup>(8)</sup>.

People with Down's Syndrome <sup>(8)</sup>:-

Age	% people with dementia
30 – 39 years	2.0%
40 – 49	9.4%
50 – 59	36.1%
60 - 69	54.5%

### People with learning disabilities (not including Down's Syndrome):-

Studies <sup>(13)</sup> suggest people with learning disabilities (not including people with Down's syndrome) are 4 times more likely to suffer dementia than the general population.

People with learning disabilities (not due to Down's Syndrome) <sup>(27)</sup>:-

Age group	% people with dementia
50 and over	13%
60 and over	22%

The prevalence of dementia in Southampton can be expected to be similar.

## 12. Parents who have learning disabilities:-

### Southampton

During 2009, 15 people with mild learning disabilities, who are either parents or expecting a child, were seen by Health and Adult Social Care. None had housing

needs at that time. As of November 2009 there were 3 parents with learning disabilities (3 separate families) with housing needs, with one person initially required supported living in a “mother and baby” supported housing.

No adults with learning disabilities in Southampton are living at home with a parent who also has learning disabilities (9). This may reflect the greater likelihood in past years of people in that situation being taken into alternative care.

### **England**

Informed estimates put the number of parents with learning disabilities in the UK as between 60,000 and 250,000 (1). There are no accurate figures available.

What is known is that parents with learning disabilities face a high risk of losing their children to alternative care, which happens to 40% to 60% children (1).

A national survey of people with learning disabilities (2003/4) found that (15):-

- Of people who had children, just over half (52%) looked after them.
- Of the 52% of people looking after their children:-
  - ~ Nearly half (43%) were living with relatives.
  - ~ Just over one in three (34%) were living with partners.
  - ~ Nearly one in seven (15%) were living with their own parents.
  - ~ Only a few (8%) were living alone.

### **13. Housing – Where people live now:-**

#### **People with learning disabilities do not have the same housing choices:-**

People with learning disabilities tend to have very different living arrangements to adults in general. For example, in England in 2005 (15):-

Living arrangements	Adults with learning disabilities	Adults in England in general
Living alone	4%	16%
Living as a couple	3%	70%
Men (25 – 29) living with parents	67%	24%
Men (30 – 34) living with parents	58%	10%
Women (25 – 29) living with parents	66%	39%
Women (30 – 34) living with parents	59%	4%
In addition (19):-		
Own their own home	n/k*	70%
Rent their own home	15%	29%

(\* In Southampton this figure is 0.8%)

## Southampton

### Adult service users of Health and Adult Social Care - by Type of Housing <sup>(9)</sup>:- (As at 30/11/09)

Type of housing	People (numbers)	% of those recorded
Living at home	281	35.2%
Permanent residential care	193	24.2%
Permanent nursing care	9	1.2%
Supported housing scheme	102	12.8%
Specialist for people from LBHU's	35	4.4%
Supported housing for homeless people	5	0.6%
Own tenancy – sheltered housing	18	2.3%
Own tenancy – any other tenancy	92	11.5%
Adult placement	45	5.6%
Owner occupier/shared ownership	6	0.8%
Other	10	1.2%
No fixed abode	2	0.2%
Total	798	100%

The figures for permanent residential care and nursing care include people who have been placed out of the Southampton area.

The figures for “other” include people in prison <sup>(3)</sup>, under a mental health section <sup>(3)</sup>, or temporarily in residential care.

### Adult service users of Health and Adult Social Care - by Age Group and Type of Housing:- (As at 30/11/09) <sup>(9)</sup>

Tenure	18 - 24	25 - 49	50 - 64	65+
Living at home	92	148	34	13
Permanent residential/nursing care	29	71	57	34
Supported housing scheme	13	52	36	1
Specialist housing for people from LBHU's	0	18	15	2
Supported housing for homeless people	2	1	4	0
Own tenancy – Sheltered housing	0	1	10	7
Own tenancy – any other housing	16	57	19	0
Adult placement scheme	2	17	21	5
Other	5	13	2	1
Total	159	378	198	63

The figures in this table are based on very slightly different definitions to the table above, as used by Health and Adult Social Care.

Type of Housing Needed – from housing assessments:-

(As at 19/1/09) (9)

Current housing and support needs assessments done by Health and Adult Social Care with 155 adults show the following housing needs:

- Single accommodation = 113 people
- Single accommodation only = 81 (52.3% of people)
  
- Need a room for a carer = 47
- Single accommodation, and need a room for a carer = 26 (16.7% people)
  
- Either single or shared accommodation = 33
  
- Shared accommodation = 75
- Shared accommodation only = 40 (25.8% people)

People with their own tenancy:-

In Southampton, 33% of people who are service users have their own tenancies. This includes people in some supported housing, as well as people in general rented and in sheltered housing. People living in general rented housing tend to be in the younger age groups (18 to 49 years). Those with supported housing tenancies tend to be older (9).

**England**

Just 15% of people with a learning disability have a home of their own which offers long-term security, i.e. a social housing tenancy or a home they own (1).

At least half of people nationally, live in the family home – with varying chances to learn key skills, make choices or gain some independence (1).

More than 30% people across England live in residential care homes, with a significant number away from their place of origin and families (1). They often have little or no choice about where they live or with whom (1).

National research done in 2003/4 showed that people were more likely to live in supported housing or residential care if they were older and had higher support needs (15). However, residents did not generally have other disabilities or long-standing illness, and were not in poor health (15).

#### 14. Housing and support for people aged 55+:-

##### Southampton

There are 197 people (24% of adults with learning disabilities) aged 55 and over, who are service users of Southampton City Council (9).

Where people aged 55+ live:-

Accommodation	Number of people	% of people
Residential care	73	37.0%
At home with family/carers (small number with an older carer/parent)	44	22.3%
Supported living	38	19.2%
Shared lives (adult placement)	18	9.1%
Sheltered housing	17	8.6%
Nursing care	3	1.5%
Other	4	2.3%
Total	197	100%

(Of the above, 49 people are living outside the City).

The Council has successfully helped people to live in Council and housing association sheltered housing in the City. Demand here is likely to continue to rise with increasing longevity, and more people wanting to retain the independence they have got used to, into their later years.

#### 15. Housing provision in Southampton:-

##### Residential care:-

There are a large number of providers of residential care (43) in Southampton. As well as people from Southampton, these providers also house people placed in the City by Hampshire County Council (HCC). Indeed, HCC are dominant purchasers in the local residential care market.

This sector locally is beginning to shrink. New providers are focussing on “stepping stone”, rather than permanent, residential care as well as on full supported living.

##### Supported housing schemes:-

These schemes are a mixture of shared houses, self-contained homes, and groups of cluster flats. Most shared houses are small, with 2 to 4 people living in them. The cluster flats usually only have 6 to 7 flats per grouping.

With the exception of the schemes for ex-LBHU residents (see below), they are either funded by Supporting People and Health and Adult Social Care together, or by either party on its own, according to the profile of each scheme. Of the 21 schemes, 9 provide 24hour staff cover.

Most schemes are owned by housing associations, with voluntary sector or private organisations contracted to provide the care and support.

Supported housing schemes in highest demand in the City, are those where people have their own flats but support is provided from within the scheme.

However some schemes have very static, settled populations, making access hard for people waiting to access this type of housing.

With shared housing, the smaller ones (up to 4 people) are more popular. However, it can be hard to find compatible people to quickly fill any vacancy that does arise. Shared housing is still a preference for many people either as a first step into supported living, or by people who do not like living alone.

#### Supported housing funded by Supporting People:-

There are 49 supported housing units in the City for people with learning disabilities, funded by Supporting People. The emphasis of these schemes has recently been turned towards preparing people for more independent living.

Of these 49 supported housing units <sup>(11)</sup>:-

- 26 are self-contained, and 23 have shared facilities.

- Length of stay:-

Number of people	% of residents	Length of stay
15	31%	Less than 2 years
13	27%	2 – 5 years
21	43%	More than 5 years

- Care/health packages:- Received by 26 people (53% of residents).

- Averaged 12.25 hours per person per week.

#### Supported housing for people from the LBHU's:-

There are 22 intensively supported (24 hours per day, 7 days per week) housing schemes within the City, for people with very high or complex care and support needs. Housing associations work in partnership with Adult Health and Social Care and other stakeholders to manage these. They were set up with government capital funding so that housing could be purchased for people that needed to live inclusively within the community from Locally Based Hospital Units (LBHU's). They are now funded by NHS Southampton City and all of this housing is managed via the Learning Disabilities Accommodation Panel. There are also 3 additional schemes which NHS Southampton City have invested capital to support people with complex health needs to live in.

#### People in supported housing for homeless people:-

Supporting People funded providers of supported housing for homeless people have identified 37 people with a learning disability, as at the date of this Strategy <sup>(9)</sup>.

However, this learning disability is usually of a mild/borderline level and the figures, being not always based on a definite diagnosis, may not be accurate.

This type of supported housing is not there as a long-term solution. However people may be too able for learning disability specific supported housing, not want to live in

any type of supported housing, or in a few cases present too much of a risk in those settings. In addition, for some people, general needs housing may not help them manage. Further analysis would need to be done to identify gaps that exist.

### **Social rented housing – Council and housing association:-**

As at 26 January 2010, the Council had 13,249 households on the active housing list, i.e. ready and eligible to bid for a Council or housing association home. The length of the active housing list has doubled in just over 4 years; as at 31 December 2005 there were 6595 households on it.

There are a total of 5775 single people on this housing list (eligible for self-contained studio flats), and 1443 households who are couples, or single people with access to children (eligible for 1 bedroom homes). Single people can bid for 1 bedroom, as well as studio, flats but compete with couples for them.

There are approximately 23,000 affordable social rented homes in the City; 17,000 Council owned, and nearly 6,000 with housing associations. However in 2009 only 86 studio flats and 360 1 bedroom properties were available to let.

Of the 568 units of social housing built in Southampton in the 2 years 2007-9:

- Affordable rent (social rented) = 317
- Low cost home ownership (shared ownership) = 148
- Supported housing = 69
- Intermediate rent = 29
- Purpose-built wheelchair = 5

There is a long wait for a social rented home in Southampton. On average, a single person in housing need can expect to wait an average of 6 to 7 years for a council or housing association home.

### **Shared Lives (formerly known as Adult Placement):-**

Of the 45 people using this scheme, all but 4 are placed within Southampton. The average age is 49, with only 2 people aged 18 – 30 using it. Usually only one person lives with a household, but a few take up to 3 people <sup>(9)</sup>. The average net cost in 2009/10 to Health and Adult Social Care was £248 which is paid to the person registered to undertake the scheme.

### **Housing support going to people's own homes:-**

This type of housing support, also called “floating” (or visiting) support, goes to wherever the person is living, rather than only being provided in specific housing schemes, such as sheltered or supported housing.

Currently the Council, through Supporting People, funds a contract providing this support to at least 87 people at any one time, wherever they live in the City <sup>(11)</sup>. As of 2010, the support providers are Dimensions and In Touch.

In the year 2008/9, housing support was provided to 126 people in their own homes. Of these 126 people <sup>(11)</sup>:

- 82 (65%) were likely to need longer-term housing support for 2 yrs+ more.
- 38 (31%) were able to have their housing support levels reduced.
- 31 (25%) also had care/health packages (averaging 9 hours per week).
- 29 (23%) managed so well that their housing support could be ended.

Housing support is also provided to some people through a domiciliary care package, not funded through Supporting People, which also delivers any other domiciliary and personal care the person may need. There are many individual domiciliary care packages that are helping people in the City sustain their own home.

## **16. People with learning disabilities living with family carers:-**

### **Southampton**

In Southampton, 32.5% people live with parent or family carers. People aged 25 to 49 are the biggest age group doing so <sup>(9)</sup>.

There are at least 57 people living at home with families, who are aged over 50. Most are living with parents who are over 70, so their future housing is perhaps more urgent to consider, although a few are living with siblings or younger relatives <sup>(9)</sup>.

It is felt that about a quarter of people living at home (as at the date of this Strategy) would be looking to move from home within 2 years, not accounting for any crises (e.g. a carer dying). In addition, many people would need 24 hour support for their first move from home, due to health needs (e.g. hard to control epilepsy), having a physical as well as a learning disability, and/or being generally vulnerable and needing support. This has housing implications in terms of space if people need sleep-in or waking night care staff.

### **England**

Nationally, an estimated 29,000 adults with learning disabilities live with parents who are aged 70 or over <sup>(1)</sup>. One in five adults (20%) are living with parents who are 65 and over, and nearly one in ten (9%) with parents aged 75 and over <sup>(15)</sup>.

It is estimated that over 40% of parents caring for a son or daughter with learning disabilities are over 60 years <sup>(20)</sup>.

As family carers age, they and their (adult) child with learning disabilities may become mutually dependent. Research has shown that one in ten (10%) people with learning disabilities living in private households helped care for another adult who was older, ill or had a disability <sup>(15)</sup>. The person cared for usually being a parent (67%) or another relative (15%). If this happens, those needing or choosing to move home may want housing of a size that reflects this. This situation is likely to be similar in Southampton.

## 17. Housing support:-

### Southampton

#### Housing Support Required:-

(As at 19/1/09) <sup>(9)</sup>

(Information obtained from housing assessments completed by Health and Adult Social Care – for 155 adults).

Category	Number of people assessed as needing support
Minimal/low – Housing related	124
Minimal/low – Personal care	54
Minimal/low – Social and Emotional	75
Moderate – Housing related	15
Moderate – Personal Care	11
Moderate – Social and Emotional	29
High – Housing related	11
High – Personal care	13
High – Social and Emotional	20
24hr – Housing related	17
24hr – Personal care	16
24hr – Social and Emotional	41
Some 2 – 1 – Housing related	2
Some 2 – 1 – Personal care	2
Some 2 – 1 – Social and Emotional	6

(N.B. One person can have 3 different assessments; one for Housing related, one for Personal Care, and one for Social/Emotional).

The most common categories of housing-related support needed were:-

Category	% of people assessed as needing
Minimal/low – Housing related	80.0%
Minimal/low – Social and emotional	43.4%
Minimal/low – Personal care	34.8%
24 hour – Social and emotional	26.5%

The level of high, 24hour (intensive), and/or 2:1 care and support needed, although smaller, is also important to take into account, given the cost involved, the housing implications (e.g. more space for carers, likely need for accessible housing, and scope for installing equipment), and the greater need for more specialist service provision.

#### Young people and support needs:-

Transition plans for young people (aged 14 – 25) give a general view of the needs and choices of this group. These plans are produced from young people working

with their families and professionals (including social workers) to plan for adulthood. This includes looking at housing, and housing support needs.

Of 40 people who have a housing and support needs assessment within their transition plan (9):-

Housing:-

- 24 people would like to live on their own) Some people would
- 21 would like to share. ) consider either option.
- 5 people would need an extra room  
(for a sleep-in carer or a dependent).

Support and care needs:-

- Need 30 hours or more support per week = 4 people.
- Need 6 – 29 hours support per week = 20 people
- Need 1 – 5 hours support per week = 16 people
  
- Need a sleep-in carer = 3 people
- Need a waking night carer = 1 person

This includes one young person who needs 2:1 support all the time they are not in their home. There are also 3 young people currently in high cost residential school placements, who are going to need to move on once they reach 18 years, and 4 people under 20 who will also need support as care leavers.

### **18. People are at higher risk of social exclusion:-**

To be “socially excluded” means not getting to do, or have, many of the things important to other people (15). The increased risk of social exclusion faced by people with learning disabilities can affect their housing options and choices.

#### **Paid work**

Nationally, only 1 in 6 people (17%) of working age have a paid job (15). If they do, most are part-time and low paid (1). By comparison, 1 in 2 disabled people in general have paid jobs (1), and 67% of all men and 53% of all women of working age do so (15).

The chance of paid work is greater the less severe the learning disability is. 28% of people with mild/moderate learning disabilities have some form of paid employment, compared to 10% of people with severe learning disabilities (23).

In Southampton, in December 2008, City Limits Employment supported (16):-

- 22 people with moderate learning disabilities in 24 paid jobs (2 with 2 p/t jobs)
- 105 people with severe learning disabilities in 107 paid jobs  
(That paid work might range from 1 hour per week to working full-time).

#### **Income**

Nationally, people with learning disabilities have lower incomes than people in general (15). When living in private households, they are more likely to live in areas with higher levels of social deprivation, although by no means all do (23).

## **Transport**

Transport is important for getting to work and out into the community. A national survey <sup>(15)</sup> showed public transport was a relatively common way of getting around (54% people surveyed), but over one in three (37%) people had trouble using it <sup>(15)</sup>.

## **Offenders**

A significant number of prisoners have learning disabilities, and even more people get into trouble with the police and enter the criminal justice system <sup>(18)</sup>. Accurate statistics are not available as this is not recorded or monitored consistently within the prison system.

## **Harassment**

In a national survey (2003/4) <sup>(23)</sup> – people were asked if anyone been rude or offensive to them in past year because they had a learning disability:

- Nearly one in three (32%) said someone been rude to them.
- Nearly one in ten (9%) said they had been a victim of crime in past year.
- A comparatively small number of people (2.8%) had been assaulted during past year <sup>(23)</sup>.

## **19. Conclusion:-**

Although there are many gaps in the provision of accurate statistics, general trends can be gleaned from those that are available.

As a group, the learning disability population is a relatively young and a growing one. However, about half of people now have a similar life expectancy to the general population, so services need to plan for the needs of the rising number of older people. In addition, the numbers of people with dementia is rising, and affecting people at a younger age than in the general population. Most people have lower levels of learning disability, although more people with PMLD are now surviving and living longer than before, with very high care and support needs.

People do not often have the same housing choices as adults in general. Many people in residential care may prefer something else (or may not need to be there). Comparatively few people have their own tenancy, and few own their own home. However the increasing population, rising aspirations, and the fact that most people choose ordinary housing over its care, means increasing demand for the types of housing that is “ordinary” to people in general, backed up by the support to retain and enjoy it, and the funding to provide it.

# **HOUSING STRATEGY – HOUSING FOR PEOPLE WITH LEARNING DISABILITIES**

## **Chapter 3**

### **What people like in a home**

#### **Introduction**

It is important to find out what sort of housing people prefer, what they do not (and why), and what support helps people find and live in the housing of their choice. In general, people will have a better quality of life, and manage better, in housing that they have chosen, with the support that they have chosen.

In conjunction with government requirements (see Appendix 3), and the housing needs shown by population figures (see Chapter 2), knowing what people like in a home gives a good overall view of current and future housing demand, and what this Strategy needs to aim for.

#### **Southampton**

##### **1. Housing consultation event for people with learning disabilities – Southampton – 12<sup>th</sup> August 2009**

#### **The event:-**

The Council put on this event, funded by the Southampton Learning Disabilities Partnership Board, and facilitated by Choices Advocacy, to ask people with learning disabilities their views about what they liked in a home, what they didn't like, and what would help (or had helped) them to find a place they liked.

People from different age groups, levels of disability, housing situations and parts of the City were invited. Of the people who attended, most were tenants who lived alone or shared with others, although people from residential care and adult placement also attended. Most people received support to live in their home from support workers, parents, relatives and advocates. Some people also got help with their personal care. More information about the people who attended can be found in Appendix 2 of this Strategy, which is the report of the event.

The day followed a group of activities which supported people to consider the different issues they were asked about. Everyone joined in, and Choices Advocacy workers were there to help everyone have their say.

With facilitation, the people with learning disabilities who attended this event had plenty to contribute, and enjoyed the consultation process. Their views are given, in summary, in the rest of this section (below).

#### **Safety and security:-**

Feeling and being safe is extremely important to everyone, but people with learning disabilities often find this a very worrying aspect of their lives. People frequently talked about this during this event, and really want to feel safe both at home and in

the area they live in.

A few people had lived next door, or near, to difficult people whom they were scared of or who had harassed them. However, they had been supported to move to a new home away from these situations, and to feel safe again.

People are particularly keen that their home has good security, so they can feel safe in it, and that anything happening outdoors (particularly at night) does not impinge on them. Several people mentioned their difficulty at coping with loud music, a lot of shouting, and dogs left to bark.

People are concerned about their safety when out and about, particularly if walking. Some people said they would not like to live too near to public open spaces for that reason.

#### Geographical area:-

Location is very important. Feeling safe is a key part of this, but there are other reasons, including how much people know the area, experiences of family and friends there, and the type of housing available.

People tend to have strong likes and dislikes over where they would like to live, and definitely want a choice on this. Those who had moved, or were thinking of doing so, said they would wait to get something in the area they wanted. Particular preferences were for Millbrook, Lordshill, Shirley, Queensway and Holyrood, Portswood, Bitterne, Harefield and Woolston. The opposite was the case for St Mary's, Derby Road, Northam, Weston and Thornhill (but probably not so much the case for people from these areas).

#### Location:-

People want to live near those people and facilities important to them as an individual. Common examples given are relatives, friends, local shops, and, for those who make more use of them, the GP, and local social, sport and leisure facilities. Being near a good bus route is important for people who use, and often rely on, public transport.

#### Who to live with – or to live alone:-

People want a choice over whether they live alone (with support as needed) or share with others. If sharing, people would rather choose who with.

Some people at the event were enjoying living on their own, particularly being able to do what they want, and having their own private space. Some people also enjoy having a pet living with them. People in a marriage or long-term relationship want to live as a couple, which those at the event were able to do.

Other people like sharing, with people they chose to live with, as “good house-mates” or with friends – and in small groups. The social aspects of sharing seem to appeal most, with some people being worried about being lonely if they lived alone. However, even when sharing, people still wanted the choice of being on their own at times, e.g. to watch their own TV, if they wanted to.

### The property itself:-

People want a home with good security, so they feel safe living there. Space is an issue, with people living on their own generally wanting something larger than a (self-contained) studio flat, and people in shared housing wanting a large bedroom. Having the space for a friend or family member to stay is popular, but not universally so. The only buildings really disliked are tower blocks.

Access to a garden area with some useable outdoor space (e.g. BBQ) and some privacy, or at least a balcony, was important to some.

