

Draft 1 | Confidential

Golden Lane Housing

Research to inform a  
Learning Disability  
Accommodation Strategy  
for Greenwich

January 2017



## Table of contents

<b>1</b>	<b>Executive Summary .....</b>	<b>4</b>
1.1	Introduction and methodology.....	4
1.2	“What works” in meeting the housing needs of adults with learning disabilities .....	4
1.3	What the data tells us.....	6
1.4	Views on current and future provision.....	7
<b>2</b>	<b>Introduction and Methodology.....</b>	<b>11</b>
2.1	Overview .....	11
2.2	Aims and objectives of the report.....	11
2.3	Methodology.....	11
2.4	Report structure .....	14
<b>3</b>	<b>“What works” in meeting the housing needs of adults with learning disabilities .....</b>	<b>15</b>
3.1	Introduction and approach .....	<b>Error! Bookmark not defined.</b>
3.2	Policy Context .....	<b>Error! Bookmark not defined.</b>
3.3	“What works” in meeting the housing needs of adults with learning disabilities .....	<b>Error! Bookmark not defined.</b>
3.4	Conclusion .....	<b>Error! Bookmark not defined.</b>
<b>4</b>	<b>The current provision of housing in Greenwich .....</b>	<b>35</b>
4.1	Key Messages.....	35
4.2	Analysis of Data Relating to Current Provision .....	35
4.3	Stakeholder Interviews.....	53
4.4	Site Visit Interviews .....	59
<b>5</b>	<b>The future provision of housing in Greenwich.....</b>	<b>79</b>
5.1	Key Messages.....	79
5.2	Data Analysis Relating to the Future Demand for Accommodation-based Services .....	79
5.3	Stakeholder Interviews.....	89
5.4	Site Visit Interviews .....	93
	<b>Appendix 1: Literature search.....</b>	<b>96</b>
	<b>Appendix 2: Bibliography .....</b>	<b>97</b>
	Policy Documents .....	97

Evidence Based Reports .....	97
Practical Guides and Good Practice Papers.....	99
<b>Appendix 3: Stakeholder topic guide .....</b>	<b>101</b>
Introduction .....	101
Core questions.....	101
Questions for housing / support providers .....	103
Representative groups.....	104
<b>Appendix 4: Service user topic guide .....</b>	<b>105</b>
<b>Appendix 5: Family member topic guide .....</b>	<b>107</b>
<b>Appendix 6: Staff topic guide.....</b>	<b>110</b>

final draft

# 1 Executive Summary

## 1.1 Introduction and methodology

Golden Lane Housing commissioned Cordis Bright, an independent and specialist research and consultancy organisation, to conduct research to inform the development of a learning disability accommodation strategy for the Royal Borough of Greenwich. The research took place between October 2016 and February 2017.

The aims of the research were to:

- Identify current policy and good practice in meeting the housing needs of adults with learning disabilities
- Evaluate the current and future demand for housing services for adults with learning disabilities in Greenwich
- Review the current provision of housing services for adults with learning disabilities in Greenwich (for more information please see section 2.3.3)
- Identify potential changes in the future provision of housing services for adults with learning disabilities

The approach used to conduct the research consisted of:

- A rapid evidence and policy review to identify current policy and good practice. The search terms used to identify literature are available in Appendix 1, and the bibliography in Appendix 2
- An analysis of performance management data concerning housing and support for people with a learning disability in the Royal Borough of Greenwich
- In-depth interviews with local authority commissioners, housing and support providers and voluntary sector organisations
- Site visits to current services in Greenwich and interviews with service users, family members and staff
- Analysis and reporting

## 1.2 “What works” in meeting the housing needs of adults with learning disabilities

A rapid evidence review of existing policy documents, academic literature and practical guides was conducted to identify “what works” in meeting the housing needs of adults with learning disabilities.

### 1.2.1 Policy Context

Reducing cost remains at the top of the policy agenda. Plans to extend the cap on the Local Housing Allowance from the private sector to supported housing, and reduce rent in social housing are likely to impact the funding available to social housing providers from 2017/2018 onwards. The government have made clear their commitment to introduce a new approach to funding the housing benefits paid to all vulnerable people who live in the community. This is almost certainly going to mean a discretionary capped local fund under the control of the local authority available to top up the rents of supported housing services, as opposed to the current mandatory funding by central government. As a result, priorities for top up funding for all supported housing will be determined locally.