Access to a communal room or area near to home to meet more people and have social activities is a popular idea as some people feel lonely at times. However this does lend itself more to cluster flats in close proximity, and perhaps community centres could fill some gaps here.

People with mobility or health problems, which is not uncommon, generally prefer living on one level, and not having to use stairs. People are keen to see more “disabled friendly” homes.

### Housing support:-

People often get support to help choose, get and to live in their housing option. However, it can happen that “Lots of people support me now to live in my flat, but no-one was there to support me get a flat.” The need for support to bid for a home on the Council’s Homebid (choice-based lettings) system was brought up by several people, although one person had found it easy to use.

Their family is still key for many people, and most continue to support their loved ones who have left home, and who often receive other forms of support, for as long as they are able. As Chapter 2 shows, many people continue to live in the family home into their middle years and beyond.

People also enjoy being supported, e.g. by an advocate, to make suggestions, and express their own views, about where they want to live and about what happens when they move. This includes people who live in shared and supported housing.

### What people said about finding somewhere new to live:-

There is still a limited choice of where people live, and who people live with, although much progress has been made in this regard in Southampton.

There was a wide range in what people knew about getting a home and paying for it. Some people were well informed, and could explain benefits, how to bid for council/housing association homes on Homebid, and how to get help in Gateway. Other people had no idea how to get somewhere to live or where the money came from.

More than half of those present had found their current home with the help of someone who was paid to support them. Only one person had arranged his own rented accommodation. Less than a third of people at the event managed their own finances.

Some people said it was hard to find out about housing because it involves a lot of reading and forms. They were also concerned about the long waiting list (for social housing) and the consequent long wait. Some people were happy with the Homebid bidding system – where they had someone to support them to use it.

People using Supporting People money (to pay for housing support) will generally have a better understanding of paying for housing, as they are more involved in managing their own money.

No-one seemed to know anything about buying/owning a home or having a mortgage.

Being consulted:-

People enjoyed being consulted, and asked for more time and to be involved in planning any houses to be built. With facilitation, people had plenty to contribute. To quote an individual who attended - “We want more time to communicate with all the authorities like the Council, and it has to be made easy – like this”.

In summary – people want the same as everyone else:-

The important outcome is that people with learning disabilities want the same as everyone else, a decent home, choices over where and what that home is, to be free from neighbour trouble, to feel safe, and to be near enough to relatives, friends and amenities.

A copy of the report on this event is available in Appendix 2 to this Strategy.

**2. From the previous strategy – “Housing and Support Options – A Housing Strategy for Learning Disability (2002 - 2007)”**

The comments on housing from service users in the previous Strategy echo people’s concerns today. People were also very concerned then, about being able to live in an area and a home they felt safe in, and were keen to live near a good bus route, and near local shops. People with mobility or health problems were also concerned about living somewhere that met their physical needs and was easily accessible.

**3. Supporting People review of services for people with disabilities – the user consultation event – 22<sup>nd</sup> June 2009**

This event was put on to enable users of housing support services – either in their own homes or in supported housing – to give their views to the people who commission these services (the Supporting People team in the Council).

People were asked – “What do you want from your housing and what is important to you?” People with learning disabilities attended this consultation event and were supported by advocates to express their views.

People generally wanted their independence, with the right amount of support to do this. This varies from individual to individual. Most people were happy with the support they received in their current housing, and some saw help with paperwork and money management as important both to them coping, and to their mental wellbeing - in the worry it relieved.

With regard to housing preferences, there were a lot of common themes with the housing consultation event. People were keen to have their own place (with support coming to their home), in a quiet location, and where they felt safe. Some wanted to live on their own, some to share with people they chose to.

#### **4. Person centred plans, transition plans, and housing and support needs assessments (9)**

These are the plans and assessment that are the result of professionals in Health and Adult Social Care working alongside people with learning disabilities to plan for what housing and support that they need and what their preferences are. Person centred, and transition, planning is still a relatively new feature in planning for people's futures.

The following information on peoples' preferences is a snapshot in time from Summer 2009:

In the 18 person centred plans which included housing, most people <sup>(17)</sup> said they wanted their own place. Only 1 person wanted to share. Out of the 18 people, 4 were looking to move out of residential care, and 4 from their family home. However, this planning is still at a very early stage as yet.

Of the 40 young people who have a housing and support assessment within their transition plan, 29 (or 73% people) would like to live on their own (including 5 people needing an extra room for a sleep-in carer or a dependent). 21 people would move to shared housing – showing some would consider either option.

The housing and support needs assessments of 155 people showed that 107 people (or 59%) wanted single accommodation, including 26 people who need an extra room for a sleep-in carer. Out of the 155 people, only 40 people (25.8%) had shared housing as their only choice. (More information on the transition plans and needs assessments is in Chapter 2 of this Strategy).

#### **5. Family carers' views**

The views of family carers are gathered from comments made over two separate time periods in the emergency plans they have made, supported by the Southampton Learning Disability Partnership Board via Southampton Mencap.

Family carers overwhelmingly said they would want to plan for the person to continue living at home for the foreseeable future (which is why they were doing the emergency plan). Of this group, about a third to a half wanted to make a change to

their own housing in order to continue their caring, for example adapting or extending that home, downsizing or upsizing.

When the person and their carer are both happy, and the person is not ready to move, support being provided into current family settings remains important as well as planning future moves. Some carers needed extra support to continue caring, for example as they got older.

The next biggest group (around half as many carers) would like their relative or adult child to live in supported living. Family carers usually saw this option as “living independently with support”, although not many had a clear preference between shared or single accommodation.

Only a few carers stated residential care as their preference, which is quite a change from what past decades would have seen.

A very few carers had thought about home ownership with their relative. Those who had, considered leaving property and funds in trust to the person, helping the person to stay on in the family home with a support package, and helping them to buy a property.

A small, but substantial, number of carers said they had no plans at all. Some will be parents of younger children (although some of this group are already thinking about future housing needs), but not all. However, the work that Southampton Mencap is doing around emergency plans can start to trigger families thoughts about the future.

## **National**

### **6. People’s views nationally**

Nationally, there is very little information about people's housing wants and preferences. However some surveys have been carried out.

A review of local surveys of people wanting to move, reviewed by the Valuing People team in 2003, showed between 25 – 33% adults wanting to move from their current home, which equates to about 45,000 to 55,000 people <sup>(4)</sup>.

The first national survey of people with learning disabilities in 2003/4 <sup>(15)</sup>, showed that 54% people said they had no choice about where they lived, and 67% about who they lived with. In addition, people did not always understand their housing options or even that they had any. Most people liked where they lived. However where they didn't, this was largely due to the area people were living in. The area they lived in, and being able to feel safe at home, was very important to people <sup>(15)</sup>.

The report of a parliamentary joint-committee on human rights (2008) - “A life like any other?” <sup>(31)</sup> - found that it was common for people to lack choice and control over where they lived and who they lived with. This was most common where people needed 24 hour support, but also happened to people with lower level needs. Some

people felt that staff or family members/parents were preventing them from moving to a new place – although this would also partly depend on the availability of support to be able to do this (which can vary between areas). Other people were more positive about their housing experiences.

## **7. Conclusion**

It is out of this Chapter, which looks at what people like and want in a home, that the priorities of the Strategy largely evolved from.

People with learning disabilities, and their family carers, want choice over where they live and who they live with. The preference for many people is a place of their own, with appropriate support. The work of the Family Link Worker based at Southampton Mencap indicates that a substantial number of family carers want to see their relative or adult child leading an independent life, with support, in the future.

As to the housing itself, a common theme is also that people are very clear on wanting to feel, and to be, safe at home and in the area they live in. This includes the choice to live in a quieter, safer location, and not being harassed due to their learning disability.

These preferences, as expressed by people with learning disabilities and family carers, reflect the move away from the residential and institutional care that was the main provision of past decades, and towards an ordinary home in the community, just like everyone else.

From these views and preferences, came the priorities of the Strategy, to work towards meeting peoples housing aspirations and preferences, provide more good quality housing and support options, and of ensure the personalisation agenda is met.

However the range of housing options available is not always known about by people, nor is how to access them fully understood. This is also often the case with support services, and the range of assistive technology now available to support people in the home. Out of this issue, came the priority of providing advice, information, and support to enable people, and their families, to know what is available, and to access the housing of their choice.

The government has set a target (\*Public Service Agreement 16), of more people with learning disabilities living in settled accommodation. This is included in the list of priorities this Strategy is to meet. By carrying out the Action Plan of this Strategy, which has largely evolved out of what people want, this target is very likely to be met.

(\* More information on PSA 16 can be found in Appendix 3 to this Strategy)

**HOUSING STRATEGY  
HOUSING FOR PEOPLE WITH LEARNING DISABILITIES**

**Chapter 4**

**Advice and information on housing options**

Meeting the priority:-

“Provide advice, information, and support to help enable people, and their families, make choices over their housing and know how to access that housing”.

**Introduction**

Knowing what options there are, and how to access them, is vital to people being able to find the housing that is right for them. It is equally as important that family carers and professionals are properly informed so they can best support the person to make their decision and act on it.

**1. Knowing about the range of housing options available**

People and their families need to be aware of the full range of housing options and how to access them. This is an objective of the Action Plan to this Strategy. People also need to be aware of what they should do (or not do) to be able to keep their home once they have got it.

Accessible information needs to be available, and in a variety of ways. Information can be provided in easy-read and illustrated leaflets, on the internet (recognising that not everyone accesses information this way), and by using audio-tapes and (if resources are available) DVD's. Information sessions at colleges, day services, carers groups, and at meetings of other groups can be useful.

Appendix 5 to this Strategy shows examples of sources of information, both locally and nationally, that are available as at the time of writing this Strategy.

Of particular interest is the Southampton Learning Disability Partnership Board booklet “Where you can live: Information for people with learning disabilities in Southampton” which is being updated at the time of writing this Strategy.

It is also important that support and social care staff have at least a basic understanding of the possible housing options their clients may have and how they access them. This is an objective in the Action Plan to this Strategy. The Supporting People contracts for housing-related support will be including the need for support staff to receive a basic training in housing options and issues in order for providers to fulfil the requirements of their contracts.

Housing staff need to be aware of how to help support people with learning disabilities to access housing and housing related support. The Council has

provided training for its own housing staff on the basics of how to help people with learning disabilities receive a more accessible service.

It is hoped that this will help people, and their families, to get more reliable advice on housing options, accessing them, and being able to sustain their home once they have got it.

## **2. People who live with parents or other family carers**

In Southampton about a third of adult service users live with a parent or another family carer. There are nearly 60 people, aged over 50, who are living with parents who are aged 70 years or over. As Chapter 2 in this Strategy shows, it is felt that about a quarter of people living in the family home will need to move-on within 2 years. In addition, many people would need 24 hour support for their first move from home. This will affect what housing options they will be able to take advantage of.

There is a particular issue with people living with older parents or family carers, in that it can be more difficult to persuade some older carers to encourage their relative to consider moving on from the family home. Some of this may be due to parent and adult child having developing a system of mutual support between them, but in many cases it is also due to a lack of knowledge about what is available and how to access it.

It is actually also often the case that young people, and their parents, do not realise the range of options available – or do not know how to access them. It has been noticed, for example, that people do not realise that if they want to live in their own affordable rented home, they need to apply to the housing list and will be competing with a long queue of other housing applicants for their own home.

An objective of the Action Plan to this Strategy aims to ensure people have access to up-to-date, accessible, and widely marketed, information on their housing options, will help people and their families make the right choices for them.

## **3. Conclusion**

There are now many housing and support options available for people to choose from. However, if people and their families do not know about these options, they will not be able to take them up. It is therefore a priority of this Strategy to provide more, up-to-date, good quality, and local, information about housing and support options, and how to access them, to people with learning disabilities, their families and carers, and to professionals.

# HOUSING STRATEGY

## HOUSING FOR PEOPLE WITH LEARNING DISABILITIES

### Chapter 5

#### Affordable rented housing

Meeting the priorities:-

“Work towards meeting the housing aspirations and preferences of people with learning disabilities, and their families”.

“Provide more, and good quality, housing and support options for people to live independently (with support) in their own homes”.

“Provide advice, information, and support to help enable people, and their families, make choices over their housing and know how to access that housing”.

“Meet the government standard, Public Service Agreement (PSA) 16, i.e. the proportion of adults with learning disabilities in settled accommodation increases over time”.

#### **Introduction**

Affordable rented housing (previously known as “social housing”) is still an important source of housing in Southampton, more so than in many other areas of Hampshire. Even so, Southampton faces very high demand for affordable rented housing in the City and, in comparison to this, a limited supply of homes. It is because of this that housing is rationed, using the Councils’ Lettings Policy, to both prioritise people in housing need, and allow applicants a degree of choice through the Homebid (choice-based lettings) system. The Council, working with housing associations operating in the City, ensures as many new affordable homes are delivered as is possible to given the limited resources and land available. However the numbers of these new homes cannot keep up with the demand for them.

#### **1. Affordable rented housing**

In Southampton, affordable rented housing is provided by the Council and by several housing associations. The Council and 6 housing associations work together in the Southampton Affordable Housing Partnership (SAHP) to ensure that new affordable housing continues to be built, as it has been even through the recession. Other housing associations sometimes also provide some new homes in the City, and these also work with the Council in order to do so.

The 6 housing association partners to SAHP are:-

- Hyde Martlet
- Radian (a housing group which includes Swaythling Housing Society)
- First Wessex

- Spectrum Housing Group (which includes Western Challenge)
- Guinness Hermitage
- Aster Housing Group

## **2. Demand and supply**

### The supply of affordable rented housing:-

There are around 23,000 affordable rented homes in Southampton. However there is also a long queue of people waiting for them.

The Southampton Housing Strategy (2007 - 2011) looked at the demand and supply of affordable housing in the City, and found an overall shortfall for 1,391 affordable homes (rented and low cost home ownership) per year <sup>(36)</sup>. Since the national Right to Buy (of council homes) was introduced in 1980, several thousand homes have left the Council's housing stock. Indeed, since 1968, the Council also had its own policy of selling Council homes.

As Chapter 2 in this Strategy shows, 568 affordable homes were built in the City by housing associations in the 2 years 2007 – 2009; including 317 affordable rented homes. Housing associations will continue to provide new homes in future years.

For some years, the Council has not been able to build its own new housing, the last being a small scheme in 1994. However between 2010 and 2012, 52 new council-owned homes, mainly for families, will be built on land it owns across the City, as the result of special government funding.

For more information on developing new affordable housing, see Chapter 9 in this Strategy.

### The demand for affordable rented housing:-

The demand for affordable rented housing continues to outstrip supply. As Chapter 2 in this Strategy shows, the number of households on the active housing list doubled in the 5 years to January 2010 – to 13,249 households.

Some of the reasons for this growth in demand are the recession affecting jobs and income security, high house prices compared with incomes, and the formation of extra (and smaller) new households through divorce and relationship breakdown. The demand for smaller housing, for single people and some couples, is likely to increase. Single people are already the largest group on the housing list, and have been for some years.

The predicted increase in the number of people with learning disabilities (see Chapter 2 in this Strategy), and the increasing expectation of people being supported to live independently rather than in institutional settings, is likely to mean a greater demand for affordable rented housing (usually for single people and for some couples) among this group. This independent living is just what the government, in Valuing People Now (2009) <sup>(37)</sup> – see Chapter 4 in this Strategy - wants to see. Indeed Chapter 3 in this Strategy shows just how much people want a

choice of where to live, with the presumption of living in their own place (shared or on their own) in the community.

In Southampton, 110 (nearly 14%) people with learning disabilities have their own tenancy (9). Given the trends, as described above, this is likely to increase.

Current housing and support needs assessments done by Health and Adult Social Care (9) for 155 adults, show 81 people wanting single accommodation only, and another 26 people who are single but who will need a room for a carer. This could be either a flat in a supported housing scheme or an ordinary flat in affordable housing. However the level of demand (107 people) is nearly double the number of people (110 people) already in an affordable tenancy.

The development of affordable housing is further discussed in Chapter 7 of this Strategy).

#### The effect of high housing demand:-

As of January 2010:-

Household type	Number of households on active housing list	Available to let during the whole of 2009
Single people	5775	86 studio flats
Couples, or single person with child access	1443	360 1 bed homes

These figures show that, for example, every vacant studio flat had 67 single people waiting for it.

On average, a single person in housing need can wait 6 to 7 years for a council or housing association home. However, being an average figure, some people in higher need (who are awarded more points against their housing application) may face less of a wait.

### **3. What sort of affordable rented property is available**

#### Size and type of accommodation:-

The Council's Lettings Policy determines what size and type of property a person is eligible to bid for, whether it is a Council or a housing association home.

Single people on the active housing list are eligible for self-contained studio flats, and couples, or single people with child access, are eligible for 1 bedroom flats. Single people can bid for 1 bedroom flats but are competing against couples for these.

There are strict rules on having a second bedroom for a carer, due to the very high housing demand in the City. The following are the reasons a person may be

considered for this:-

Single person:- An assessed need for a 24 hour live/sleep-in carer.

Couple:- An assessed need for a 24 hour live/sleep-in carer

... Or ....

- An assessed need for separate bedrooms due to ill-health, or physical, sensory or mental impairment, for example the need for home dialysis or the use of mechanical respiration equipment.

Even so, these applicants will be competing for a 2 bedroom flat against families with up to 2 children, who will also bid for this type of property.

A single person is only eligible for a flat (rather than a house), as are most couples.

What most accommodation is like:-

Most of the affordable rented housing in the City is in purpose built blocks of flats, largely on existing housing estates. In addition, some affordable rented housing is more popular than others. This could be due to its:

- Location – Since so much is on larger housing estates, people usually have to wait much longer for something which is not. There is very little affordable rented property in areas of older terraced houses, such as Portswood, central Shirley, or Woolston. This is an issue; Chapter 3 in this Strategy shows how important living in particular areas, and feeling safe there, is to many people with learning disabilities.
- Size - A single person will usually wait much longer for a 1 bedroom flat than a studio flat.
- Layout - Not all ground floor property can be made fully accessible, particularly the older system built flats. There is usually a long wait for more accessible property.
- Pets - Many properties are not physically suitable for dogs or cats to be kept, including registered assistance dogs. Many do not allow pet dogs, some do not allow pet cats. People can expect a longer wait for something which is suitable in this respect.

#### **4. What to consider in deciding to apply for affordable rented housing**

The need to plan in advance:-

The length of the wait for affordable rented housing, and the longer wait for more popular properties, show how vital it is that people, and their family and support workers, plan ahead for their future housing needs wherever possible.

A housing application needs to be made sooner rather than later, and this will generally only happen with planning in advance. However, Chapter 3 in this Strategy shows that many people did not know how to get somewhere to live, and those who did were often defeated by the forms and reading material it involves, and so would not be planning in a practical way for their housing future unless someone supported them to do it.

It is important therefore, that those who support people with learning disabilities are aware of the need for planning and making a housing application in advance – and the reasons why this is needed - if affordable rented housing is the chosen option. More accessible and readily available information - including on how to apply and what housing can be expected from that application – is needed. Person centred planning, and transition planning with young people, also need to feed into this process. Southampton Mencap's work with family carers is also increasing the awareness of this, and encouraging families to come to terms with the need to make plans for their loved ones' future.

People can apply for housing from the age of 16, if this is appropriate for them. However they would not be let a property until at least the age of 18. Indeed, given a long wait for a home can usually be expected, someone is likely to be older than that before a bid for a home was successful.

In view of the length of the wait for affordable rented housing, and the type of property most commonly available, it may be that some people also wish to consider other housing options. These might meet people's needs and expectations quicker or more appropriately. The wait may however provide the opportunity for more preparation for a permanent tenancy. For example a privately rented flat, with good support, could be used as a "taster" for living away from home and a chance to further develop the skills people need to manage a home and tenancy. This again illustrates the need to plan in advance for future housing needs wherever possible.

#### The mental capacity to hold a tenancy:-

The Mental Capacity Act (2005) provides the legal framework for looking at whether someone has the mental capacity to sign a tenancy agreement and become a tenant. This is explained in more detail in Appendix 3 of this Strategy.

Everyone must be assumed to have the required mental capacity unless it can be proved that they do not. Before a decision is reached, all practical and appropriate steps must be taken to help them understand, including using more accessible information such as pictures or audiotape.

A tenancy agreement is a legal document and, as such, has to cover many legal requirements. However, more accessible information on its basic concepts would be useful for people who cannot read it or need more help to fully understand what they are agreeing to do, or not do, as a tenant.

Many learning disabled people do have the capacity to understand to the level required to sign for a tenancy, particularly if helped by simpler explanations. Where people do lack capacity to sign, for example due to significant learning disabilities, there are ways to legally sign on their behalf, for example by assigning a Deputy.

However, holding a tenancy is more than signing the tenancy agreement. People need to understand how to, and/or be supported to, stick to the conditions of their tenancy. This is looked at in below, in this Chapter.

### Applying for an affordable rented home:-

Everyone applying for affordable rented housing has to complete (with support as necessary) a housing application. In doing so they must provide the required information about their circumstances to enable their application to be assessed against the Council's Lettings Policy, and to be awarded points. Points are awarded for housing need and time waiting, and are the way one application is prioritised against another.

The Council assesses housing applications using a system of points, as set out in the Lettings Policy. This largely rations affordable rented housing to people in housing need. The questions asked in housing applications are geared towards assessing people for those points.

A person in greater housing need is awarded more points. This could be, for example, for a health problem or physical, sensory or mental impairment which is making their current housing hard to live in (and about which little can be done to make that housing more suitable), or which affects their ability to obtain a home for themselves on the open market. People with a learning disability could expect to be assessed to see if they are eligible for these points – provided that is disclosed in order to trigger the assessment process.

The housing consultation event <sup>(32)</sup>, summarised in Chapter 3 in this Strategy, showed that some people were quite well informed on accessing affordable rented housing. However, others had no idea of what to do, and more than half of those present had found their current home with the help of someone paid to support them. In line with a priority of this Strategy, more accessible information needs to be made available on applying for affordable rented housing, for family carers as well as their relatives who prefer this option. This will be part of the work described in Chapter 4 of this Strategy. However it is a difficult issue because, although information on how to apply can be made more accessible, the information required is based on what is needed to assess the application and award any points.

It is therefore essential that support is available for people to make a housing application and to provide all the information, and any proofs of circumstances, required.

### Bidding for an affordable rented home:-

Under the Homelessness Act 2002, the Council is required by the government to operate a choice-based lettings system. The Council operates a choice-based lettings system called Homebid for council and housing association vacancies. This means that people, or their family carer or support worker, need to bid for the property that they wish to be considered for, by using the phone or the internet.

People can only bid for the type of property they are eligible for, and bids are successful based on the number of points the person bidding has, in comparison with their competitors for that property.

People with learning disabilities usually need some support to understand and access Homebid, in the same way as they need support to apply for the housing list. Support workers already support people to access housing options, and this needs

to include bidding on Homebid. This help is part of the contracts for support work agreed with and funded by Supporting People.

Basic training in housing issues, including accessing Homebid, would be helpful for support staff, and is an issue that needs to be considered in being able to carry out housing support for contracts funded by the Council.

Applying for support to help manage a tenancy:-

This would be for floating support, which is housing support that can be provided to people in their own home to settle in, sustain that home and tenancy, and become part of the local community.

The Learning Disability Supported Housing Panel (see Chapter 10 in this Strategy) decides on applications for housing support delivered to people in their own homes.

People can also apply for domiciliary and/or social care, to help with keeping house and personal care, from Health and Adult Social Care in the Council.

Maintaining a tenancy:-

With affordable rented housing, once a tenant has successfully maintained their tenancy for the first introductory year, they go on to achieve full security of tenure. Provided that the conditions of tenancy and the requirements of housing legislation are adhered to, a tenant can have a home for life if they want it.

Supporting People funds and lets contracts for the provision of housing support to people with learning disabilities in their own homes. The service provided under these contracts is expected to support people to access and maintain their chosen housing options, including preventing unnecessary eviction.

Good quality housing support includes helping people understand what is expected of them as a tenant, what they have to do to keep their tenancy over time, and the consequences of not doing so, i.e. the risk of legal action and eviction from that home. This includes paying the rent due (or claiming benefits that cover it), and not causing anti-social behaviour, noise nuisance, or damage to their home or communal areas.

The provision of accessible information on what is required, is also an important part of enabling people to maintain their tenancy, and is something that needs to be developed more than it currently is.

People may also need support to sustain the home itself, including some or all aspects of keeping house, dealing with money and with paperwork. This will often be needed, to a greater or lesser extent, in the longer-term – particularly if there is no family to support that person, or that family are now older.

Housing support work also includes supporting that person (and advocating for them if needed) if their neighbours are causing problems for them, such as noise nuisance or a risk to their safety. Chapter 3 in this Strategy shows that the main worry for many people is feeling safe in their own home and local area, so this can be a particular issue.

It is therefore important that support workers get basic, practical training in housing and tenancy issues, so that they are aware of what they can do, or ask for, to give their client a good chance of sustaining their tenancy over time. The provision of this training needs to be seen as part of the way that the requirements of Council contracts for housing support, are met.

## **5. Conclusion**

Information on affordable rented housing, how to apply, how to bid for it, what people would be eligible for, what sort of wait to expect, and the areas it is largely found in, all need to be included in accessible information provided to people with learning disabilities, families, and professionals. This is a priority of the Strategy, and an objective in the Action Plan to this Strategy.

There continues to be high demand for rented affordable housing. The Housing Development Team of the Council will continue to work with developers and housing associations to facilitate the building of new affordable housing in the City. This is in line with the priorities of this Strategy of working towards meeting people's housing aspirations, providing more, and good quality, housing options, and meeting the government standard (PSA16) on increasing the proportion of people in settled accommodation. Affordable rented housing is settled accommodation.

# HOUSING STRATEGY – HOUSING FOR PEOPLE WITH LEARNING DISABILITIES

## Chapter 6

### Home ownership

Meeting the priorities:-

“Work towards meeting the housing aspirations and preferences of people with learning disabilities, and their families”.

“Provide more, and good quality, housing and support options for people to live independently (with support) in their own homes”.

“Provide advice, information, and support to help enable people, and their families, make choices over their housing and know how to access that housing”.

“Meet the government standard, Public Service Agreement (PSA) 16, i.e. the proportion of adults with learning disabilities in settled accommodation increases over time”.

### Introduction

Home ownership is a relatively new housing option for people with learning disabilities. Opportunities for low cost home ownership are available, but it is really an option for those with adequate financial resources and long-term support. However for some people it is a way of increasing choice over what type of property and what area they can live in, and a way of gaining more control over their own home. It is a genuine housing option, and one that more people need to be aware of.

#### **1. Home ownership**

Over 70% of the country’s housing stock is owner occupied; in Southampton this figure is 57.6% <sup>(5)</sup>. However, very few people with learning disabilities own their own home. In Southampton, less than 1% of adult service users are home owners <sup>(9)</sup>.

People who are able to buy their own home usually have a fairly wide choice over the area it is located in, the type of property it is, what size it is, whether it has an extra bedroom, or whether it has a garden. As Chapter 5 shows, there is usually much less of a choice with affordable rented housing, which is often the housing option most thought about for people with learning disabilities wanting their own place.

The government, through its strategy Valuing People Now <sup>(37)</sup>, wants to see more people have choice and control over their housing as everyone else. The housing consultation event in Southampton <sup>(32)</sup> and other research, as highlighted in Chapter 3 of this Strategy also shows that people with learning disabilities want that choice

and control. People are also very keen on being able to live in certain areas, particularly in locations they feel safe in, (32) and it may be that home ownership would help more people to do this.

Buying a home in the Southampton area is an expensive option. However schemes such as low cost home ownership, as explained below, may make this an appropriate option for some people.

As this Chapter explains, for those people who have the financial resources (or access to them) and good long-term support, home ownership could be an option. It is not, however, an option for everyone.

## **2. Low Cost Home Ownership (LCHO)**

(Often called “shared ownership”).

### What is Low Cost Home Ownership (LCHO)?

Low cost home ownership can help people who could not otherwise afford to buy their own home, either because of high mortgage payments, or the deposit needed, or both. It means that a person, or a couple, can buy a share of a property and rent the remaining share from the housing association providing the property. These schemes were first developed in the 1980's, and have been helping people to buy homes for nearly 30 years.

The term “low cost home ownership” includes shared ownership and other models of buying a home, where help is given to make the purchase more affordable. There are various ways that these schemes are arranged.

### A common example of Low Cost Home Ownership (LCHO) is:-

The actual financial costs (legal fees, etc) of buying a home using LCHO will vary. However, it is safest to have savings of up to £3,000 to cover these costs.

The purchaser buys a share of the property, usually 25% to 75% of its price, depending on how much they can afford. This could either be by paying a lump sum of money (perhaps from a relative) or by getting a mortgage on that amount.

The purchaser will have a landlord, usually a housing association, who owns the remaining proportion of the property. The purchaser pays an affordable rent to the landlord for the share they do not own.

With most schemes the purchaser can increase the share of their home that they own, until they own 100% of it. This is called “staircasing”.

If the purchaser sells, the property is valued independently and sold at that price. The purchaser keeps the proportion of the sale price that they own, e.g. if they own 75%, they get back 75% of its sale price (minus any outstanding mortgage debts, etc).

The sort of property that can be bought using low cost home ownership (LCHO):-  
Most LCHO schemes in Southampton are for brand new flats, an exception being the HOLD scheme (see below). As well as offering low cost home ownership, these new flats have the advantage of being easy to manage and maintain, with modern standards of energy efficiency, as well as new kitchens and bathrooms. They are also built in a range of locations across the City.

Houses are rare with LCHO schemes, and families with children are given priority for these. In the past some LCHO schemes, for example Open Market Homebuy, have given people the choice to buy existing properties rather than newly built ones. However, the government funding for Open Market Homebuy has now dried up. Sometimes resale properties, also available to buy using LCHO, come up.

The government, through the Homes and Communities Agency, controls the funding for most LCHO schemes. At the time of writing this Strategy, they are using LCHO to boost the construction industry, and the jobs it provides, during a period of recession. It is for this reason that, at present, people needing to use LCHO to buy a home (apart from the HOLD scheme) can only buy newly built properties and do not have the choice of buying an older home.

The HOLD scheme:-

(Home Ownership for people with Long Term Disabilities)

The HOLD scheme is a new low cost home ownership (LCHO) scheme for people with long-term disabilities, including people with learning disabilities. The government's aim with HOLD is to offer the chance of home ownership to groups largely excluded from LCHO schemes in the past. It is available in the Southampton City Council area and it is run through 'Homes in Hants' (see below).

With this scheme people can buy a home on the open market (with a maximum value of £200,000 as of February 2010), and so are not confined to newly built properties. This means people have more choice, and more chance, to buy a home they like, in an area they like, that is near to family, friends, and the bus routes and amenities they use.

A minimum 50% share of the property must be bought. This can be funded, subject to individual circumstances, by an interest only mortgage which 'Homes in Hants' have negotiated to go with the HOLD scheme. At the time of writing this Strategy, other interest only mortgages are extremely rare.

The remaining half share of the property's value is covered by an affordable rent paid to the housing association. HOLD rent levels and service charge are set to come within the housing benefit "cap", and so are eligible for housing benefit assistance, provided the purchaser is themselves eligible.

'Homes in Hants' give advice and support to homebuyers in locating and finding a suitable property, handling negotiations over price, finding a solicitor, and on benefits which may cover mortgage interest and the rental element.

As at the time of writing this Strategy, two people in Southampton had bought homes under the HOLD scheme. HOLD is funded from the governments National

Affordable Housing Programme, most of which has now been allocated to various housing schemes. However, because it offers the chance of home ownership to a group usually excluded from it, funding for a small number of HOLD purchases is likely to continue to be available.

One single point of contact for LCHO – ‘Homes in Hants’:-

‘Homes in Hants’ is part of the Radian housing group (which includes Swaythling Housing Society), and is the Low Cost Home Ownership Agent for the Homes and Communities Agency in Hampshire and the Isle of Wight.

‘Homes in Hants’ is a single point of contact for people looking for a home to buy using low cost home ownership. It covers the LCHO schemes provided by all the housing associations in the area. The website [‘Homes in Hants’ | Swaythling Housing Society online property search](#) contains useful information, telephone advice can also be given, and a series of ‘Homebuy’ events are run each year, open to anyone interested in low cost home ownership.

**3. Research on the outcomes of, and barriers to, low cost home ownership for people with learning disabilities – Hampshire (2009)**

(38):-

This research was carried out by questionnaires and interviews of social care managers and social workers in Hampshire. The views of service users were, due to time constraints, only sought from secondary research.

The positive outcomes of LCHO:-

This research found several positive outcomes for adults purchasing through a low cost home ownership scheme.

These were mainly the greater choice of location and property on offer, having more control over ones life through home ownership, and gaining a sense of pride and achievement in being a home owner. In addition, once people are in charge of their own home the more likely they are to be more in control of their care and support as well.

The families concerned appreciated this option as a way of finding a long term and secure home for their family member.

Social Services in Hampshire also appreciated LCHO as a more cost effective form of housing provision. It means that the social services budget is not having to fund those peoples housing costs, enabling the money that would have been used to help other people in need.

The barriers:-

However there were also barriers to people taking up low cost home ownership. This research found these were largely issues of finance, support, and the knowledge of LCHO as an option.

Finance can be a barrier. People (or their family) may have difficulty in finding the start-up costs of buying a home; legal costs for example.

People also need to be on the correct benefits in order to pay their mortgage and rent costs, unless they or their family have their own financial resources. People need to qualify for Support for Mortgage Interest (SMI) through being on Income Support, for their mortgage interest to be paid, and Housing Benefit for their rental element to be paid. The rules for these benefits mean that people cannot work, or aim to work, more than a set number of hours per week because they will no longer qualify for these benefits. This limits the scope for home ownership to deliver real independence and social inclusion.

Shared ownership needs joint working on a long-term basis between social services, the housing association providing the property, and the care and support providers. It also needs the person to be an equal partner in this working relationship. In Hampshire, the new role of Locality Housing Officer is providing a combined housing and social services function, and making some progress in facilitating shared ownership as a housing option. (In Southampton a similar role might be taken by the Housing Enabling Officer in Health and Adult Social Care).

The research also found there was often a lack of knowledge about this housing option, and how it works, amongst many people - including social care professionals. Once people got to know about it, they were keen to use it.

#### **4. Ways of affording home ownership:-**

There are various ways of making home ownership more affordable for people. However, home ownership is not an appropriate option for everyone.

##### Where there are family resources:-

For those families able to do so, home ownership is a way to use the resources they have built up over the years, to help their loved one move into their own property and to have more choice over the type and location of their home. It could be, for example, the financial equivalent of funding that person through university had they been able to go.

The actual financial costs (legal fees, cost of a survey, removals, etc) of buying a home will vary between the type of scheme and according to individual circumstances, but savings of up to £3,000 will usually be required.

Prospective purchasers may have access to a cash lump sum to part purchase a property. This might come from parents or relatives who are home owners and have money to invest, who have released equity from their property, from a discretionary trust (see below), or perhaps from an inheritance. This may mean a mortgage is not needed, or is smaller than otherwise.

There needs to be more investigation of the ways that families can fund, or part-fund, housing for their adult children or relatives with learning disabilities, including releasing equity from the family home. Reliable information about this is also needed. The possibilities of equity release could include:

- The parents downsizing to a smaller property to release money tied up in the

family home.

- Special equity release schemes, although these have had a bad press of late and would usually only be interested in older owner-occupiers.
- The possibility of a loan for parents wanting to part-fund an adult child's home purchase, that is made payable from a charge put on the parents property to be repaid when it is sold.

#### Discretionary trusts:-

An example of a discretionary trust is where, instead of a direct inheritance, money left in a will to several siblings is put into a trust, and belongs to that trust. The person with learning disabilities is named as the primary beneficiary, with the other siblings as a separate class of beneficiaries. The person may get gifts or payments from the trust but they cannot be said to own those assets themselves – which is of relevance to means tested benefits or services - if the trust is set up properly. The trust can invest assets in buying the person a home.

There can, however, be problems with discretionary trusts. For example, it is helpful to find trustees of a similar age to the beneficiary, and there is always the fear that trustees will use their (legitimate) discretion to withhold payments from the intended beneficiary, perhaps if it is for something they do not approve of.

The law concerning trusts is complex, and legal advice should always be sought before taking any action to set up or operate one.

#### Mortgage payments:-

If a mortgage is needed, most lenders now require a deposit (e.g. 10% of the purchase price). Sufficient income to pay that mortgage over a number of years will also be needed.

With certain low cost home ownership schemes, for example homes bought under the HOLD scheme (see above in this Chapter), mortgages may be able to be arranged on an interest only basis. However such mortgages are very rare. Many mortgage lenders are also generally reluctant to lend to people with low incomes, and who have to rely on state benefits to make up their incomes and pay their mortgage interest.

For people who are eligible for Support for Mortgage Interest (SMI) through Income Support, the interest only part of their mortgage, up to a set level of mortgage and interest rate, will be paid. As at February 2010 the maximum amount of mortgage SMI would pay the interest on is £200,000.

There are drawbacks to SMI. It does not pay for home insurance costs. If someone is on Jobseekers Allowance (JSA), it will only pay the mortgage interest for two years. People in paid employment cannot work more than a set number of hours per week (as of February 2010 this was more than 15 hours) and remain eligible for it. This prevents people from remaining in or planning to enter full-time (or nearly full-time) employment – an important route to real independence and social inclusion. In addition, the benefits situation for people who want to share their home with a friend can become very complicated.

### The rental element of low cost home ownership:-

With low cost home ownership (see above in this Chapter) an affordable rent will usually be payable on the proportion the person has not bought, depending upon the type of scheme. For people on low incomes, housing benefit may be payable to help with this, depending on individual circumstances. However, with housing benefit, problems also arise with employment as they do with SMI (above).

Anyone who will require benefits to fund their mortgage, or the rental element, on a low cost home ownership property, needs to obtain specialist advice first.

### Other arrangements for funding home ownership:-

Other arrangements for funding home ownership may be possible, depending on people's circumstances <sup>(35)</sup>. These need much thought, planning, specialist legal and financial advice, and sufficient financial resources. They include, for example:

- Outright inheritance of the family, or a relatives, home. However, this may leave the person in a home that is too large to manage and maintain, and possibly some jealous siblings who want the share they think should be theirs.
- Joint ownership between a group of families for their children.
- Joint ownership between a parent and their adult child.
- Company ownership, where a group of parents (as shareholders) set up a company to acquire property for their adult children.

## **5. Ensuring people are aware of home ownership as an option:-**

People and their families need to be more aware of home ownership as a housing option. For some people it will be a viable option, and offer more choice and control over their future housing.

Accessible information on home ownership needs to be included in the information on housing options already provided to people with learning disabilities. Family carers also need reliable and informative information on what is available, how it can be funded, and the support available to home owners. This is particularly in relation to future years, when any family carer is no longer able to support their family member.

For people, their families, and professionals, the sharing of positive stories of home ownership is important in this process, as is the opportunity to learn from other peoples experiences. This needs to be done in a variety of settings including housing information sessions as part of work on "life skills", meetings of carers groups (such as those facilitated by Southampton Mencap), and in staff training sessions.

The provision of advice and information is also considered in Chapter 4 in this Strategy.

## **6. Is home ownership a viable long-term housing option:-**

There needs to be more research locally into the extent and type of demand for home ownership among people with learning disabilities and their families, as there is little concrete information on the situation in Southampton.

### The mental capacity to buy a property:-

Many people with learning disabilities will have the capacity to understand that they are buying a home, and therefore have certain responsibilities and rights as a home owner, particularly if helped by simpler explanations. People who do not have sufficient mental capacity to understand the contracts involved in buying a home, will need to appoint a Deputy through the Court of Protection.

The Mental Capacity Act (2005), which covers this issue, is explained in more detail in Appendix 3 of this Strategy.

As well as the actual purchase of the property, good support will usually be needed, whether from family, support workers, or both, to help them sustain that home over the decades. This is largely because of the financial implications of home ownership, and the necessity to keep on top of repairs and maintenance.

### Financial sustainability:-

Home ownership, particularly low cost home ownership, can be a real option for people who can afford it, find a scheme which comes with suitable financial arrangements (e.g. the HOLD scheme), or whose family can financially support them. However it is really only an option for those who have the ability, finance, and good long-term support, to sustain the paying of a mortgage and the cost of maintaining a property in the long term.

Many people will have no opportunity to finance even the starting costs of home buying (paying for legal fees, etc). This can require savings, or a lump sum, of up to £3,000. In many cases the family has had to expend a great deal of time and energy in caring for their loved one, rather than developing careers and earning capacity, and so cannot fund them.

In addition, very few people who need to rely on SMI to pay their mortgage costs will be able to find an interest-only mortgage. If they do find a mortgage, very few people will ever be able to repay any capital and thus the amount they owe will not reduce.

It is also the case that not everyone wants to be reliant on benefits in the long-term instead of being in employment. People with learning disabilities rarely command high wages, yet their access to benefits to pay their mortgage costs will stop if they achieve full-time (or nearly full-time) employment.

Home ownership can be an option for some people. However many people simply do not have the choice of home ownership due to their, and their families, financial circumstances.

### Keeping a property maintained and in good repair:-

As well as money, people will need long-term support to physically sustain their home. This involves understanding what work needs to be done on the property and what needs to be planned for, being able to raise and organise the funding to pay for it, and being able to get that work done. This is particularly the case for maintaining a property in the long-term, for example planning to replace a boiler, kitchen or windows, which is crucial to keeping the home sustainable over the decades that it will be needed for.

Housing support provided to home owners with learning disabilities needs to include support to carry out this long-term planning and signpost people to more specialist help to ensure the work is carried out, and to a satisfactory standard. This could include, for example, getting help from a home improvement agency or handypersons scheme, or similar. This again, would require support workers to have some basic training in housing matters.

A home-owner faced with major works would usually consider using savings, a loan or a re-mortgage. However a person who is dependent on benefits is unlikely to have many savings or access to legitimate loans, and a mortgage with no capital repaid prevents re-mortgaging. In addition, SMI does not pay for the interest on re-mortgages.

Council loans for tackling disrepair are available to homeowners, but only for essential repairs, and they are repaid by putting a charge on the property for when it is sold. Having an interest free mortgage (as under the HOLD scheme) with no capital repaid, makes granting such a loan rather complicated. Ways of funding long-term maintenance do need to be investigated.

With low cost home ownership schemes, one solution may be possible, and it is one the HOLD scheme is trying. This is to use the money paid as service charges as a "sinking fund" for future maintenance of at least part of the property. At present, this comes within the limits of what Housing Benefit will pay, but it does depend on how future benefit regulations deal with the issue. It also needs to be clearly set out which party is responsible for which part of the property.

With schemes such as HOLD, however, consideration is being given to developing more control over the type and condition of the property that can be bought. For example, it would not be appropriate for a home owner with learning disabilities and reliant on benefits, to buy a property in a state of disrepair and needing major and expensive work – even if it is in a good location.

### Choice and control:-

As shown in Chapter 3 of this Strategy, people want more choice and control over their lives and their housing options. People who are home owners, whether outright or through a low cost home ownership scheme, tend to have more control over their lives. As they are homeowners, they can make decisions that every other homeowner can make.

Buying a home usually means the person has greater choice over what area and setting they live in, and the size and type of the property they can have. Being able

to live in the area they prefer, and feel safe in, was an issue that often came up in the housing consultation event <sup>(32)</sup> and other research summarised in Chapter 3 in this Strategy. In addition it could give people the choice of, for example, buying a 2 bedroom flat, rather than the smaller flat they might have got in supported or affordable rented housing, or being able to live nearer their family than would otherwise be the case.