The shift away from larger residential care facilities towards smaller, supported living facilities, which are closer to home, has gained further traction in the wake of Winterbourne View. This is coupled with a continued commitment to a more person centred approach to care and support, which is espoused in The Care Act 2014 and can be enacted through the use of personal budgets and direct payments.

Supported living, which aligns with the focus on personalisation and personal choice, has continued to grow in recent years. CQC has recently clarified its policy for registration to provide personal care as part of supported living, highlighting the importance of genuine choice for service users and the separation of personal care and accommodation agreements.

### 1.2.2 “What works” in meeting the housing needs of adults with learning disabilities

From the literature reviewed, several key features in meeting the housing needs of adults with learning disabilities emerged.

- Evidence suggests, and policy dictates, that local authorities should offer a **broad range of accommodation and support to people with learning disabilities**. This should encompass a spectrum of options from residential care, to floating support to enable people to live alone independently.
- There should be services in place which support the needs of a broad range of people, including a range of ages (from transition to care for older people with specific needs such as dementia care) and minority ethnic groups.
- There is evidence that **smaller scale residencies, based in the community which offer a higher level of choice and independence result in better outcomes for service users**. The argument espoused by the majority of the literature is to move away from more institutional services (at the most extreme end being hospitals but also including some versions of residential care) to more bespoke, community based services which offer increased independence and choice to service users.
- While there is evidence that, when done well, more personalised services can lead to a reduction in the cost of care, **small scale or individual support**

**risks losing the economies of scale available to a larger service,** particularly with regards to staffing costs.

- **Accommodation should look and feel like a home;** adaptations should be designed to be minimally intrusive and décor and architecture should be residential rather than institutional.
- **Locations should be chosen to enable integration with the community,** and should be close to family and friends.
- **Services should be designed around the needs of the service user.** Ideally, this should include an element of coproduction, and in all cases services should be person centred and offer as high a degree of personalisation as possible.

### 1.3 What the data tells us

The message from the data is fairly complex and does not lend itself to a simple explanation.

- In broad terms the data suggests that there may not be a very significant increase in overall numbers of people with a learning disability in Greenwich (broadly in line with general population trends within the borough), but the composition of the group of people served is likely to change over time. A greater proportion of the total population supported by Greenwich commissioned and funded services are likely to present more complex needs and require more complex packages of support to sustain them in an accommodation setting.
- The second message from the data is that Greenwich is ethnically a diverse borough and this diversity is underrepresented in the data for people with a learning disability. This suggests that the housing strategy will need to make particular efforts to address the needs of the entire Greenwich population in a manner which is both appropriate and accessible.
- The third message from the data concerns out of area accommodation based placements. There are 135 people with a learning disability funded by the local authority not living in Greenwich. Of these, 25 are in neighbouring boroughs and the remaining 110 that could be truly termed out of area. However, of this 110 only three people are currently listed as being inappropriately placed, and a further two people are appropriately placed but looking for alternative accommodation.
- The final point about the data is that it suggests an overuse of residential care as the solution to housing and support needs when compared with provision commissioned by other authorities.

## 1.4 Views on current and future provision

Cordis Bright conducted 8 interviews and 1 focus group with stakeholders from three groups:

1. Council employees with a role in the commissioning of housing for adults with learning disabilities
2. Voluntary organisations, active in Greenwich representing people with learning disabilities
3. Support providers

Cordis Bright and Golden Lane also conducted 12 site visits and interviewed 17 service users, 7 family members and 35 staff.

In all cases, interviewees were asked a series of questions about the current and future provision of housing in Greenwich. The topic guides used in interviews are available in Appendix 3: Stakeholder topic guide - Appendix 6: Staff topic guide

### 1.4.1 What do stakeholders, service users, family members and staff think about the current provision of housing in Greenwich?