Some people will choose to avoid home ownership, regardless of financial status, and it is important that people can make that choice. They, or their families, may lack confidence in, or have had bad experiences of, home ownership. For some people and their families, owning a property – with the responsibility that can entail - is just too worrying a prospect for them to consider.

It also needs to be remembered that other housing options, such as affordable rented, private rented, or supported, housing, can also offer people a choice of where to live and a way of developing more control over their lives.

#### Living independently with support:-

Being a home owner does not stop a person getting support to manage their home and finances, apply for benefits, maintain a social life and do leisure activities, or to get help with their personal care as they need it. Social and/or domiciliary, and housing support can come to people in their own home.

In addition, most people will need long-term support to be able to sustain the practical side home ownership. In particular, this means support to keep their home in a good standard of repair, as well as to deal with longer-term maintenance issues as, explained above in this Chapter. This long-term support can come from family or paid support workers, but it does need to be there.

## **7. Conclusion**

An objective in the Action Plan of this Strategy is that home ownership, including low cost home ownership, is promoted as a housing option. This is also in line with the priorities of the Strategy of working towards meeting people's housing aspirations and providing more housing options. This includes exploring the successes of this option in other areas, and implementing what is learnt from this.

In addition, work needs to be done with 'Homes in Hants' to ensure the marketing of low cost home ownership is inclusive of people with learning disabilities, in line with the priority of this Strategy of providing advice and information to help people, and their families, make choices and access that choice of housing.

In line with the priority of both this Strategy and of the government of having more people living independently (with support) in settled housing, the option of home ownership is an option that needs more consideration. It is to be hoped that home ownership can be a realistic option for some people who have the resources and long-term support needed to be able to choose it.

# HOUSING STRATEGY – HOUSING FOR PEOPLE WITH LEARNING DISABILITIES

## Chapter 7

### Developing new affordable housing

Meeting the priorities:-

“Work towards meeting the housing aspirations and preferences of people with learning disabilities, and their families”.

“Provide more, and good quality, housing and support options for people to live independently (with support) in their own homes”.

“Meet the government standard, Public Service Agreement (PSA) 16, i.e. the proportion of adults with learning disabilities in settled accommodation increases over time”.

### **Introduction**

Chapters 2 and 5 in this Strategy show that there is a need to provide more affordable housing, particularly more affordable rented housing, to meet at least some of the increasing demand for it. People with learning disabilities, and their families, want more choice over their housing and many will choose the security and greater affordability of the affordable housing sector. This Chapter looks at how this housing is developed, and how far this can practically go towards meeting the demand for it.

#### **1. What needs to happen before affordable housing can be built:-**

A housing association is willing and able to do the work:-

In 2010 the Council will be building 52 new affordable rented homes (mainly for families) on 8 small sites it owns across the City. This is the first time since 1994 that the Council has been able to build its own homes, and it has been enabled to do so by a special government grant. However, due to government policies preventing council housing being built, most new affordable homes in the past 20 years have been built by housing associations.

Housing associations working in Southampton do so in liaison with the Council. Most of those who carry out development work are members, along with the Council, of the Southampton Affordable Housing Partnership (as explained in chapter 5 of this strategy).

The housing associations operating locally tend to concentrate on general housing, rather than concentrating on housing for particular groups, such as innovative housing for people with learning disabilities. There are a few specialist housing

associations nationally. However, all the housing associations have had a tough year, where their Boards have had to make some difficult decisions and minimise their risks in such a hard market. What innovation there has been has centred on them managing to continue building at all.

#### Funding:-

Funding has to be available to develop new affordable housing. This is getting harder to find, as shown in s.2 (below) in this Chapter.

#### Land:-

Affordable housing needs a vacant plot of land to be built on. However land in Southampton is expensive and, this being a City, is not in ready supply. The current financial situation has made it very difficult for housing associations to develop new housing, without sites that are available at a cheaper than usual price or are “gifted” to them by an organisation.

The other source of affordable housing is from a site being developed by a private house-builder, where it has to be provided as a condition of that developer getting planning permission. In this case the housing association will be sold the land at nil cost, whilst paying the private builder for cost of building the homes. With reference to the planning law that controls this process, this is known as a “section 106” agreement.

#### Planning permission:-

In all cases, any development of affordable housing has to get planning permission before any housing can be built. The housing planned also has to be in accordance with the Council’s Core Planning Strategy, for example how many affordable homes a private developer has to provide when they are given planning permission to build a private housing development.

## **2. Government funding for building new housing**

#### The Homes and Communities Agency:-

The Homes and Communities Agency (HCA), previously called the Housing Corporation, controls public funding for the development of new affordable housing throughout the country, on behalf of the government. This covers both affordable rented housing and new housing built for low cost home ownership.

Funding comes from the National Affordable Housing Programme (NAHP) in the form of HCA grants. The HCA currently has a 3 year NAHP budget running from 2008 to 2011.

#### HCA funding:-

Funding from the HCA pays for capital work, such as the construction work and the bricks and mortar, rather than for revenue costs, such as staffing a supported housing scheme. It funds new affordable homes for all groups of people, rather than it being tied to one particular group.

As of the time of writing this Strategy, there is no special capital money reserved to build new homes for people with learning disabilities, and there is no specific capital money for new supported housing.

The current financial situation:-

The money that is available for new homes is getting tighter. All the money for the financial year 2009 – 2010 was allocated to schemes before the end of 2009. The 2010 – 2011 financial year is expected to be tough too. The effect of this has also been combined with the effect of the economic situation on the housing market and development.

An example of this is that the grant rate paid (by the HCA) has dropped from around £70,000 per new affordable rented home to around £55,000. The grant rate for building a low cost home ownership home (e.g. for shared ownership) is around £20,000 – these properties still need a grant to be affordable for housing associations to provide. This is one of the reasons why the price of land is so important to whether homes are built or not.

The Southampton target for 2009 – 2010 was 330 new homes to be provided during that year. However, 240 were provided, and the government (GOSE – Government Office for the South East) have expressed surprise that even that number were achieved in this economic climate. This is at a time when the housing list for council and housing association homes in Southampton has reached over 13,000 households, so our ability to meet any need has been more limited than in the past.

The future financial situation:-

After March 2011 (when the current funding round of 2008 - 2011 ends) it is unlikely the HCA will get the same levels of funding from the government as previously, given the need for the public spending deficit to reduce.

The HCA is considering looking more at investment routes than using grant funding for housing in the future, although what this will mean in practice on smaller sites is not clear. The HCA is also discussing with Councils who are PUSH members (Partnership for Urban South Hampshire) about how future funding will be directed. It is probable that new housing is less likely to be funded on a scheme by scheme basis in the future. As at the time of writing this Strategy, the picture of future funding for affordable housing is not particularly clear.

### **3. How to get more homes built**

In view of the financial constraints, explained above in this Chapter, the quickest way of providing new homes is for an organisation or agency to provide (“gift”) the land to a housing association at nil cost or a reduced price. The homes provided there would then be built much cheaper than they could be if the housing association had to buy land at full cost, indeed without that land it would be unlikely they would be built at all.

It is, however, getting harder for housing associations to find such land. The Council, along with other public sector organisations, have to try to get market

prices for any land they own as try to eke out their budgets that bit further. This means that the only land likely to be available for affordable housing will be that which is cheap enough for a housing association to afford on the open market, and this is not likely to lead to a widening of the areas these homes can be built in. As can be seen in Chapter 3 of this Strategy, this will be a problem for people who only feel safe, or able, to live in certain areas.

As at the time of writing this Strategy, the building of new homes is really the only way to provide new affordable homes. Housing associations have not been able to buy, or carry out much work to convert or refurbish, older buildings for some years. To do this is more financially risky, and often more expensive, than building new property. In addition VAT has to be paid on conversion and refurbishment work, whereas it is not payable on building new homes.

However, building more affordable housing may mean that people can move out of expensive residential care, both better for the person and for the budgets of the organisations that fund them in that care. In view of this, it might be possible for those organisations to consider if they have any “spare” land or buildings, and whether they might “spend money to save money” by allowing housing associations to consider purchasing the land at a cheaper than market rate.

#### **4. Other issues to consider in building new affordable homes**

##### The type of housing that is built:-

If the land being built on belongs to a housing developer (who has to build a certain proportion of affordable homes as a condition of planning permission) or is already owned by a housing association, then the Council will work with them to encourage them to provide the type of affordable housing we need. However, the Council cannot dictate to them on this.

If the land belongs to the Council and it is being sold to the housing association at a reduced price, then the Council can work with them to ensure the housing that is built there is what the Council wants to see. However, the Council does generally want a reasonable capital receipt for its land.

##### Safety and security:-

New affordable homes tend to have better security than was the case some years ago, particularly because technology and design has moved on somewhat.

The importance of feeling safe at home, in the area around that home, has been shown in various consultations of people with learning disabilities, as reported in Chapter 3 of this Strategy, including the housing consultation event in August 2009

(32).

If people do not feel safe in their home they risk becoming overly stressed, and at risk of social isolation, through becoming so fearful about going out or interacting with local people, or even just living there. People will also want to move out, and increased vacancy rates are both bad for those still living there and for the extra cost of making empty properties ready to let again and in the lost rental income.

It is therefore important to consider the need for people to feel safe in their own home and in the locality around that home, when building new housing and in providing support for the people living there, or to those moving in. This is particularly the case for people who may be more vulnerable or need more support to settle in.

#### Accessible housing:-

As Chapter 2 shows, people with learning disabilities are more likely to also have health problems and physical or sensory impairments. People are therefore more likely to need a home that caters for these extra needs, including one that is accessible and where stairs can be avoided. This was an issue that came up several times in the housing consultation event <sup>(32)</sup> held in August 2009, as reported in Chapter 3 of this Strategy.

“Lifetime homes” are those built and designed with basic accessibility features (although not full wheelchair accessibility) and to allow for future adaptations should these prove necessary. This is a useful design standard for people with learning disabilities, and indeed from 2011 the numbers of such properties being built will be monitored by the Council’s city planners. However, it is also a difficult standard to work with in the current financial climate. These homes tend to be more expensive to build, and this could restrict the future provision of affordable homes even further.

#### Involving prospective tenants:-

As the housing consultation event <sup>(32)</sup> showed, as reported in Chapter 3 of this Strategy, people like to be consulted over their housing and, with appropriate facilitation, have plenty to contribute.

People were keen to be involved in planning the layout and facilities for any housing particularly for people with learning disabilities. With new affordable rented housing it is now common for properties to be allocated to people who have successfully bid for them, around 6 months before they are ready to be let and occupied. This at least gives the prospective tenants the chance to choose their bathroom and kitchen fittings and colour schemes, find out more about the local area, and for any community development work to begin at an early stage.

## **5. Conclusion**

It is increasingly difficult to build new affordable housing, due to the need for both affordable land and funding to be available, and both being in scarce supply. There is no money reserved for specific schemes for people with learning disabilities or for new supported housing. It is thus time for some creative arrangements with any providers who may have capital to bring to any project. This is explored further in Chapter 10 in this Strategy.

The development of new affordable housing helps towards the priority of more people being able to live in settled accommodation, since affordable housing does offer a secure housing option for people. In providing more self-contained housing, this option helps towards the priorities of the Strategy to working towards meeting

people's housing preferences and aspirations, and providing more options. The Housing Development Team, of the Council will continue to work with developers and housing associations to ensure that as much affordable housing as possible is provided in Southampton, to the benefit of everyone waiting for it, including people with learning disabilities.

# HOUSING STRATEGY HOUSING FOR PEOPLE WITH LEARNING DISABILITIES

## Chapter 8

### Private rented housing

Meeting the priorities:-

“Work towards meeting the housing aspirations and preferences of people with learning disabilities, and their families”.

“Provide more, and good quality, housing and support options for people to live independently (with support) in their own homes”.

“Meet the government standard, Public Service Agreement (PSA) 16, i.e. the proportion of adults with learning disabilities in settled accommodation increases over time”.

#### **Introduction**

The private rented sector is a vital and growing part of the UK and the Southampton housing market, helping to meet growing housing demand. In Southampton it makes up about a quarter of the housing stock.

#### **1. Privately rented housing as an option for people**

Privately rented housing can be a useful option for people who want to live in a specific area, perhaps near family, or find a home that is not on a large housing estate. It can also usually be obtained more quickly than the length of time it can take to obtain an affordable rented home.

Including this sector as an option for people to consider does increase the choice of housing available. It may also help people to find a home in the area of their choice, or one with no stairs, more easily than waiting for affordable rented housing.

It may be that a person wants to live in a flat, with support, on a temporary basis to see how they cope with their own home. In this case, the six month assured shorthold tenancies that are common in the private rented sector, could be to their benefit. The provision of appropriate housing support and social care (as needed), and perhaps a guaranteed rent, would help to alleviate any concerns by the landlord. However, if the person then wanted to stay in that flat it would be the landlords' decision whether they could.

However, there can also be problems with living in a private rented home.

Tenancies are insecure when compared with affordable rented housing, particularly for people wanting a long-term option. However many landlords, who are intending

to rent out property in the long-term, are usually pleased to have someone who is going to stay, and save them the financial cost of the property becoming empty. Some people do live in privately rented flats in the long-term.

Sometimes the standard of housing on offer may not be very high, but the numbers of properties and landlords available in the City means there is usually a choice.

However a person with learning disabilities may not find it easy to deal with some landlords who may not understand their needs, or may see them as a potential problem.

It is important therefore that support workers understand how to help people access this housing in order to extend the choice that they have. It is an objective in the Action Plan to this Strategy that support workers receive an adequate basic training in supporting people access housing options and to sustain the home they obtain as a result.

## **2. Private sector leasing schemes**

One way of improving access to privately rented housing of a guaranteed standard, because they are checked in advance, is to operate a private sector leasing scheme specifically for people with learning disabilities. This does require funding to set up and maintain, but the buildings themselves would already be there. The particular attraction for landlords is the guaranteed rental income, and that the tenants will receive support to sustain their homes.

Costs could include having to cater for any times the properties are empty, or providing equipment or minor works to make the properties more suitable with regard to accessibility and ensuring people feel safe in their home. As Chapter 3 in this Strategy shows, the latter is a particular concern of many people.

It would be appropriate to consider such a scheme for people in Southampton. An objective in the Action Plan to this strategy would be to investigate the possibility of this.

### An example of a private leasing scheme:-

An example of a private sector leasing scheme for people with learning disabilities is one in Norfolk, set up in 2004, and used by the Department of Health have used as a case study <sup>(45)</sup>.

This scheme was funded by a Department of Health grant, and gave 15 people, currently living with older carers, the choice to move in to private properties leased for 5 years by a local housing association and to gain the skills needed for more independent living when they moved on. The housing association managed the properties for the landlords.

Most of the people were known to services. However some were not, and came forward in response to local publicity, which concentrated on the need to avoid an emergency situation if the (older) carer suddenly had to stop their caring role. One

of the main difficulties with finding people known to services was that care managers were more focused on “emergencies” than on planning for people living with older carers. This is an issue affecting many areas, not only Norfolk.

The key features of the scheme were working with local landlords to increase housing options for people, working with family carers, and making creative use of assistive technology.

The Department of Health funding included a sum of up to £5000 per unit (in 2004) for adaptations and portable assistive technology. This included “easy to use” white goods, extra safety and security equipment, video entry phone, sensors, and work to increase accessibility such as installing a shower. The funding also covered legal costs, housing management services, and a small allowance for void costs. The people living in the flats received low level tenancy support, funded in the usual way for that area.

People have been successful in their tenancies, and have become confident enough to move on to a more permanent home, including home ownership. Many have also been attending workshops across the county to tell other people about their experiences, and helping in another project about how to stay safe and healthy at home. There has been a good “ripple” effect from people’s stories about moving. Indeed, the scheme is now looking at running something for people with more complex needs. Most of the families were very appreciative of the scheme, and the chance of independence it gave to their family members while they were still able to support them.

### **3. Conclusion**

Given the relatively large amount of privately rented accommodation in the City it would be appropriate to try to utilise some of it, in line with a priority of this Strategy, to extend the choices that people with learning disabilities have. This can also help meet the housing preferences of some people – another priority of this Strategy – particularly those who want to try having their own home (usually) much more quickly than if they were to wait for affordable rented housing, or need to live in an area where there is little affordable housing.

This, taken together, also enables more people to live in settled accommodation, particularly as more landlords now rent to people who will be there in the longer-term. Indeed this situation may be further improved because another objective in the Action Plan to this Strategy is to investigate the option of a private rented leasing scheme particularly for people with learning disabilities, to expand access to this option further.

## HOUSING STRATEGY

### HOUSING FOR PEOPLE WITH LEARNING DISABILITIES

#### Chapter 9

#### Independence in the home

Meeting the priorities:-

*“Provide more, and good quality, housing and support options for people to live independently (with support) in their own homes”.*

*“Personalisation to be at the heart of the support provided to people to enable them to access the housing of their choice and to live in their own home”.*

#### **Introduction**

There is a range of services to help and support people to live in their own place in the community, and to sustain their home in the long-term. These services have grown to keep pace with the increasing numbers of people who want to live as independently as possible, but with the type of support that they choose.

#### **1. The types of support that can be provided to people at home**

Support that can be provided to people in their own home, providing they are assessed as eligible for them, includes:-

Housing support:-

As explained in S.3. below in this Chapter.

Personal care:-

Help with bathing, dressing, and personal hygiene.

Domiciliary care:-

Keeping the home clean, cooking, or providing meals-on-wheels.

Nursing care:-

Giving prescribed medication, or monitoring a health condition.

## **2. Housing support**

### What is housing support:-

Housing support helps people to settle into, and keep, their home. This includes support to:-

- Budget, pay bills, and the rent or mortgage.
- Claim benefits and fill in forms.
- Keep to the conditions of a tenancy.
- Develop life skills, including keeping house and keeping safe.
- Develop social networks and reduce social isolation.
- Improve self-esteem and confidence.
- Make links in, and contribute to, the local community.
- General advice and advocacy work.
- Signpost to other services, such as health care, or job training.
- Work towards more independent living.

It does not include personal care, domiciliary care, or nursing care.

Housing support does not always have to come to a person's home to deal with everything. Sometimes telephone support or drop-in sessions run from a local base, can be appropriate for some people or for certain issues.

### Accommodation based or floating support:-

Housing support can be accommodation based, i.e. support attached to a housing scheme, or floating (visiting) support, i.e. support that follows the individual, regardless of where they live.

Floating support can be provided to people in any form of non-supported housing, for example to people who are home owners, council tenants or who rent privately. It can be provided to people who live in the family home, perhaps who live with older parents and who need to learn more life skills. This could also help take the load off a carer who is beginning to find still being a carer in their later years a bit of a struggle.

Floating support can be reduced as people become more independent, or increased if they run into a crisis or develop other problems – for example, an older person who begins to show signs of dementia. It can also work around peoples' college or work hours.

### How people access housing support services:-

The Learning Disability Supported Housing Panel looks at all applications for supported housing and floating (visiting) support for people aged 16 or over. The Panel is made up of Council social care and housing staff, and staff from service providers, Choices Advocacy and NHS Southampton City. People can be supported to make an application by a relative, advocate or care manager.

The Panel gives priority to people who are at risk of homelessness (for example urgently need help to stay in their tenancy), need to move from hospital, residential care or shared living that is no longer suitable, and people who are moving out of their family or carers home.

The aim of the Panel is to provide an effective, fair, consistent, and equitable way for people to access supported housing, or floating support going to them if they live in a more independent setting.

The advantages of the Panel are that it forms a single point for people to be referred to, and it operates a multi-agency approach, which means experience and knowledge can be shared among the panel members and a more joined-up approach used.

However, the Panel can sometimes take time to fully consider all those referred to it and this can risk schemes having empty places when they could be filled. It is also important that people do not act outside the Panel, as this can affect the opportunities for those going through the usual routes and risk making the Panel ineffectual.

It is apparent that many people do not know about the opportunities for people to be gained from supported housing. For example, most referrals to the Learning Disabilities Supported Housing Panel are of people who are already service users of Health and Adult Care.

There are many people living with older parents or family carers who could benefit from trying supported housing while that carer is still able to support them take that big step. Supported housing can be either as a long-term home for those who find they need or prefer it, or a “stepping-stone” to more independent living (with support).

To widen the knowledge of supported housing, it may be useful to publicise what the Panel does and how to access it, for example to community health professionals who may also come across people living in the family home with older parents, or to those who work with older people. Two of the objectives of the Action Plan to this Strategy are to ensure support workers receive a basic training in the range of housing options and how to access them and that information on the full range of housing options is promoted to people with learning disabilities and their families.

#### Ensuring good quality housing support:-

Contracts for housing support let and managed by Supporting People include the need to provide quality services, which stand up to service reviews and customers being asked for their views on their service.

This has also become an increasing feature of research and service developments nationally. The “Reach” standards for supported living, i.e. in housing support and domiciliary care, have recently been produced by Paradigm, a specialist in learning disability issues (42). It provides a set of standards and best practice targets for services to aim at, and for people with learning disabilities to use to check the service they receive.

#### Housing support should provide a positive outcome for the person:-

There is now very much of a move to ensure that the housing support that a person receives does result in a positive outcome for them. Each person has their own support plan, covering what they want and need to achieve, so the actual outcome

can be measured against this. A positive outcome could include the person being able to live a more independent life, being less socially isolated, or gaining the confidence and social skills to help on a community project or find paid work.

#### How support services are organised:-

Housing support services are mainly provided by organisations under contract to Supporting People, a part of Health and Adult Social Care managing contracts for the provision of housing support to vulnerable people. However, in Southampton, the domiciliary care service also has support workers, to offer housing support to people who do not have Supporting People funding. Others are provided and funded through the domiciliary care system. Some support services, for more severely disabled people, are also provided by the local NHS. This can be a little confusing when looked at from the outside, and does seem to carry the risk of services not being as consistent as they could be.

However the joint planning and commissioning of services in Southampton, between the Council (Health and Adult Social Care) and NHS Southampton City is becoming increasingly common, including in the provision of care and support services for people with learning disabilities. In addition, Supporting People have now carried out a thorough review of their service provision. This should lead to more comprehensive, consistent and cost-effective services for people in the City.

### **3. Personalisation and individualised budgets**

The personalisation agenda is one of producing services, including social care and housing support, to suit an individual service user.

Self directed support is increasingly a feature of this agenda, whereby a person has choice, control and power over services. This is achieved by a “personal budget”, i.e. a budget for one person made up solely of social care funding, or an “individualised budget”, one made up of several funding sources. A person with one of these budgets can use direct payments, i.e. money paid directly to them (subject to certain rules) so they can buy their own services, or their money can be managed by a council or other organisation on their behalf. Most people who need social care can get a direct payment. It is a useful system for people who want more flexible support, or specific help to do certain sports or activities.

Special arrangements can be made where someone lacks capacity to deal with their own financial affairs, or who finds it too difficult to manage such a budget. People with more complex needs or a more severe degree of learning disability will need extra support, and usually more time, to help them get the most from individual budget schemes.

Person centred planning (PCP) promotes this process. People complete their plans with a PCP facilitator, support worker and/or family, and can then use their plan to tell services what they want and need, for change to happen. Examples of the variety of changes people have wanted in their plans include “getting people to listen to me”, “going to lots of new places”, learning to sail, and moving out of the family home.

As more people have their own budgets, it may become an issue for support providers if people do choose to obtain their support from other sources. The effect of this policy will need to be monitored, as it could eventually affect the quality of the service provided. For example, the lack of a stable market for their services may mean providers being unable to plan, or raise funds, for improvements to their services or buildings. This insecurity could also lead to small, local providers being forced out of the market by larger national ones able to take a few knocks in their pursuit of customers.

Some security for supported housing providers could be achieved by their being able to operate a core service that people have to agree to, with freedom to choose outside of that service if people wish. However, in most cases, if a high quality and reasonably priced support service is provided it would be expected that most people would use it.

#### **4. Support for parents who have learning disabilities**

The government, for example in Valuing People Now <sup>(37)</sup> is concerned that parents with learning disabilities get good and consistent support. They acknowledge that people with learning disabilities can make good parents with appropriate support. A sufficient level of understanding to benefit and learn from that support is also important in this complex world.

As people increasingly want the same choices as everyone else, so some will choose to start a family. However, it is also important to prevent parents with learning disabilities making heavy demands on child welfare services, and vital to prevent more children having to be looked after by the local authority.

Parents with learning disabilities often need support to understand and develop the skills and responsibilities of being a parent, but also to ensure that they can sustain a tenancy (or similar), and therefore a home for their family.

There can be some issues over support provided to parents with learning disabilities. Services for people with learning disabilities are often not sure how many have children, and so cannot be sure that they are providing support to everyone who needs it. In addition, services for the child and the services for the adult parent don't always work together closely enough and so cannot achieve optimum results for the family as a whole.

When considering the provision of social care and housing support it is important to ensure these services are more interlinked. For example, there is little point in supporting people with their parenting skills but not supporting them with maintaining their tenancy and therefore their family home.

An objective of the Action Plan to this Strategy is to investigate the housing and support needs of parents with learning disabilities to ensure appropriate services are provided.

## **5. Assistive technology in the home**

### What is assistive technology:-

Assistive technology is also known as “telecare”. It consists of a range of technologies used to provide back-up to services by helping people to stay in their home, to stay safe, and to make equipment in the home easier to use.

### Examples include:-

- Community alarm systems (e.g. alarm pull-cords, alarms next to the door, and pendants) to call for help in an emergency, for example a fall, or feeling scared by a situation in the home or by someone at the door.
- Sensors that can, for example, alert someone if a person with dementia opens the front door late at night, or which can sense if a bath is overflowing.
- Telemedicine, i.e. gadgets that a person wears that check their health and tell someone outside the home if there is a problem.
- A mat that can tell if a person is having an epileptic seizure in bed and call for help.
- Virtual 3D worlds on computer to help show people what happens if, for example, they go to hospital for a medical procedure.
- A voice announcer to remind someone to turn their music down if it gets too loud, so that they avoid causing nuisance to their neighbours.
- Pre-set telephones using pictures, and a red button for emergency services, for people who have difficulty with numbers.

### The benefits of using assistive technology:-

Assistive technology can help personalise the support a person receives at home. An assessment can be carried out which looks at the individual issues that a person needs help with, and assistive technology then matched to that person.

Technology cannot replace the need for people as support workers or carers, and it is not trying to. It can however, be a cost-effective extra source of support to help people to stay in their home for longer, stay safer in their home, or to take some of the load off a family carer so they can continue to care for their family member for longer, if that is what they want to do.

## **6. Conclusion**

The provision of care and support, including the use of assistive technology, is vital to enable people to take advantage of the choice of housing options available, and to maintain the home that they choose to move to. It is a priority of this Strategy to provide more, and good quality, support options.

In addition, the move towards personalisation in service provision should not prove to be a challenge to care and support services as they lend themselves to providing what a service user, as an individual, wants from them in order to lead their own life. Indeed it is a priority of this Strategy that personalisation is at the heart of the support provided to people in accessing housing options and in sustaining their own home.

# HOUSING STRATEGY

## HOUSING FOR PEOPLE WITH LEARNING DISABILITIES

### Chapter 10

#### Supported housing

Meeting the priorities:-

“Work towards meeting the housing aspirations and preferences of people with learning disabilities, and their families”.

“Provide more, and good quality, housing and support options for people to live independently (with support) in their own homes”.

“Personalisation to be at the heart of the support provided to people to enable them to access the housing of their choice and to live in their own home”.

“Meet the government standard, Public Service Agreement (PSA) 16, i.e. the proportion of adults with learning disabilities in settled accommodation increases over time”.

#### **Introduction**

Supported housing is often a housing option of choice for a variety of people. It benefits people moving from the family home for the first time and who need some time to learn the skills required for more independent living. It also provides people living in residential care, or at risk of having to enter it, another housing option to choose from – and one which offers a more independent and less institutional lifestyle.

#### **1. Supported housing**

Supported housing comes with accommodation based support attached to that scheme. This can be support workers based on-site (up to 24 hours per day, depending on the individual scheme) or who visit the site, and people in their home, on a regular basis.

Supported housing has several different models:-

Supported housing can take several forms, including:-

- A block of flats, or a floor within a block, with support staff on-site for all or part of the time, or who visit people living in the scheme on a regular basis.
- A group of flats clustered around a central point of support; i.e. a “core and cluster”, or “hub and spoke” model.
- Ordinary, but shared, housing with support linked to the property.
- A sheltered housing or extra-care housing scheme.
- Hostels and specialist temporary accommodation for homeless people.

Supported can be shared (with own room), or offer self-contained homes. Smaller-scale schemes are more popular and tend to lead to better outcomes for people, so there is an increasing trend towards that and away from the old-style larger, hostel-type schemes.

Supported housing can still be a positive choice:-

Supported housing can provide people who might otherwise have had to stay in (expensive) residential care, with more housing options to choose from. It can also help prevent people from having to enter residential care.

Some people choose the reassurance, support and monitoring of a supported housing scheme for their long term home. This particularly applies to people moving into sheltered or extra care housing, but does also apply to other people too.

However, increasingly people are choosing supported housing as a “stepping-stone” towards living more independently in their own home, perhaps for people leaving the family home for the first time, or for people leaving residential care.

In order that supported housing continues to stay a positive choice, the quality of the housing and support it provides will need to be regularly reviewed by a process which includes the people living there, and recognised standards of provision used. This is one of the objectives of the Action Plan to this Strategy.

## **2. The current need for more supported housing in Southampton**

Demographic information, in Chapter 2 in this Strategy, and data on current Adult Health and Social Care service users (9), shows an assessed need to provide supported housing for certain groups of people.

People with autism and learning disabilities:-

A series of specialist, and small-scale, supported housing is needed for people who have severe autism as well as learning disabilities and who may challenge services. Analysis by Health and Adult Social Care shows there are 10 people requiring this type of service within the next 3 years, some people will be leaving some very expensive residential care, and others will be from some equally expensive residential education outside of Southampton.

Supported housing for this group of people needs to have 24 hour support and be provided in small clusters of, for example, 3 people and their support staff (requiring 4 bedrooms per cluster). It would also need to be located away from a large housing estate, and in an area where the residents can feel safe.

People with profound and multiple learning disabilities (PMLD):-

Those people with PMLD who have moved out of hospital settings into supported living have greatly benefitted from doing so. Any supported housing for this group of people will need to provide 24 hour care and support, an accessible environment, and make use of the range of assistive technology now available.

As the number of people with PMLD reaching adulthood is increasing (as shown in Chapter 2 of this Strategy), so there are more people needing to benefit from this housing option.

People with early onset dementia:-

The use of small clusters of flats within existing sheltered or extra care schemes will improve the housing options for this group. This is discussed in s.4 in this Chapter.

People needing 24 hour support due to complex health needs:-

There is a need for more self-contained flats with 24 hour on-site support for people with more complex care needs and/or unstable health conditions, such as hard to control epilepsy or diabetes. This is mainly to provide the opportunity for this group of people to move out of (expensive) residential care, into more independent living but with appropriate on-site support.

Younger people needing shared housing to develop their life skills:-

Shared supported housing still has a place amongst a range of housing options, and particularly for younger people (under 30 years) needing a “stepping stone” to develop the skills they will need for more independent living. Supported housing for this group is discussed in s.5 below in this Chapter.

People needing to move on from intensively supported housing:-

There is an increasing need for more supported housing with “floating” (visiting) support for those people to want to move-on from more intensively supported housing (which has support on-site). Some of this housing will be long-term homes for people still want the level of reassurance and support offered by this type of housing. Some will be shorter-term housing for people to prepare to move-on to more independent living.

People needing accommodation with no stairs:-

There is also a need for more accommodation with no stairs, for people with mobility and/or sensory problems as well as learning disabilities. Some of this provision will need to be in a variety of supported housing, some will need to be in more general housing.

Providing this housing:-

The provision of new supported housing in Southampton is increasingly difficult due to the lack of available (and affordable) land to build it on and, in particular, the shortage of capital funding to buy land or develop appropriate buildings. Providing any new supported housing in the current economic climate will involve the more creative use of any land or buildings which are available and more creative arrangements with scheme providers who can bring any capital with them. The provision of supported housing for the above groups is included in the objectives of the Action Plan to this Strategy.

### **3. Moving-on from supported housing**

People need different levels and types of support, and vary over the time they need before they feel able to move-on, or indeed whether they want or are able to. However, there can sometimes also be barriers to people wanting to move-on from supported housing. This can include a lack of available and good quality housing in the area the person wants to move to (for example to be near their family). However, it can also be due to people (or their family or support workers) not being fully aware of their housing options, or how to access them.

The Action Plan to this Strategy aims to improve the awareness of housing options among people needing them, their families, and support workers, so that people have more choices and are more likely to be able to move-on when they want to.

### **4. Extra-care housing**

#### What is extra care housing:-

People living in extra-care housing have their own self-contained flat, own front door, own tenancy, and care and support to help them maintain their independence and avoid having to enter residential care.

A team provides care and support on-site on a 24 hour basis. If the scheme is purpose-built all the flats and communal areas will be wheelchair accessible; if it is a converted building then as much as possible will be. There are also enhanced communal facilities which could include, for example, a residents' lounge which also hosts social activities, dining room with a daily meal, electric buggy charging store, residents' garden, treatment room, assisted bathing room, and laundry areas.

#### The need for extra care housing in Southampton:-

Extra care housing for people with learning disabilities has worked well in other areas of the country. It is also well placed to support the Valuing People principles of maintaining independence, ensuring choice, and promoting integration in mainstream society <sup>(44)</sup>.

In Southampton, extra care schemes just for older people (aged 60 and over) are working well, although there are none specifically for people with learning disabilities at the time of writing this Strategy.

#### The gap in the provision of extra care housing:-

Affordable extra-care rented housing for older people is specifically for people aged 60 and over. The average age of residents in Southampton is 83 years. People move into these schemes on the understanding that they are for people aged 60 and over (and usually much older), rather than including younger people.

The demographics of the learning disability population (see Chapter 3 in this Strategy), show increasing numbers of people aged 50 and over. This group of people are at greater risk of early onset age-related health problems, including dementia, and some need the care and support provided by extra care housing from the age of 50. There is a growing gap in provision for the 50 – 59 age group.

Analysis done by Health and Adult Care shows 20 people would benefit from this provision.

Providing extra-care housing in an existing scheme or site:-

A cluster of flats within, or a separate block on the site of, an existing sheltered or extra care scheme may be considered for this purpose.

An example of this is Pennine Court in Salford, which has been used as a case study by the Department of Health (44). An existing small (23 unit) sheltered scheme (run by a housing association) was reconfigured and slightly extended to provide the facilities to turn the whole scheme into an extra care scheme for older people, but to also provide 4 extra care flats for 4 older people with learning disabilities. These flats were provided in a small cluster within the main scheme.

The funding to provide the cluster of 4 extra care flats came from the Department of Health's Extra Care Housing Fund Grant (funding not available now), which provided £225,000 (in 2004) with an extra £100,000 coming from the landlord as part of its reconfiguring budget. It was not a cheap option.

The people who moved into the 4 flats were aged 50 and over, and starting to experience early onset dementia, and who had been living in group homes. They were keen to move-in, although some of their relatives were anxious about this.

Most of the existing residents were keen to make the new arrangements work. They already had 2 older people with learning disabilities living in the scheme, so there was less "fear of the unknown". In addition the prospective tenants of the 4 flats made some useful contacts when they visited the scheme regularly before moving in.

When they did move in there were a few detrimental comments, and a bit of a sense of "them and us", but gentle persistence in encouraging social interaction and shared use of the lounges seems to have worked and the newcomers are increasingly seen as part of the community. People like their new flats, and families anxieties have been assuaged.

Providing newly built extra-care housing:-

This housing will be purpose-built, with all the features and facilities of an extra care scheme already there. However, as Chapter 7 shows, both land and funding has to be there first – and this is increasingly hard to find.

## **5. Shared supported housing**

For some people shared supported housing (with their own bedroom) offers a positive option. The benefits of sharing can include learning to co-operate with different people, having support and company to help overcome loneliness, isolation or a lack of confidence, and support to improve life skills so that people can gradually become more independent.

For many people, shared supported housing will be a “stepping stone” towards having their own home. However, while they are there most people want to see it as a stable home, not somewhere that is just for people in transit. This is much the same as other people who, as an accepted part of growing-up, leave the parental home for a flat-share. This option should still continue to be there as an option, provided it is one that people make a positive choice to move to.

Increasingly this form of housing is being refurbished, in response to what people want and to modern standards, to provide en-suite toilets or bathrooms. It is also the case that people prefer to share in smaller groups, and shared housing does seem to work better with a smaller number of units - to a maximum of 8 people <sup>(43)</sup>. People also want to have a say over who moves in with them, which is what anyone sharing would expect. Getting the right mix of people is important for the success of this form of housing.

There is a particular need to provide small-scale shared supported housing schemes, with 24 hour support, as a “stepping stone” for younger people (under 30) who are moving away from the family home for the first time. This will require creative working with service providers to bring capital to the project, to ensure a building is available. This is one of the objectives of the Action Plan to this Strategy.

## **6. The “core and cluster” model of housing support**

The “core and cluster” model is a more modern approach to supported housing. It combines the benefits of sharing, with having more private space. People live in self-contained flats clustered next to or nearby some communal facilities which can include an office and/or sleepover space for support staff, meeting areas, computer or hobby areas, and space for social activities. This model can also include some units off-site for people who can, and want to, live in a more independent setting but with support and social contact from the “core” of the scheme still available.

In Housing Corporation research <sup>(43)</sup> core and cluster developments were felt to be a useful and fundable design for new supported housing developments, although of course the land to build these schemes on, as well as the funding for them, would need to be found. These two resources are not in ready supply in the City.

## **7. KeyRing “living support” housing networks**

KeyRing is a charity operating nationally. Its model of community supported living, for people who want to live in their own flat in the community, has been operating since 1990, although not in the Southampton area. For further information the KeyRing website can be found at [www.keyring.org](http://www.keyring.org)

### What is a KeyRing “living support” housing network:-

The KeyRing model is of a community-based mutual support network. People choose to live in their own homes whilst receiving (and giving) support as members of their mutual support network.

The network consists of 10 ordinary properties dotted around an area, which can be easily walked between, so that help and company can be literally “around the corner”. People with learning disabilities live in 9 of the 10 flats. They can be single people, couples or parents. The tenth property is occupied by the KeyRing community living worker or volunteer.

Existing networks use affordable rented properties. However, the possibility of including owner occupied or privately rented homes could be investigated, particularly in an area of high housing demand such as Southampton.

This is generally a “low support” option, although people can still have other care and support coming to them at home.

#### The KeyRing community living worker:-

The community living worker (or volunteer) usually works part-time and flexibly. They provide basic emotional and practical support, and reassurance, to the other people in the KeyRing network – and they live close by. There is also out-of-hours cover.

Housing support is offered to settle in, pay bills and rent, keep house, keep safe, and develop a social life and an ethos of mutual support.

Very often the community living worker is a volunteer; a student or a part-time worker volunteering in exchange for housing. Some are paid.

#### How effective are KeyRing networks:-

Nationally there are over 60 networks, supporting over 500 tenants, working in over 40 local authority areas <sup>(39)</sup>.

The human rights research for “A life like any other” <sup>(31)</sup> looked at a KeyRing housing network during the course of their inquiry, which they held to be a good example of housing support. The people living in the KeyRing homes all said how important living on their own in the community was to them; with each person receiving different levels of support to achieve this.

Research done by the University of Bristol and Joseph Rowntree Foundation (JRF) in 1998 <sup>(40)</sup>, and by Paradigm (a consultancy specialising in work with people with learning disabilities) in 2002 <sup>(41)</sup> showed that the scheme helped people live independently in their own home. There was little turnover, and people saw the support they received as vital.

People often saw KeyRing as a club (rather than a service) and had strong sense of “owning” it. However people did tend to downplay the mutual support and some were reluctant to participate, which caused problems if there were a significant number doing this.

People often had a mixed relationship with the local communities. Around three-quarters people were positive about living in the area, but nearly half reported problems, including some harassment. As a result, KeyRing developed an audit to

better assess neighbourhoods where a new network is being considered, as well as ways of giving more support to those affected.

People generally wanted more say in who joins their network. It is unlikely to work well if people are not reasonably compatible. In addition, a community living volunteer is unlikely to stay more than a couple of years, which means a lack of continuity in the support provided. The scheme is also reliant in being able to recruit a suitable volunteer or worker, who also wants to “live-in”.

However, a scheme could provide another housing option for people, and the research (above) did show that where they worked, people liked living in it, and the scheme reduced the amount of support people needed. The suitability of this scheme for Southampton will need to be investigated, and this is one of the objectives of the Action Plan to this Strategy.

## **8. Village and intentional communities**

These comprise houses and some shared facilities on one or more sites, often orientated to work that residents all participate in to at least some extent. This could be, for example, agricultural or horticultural projects. There are around 70 such communities nationally, although none in Southampton.

Large and crowded urban areas, without easily available or affordable land, such as Southampton, do not really lend themselves to such communities. This means that people would have to leave their local area and their City in order to join one, and many people are not likely to want to do this.

However, these communities and their often more rural environment may be just what some people would choose, although a taster of life there in the winter might be advisable before committing to such a move. After all, other people may give up the urban life for country living or to join particular communities. As their chosen housing option, those few people should be able to take up their choice.

## **9. Conclusion**

The Strategy considers working towards meeting people’s preferences, and providing more housing and support options, as key priorities. In meeting the priority of more people living in settled accommodation, then supported housing is a settled option, whereas residential care is not. However it is increasingly difficult to provide more supported housing in Southampton without much likelihood of land or funding to build new. As can be seen above in this Chapter, many people still want to live in supported housing. A more creative look is needed, as the Action Plan of the Strategy shows, to make use of any resource available and to make good working arrangements with any organisation that may be able to provide capital for a project.

## HOUSING STRATEGY

### HOUSING FOR PEOPLE WITH LEARNING DISABILITIES

#### Chapter 11

#### “Shared lives” schemes

Meeting the priority:-

“Work towards meeting the housing aspirations and preferences of people with learning disabilities, and their families”.

#### **Introduction**

“Shared lives” schemes have been in existence for some time, previously having been called “adult placements”. The scheme is still being taken up, although fewer people now choose to use it. However it is still a useful option for people who prefer to live in a more family-orientated environment than most other housing options available.

#### **1. What is a “Shared Lives” scheme**

Accommodation with a family, where sharing family life is part of the arrangement, is what “Shared Lives” offers. These are consistent and committed relationships, along the lines of an extended family. The person shares the house with the family and has their own bedroom.

Shared Lives families are thoroughly screened, formally approved, and fully trained as part of the scheme, as they can offer the full range of support, including personal care if needed.

Shared Lives carers can support up to 3 adults (aged 18 or over) at any one time, if they want to and have the space in their home. Family and guest are carefully matched to give the placement the best chance of success. Shared Lives carers do not employ staff to provide care to the people they support. However, they are paid for the work that they do.

Shared Lives is mostly about providing long-term accommodation and support, but can also be used as an option for respite and short breaks or for day time support. In some cases it can be used as a “stepping stone” for people to gain the skills and confidence to move on to their own independent housing (with support) if required.

## **2. The benefits to people who are “Shared Lives” guests**

These placements are particularly suitable for people who need someone to be available for a lot of the time to monitor, prompt (with daily routines), provide meals (perhaps with the help of the person), teach domestic tasks, help with basic budgeting, and advise on problems. However, placements for people with higher support needs or more severe learning disabilities can also be made, if appropriate for both parties.

People can get the extra support from their host family and carer that could, for example, make the difference between living independently (with support) in the community and having to consider residential care.

People have the opportunity to live in a family home, an environment which may not be available with their own family. There is the opportunity to make personal attachments that will last.