A significant majority of the people who were interviewed as stakeholders or during site visits mentioned three main points about the current provision of housing for people with learning disabilities in Greenwich:

- **The current housing stock used by services in Greenwich is of variable quality.** There are some examples of properties which are fit for purpose, and others which would benefit from significant adaptation. Issues with houses most commonly surrounded mobility for older service users, the upkeep and repair of buildings and “institutional” rather than “homely” design.
- **The way that support is planned and people are placed into services is reactive, rather than pro-active.** The majority of family members reported that they and their relatives did not have an understanding of the full range of options available to them. Commissioners, support services and representative organisations all mentioned that there was an issue with placements happening at moments of crisis. In these circumstances it was often a case of finding the best place available, rather than long term planning to develop the optimal support for an individual.
- **There has been a reduction in the level of trust between some service users and their families and the Royal Borough of Greenwich.** A previous strategy for housing for people with learning disabilities was viewed very negatively by some service users and family members who stated that they had not been consulted in the process and disagreed with the proposed changes. This has led to a reduction in the level of trust meaning that families are suspicious of changes and worry that the new strategy will have negative impacts for people with learning disabilities in Greenwich.

#### 1.4.2 How does the current provision compare with good practice?

Based on the review of good practice and the interview content, we have been able to develop a review of how the current provision of housing for people with learning disabilities in Greenwich compares to good practice. This is shown in the table below.

final draft

Figure 1: A comparison of good practice and the current provision of housing for people with learning disabilities in Greenwich

Good Practice	The Current Provision in Greenwich
A broad range of accommodation and support to people with learning disabilities. This should encompass a spectrum of options from residential care, to floating support to enable people to live alone independently.	There are a range of options, including residential care, supported living, shared lives and floating support. However, currently 50% of people with learning disabilities who are in housing, are in residential care. Also, there is not much information for service users and their families about other options which are available in Greenwich or best practice. Very few people had visited a range of options before picking their home.
Services in place which support the needs of a broad range of people, including a range of ages and minority ethnic groups	A lot of the houses are not suitable for older people or attractive for younger people. For example, a significant minority of houses are not fully accessible. There are a very small number of people from ethnic minority groups using housing services.
Services which offer a high level of choice and support people to live as independently as possible	The level of independence varies between houses. In part because of resident's varying levels of need. However, in some cases, people weren't able to go out as much as they would like due to a lack of support workers. In others, family members felt that with the right support their relative could be more independent, for example helping with cooking and cleaning.
Accommodation should look and feel like a home	The level of 'homeliness' varies. Some residences are very homely, whereas others were described by stakeholders, families and staff as "institutional". For example, they have long corridors of rooms, and paperwork stored in shared areas. A large number of properties are run down, and upkeep and repairs were regularly described as an issue. In some properties residents, had very personalised rooms. In others, there was less personalisation.
Locations should be chosen to enable integration with the community, and should be close to family and friends.	In most cases, the location of properties was described as a positive aspect by stakeholders, staff service users and family members. A small number are more isolated, or grouped with other facilities for people with learning disabilities. The majority of properties have good transport links and are close to shops and activities. The majority of service users were linked with the community, through activities and trips which they conducted regularly, jobs, or family and friends who visited them.

### 1.4.3 What do stakeholders, service users, family members and staff want from the future provision of housing in Greenwich?

In general, service users, family members and staff were more worried about future changes to services than stakeholders, particularly if they may include the closing of services. Whereas stakeholders were more likely to view the closing or significant adaptation of some existing services as a necessary part of improving the service offer.

However, in terms of the types of services offered, and the way that support is planned four key topics emerged in discussions about the future provision of housing with stakeholders, service users, families and staff:

- **The more innovative use of resources to create services which are more flexible and person centred.** This included increasing the usage of services such as shared lives and keyring schemes and building more properties like those recently opened on Granite street (which contain self-contained flats with room for carers integrated within larger, newly built housing developments). However, family members, staff and representative organisations also noted that it was important to ensure that individuals received the right level of support to live successfully in such settings.
- **A broad range of options**, and the ability to move between options as an individual's needs change. For example, as people with a learning disability get older or as they transition and develop the skills to become more independent.
- **Forward planning to identify or develop the right support for individuals.** Moving away from finding placements for people only when an immediate need arises (for example, a carer dies) towards long term, holistic planning throughout an individual's life, linked in with other areas of support, such as day services.
- **A transparent relationship between the council, service users and their families.** Families should have a clear understanding of all of the options available and how to access them. Any changes in the offer are developed considering the views and needs of service users and their families.

## 2 Introduction and Methodology

### 2.1 Overview

This is the report of research conducted to inform the development of a learning disability accommodation strategy for the Royal Borough of Greenwich.

The research took place between October 2016 and February 2017. It was conducted by Cordis Bright, an independent research and consultancy organisation, and commissioned by Golden Lane Housing.