People can make plans for their future housing, and use their placement to gradually develop life skills and confidence, in a relaxed way, as other family members would over time. People can also take as much time as they need, subject to the placement being able to continue. In Southampton, people in “Shared Lives” placements are now having person centred reviews, to help facilitate planning for the future.

People can still go out to day services, paid or voluntary work, or social clubs from their “Shared Lives” home. Whilst doing so they can access benefits (if eligible) which means they have more disposable income than they would if living in residential care.

A version of “Shared lives” could also be used for new parents needing support to learn parenting skills and finding a family-orientated environment an easier environment to learn them in. Investigating the housing and support needs of parents who have learning disabilities is included in the Action Plan to this Strategy.

## **3. The possible drawbacks for people in “Shared Lives” arrangements**

People in a “Shared Lives” scheme have a licence agreement. However, this does not offer the security that, for example, an assured (housing association) or a secure (Council) tenancy does.

“Shared Lives” guests can be asked to leave at 4 weeks notice, and have no legal means of challenging such action. Notice could be given because the family relationship breaks down, but also due to a change in the family’s circumstances – such as needing to move home, or the carer developing a health problem or retiring. Indeed, as the Shared Lives carer is likely to be older than their guest, the person will almost inevitably have to move out at some stage. This would not happen with other forms of housing.

People are also heavily dependent on the qualities and skills of the carer and the family they are living with. If their needs change, the host family may, or may not, be able to cope.

Family-based support may come to feel intrusive to a person who has been in their placement for a while, and perhaps sees members of their carers' family move into their own place while they are still living "at home". There is likely to come a time for many people when they feel cramped or claustrophobic in the setting of a family home, and want to move-on – in which case they will need something to move-on to.

#### **4. Conclusion**

Fewer people now use "Shared lives", but it is still an option some people prefer and do choose. Only 45 people currently use this scheme, and they are mainly people who are over 30, indeed the average age of people is 49. However a few younger people still use it. All but 4 people are placed within the City. It offers the choice of a more family-orientated environment which can appeal to some people. In doing so it helps meet a priority of this Strategy in working towards providing for people's housing preferences. In addition, the model of "shared lives" could also be used for other groups of people, such as a new parent needing support to learn how to carry out all the tasks being a parent entails. As such it is an option which should be retained while people still choose to use it.

# HOUSING STRATEGY

## HOUSING AND PEOPLE WITH LEARNING DISABILITIES

### Chapter 12

#### Residential care

##### **Introduction**

Historically, people tended to live in residential care if the level of their learning disability, or health problems or physical, sensory or mental impairments, meant they needed a level of care and attention not otherwise available. This was often the case when people first started to move out of, or not enter, the long-stay learning disability hospitals.

However, over time, it has been proved that many people can make choices over where they live, and live more independently in the community, to a greater extent than had been previously thought possible. In addition, the fees charged have generally increased disproportionately over time. These reasons are the main factors behind the reduction in the use of residential care over time.

##### **1. An option for ‘some people’**

It is acknowledged that, for some people, residential care may be an option they or their family choose. Indeed Valuing People Now acknowledges that it should still be available for the few people who actively choose it <sup>(37)</sup>. This may be as a first move after moving out of the family home, to get used to some independence on a more gradual basis, or for some people who have dementia or very complex needs. Nearly a quarter of adult service users in Southampton live in residential care <sup>(9)</sup>, a total of 193 people as at November 2009 (see Chapter 2 in this Strategy).

##### **2. What does residential care mean for people?**

Valuing People Now does see residential care continuing to be available for those who actively choose it. It does not see it as “housing” or as offering “settled accommodation” or long-term security, and does want to see a market shift from residential care to home ownership, social or private renting.

The government standard, Public Service Agreement (PSA 16), is clear that the proportion of adults in the City who are living in settled accommodation should be increasing, and the numbers in unsettled accommodation – including residential care – decreasing. This is also a priority of this Strategy.

Residential care homes have to be registered and inspected under the requirements of the Care Standards Act (2000), and must abide by the minimum requirements of the Care Homes Regulations (2001). The Care Quality Commission (CQC) has the duty of enforcing these standards.

However there are reasons why residential care is not seen as a “housing” option. There are some other notable differences for people living in residential care against those who live in their own home.

Residents do not have tenancies and, therefore, do not have the degree of security and legal rights that tenants do. They have much less control over their accommodation. People do not tend to have much independence, and the arrangements tend to be more institutional. Residents’ personal income is limited, due to the way this provision is funded.

#### **4. Moving on from residential care**

It is now generally expected that people will move on to having their own place, and living out in the community to a greater extent. People now have more housing options and the support to make choices about, and access, them. As a result there is a general movement away from residential care in the City.

For example, supported housing, rather than residential care, is increasingly an option for people with severe or profound learning disabilities. It is also often the choice of people with a lower level of disability who want to leave (or not to enter) residential care, and perhaps then use it as a “stepping stone” to more independence.

People, and their families, increasingly want to have a choice over, and greater opportunity to access, the housing they want to live in.

An objective of the Action Plan to this Strategy is to plan for the future needs and wishes of people in residential care to move-on. This includes people who have lived in residential care since they were moved out of Tatchbury Mount (long-stay hospital – now closed) some years ago.

As part of this general expectation, the residential care sector needs to read the market better. It should be providing a service aimed at achieving more positive, and observable, outcomes for residents. Newer providers seem to have read the market better, and are focusing more on using their residential care as a “stepping stone” for people to move-on to supported housing.

Another issue is that some people have been placed in residential care outside of the City, and some now have more links with those areas than they do with Southampton. As such they may wish to stay in the area they may well have come to regard as their “home” area.

Another reason for people needing to move out of residential care is that it is so expensive. The forecast spending on long-term residential care for 2009 – 2010 is £4.7 million, as shown by Chapter 13 in this Strategy. Supported housing, is usually much cheaper, although partly because peoples’ housing costs are met from budgets other than those of Health and Adult Social Care. Reducing the use of residential care would, however, release money to use for other people in need or for more creative care and support options.

## **5. Conclusion**

Residential care may continue to be an option of choice for a few people, certainly Valuing People Now <sup>(37)</sup> thinks that it will be. However this sector is now facing a decline in people wanting to use it as an option. People now have the choice (and the support to make that choice) of being able to move to housing in the community and into a far less institutional setting. It is expected that this will decline in demand will continue into the future. People who would have entered residential care in past decades, should now be able to access more housing options and live in their own home in the community, with appropriate support to enable them to do so.

**HOUSING STRATEGY  
HOUSING FOR PEOPLE WITH LEARNING DISABILITIES**

**Chapter 13**

**Resources**

This Chapter explains the financial resources spent in order to provide social care services to support people with learning disabilities during 2009/10.

**1. The Council's revenue budget for social care services provided to people with learning disabilities in 2009/10.**

<b>Type of service provision</b>	<b>Budget 2009/10 £'000s</b>	<b>Forecast spend 2009/10 £'000s</b>
<b>Residential care</b>		
"Shared lives" (adult placement)	331.5	399.7
Long stay residential care	4,224.7	4,696.6
Transition (young people)	212.8	398.1
Carers grant	70.0	70.0
Preserved Rights 3 x named schemes (Short breaks; temporary stays)	864.0	709.4
	711.4	824.3
	<b>5,937.0</b>	<b>6,357.5</b>
<b>Supported living</b>		
Domiciliary care	-	17.7
Non personal care	1,564.3	2,070.3
Personal care	62.4	76.9
NRC income (non-residential charging)	- 6.8	- 11.7
Long Term Agreement spot purchases	171.4	183.1
	1,791.3	2,336.3
<b>Day Services</b>		
Southampton Day Services	1,819.2	1,786.3
Day care	515.7	542.5
	<b>2,334.9</b>	<b>2,328.8</b>
<b>Community Learning Disability Team</b>		
Staffing	843.6	762.2
	<b>843.6</b>	<b>762.2</b>
<b>Self Directed Support</b>		
Direct payments	167.0	219.2

	<b>167.0</b>	<b>219.2</b>
<b>Other</b>		
Transport (for service users)	58.0	74.0
Administration and miscellaneous	61.0	61.0
	<b>119.0</b>	<b>135.0</b>
<b>Advocacy services</b>	40.7	40.7
	<b>40.7</b>	<b>40.7</b>
<b>Total</b>	<b>11,233.5</b>	<b>12,179.7</b>

As can be seen from the above budget summary, around £12 million a year is spent on social care services for people with learning disabilities. The greatest amount of money is spent providing long stay residential care, day services, and non-personal care. The forecast spend for residential care, of around £6.4 million, is just over half of the total of this budget. Apart from increasing peoples housing options, this is one of the reasons why this Strategy seeks to reduce the use of this expensive residential care.

## 2. The overall Supporting People budget

The Supporting People budget is a special fund, paid by the government to the Council, for housing related support for vulnerable people to remain independent in their own homes or to develop the skills to do so.

The Supporting People fund is being reduced over the next 3 years:-

<b>Year</b>	<b>Supporting People budget (Southampton)</b>
<b>2009/10</b>	<b>£ 9.6 million</b>
<b>2010/11</b>	<b>£ 9.1 million (Indicated)</b>
<b>2011/12</b>	<b>Not yet known</b>

Of this Supporting People fund, **£1.2 million each year** is being spent on housing related support for people with learning disabilities, either in supported housing or through the provision of floating (visiting) support to people in their own homes.

<b>Year</b>	<b>Supporting People budget for people with learning disabilities (Southampton)</b>
<b>2009/10</b>	<b>£1.2 million</b>
<b>2010/11</b>	<b>£1.2 million (expected)</b>
<b>2011/12</b>	<b>£1.2 million (expected)</b>

A Strategic Review was undertaken in 2009/10 and the recommendations from this review have been agreed by the Supporting People Commissioning Body. The

current contracts for the Supporting People learning disability services end in the autumn of 2010. These will be replaced by two new contracts providing a mix of short term supported housing and floating support. These contracts will run for a minimum of three years.

### **3. Money for developing new housing**

There is no capital money specifically allocated for building new supported housing or reserved for building new homes for people with learning disabilities. The financing of housing development is complex, and more information can be found in Chapters 7 and 10 in this Strategy.

### **4. The total money spent**

A total of **£13.4 million** is being spent on social care and housing related support services for people with learning disabilities in Southampton in the financial year 2009 – 2010.

# HOUSING STRATEGY

## HOUSING FOR PEOPLE WITH LEARNING DISABILITIES

### Chapter 14

#### Conclusion

This Strategy is the result of positive collaborative working between a number of agencies either representing people with learning disabilities or working with them. It is also the result of asking people with learning disabilities what they wanted to see happen, as reported in Chapter 3 and Appendix 2 of this Strategy.

It also refreshes and updates the previous Housing Strategy – “Housing and support options: A housing strategy for learning disability” (2002 – 2007).

The objectives of the Action Plan to this Strategy should, by 2014, have moved the City further towards the overall Vision for this Strategy.

This Strategy has been produced in the context of the rising expectations of people with learning disabilities, and their families, of more choice over where they live, and of being able to live in their own home (with support). Part of enabling people to have this choice is the provision of accessible information and advice on housing options and how to access them. This is also what the government wants to see, as particularly stated in the national strategy – Valuing People Now. However some creativity will be needed to provide more options in the face of increasing difficulty for public sector organisations to provide capital funds to build affordable or supported housing.

Increasing longevity means there are now more people with learning disabilities needing housing and services that help create a better quality, more independent life. More recent needs of particular groups also need to be planned for, including more people with profound and multiple learning disabilities who now survive and are living for longer, and more people aged 50 and over who are at greater risk (than the general population) of earlier onset age-related health conditions and dementia, and/or who are living with older parents and family carers.

The more general themes and actions outlined in this Strategy will also, it is hoped, help to inform ways that the quality of life and housing options for other groups of service users may be enhanced.

#### **The priorities of the Strategy are:-**

- Work towards meeting the housing aspirations and preferences of people with learning disabilities, and their families:-

The Strategy is concerned that people have more choice over where they live, and to be able to choose to live in their own home (with support). This can be seen in the work to provide supported housing for a range of different groups of people, and to investigate new types of housing schemes. Also included is some work to investigate the barriers to people buying a home, including using low cost home

ownership schemes, given that it is such a popular sector for the population in general. Planning for the future needs of people in residential care is also an important aspect of this work.

- Provide more, and good quality, housing and support options for people to live independently (with support) in their own homes:-

Contract monitoring and reviews of supported housing and support services will involve service users and aim to ensure quality service provision. This includes the appropriate use of assistive technology to enhance the support provided to people. Support staff will have basic housing training in order to be better able to know about their housing options and how to access them, and support people with sustaining their tenancy and home. In addition, two new contracts (funded by the Supporting People grant) are due to begin operation to provide short-term supported housing as a “stepping-stone” to more independent living, and to provide more visiting (floating) support to people in their homes.

- Provide advice, information, and support to help enable people, and their families, make choices over their housing and know how to access that housing:-

This work will centre on providing information to people about housing options and how to access them; information which is accessible, regularly updated, and promoted through appropriate marketing. The main channel for this is the Southampton Learning Disability Partnership booklet – “Where you can live”.

- Personalisation to be at the heart of the support provided to people to enable them to access the housing of their choice and to live in their own home:-

The Strategy will ensure the personalisation agenda is a key part of the support options for everyone, and work towards providing more choice for people in the housing options they can access.

- Meet the government standard, Public Service Agreement (PSA) 16:-

This standard is that the proportion of adults with learning disabilities in settled accommodation increases over time. Since one of the main aims of the Strategy is to offer more options of living more independently (with support) as opposed to residential care, this standard is likely to be met.

The Strategy has identified the existing resources available to meet the identified objectives, and established the gaps.

The Action Plan which underpins this Strategy will be monitored regularly in order to maintain progress and to ensure the objectives are met, with evidence of this, over the next five years.

# HOUSING STRATEGY

## HOUSING AND PEOPLE WITH LEARNING DISABILITIES

### Appendix 1

#### What does “learning disability” mean?

##### 1. Introduction

The purpose of this Chapter is just to explain what having a learning disability, and some related conditions, can mean for people. In a Strategy based on the housing needs and choices of people with learning disabilities, this Chapter aims to broaden understanding (for the general reader) and clarify possible areas of confusion. In particular that people with learning disabilities have a range of skills and abilities, and preferences, aims, goals and aspirations just as everyone has.

##### 2. People with learning disabilities:-

Like all of us, people with a learning disability are individuals with unique personalities, likes and dislikes, goals and aspirations. However, it is important to understand what having a learning disability means for people.

A learning disability is lifelong. It is almost always present at birth, and is caused by the way the brain develops – before, during or soon after birth. This can happen for a variety of reasons, and it is often not possible to say why someone has a learning disability (1).

A learning disability is not mental illness, nor is it dyslexia. The term, as used in this Strategy, does not include people who have a “learning difficulty” which is more broadly defined in education legislation.

People with learning disabilities find it harder than other people, to a lesser or greater extent, to:

- Understand what is said or meant.
- Understand, learn and remember new or complex information.
- Learn new skills or cope with change.
- Pay attention to things for a long time.
- Communicate effectively.
- Make their wants, needs, likes and dislikes fully understood.
- Cope independently at home and/or in the community.

Many people with learning disabilities also have physical and/or sensory impairments (2), and may have other physical and emotional conditions associated with their learning disability (1).

The nature of people's disabilities varies considerably, as does the help or support a person may, or may not, need. With the right kind of help, and by allowing extra time, many people achieve new practical and social skills.

Many people live in their own homes, have an active social life, some are in paid work and many aspire to getting a job.

### **3. Learning disability and IQ levels:-**

IQ is one way of measuring learning disability, and there are a range of scores generally associated with what level of learning disability a person is said to have. An IQ of 50 – 70 is generally associated with mild learning disability, whilst an IQ of below 20 indicates a profound learning disability.

However, the presence of a low IQ (i.e. IQ below 70), is not of itself a sufficient reason for deciding that a person needs additional care and/or support. People's abilities in social functioning (e.g. in caring for themselves) and communication skills also need to be taken into account (2).

### **4. People with profound and multiple learning disabilities (PMLD):-**

People with profound and multiple learning disabilities (PMLD) need the very highest level of support. They need full-time (usually 24 hours a day) help with most aspects of their daily lives, including eating, drinking, washing, dressing and toileting, and to maximise the quality of their lives.

People with PMLD have more than one disability, the most significant of which is their profound learning disability. They will also have a variety of physical and/or sensory impairments and/or complex health needs (for example complex epilepsy). An increasing number of people are "technology dependent", needing a range of specialist equipment to keep them alive (14).

With appropriate opportunities, people can continue to learn throughout their lives, but for people with PMLD learning is likely to take place very slowly, needing constant repetition and much support. All people with PMLD have great difficulty communicating and in indicating their likes and dislikes. Many rely on facial expressions, vocal sounds, body language and behaviour to communicate, some may not have reached the stage of intentional communication and rely on others to interpret their reactions to events and people. However, some people can communicate using simple spoken language.

### **5. People who show challenging behaviour:-**

"Challenging behaviour" means any behaviour that puts the person displaying it, and others, at risk (1). It often causes problems for the person displaying it, and for their family and carers, as it can interfere with home life, sometimes lead to self-harm, and affect that person's ability to safely interact with their family, other people, and

in accessing community facilities. Examples can include repetitive kicking, head-butting, spitting, inappropriate sexualised behaviour, or elective incontinence.

A person may behave in this way as an attempt to gain control in a confusing world that they cannot fully communicate with, understand or rationalise <sup>(1)</sup>. It may also be the result of an emotional imbalance or disturbance, or a biological condition or illness <sup>(1)</sup>.

Treatment is best started at an early age, or as early as the behaviour begins. Identifying the root causes, and encouraging alternative ways of communicating, can take some time, and will require input from those involved with the person, including any family, school, carer, and advocate.

## **6. People can change over time:-**

People's needs are not fixed and behaviour can change. A person with PMLD, complex needs, or who shows challenging behaviour, may develop more complex needs in their later life, their likes and dislikes may change with their experiences through life, and they may show different behaviour, or be able to make more choices or indicate preferences, once appropriate support is given.

## **7. Taking into account physical and sensory impairments and health issues:-**

People with learning disabilities are more likely to also have physical or sensory impairments or health difficulties. These can impact on any care, support or housing the person may need.

People with learning disabilities are 2.5 times more likely to have health problems than other people <sup>(25)</sup>.

A national study in 2001 <sup>(8)</sup> showed that:-

- 48% of people with learning disabilities have some sensory impairment (and the learning disability tends to exacerbate the problems this causes in general life).
- 20 – 30% people have a physical impairment.
- 20 – 30% people are affected by epilepsy. At least 50% people with severe learning disabilities have epilepsy, with the rate even higher for people with PMLD <sup>(17)</sup>.

People with learning disabilities and epilepsy:-

Epilepsy that is not, or cannot be, well controlled can be a problem for that person, and may affect the care and support they may need.

Seizures over a period of time can affect the person's general health, quality of life, and their language ability. An unrecognised seizure may be mistaken for other behaviour, for example long periods of confusion, or unusual or repetitive behaviour (17).

Seizure control may be more difficult for people with learning disabilities as the existing damage in the brain may mean the person is more prone to side effects from their anti-epileptic medication (17).

#### **8. People with autism:-**

A learning disability is not the same as autism. An individual with a learning disability may also have autism, but it is just as likely that they do not.

Autism is a lifelong disability that affects the way a person communicates with, and relates to, people and the world around them. It is not a learning disability, and some people with autism may be of average or above average intelligence, such as people with Asperger's Syndrome.

People with autism do often have a learning disability. It is estimated that 70% of people with autism (excluding Asperger's Syndrome) may have some kind of learning disability (1).



***“What we said about  
housing”  
Southampton  
August 2009***



# **Housing and people with Learning Disabilities in Southampton**

**A consultation, held at the Novotel, Southampton**

**August 12<sup>th</sup> 2009**

## **Participants in the consultation**

*18 participants attended.*

*Names have been removed for confidentiality reasons.*

## **Facilitated by: Choices Advocacy**

*Mr C Hodgson (Chief Officer) and 8 support staff, attending to facilitate the event and ensure everyone was able to have their say.*

## **In attendance:**

*Councillor I White – Cabinet Member for Adult Social Care and Health*

*Ms H Linssen – Valuing People Implementation Manager*

*Ms S Stanley – Housing Development Manager, Southampton City Council*

*Ms S Perry – Policy Officer, Housing Solutions Division*

## **Context**

*Southampton City Council approached Choices Advocacy, an independent charity, in order to arrange a consultation involving people with learning disabilities and their housing needs. The event aimed at meeting people from this “hard to reach” group and to learn about their housing experiences and circumstances, whilst also asking about any future housing needs. A summary of this work would be presented to the Southampton Learning Disability Partnership Board and influence any future Southampton Housing Toolkit.*

*Southampton City Council has a vision about its housing support for those with learning disabilities, it states: -*

“Southampton City Council wishes to meet the housing needs and aspirations of people with a learning disability and for them to have choice over where and how they live their lives; that they have decent homes to live in which meet their housing needs and the support they need to enable them to be independent and that their rights as individuals are promoted and respected”

## **Background information on housing and people with learning difficulties, taken from national statistics published 2003/2004:**

*“Adults with learning difficulties in England 2003/4” was published jointly by National Statistics and the Health and Social Care Information Centre.*

*In setting up this consultation, Choices Advocacy wanted to see if the information contained within national statistics were replicated within Southampton, or if they differed greatly. As will be seen, Southampton people appear to reflect the same experiences as those recorded in 2004.*

*The leader of the original research team was Professor Eric Emerson of Lancaster University and is a credible source of information. People with learning disabilities were part of the research team.*

### **Some interesting points emerged from the research.**

- *69% of people are living in private households.*
- *67%, or 2 in 3, people said they had no choice about who they lived with*
- *54% said they had no choice about where they lived.*
- *People with learning disabilities were very concerned about the area in which they lived.*
- *Feeling safe at home was very important to people.*
- *People did not always understand their housing choices*

*Writers of the 2004 report summarised their response to the findings:*

*“We think too few people (less than one in seven) live on their own or with a partner. Too many young people still live with their parents and too many older people live in supported accommodation. Living independently makes many choices possible but, just like everyone else, people with learning difficulties worry about safety in the area they live in. We don’t think this should stop people living independently. They should have the choice of being independent and safe.”*

*Ian Davies & Karen Spencer*

When people were asked where they would look for help about housing, the results showed that in private households, 45%, most people would refer to their families. In supported living, 61 % would seek out a support worker.