### 2.2 Aims and objectives of the report

The aims of the report were to:

- Identify current policy and best practice in meeting the housing needs of adults with learning disabilities
- Evaluate the current and future demand for housing services for adults with learning disabilities in Greenwich
- Review the current provision of housing services for adults with learning disabilities in Greenwich
- Identify potential changes in the future provision of housing services for adults with learning disabilities

### 2.3 Methodology

As part of our collaborative approach, all research approaches and tools were designed by Cordis Bright and agreed with Golden Lane Housing and the Royal Borough of Greenwich before use.

The approach used to conduct the research consisted of four steps:

#### 2.3.1 Evidence Review

An evidence review was conducted to rapidly identify current policy and best practice. The search terms used to identify literature are available in Appendix 1, and the bibliography in Appendix 2. The resulting review of “What works” in meeting the housing needs of adults with learning disabilities is split into two sections

- Policy context – distils laws, government statements and government consultations relating to supported housing
- “What works” – covers the major aspects of designing appropriate and effective services, based on themes which emerged in evidence based reports and practical guides.

### 2.3.2 In-depth interviews

Cordis bright conducted interviews with stakeholders from 4 different groups, regarding their views on housing in Greenwich now and in the future. These were:

- Council employees with a role in the commissioning and delivery of housing for adults with learning disabilities
- Voluntary organisations, active in Greenwich representing people with learning disabilities
- Support providers
- Housing providers

The resulting analysis from groups 1-3 are written up here and in 5.2. The interview conducted with a housing provider has been amalgamated into work conducted by Golden Lane Housing.

20 potential interviewees were identified by Golden Lane housing, who gave their contact details (where available) to Cordis Bright. Potential interviewees were emailed to request interviews, and when no response was forthcoming, a follow up email was also sent. In cases where a phone number was available, interviewees' offices were called up to three times to try to schedule interviews.

As a result, eight interviews and one three-person focus group were conducted. The topic guide used during the interviews is available in Appendix 3.

### 2.3.3 Site visits to current services in Greenwich

Site visits were conducted at 12 MCCH and GLO properties for adults with a learning disability between December 2016 and January 2017. The site visits focussed on the accommodation over which the council and its CCG partners have the most influence; i.e. portfolios from which mcch and GLO provide services under block contract arrangements. These account for around 60% of the total in borough capacity.

Before each visit the manager was informed about the purpose of the visit and requested to invite family members. During each visit interviewers from Cordis Bright and Golden Lane Housing (GLH) interviewed all the service users, family members and staff who were available and wanted to express their views. Interviews with each group followed a set of defined questions, which were developed collaboratively by Cordis Bright and GLH.

Interviews were conducted in a semi-structured manner, based on the time that people had and the environment that was available. In a minority of cases interviews with family members took place in small groups rather than one to one. Interviews with service users were adapted to meet their needs. Where appropriate staff or family members supported service users to understand and

answer questions. The topic guides used to conduct interviews are available in Appendix 4: Service user topic guide - Appendix 6: Staff topic guide.

Over the course of the 12 site visits 17 service users, 7 family members and 35 staff were interviewed. This is outlined in Figure 2.

*Figure 2: Site Visit Interviews*

Property	Type of Care	Run By	Service Users	Family members	Staff
10 & 14 Wilmount Street	Supported Living	MCCH	2	0	1
101 Royal Hill	Registered care	GLO	4	1	2
1-3 Samuel Close	Registered care	MCCH	0	0	3
167 & 169 Lodge Hill	Registered care	GLO	0	1	5
58 The Village	Registered care	GLO	1	0	2
64 Charlton Lane	Supported Living	GLO	0	0	2
69 Coleraine Road	Supported Living	GLO	2	0	2
75 Ashburnham Grove	Registered care	GLO	1	3	3
99 Elliscombe Road	Supported Living	GLO	2	0	2
Arnold House	Registered care	MCCH	1	2	5
Erindale Terrace	Registered care	MCCH	0	0	5
The Gables	Registered care	MCCH	4	0	3
<b>TOTAL</b>			<b>17</b>	<b>7</b>	<b>35</b>

#### 2.3.4 Consultation events

Emerging findings from this research have been presented and “sense-tested” with family members/carers and people with a learning disability at two consultation events.

#### 2.3.5 Data Analysis

The report includes an analysis of performance management data provided by the Royal Borough of Greenwich.