In supported accommodation people said that they had received the following support with their housing.

<b>From a support worker</b>	<b>61%</b>
<b>Social Services</b>	<b>27%</b>
<b>Family and friends</b>	<b>19%</b>
<b>Housing Department</b>	<b>6%</b>
<b>NHS</b>	<b>3%</b>
<b>Landlord</b>	<b>1%</b>

Statistics taken from the national survey 2004

## **Method**

Choices Advocacy invited around 30 people with learning disabilities from Southampton to attend the consultation event. Invitations went out to people representing different age groups different levels of disability and different housing situations. This included those in residential care, living with an adult carer, or living with their parents. We also contacted those who are Council or Housing Association tenants receiving support in their own home and those living alone with no support.

People were invited from all parts of the city. It was important to engage with the Tenant's self advocacy group which attracts many people who relate to the "Supporting People" funding. The day followed a group of activities which supported people to consider the different issues suggested for consultation.

**This report contains actual quotations from the day without editing, which we believe emphasises the empowerment of this "hard to reach" group.**

These included:

- What is the current situation?
- Future levels of demand for housing.
- New housing issues, any proposals or ideas for housing solutions
- Find out about Housing related support
- Is any current provision out of date or unpopular?
- What is important to people with leaning disabilities and their housing?

Choices Advocacy took these areas and planned a consultation event.

*Below, there is the outline plan used on the day.*

**Introduction:**

*Welcome. Explaining the consultation*

**Activity 1**

*Different sorts of houses. Tell people on your table about the different places you have lived.  
Facilitators - jot down all the different types of places.*

*Tell people on your table any stories about the places you have lived.*

*Choose the picture that shows where you live now. Stick it on the pink paper and then either write or draw about who lives there with you. Don't forget to include your pets!*

**Activity 2**

*Think about what you like about where you live now. Is there anything not so good about where you live. Fill in the sheet.*

**Activity 3**

*Group session*

*What makes a good house or a flat? What can spoil a house or flat?*

**Activity 4**

*Colour in the correct bubbles on the sheet to show who supports you to live where you do.*

**Activity 5**

*Tell your group any stories that you know about places to live. It might be about a friend who had to move. It might be about neighbours. It might be about moving out of your parents home. Think about other people that you know in Southampton.*

**Activity 6**

*Group session*

*How do people find a place to live? Where does the money come from? Think about all the different types of support people get, like residential, supporting people, living with Mum and Dad, being married. Living alone or with friends.*

*Do you know where the money comes from to pay the rent or your board and food? Tell us what you know? Would you like to know more?*

**Activity 7**

*What sort of house would you have if you could choose?*

*Your best dream house:  
Where would the house be?  
What would it be like?  
Who would live there with you?  
Who would support you?*

*What sort of houses do you think other people with learning disabilities want in Southampton? Tell us what you know?*

**Last of all**

*Is there anything else you want to tell the Council about where people want to live and what sort of houses they want?*

\*\*\*\*\*

*What did Southampton people say ?*

*Each of the four groups had two facilitators and was allocated a colour.*

**What sort of building do I live in?**

Type of House	RED	YELLOW	BLUE	ORANGE
Block of flats				
Semi detached	2	1	1	
Detached house				
Residential home	1			1
Terraced house			1	
Small flats/studio	3	3	2	3
Owner occupier				

## Who do I live with?

Type of accommodation	red	yellow	blue	orange
Living with parents				
Residential care	1		1	1
Share a house/flat as a tenant	2		3	
Married have a partner		2		1
Live alone	3	1		2
Adult Placement		1		

**“I don’t like eating on my own.”**

**“I love living on my own, and doing what I want to do.”**

## Who gives me support to live in my home?

	Red	Yellow	Blue	Orange
Mum and dad	<b>2</b>	<b>3</b>	<b>4</b>	<b>2</b>
Support worker	<b>4</b>	<b>4</b>	<b>3</b>	<b>1</b>
My carer	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
Social Services		<b>4</b>		
Housing Department				
No-one	<b>2</b>			<b>1</b>
Choices Advocacy		<b>4</b>	<b>4</b>	<b>1</b>
Anyone else	<b>2</b>	<b>3</b>		<b>2</b>

*In order to collect information, without influencing the content, or by the use of questions, we invited people to share stories about places that people had lived. Some people told their own story. Others spoke about someone they knew.*

## Stories about where people had lived

"I lived with my mum for most of my life. I did live in a private rented flat for a while but I didn't get the support so went back to my mum's. I lived in a caravan in the back garden. I have recently moved into another private, rented flat round the corner from my mum, so she supports me. I love living on my own and having my private space. "

One person had lived with their grandparents during the week and at mum and dad's at the weekends. This was because of transport difficulties and getting to school.

One person lived at home with his parents until he married. He was given a maisonette with a Housing Association and has lived there for 15 years.

One person spoke about having to live next to difficult people. They had lived next door to a prostitute whose pimp also lived in the building. There had been times when the neighbour had tried to kick their door down. They had asked to move.

Someone spoke about how much they disliked being bossed about by staff in a residential home.

"I have been in a lot of places now. I lived with the nuns at Alton twice. I smashed the windows and they gave me an injection in the bottom to make me calm down. I didn't like it there. I lived in a big hospital in several different buildings. Now I live in a smaller house in Southampton – it is better."

Two people spoke about the flats that they had lived in being part of a listed building. This meant that they could not have the Satellite TV that they wanted. They moved to a new flat where they can have the satellite dish.

## What makes a good house?

"I like being close to the shops"

"I like living near to my family"

"I like to feel safe at night so security is very important to me"

"Having a nice warm house to live in is important to me"

"I love my partner living with me"

"I enjoy having a garden"

"It's really important to me to have a good bus route"

"Being close to the doctors and hospital is good"

"It's really important to me to have my own TV and DVD's"

"Having a big bedroom is great"

"Nice cheap rent"

"Having someone to help me cook my dinner"

"I'm lucky, I have great neighbours"

"I like living all on one level"

"Having the minibus pick me up for day services"

"I have to live near pubs, cinemas, shops and the gym"

"Having a spare room so I can have friends or family stay over"

"Great to have good house mates"

"Being able to keep a pet is really good"

"I like living in Southampton"

"I like living in Bitterne, it has good shops and bus routes everywhere"

"I had to wait to live in Shirley, but it was worth it."

## **What can spoil a house?**

“Having to live in a deprived area with lots of jobs and drug addicts”

“I hate neighbours that moan all the time”

“I don’t like it when I feel scared outside my house.”

“Being nowhere near a bus stop”

“I don’t like loud music or barking dogs”

“People offering too much support”

“Only having one main room, a kitchen and bathroom”

“Really hard work when there isn’t a lift”

“I don’t like living where there are too many people”

“There isn’t a garden and I would like to have a BBQ”

“I don’t like having key meters”

**“Lots of people support me now to live in my flat, but no-one was there to support me get a flat.”**

## **What did people know about getting a house?**

*It was clear that there was a wide discrepancy when it came to how much people knew about finding a house and how it was paid for. Some people were very well informed and could explain benefits and the Homebid approach and knew about Gateway.*

*Other people had no idea where the money came from, or how to get somewhere to live.*

*More than 50 % of those present had been offered their current housing by someone who was paid to support them. Only one person had arranged his own rented accommodation.*

*Less than 25% had chosen who they wished to live with, although almost all had been introduced to other people sharing their house before moving in.*

*People in receipt of "Supporting People" money seemed to understand far more than those in Residential care or in Adult Placement, but this is to be expected due to the systems and often the level of understanding for each individual.*

*No one seemed to know about buying/owning a house or having a mortgage.*

*Some people said that it is hard to find out about houses because it involves a lot of reading and forms.*

*Less than 30% of people at the consultation were actually managing their own finances.*

## **People were asked if they had any messages to give to the Council about housing. People said:**

"Don't like tower blocks."

"We want a garden."

"I'd like to live in a nice house that people could come and visit."

"There should be a community room for people who live alone so you can meet people."

"A shared house could have a box for comments."

"Flats with a back garden is a lovely idea."

"More disabled friendly houses please."

"Make houses sensible to live in."

"The council should build more houses that people want like bungalows and terrace houses and flats."

"We should have input into designing/planning the houses that they build."

"The council should do something about all the empty houses."

## **About finding a house**

“A lot of red tape – it takes a long time – the waiting list is too long.”

“Bidding is better than the old system, if you have someone to support you.”

“We want more time to communicate with all the authorities like the council and it has to be made easy – like this.”

“When activities take place near where you live, like football and the boat show can there be discounts for the nearby residents?”

## **My idea of a dream house:-**

Would be near my family

Near a bus route

Near to town centre somewhere I can have a pet

Somewhere to live with my friend or partner

Near the Southampton football ground

Have a garden to sit in

Near my friends

Have some support but not too much!

Be able to have satellite TV dish

Have a balcony if it is a flat

Near the docks so I can watch the ships

### **Areas we like are:**

Woolston, Shirley, Queensway and Holyrood, Lordshill, Portswood, Harefield, Bitterne and Millbrook

### **Areas we do not want to live in:**

Weston, Thornhill, St Mary's, Derby Road, Northam

## Key messages from the consultation

*The results of this consultation are broadly in line with the findings of the national research of 2004 quoted earlier. Most people are dependent on families for support, even those who have support workers.*

*Very few people seem to live in houses from local authority housing stock. Housing associations seem to provide the majority of flats and supported living opportunities. The majority of people still live at home with family.*

*It was interesting that we did not succeed in attracting those still living at home with their parents. This could be for a variety of reasons, but there is strong evidence that events like this are perceived to promote “moving on”, and this can alarm some parents. Those living at home with parents remain the largest group and accounts for the fact that the majority of provision is still in private households.*

*The major issues around housing identified in this consultation are:*

- Feeling safe is an extremely important factor in housing preferences.*
- People with learning disabilities want the same as everyone else, a decent house, free from neighbour trouble, near enough to relatives, friends and amenities.*
- Choice of where you live and who you live with is still very limited.*
- Information about finding a house needs to be available in accessible formats. Written regulations actually discriminate against those who cannot read very well.*
- People enjoyed being consulted and asked for more time and to be involved in planning houses to be built.*

*Finally it is important to recognise that with facilitation, people with learning disabilities had plenty to contribute and enjoyed the consultation process.*

*We will be providing a more accessible summary of what people said to all those who attended the day.*

# HOUSING STRATEGY – HOUSING FOR PEOPLE WITH LEARNING DISABILITIES

## Appendix 3

### National to local – What strategies and laws want to see

#### **Introduction**

This Appendix to the Strategy looks at what national strategies and legislation, and local strategies, require this Strategy to do or to aim for with regard to housing provision and services.

The aims of these strategies and laws tend to reflect what many people with learning disabilities themselves want to see with regard to their housing options and choices and how they want to live their lives.

They include:

- Choice - having the information and support to make an informed choice.
- Options - having a range of housing options to choose from.
- Support - enabling independent living, in a settled home in the community.
- Rights - benefitting from civil rights and enabled to carry out responsibilities.
- Personalisation, and person centred provision.
- Having a life, the same as everybody does.
- Safety fears - feeling and being safe at home and in the community.
- Family carers - their role as experts and partners.

#### **National**

##### **1. “Valuing People: A new strategy for learning disability for the 21<sup>st</sup> century” (2001)**

This White Paper set out the government’s programme for developing new opportunities in key areas of the lives of people with learning disabilities and their families. It was based on four key principles:

- Rights
- Choice
- Independence
- Inclusion

People were to have choice over where and how they live their lives, and to be able to participate in the communities they live in. The “Valuing People” strategy was refreshed by “Valuing People Now” in 2009.

##### **2. “Valuing People Now: A new 3 year strategy for people with learning disabilities” (2009 - 2012)**

Valuing People Now also looks at the key areas of people’s lives. This Appendix to the Strategy looks at it mainly in terms of its housing, and housing-related, aims.

### The Vision of Valuing People Now:-

This Vision is the same as in the original Valuing People in 2001:

- All people with a learning disability are people first, with the right to lead their lives like any others, with the same opportunities, chances and responsibilities, and to be treated with the same dignity and respect. This includes people having a fulfilled life outside of services.
- People with a learning disability, their families and carers, are entitled to the same rights, aspirations, choices and life chances as other citizens.

### The four key principles set out in Valuing People are affirmed:

- Rights
- Independence
- Choice
- Inclusion

### Rights:

The Disability Discrimination Act 1995 (as amended in 2005) and the Human Rights Act 1998 apply to everyone. However in 2008 the Joint Committee on Human Rights, in their report “A life like any other” (31), was concerned to find adults with learning disabilities were still particularly vulnerable to breaches of their human rights.

Valuing People Now wants people with learning disabilities to be treated as equal citizens in society, with the same human rights, life chances, and choices as everyone else.

### Independent living:

People should be able to live in the community, with choice and control over their housing, who they live with, and the support they receive. It does not mean someone having to live on their own if they don't want to, living without any support, or being over-dependent on family members.

### Control:

A key objective is to increase the housing options available for people to exercise choice over, with more people able to live in their own homes. Too many people still do not have a choice over where they live or with whom. Valuing People Now is clear that people should be supported to make, or be involved in, decisions about their life.

### Inclusion:

People should be included in community life and to do the things most people take for granted – to have their own home, work, learn, get about, meet people, be part of social networks, have leisure activities, and access goods and services – and have the support to do so.

Valuing People Now wants inclusion for everyone. This includes groups who are least often heard, such as people with complex or high support needs, from minority ethnic groups, with autistic spectrum conditions as well as learning disabilities, and offenders. This also includes viewing family carers as “expert partners” in the care of their child or relative.

### What this means for this Strategy:-

#### Funding housing:-

Valuing People Now is clear about wanting to see more housing options, but is not clear on how to fund them.

#### What Valuing People Now wants to happen to housing-related support:-

Being able to access a package of care and/or housing-related support, is a key to real choice and wider housing options. Valuing People Now wants to see the personalisation agenda to the fore, and supports an expanding role for personal budgets and direct payments.

#### Valuing People Now on other housing-related issues:-

People want to feel safe, and be safe, in their home and in the community. Designing accommodation with safety and security in mind is important. Tackling and preventing hate crime and harassment, and safeguarding vulnerable people from abuse or exploitation, is important.

#### Implementing Valuing People Now in Southampton:-

The Southampton Partnership Board was set up in 2001. Board members include people with learning disabilities, one of whom jointly chairs the Board, family carers, City councillors, and managers from Mencap, Choices Advocacy, housing, social services (both children and adult services) and the health service. This membership means the Board can represent the views of people with learning disabilities and of family carers, and has the power to get things done.

### **3. Human Rights Act (1998):-**

Human Rights are freedoms that belong to all individuals and help maintain a fair and civilised society. The Human Rights Act came into force in the UK in 2000. Since then, it has been unlawful for a public authority (e.g. local government) to act in a way that is incompatible with a human right.

There are 16 basic rights in the Act; not all having the same weight. They are divided up between absolute, limited or qualified rights. Sometimes a right can be refused or restricted – especially if there is a real and serious danger to public safety or national security.

Those rights relevant to housing or social care provision include the right to:-

- Protection from inhuman and degrading treatment.
- Liberty and security.
- Respect for private family and home life.
- Marry and start a family.
- Protection of property and the peaceful enjoyment of possessions.

People with learning disabilities should have the same human rights as everyone else. However the Joint Committee on Human Rights report - “A life like any other? Human rights of adults with learning disabilities” (2008) <sup>(31)</sup> was concerned to find that adults with learning disabilities are “particularly vulnerable to breaches of their human rights”.

#### **4. Disability Discrimination Act (1995, as amended in 2005):-**

This Act promotes civil rights for disabled people and protects them from discrimination. It makes it unlawful for a service provider to treat someone less favourably because of their disability. The Act gives disabled people equal rights in areas including:

- Buying or renting, or the management of, land or property.
- Access to services, goods and facilities.
- Employment and education.

The Disability Equality Duty requires public bodies (e.g. councils) to promote disability equality and to check the impact of their policies on the lives of disabled people. This includes whether the outcome for people with learning disabilities is worse than for the population as a whole, for example where disproportionately fewer people with learning disabilities can use a service when compared with other people, or it inadvertently works to their disadvantage.

#### **5. Equalities Bill (2009):-**

The Equalities Bill is expected to become an Act of Parliament in Spring 2010, but it will not start working until later. It will bring all the current equalities legislation (including the Disability Discrimination Act) together in one Act.

#### **6. “Independent living: A cross-government strategy about independent living for disabled people (2008 - 2013) – Office for Disability Issues (DWP):-**

By 2013 the government wants people to have more choice and control over how their needs for support, assistive technology or equipment are met, and that significant progress has been made in tackling barriers to accessing health, housing, transport and employment opportunities.

The housing-related objectives in this Strategy include:

- Promoting independent living.
- Maximising choice through improved housing information and advice.
- Updated accessibility (“Lifetime Homes”) standards for new homes.
- Continued investment in the Supporting People programme (of housing-related support).
- Improved planning for the housing needs of young people in transition, and of older people.
- Better provision of timely, tailored and flexible support for families affected by parental disability, including for parents with learning disabilities.

#### **7. The Socially Excluded Adults Public Service Agreement (PSA) 16 (2007) - HM Treasury <sup>(30)</sup>:-**

A Public Service Agreement (PSA) sets out the specific improvements that the government wants to achieve, who is accountable for this, and the performance indicators to be used to measure progress.

PSA 16 measures how well councils, and their partners, are doing in increasing the proportion of adults at risk of social exclusion living in settled accommodation and in employment, education or training. It recognises the importance of a settled home in feeling able to participate in society, and having a more stable and successful life. PSA 16 is seen as important to Valuing People Now.

One of the groups it looks at is adults with learning disabilities who:

- Are aged 18 – 64 years.
- Have moderate to severe learning disabilities.
- Are known to councils with adult social services responsibilities.

“Settled accommodation” is where people have medium to long term security of tenure or residence in independent or supported housing, in either the social or private sector. Living with a family carer is seen as settled accommodation. Residential care is not seen as settled accommodation; proprietors can give notice at any time, with few legal restrictions on them.

PSA 16 represents “a commitment to the direction of travel. It is not a guarantee of a home or a job.” (30)

What this means for this Strategy:-

PSA 16 is of direct relevant to this Strategy. As the government is monitoring progress, it is important that councils work to create more opportunities for settled accommodation. In Southampton, this measure will help the Council see how well the City is performing.

## **8. Homelessness Act (2002):-**

This Act requires housing authorities, such as Southampton City Council, to publish a Homelessness Strategy to prevent homelessness and to ensure that accommodation and support is available for all people who are statutorily homeless or at risk of homelessness.

People defined as statutorily homeless are those to whom the Council owes a duty to provide settled accommodation. To meet this criteria, people have to be in a priority need group and have become homeless unintentionally. Priority need groups include households with dependent children, young people aged 16 and 17 years (in Southampton this group would normally be referred to specialist supported housing), older people (aged 60+), people fleeing domestic violence, and people who are vulnerable due to a mental, physical or sensory impairment and who would thus have difficulty in securing their own accommodation themselves.

Despite its name, this Act also covers aspects of letting affordable rented housing. In this respect the law is strictly called the Housing Act 1996, as amended by the Homelessness Act 2002. Each housing authority is required to have a Lettings Policy which explains the grounds under which people are prioritised for housing (given “reasonable” or “additional” preference), within an overall framework set by the government. This is also the legislation which requires the Council to operate a choice-based lettings system (called “Homebid” in Southampton).

## **9. National Autism Strategy (2010) and the Autism Act (2009) - Department of Health:-**

The Autism Act, which received Royal Assent in April 2010 after all-party support, is the first disability-specific law in the UK. It is included here as some people with learning disabilities also have autism.

The Act and its Strategy set out government aims and plans to improve the lives of people with autism. It will put a legal duty on council and NHS services to identify adults, and young people in transition to adulthood, with autism, to assess their needs, consider their aspirations, and plan appropriate services.

## **10. “Living well with dementia – A National Dementia Strategy” (2009 - 2014) - Department of Health:-**

This Strategy provides a national framework for improved services, mainly in health and social care, for people with dementia. It is included here as people with Down's syndrome are more at risk of developing dementia and developing it earlier than the general population.

Its aims include helping people with dementia to stay in their own homes for longer, with earlier diagnosis helping ensure timely information and support can be provided. Joint working by health, social care and housing services is encouraged to promote good quality support including dementia advisors, assistive technologies, and housing support. However any specific needs of people with both learning disabilities and dementia are not covered here.

What this means for this Strategy:-

“Living well with dementia” is of direct relevance to this Strategy. There is a gap in the provision of supported housing, both locally and nationally, for people in this group. Dementia-led services may find it difficult to cater for the needs of people with learning disabilities as well as dementia. Supported housing for people with learning disabilities may find it hard to adapt to the new needs of someone who is developing dementia. Further work on developing suitable services is needed so people with such needs can stay living in their home for longer.

## **11. “Valuing Employment Now: Real jobs for people with learning disabilities” (June 2009)**

This Strategy wants to see more real jobs for people with learning disabilities, with appropriate support being provided, to close the gap between their employment rate and the rate of disabled people as a whole, and to promote greater independence from state benefits when possible.

The changes the Strategy wants to see to achieve this goal include:-

- The benefits system made less confusing, rid of its work disincentives, and able to support a positive journey into paid work. Benefit rules are important

- as they can also be key to people being able to pay for their housing.
- Addressing any barriers to work caused by where someone lives, such as reducing the use of residential care.
  - Encouraging the use of direct payments to fund work-related support for people.

What this means for this Strategy:-

This is of indirect relevance to this Strategy. A suitable home with good support is a great base to start to develop a life of social inclusion. This can include finding a valued occupation.

## **12. “Aiming High for Disabled Children: Better support for families (2007) – HM Treasury/Department for Children, Schools and Families**

“Aiming High” wants transformed services for children with disabilities, including learning disabilities. The main themes are:-

- Services co-ordinated around the needs of the child and family.
- Services to promote social inclusion, including enabling the child to join in childhood, family and community activities.
- Multi-agency transition planning to improve the support for young people entering adulthood.

The progress of “Aiming High” is monitored by a Ministerial Implementation Group where all interests are represented.

What this means for this Strategy:-

This is of indirect relevance to this Strategy. Good quality and timely transition planning can help the early identification of housing needs to aid the planning of future provision, and help the young people and their families think about what they will need and to plan ahead more effectively.

## **13. The Children’s Plan (2007) – Department for Children, Schools and Families:-**

This Plan aims to improve services to support the needs and aspirations of children, young people and their families.

The government wants to secure the health and wellbeing of children and young people, ensure they are safeguarded, educated, prepared for adult life, and kept on the right track with positive experiences and activities.

The Plan also says that by 2020 parents will be satisfied with the information and support they receive. This includes the parents of children and young people with learning disabilities, and parents with learning disabilities themselves.

What this means for this Strategy:-

This Plan is mainly of indirect relevance to this Strategy. However, it is important to provide accessible information to help young people and their parents plan ahead for their future adult lives, including where they will live.

**14. National Carers Strategy: “Carers at the heart of 21<sup>st</sup> century families and communities” (2008 – 2018) (Department of Health):-**

The aim for 2018 is that carers will be valued as essential to strong families and stable communities, and by services as expert partners. This will include support, tailored to their own needs, maintaining a balance between their caring role and having a life outside of that role.

The role of decent homes in ensuring the effectiveness of health and care services, and in relieving some of the burden from carers, by taking any housing problems out of the equation, is recognised. The Strategy also acknowledges the importance of good housing advice in getting that decent home.

**15. Carers Recognition and Services Act (1995):-**

This Act gives carers providing a substantial amount of care, the right to ask for their needs to be assessed as well as the person they are caring for. This could include housing and support needs. The Carers (Equal Opportunities) Act 2004, includes helping the carer to remain in/start work or to take part in education, training or leisure activities.

**16. Mental Capacity Act (2005):-**

This Act, in force since 2007, provides the legal framework for allowing people to act and make decisions on behalf of a person who lacks mental capacity, for example due to significant learning disabilities.

Mental capacity is the ability to make an informed decision based on being able to understand and weigh up a given situation, relevant information, the options available, and the consequences of a decision. That decision may relate to daily life, e.g. what to eat, or be more complex, such as moving home.

Everyone must be assumed to have the mental capacity to make a decision unless it can be proved that they do not. A person’s capacity to make a decision should be assessed at the time that decision needs to be made. Before deciding that a person lacks capacity, all practical and appropriate steps must be taken to help them make the decision themselves, including adapting information in a way they can understand.

If a person does lack capacity, there will be a “decision maker” to support them. This would be different people depending on the circumstances or the decision to be made. This person should make decisions in line with the “Best Interests” checklist set out in the Mental Capacity Act Code of Practice (2007). This will involve ascertaining the views of the person, and consulting with relatives, carers, support

staff, friends, advocates, and health professionals. This would apply to a decision such as seeking a move from current accommodation.

The Act also provides for an Independent Mental Capacity Advocate (IMCA) to help vulnerable people who have no other available, unpaid, support (e.g. relatives), and who can lack capacity over important decisions, e.g. about changes in accommodation. The IMCA works with the person and represents their views to those deciding what to do in their best interests.

The Court of Protection can appoint a “deputy” to make specific decisions on a person’s behalf, if the person lacks capacity. A Lasting Power of attorney means a person can give authority to a named person to make decisions on their behalf, should they lose capacity in the future (e.g. develop dementia). More information is available in downloadable leaflets on the website

[www.publicguardian.gov.uk/index.htm](http://www.publicguardian.gov.uk/index.htm)

What this means for this Strategy:-

This is of direct relevance to this Strategy. Planning a move, and making it happen for someone who lacks mental capacity, should always happen in line with the Mental Capacity Act.

#### **17. Vetting and Barring Scheme – the Independent Safeguarding Authority (2009) (ISA):-**

The vetting and barring scheme exists to protect (“safeguard”) children and vulnerable adults, including people with learning disabilities, from abuse or exploitation by people supposed to be caring for them or looking after their interests. It came into force in 2009 and is gradually being phased in. By July 2015 all employees and volunteers working with vulnerable adults must be registered with ISA. Family carers looking after relatives will not have to register.

Many people who support people with learning disabilities have always had criminal record and reference checks as part of the recruitment process. This is positive for people who receive support in their own homes and may help people feel more confident about who supports them. However, it is still the case that everyone should still be vigilant to help prevent any mis-treatment of people.

#### **18. “Hate Crime – the cross-government action plan” (September 2009):-**

This action plan, part of the government’s Crime Strategy (2008-2011), sets out what the government aims to do to tackle hate crime and support its victims. This includes improving the response to and detection of hate crime, and developing systems and guidance to help all public bodies prevent it. The targets for this are PSA 23 (to make communities safer) and PSA 24 (to deliver a more effective, transparent and responsive criminal justice system for victims and the public).

**19. “Independence and Opportunity: Our Strategy for Supporting People” (2007) – Communities and Local Government:-**

The Supporting People programme, set up nationally in 2003, ensures vulnerable and excluded people get appropriate and responsive housing-related support. This enables people to settle and to live more independently, participating in their communities, and contributing to wider society. Supporting People commissions the support services provided by a supported housing scheme, or by floating support going into people’s own homes, but not social or nursing care.

The Strategy looks at the next steps in delivering this housing related support. It focuses on 4 key areas:

- Keeping service users at the heart of services.
- Building on existing partnerships with the third (voluntary) sector.
- Delivering effectively through local government.
- Working towards better efficiency and value for money.

What this means for this Strategy:-

The Supporting People programme is managed by the local authority and helps vulnerable people to develop and maintain independence in their own accommodation through the provision of housing support services. Housing support is often a key element in enabling people to make choices and decisions with regard to their housing. As such the Supporting People programme is an important element in helping to deliver the aims and objectives outlined in this Strategy.

**20. “Putting People First: a shared vision and commitment to the transformation of adult social care” (2007):-**

Putting People First is a national programme for adults who need care and support. It supports councils and social care partners to give people more choice and control over their social care and housing-related support, and use the resources available more flexibly.

It is based on the principle of personalisation, i.e. that the user is the best person to know what meets their needs, and money is given to them – as a personal budget or direct payment - so they can choose, plan, arrange and control their care and support themselves.

People need to be assessed as eligible to receive community care services, and they must draw up a support plan (with help to do so if needed) to show what the money is to be spent on. The support plan is reviewed at least annually. The funding is means-tested, so a person may have to pay for, or towards, their own support.

Direct payments are important to his personalisation agenda. Beginning with legislation in 1996, the right to direct payments is now governed by the Health and Social Care Act (2001).

Since November 2009, direct payments have been available to people who lack the capacity to consent, and to people with mental health problems who are subject to mental health and certain criminal justice legislation. With regard to the person who

lacks capacity, they are paid to a “suitable person” such as a family member or friend, who receives and manages the payments on behalf of the person. The requirements for doing this are laid down in law.

What this means for this Strategy:-

This is of direct relevance to this Strategy. People will gradually be demanding more personalised services. Care and support arrangements need to continue to be what people want, and creative solutions sought for people. In supported housing this could be, for example, providing a “core” of support for everyone with the other parts of the service individualised for each person.

#### **21. NHS and Community Care Act (1990):-**

This Act provided a new framework for community care, i.e. care and support for people so they could live more independent lives out of institutions and in the community. Councils have a duty to assess people who may need community care services, including people with learning disabilities, to see if they do need a service to be provided. The “Fair Access to Care” criteria define who is eligible for care and what makes someone eligible for community care.

#### **22. White Paper on Care and Support (due in early 2010):-**

The Green Paper, “Shaping the future of care together” (2009), led to this White Paper. The aim is to reform adult social care to deliver a fairer, simpler, and more affordable National Care Service for adults in England over a certain threshold of care needs. This will affect the provision and funding of social care necessary for some people to live in their own homes.

#### **23. “High quality care for all: NHS next stage review” (2008):-**

This report, Lord Darzi’s review of the NHS, focuses on patient choice and control over their own treatment and care. The personalisation of health care includes the piloting of personal health budgets for people with long term health conditions to promote person centred treatment and support.

Lord Darzi defines quality care as clinically effective, personal and safe. Care needs to be effective, including in how it improves people’s quality of life after they have had NHS treatment, and ensuring people using the NHS are treated with compassion, dignity and respect in a clean, safe and well-managed environment.

What this means for this Strategy:-

Lord Darzi supports the personalisation agenda, and wants to see care and support delivered closer to home in the right environment.

## **Local**

#### **24. Southampton Housing Strategy (2007 – 2011):-**

This Strategy takes an overall view of all housing in Southampton. It sets out the ways the Council and its partners will provide decent homes which are fit for the needs of Southampton's future, and which help give people a springboard from which they can meet their full potential.

The priorities of the Southampton Housing Strategy include planning to meet the housing and support needs and choices of vulnerable people, including people with learning disabilities, and to enable more people to live independently in their own homes. This Strategy fits within its umbrella.

## **25. "Housing and Support Options: A Housing Strategy for Learning Disability" (2002 - 2007) – Southampton:-**

This Strategy began planning for people with learning disabilities to have more choice over a wider range of housing and housing support options, greater independence, and able to live ordinary lives in ordinary homes.

A key action was moving people from outmoded locally based hospital units (LBHU's) into more appropriate housing with support in the community.

This Strategy now needs updating, particularly around:

- The need for more, real housing options and choices.
- The need for improved and accessible support, information and advice so people can make those housing choices.
- Expanding horizons into home ownership, where appropriate.
- The LBHU's are no longer an issue for Southampton as the people successfully moved to new homes and the hospital units have been closed.
- Demographic changes, such as increasing longevity, mean an associated need to provide for people with both a learning disability and dementia.

## **26. Southampton Supporting People Strategy (2005 – 2010):-**

The Supporting People programme commissions housing-related support to help vulnerable people to live in their own home with support or in supported housing. Supported housing is intended mainly for people to gain the skills they need to move to their own home (with support if required). As such Supporting People offers people the chance to improve their lives and have greater independence.

The local programme is delivered through a number of client group based strategic reviews. A commissioning Body, whose members are from the Council, NHS Southampton City, and Hampshire Probation agrees what services the City needs and their priorities.

What this means for this Strategy:-

The Supporting People Strategic Review of Disability Services (2009-10) identified that housing related support plays an important part in enabling people with learning disabilities to learn and maintain the skills to live as independently as possible in

their own home. The newly commissioned Supporting People services include flexible floating support which can support people in any tenure. This means the services can respond to future changes and developments in the housing options and choices for people with learning disabilities as outlined in this Housing Strategy.

Southampton in 2012 - social services and NHS together:-

By April 2012 there will be joint commissioning of services, budgets, and management between the Adult Health and Social Care Directorate of the Council and NHS Southampton City. This will mean single organisational approach to community health and adult social care services, making it easier to improve, target and co-ordinate them and to get value for money – to the benefit of people needing to use those services.

## **27. The Southampton Homelessness Strategy (2008 – 2013):-**

The four key priorities of this Strategy are:-

1. Prevent homelessness.
2. Maximise the number of available homes in the City; to all sectors of the community including homeless people.
3. Provide good quality accommodation with support for short periods only: to enable successful move on and maintenance of a settled home.
4. Improve positive outcomes: for homeless people or people at risk of homelessness.

Increased homeless prevention and improved housing options for people at risk of homelessness have resulted in a significant decline in both homelessness applications and homelessness acceptances since 2003.

## **28. “Health and wellbeing for all our citizens – Southampton’s health and wellbeing strategic plan (2009 – 2012)” (NHS Southampton City and Southampton City Council):-**

This joint strategy is one of the 4 key strategies for delivering the City’s Local Area Agreement (LAA)\* targets.

It’s priorities for action:

- Ensuring better health for all and reducing health inequalities.  
The contribution of safe, decent, affordable homes is recognised and the targets include increasing the proportion of adults with learning disabilities in settled accommodation (as measured by PSA 16, as above).
- Living later life to the full.
- Taking control and promoting independence and choice.  
This includes increasing the proportion of people receiving self-directed support, e.g. direct payments and individual budgets, and enabling people to live for as long as possible, and healthily, in their own homes.
- Achieving better mental health.  
This includes the local implementation of the National Dementia Strategy, and improving the wellbeing of adults with learning disabilities by increasing the

proportion in employment or training (also linking to PSA 16 as above).

(\*An LAA sets out the priorities for a local area as agreed between central government and, locally, with the local authority and other key local partners).

**29. “A Health Strategy for people with a learning disability” (2006):-**

This strategy was developed by NHS Southampton City and Southampton City Council. It aims to improve the health of people with learning disabilities, which is often significantly poorer than that of the general population, and promote healthy fulfilled lifestyles. Meeting these objectives will improve people’s enjoyment of life and engagement with the community. As part of this process, health action plans are to be part of person centred planning.

**HOUSING STRATEGY  
HOUSING FOR PEOPLE WITH LEARNING DISABILITIES**

**Appendix 4**

**Sources of accessible information on housing options**

These are just a few examples of the information and advice available on the housing options and support available to people with learning disabilities.

**Southampton Information**

1. “Where you can live: Information for people with learning disabilities in Southampton” (January 2010):-

A booklet from the Southampton Learning Disability Partnership Board containing information for people with learning disabilities and their families about housing and support, and how to apply for it.

2. Southampton Learning Disability Partnership Board:-

The website for the Board [www.southampton-ld-partnership-board.co.uk](http://www.southampton-ld-partnership-board.co.uk) contains information on what the Board has been doing around local housing issues.

3. Southampton City Council:-

The Southampton City Council website contains information (linked from the front page) on a variety of services including Homebid (the choice-based letting system), social care, supported housing, day services and housing benefit.

4. Mencap (Southampton):-

Southampton Mencap can provide a range of information, or advise people where to find it. Southampton website [www.southamptonmencap.org](http://www.southamptonmencap.org) or phone tel. 023 – 8058 4088

5. Southampton Supporting People:-

The Southampton Supporting People website [www.sp.jamies.org.uk](http://www.sp.jamies.org.uk) is a site for users of services funded by Supporting People (many supported housing projects and “floating”, or visiting, housing support provision in the City). It includes information about Supporting People and how it all works.

## **Nationally based information**

### 6. “Finding a place to live: Help with your plans” (July 2008):-

A booklet produced jointly by the Valuing People Support Team, the Housing and Support Partnership, and Housing Options. Available on the internet on the Valuing People website [www.valuingpeople.gov.uk](http://www.valuingpeople.gov.uk) or the Housing Options website [www.housingoptions.org.uk](http://www.housingoptions.org.uk)

This is a guide intended for people to use with those who support them (family, support workers, etc) to help them to decide what their housing options are, how to get it, and what sort of help, care and support they need to live there.

### 7. Mencap (national):-

The national Mencap website [www.mencap.org.uk](http://www.mencap.org.uk) includes information on housing options (under headings including “independent living” or “my home”), and contact details for a variety of relevant organisations.

Mencap also run a national learning disability help-line, which can provide advice and information on most things to do with learning disability. This includes providing advice and information on housing and on benefits. For the help-line phone tel. 0808 808 1111 or email [help@mencap.org.uk](mailto:help@mencap.org.uk)

### 8. “Making money easier”:-

This is a series of easy picture guides to money and banking, including “Banking”, “Your money, your home”, “Your money, your insurance”, “Moving on, planning ahead”, and “Talking money”.

These guides have been written by ARC and United Response, both of who do a lot of work with people with learning disabilities, with the help of a grant from Friends Provident Foundation and the Financial Services Authority.

The information is available on the internet at [www.making-money-easier.info](http://www.making-money-easier.info) or in a series of booklets (contact addresses are on the website).

## **HOUSING GUIDE - HOUSING AND PEOPLE WITH LEARNING DISABILITIES**

### **Appendix 5**

#### **References used in the Strategy**

- (1) Mencap website (August 2009)
- (2) “Valuing People: A new strategy for learning disability for the 21<sup>st</sup> Century” – Department of Health (2001)
- (3) Mid year population estimate 2008 – Office of National Statistics (ONS) (released 27/8/09).
- (4) “Housing needs and supply in England – Learning Disabilities” – a background paper by Maurice Harker (originally of the Valuing People Support Team) – October 2003. (From the NHS learning disability library website).
- (5) 2001 Census – Office of National Statistics (ONS).
- (6) “Future demand for services for young adults with learning disabilities from South Asian and Black Communities in Birmingham” – E. Emerson and J. Robertson – Institute of Health Research, Lancaster University (2001).
- (7) “Supporting South Asian families with a child with severe learning disabilities: A report to the Department of Health” – C. Hatton, Y. Akram, R. Shah, E. Emerson – Institute for Health Research, Lancaster University (2002)
- (8) “New provision for older people with learning disabilities” – Housing LIN Factsheet, Department of Health (December 2003; updated August 2004).
- (9) Statistics from SCC Health and Adult Social Care (dates as per main text of the Guide).
- (10) BBC News website – 5/10/09 – “Down’s dementia risk overlooked” – by Angus Crawford.
- (11) Supporting People Review – Services for people with disabilities (2009)
- (12) Mencap website - Response to the National Dementia Strategy (2008).
- (13) “Psychological Medicine” (vol 27) – “High prevalence of dementia among people with learning disabilities, not attributable to Down’s Syndrome (1997).

- (14) "Estimating future numbers if adults with profound, multiple, learning disabilities in England" – E. Emerson, Centre for Disability Research, University of Lancaster (June 2009).
- (15) "Adults with Learning Difficulties in England 2003/4", Health and Social Care Information Centre (part of ONS) (2005).
- (16) Statistics from City Limits Employment in Southampton (dates as per the main text of the Guide).
- (17) Website of the Foundation for people with learning disabilities (9/2009).
- (18) "Prisoner's Voices" – Prison Reform Trust (2008).
- (19) Housing Learning Improvement Network (LIN) Policy Briefing – "Valuing People Now and Housing for People with Learning Disabilities" (2009).
- (20) "The Housing Timebomb – The housing crisis facing people with a learning disability and their older parents", Mencap (2002).
- (21) "Estimating the Current Need/Demand for Support for People with Learning Disabilities" – E. Emerson & C. Hatton - Institute for Health Research, Lancaster University (2004).
- (22) "Estimating Future Need for Adult Social Care services for People with LD in England" – E. Emerson & C. Hatton – Centre for Disability Research (2008) (22).
- (23) "People with Learning Disabilities in England" – E. Emerson and C. Hatton – Centre for Disability Research, Lancaster University (2008).
- (24) National Statistics and NHS Health and Social Care Information Centre (2004) – on the website of the Foundation for People with Learning Disabilities (September 2009).
- (25) "Equal Treatment: Closing the Gap" – Disability Rights Commission (2006).
- (26) "Key Facts – Funding of Social Care for People with Learning Disabilities" – website of the Learning Disability Coalition (2009).
- (27) "Learning Disabilities and Dementia" – Alzheimer's Society website (2009).
- (28) "People with learning disability, and mental health care: influence of ethnic background" by Dr S. Gangadharan and Dr S. Bhaumik; NHS Evidence – ethnicity and health website.
- (29) "Housing Inspectorate Key Lines of Enquiry – Local authority strategic involvement: strategic approach to housing" (2007) - Audit Commission.

- (30) “An accommodation self assessment toolkit for the Socially Excluded Adults Public Service Agreement” (2009) - CLG.
- (31) “A life like any other? Human Rights of adults with learning disabilities” - Report of the Joint Committee on Human Rights (a joint House of Commons and Lords Committee) – (January 2008).
- (32) “What we said about housing” – outcome of the Housing Consultation Event for people with learning disabilities – Southampton – 12<sup>th</sup> August 2009 (a City Council event facilitated by Choices Advocacy).
- (33) “PSA 16 area mapping – settled accommodation – national and regional perspective” – Department of Health and GOSE (statistics as at 31/3/09).
- (34) ‘Homes in Hants’ website (as at February 2010).
- (35) Housing Options Factsheet – Family Investment in Housing (ref 06) – on Housing Options website (as at February 2010).
- (36) Southampton City Council Housing Strategy (2007 – 2011)
- (37) “Valuing People Now: A new 3 year strategy for people with learning disabilities” (2009-2012).
- (38) “An exploration of the use of shared ownership schemes for adults with learning disabilities in Hampshire: Professionals perspectives, barriers and partnership issues” – Postgraduate student research for Hampshire County Council (March 2009) – available on the website “Social Care Online”.
- (39) “Enhancing housing choices for people with a learning disability” (2006) - Housing Learning and Improvement Network, Department of Health.
- (40) “Low support options for people with learning difficulties” (1998) – Joseph Rowntree Foundation “Findings” – researched by the University of Bristol.
- (41) “KeyRing’s review” by Paradigm (2002), and the KeyRing website (as at February 2010).
- (42) The “Reach” standards in supported living, by Paradigm – on the Paradigm website [www.paradigm-uk.org](http://www.paradigm-uk.org)
- (43) “Shared living – what works in supported housing” – Housing Corporation (2008). Research by Carr-Gomm housing association among six providers and their residents.
- (44) “Pennine Court: Remodelling sheltered housing to include extra care for people with learning disabilities” (2007) – Case Study no.29 of the Care

Services Improvement Partnership, Department of Health (regarding a scheme in Salford).

- (45) "Private sector leasing scheme for people with learning difficulties in Norfolk" (2008) – Case Study no.33 of the Care Services Improvement Network, Department of Health.
- (46) Statistics from Southampton City Council Children's Services (school year 2009-2010; school age children - reception class to year 13).