## 2.4 Report structure

The remainder of this report is structured as follows:

- **Chapter 3 - What works in meeting the housing needs of people with a disability.** This section reviews existing policy documents, academic literature and practical guides to identify “what works” in meeting the housing needs of adults with learning disabilities
- **Chapter 4 – The current provision of housing in Greenwich.** This section presents an analysis of performance management data as well as the views of stakeholders, service users, family members and staff on the current provision of housing in Greenwich
- **Chapter 5 – The future provision of housing in Greenwich.** This section presents an analysis of performance management data provided by Greenwich and also summarises stakeholders, service users, family members and staff’s ideas and hopes for the future provision of housing in Greenwich

## 3 “What works” in meeting the housing needs of adults with learning disabilities

### 3.1 Introduction and approach

This evidence assessment is based upon three types of evidence:

- **Policy documents** – Laws, government statements and government consultations relating to supported housing
- **Evidence based reports** – Academic literature from the past five years (2011-2016) on “what works” in meeting the housing needs of adults with learning disabilities
- **Practical Guides** – Developed by government and charities to put policy and evidence based practices into practice

The bibliography is available in Appendix 2: Bibliography

The policy documents are distilled in 3.2 - Policy Context. Due to the significant changes to the funding of supported living services currently under consultation, it is likely that the policy context will continue to change over the period of time that the Housing Strategy is being developed.

Evidence based reports and practical guides are included in 3.3, which covers major aspects of designing appropriate and effective services, as similar themes emerged in both types of material. In all cases, the source of content is made clear.

### 3.2 Policy Context

#### 3.2.1 Key Messages

Reducing cost remains at the top of the policy agenda. Plans to extend the cap on the Local Housing Allowance from the private sector to supported housing, and reduce rent in social housing are likely to impact the funding available to social housing providers from 2017/2018 onwards. The government have made clear their commitment to introduce a new approach to funding the housing benefits paid to all vulnerable people who live in the community. This is almost certainly going to mean a discretionary capped local fund under the control of the local authority, as opposed to the current mandatory fund, largely funded by central government. As a result, priorities for funding for all supported housing will be determined locally.

The shift away from larger residential care facilities towards smaller, supported living facilities, which are closer to home, has gained further traction in the wake of Winterbourne View. This is coupled with a continued commitment to a more person centred approach to care and support, which is espoused in The Care Act

2014 and can be enacted through the use of personal budgets and direct payments.

Supported living, which aligns with the focus on personalisation and personal choice, has continued to grow in recent years. CQC has recently clarified its policy for registration to provide personal care as part of supported living. This highlights the importance of genuine choice for service users and the separation of personal care and accommodation agreements.

### 3.2.2 Housing benefit and the Local Housing Allowance

Most people with learning disabilities who pay a rent to their landlords rely on housing benefit, which is available to people who have a rent liability and no means of paying their rent from either earnings or savings.

People with learning disabilities who live in supported housing and their own tenancies have to pay rent to a landlord and rely on housing benefit to do so. There is a slightly different benefit which is payable to people living in the private rented sector called the Local Housing Allowance. However, most landlords providing supported living are social housing landlords; i.e. housing associations, charities and local authorities.

Until recently social housing landlords are able to raise rents in line with the consumer price index plus 1% (Wilson, W. 2016b) and up to a defined amount, the rent for social rented housing is covered by housing benefit, paid by the local authority. Any shortfall in benefit received compared to the rent charges would need to be paid by the tenant to the landlord from their other benefits. The amount paid as housing benefit is defined based on the individual's circumstances<sup>1</sup>. For example, the housing benefit rules give enhancements which allow greater benefits to be paid if people need more facilities or an extra room for a carer. These exemptions are only available if the vulnerable person making the claim meets a specific set of criteria and lives in 'specialised supported housing.

However, the government announced in the summer budget 2015 that all social landlords would be required to reduce their rents in social housing by 1% per annum for four years from April 2016. In addition, in the Spending Review and Autumn Statement 2015, the government announced a plan to cap rent covered by housing benefit in the social rented sector, based on amounts paid in the private sector local housing allowance (LHA). In both cases, the measures will apply to supported housing for vulnerable people provided by charities, housing associations and councils (Department for Work and Pensions and Department for Communities and Local Government, 2016).

After providers of supported housing raised concerns about the impact of both measures, the government has announced a one year exemption from the 1%

---

<sup>1</sup> <https://www.gov.uk/housing-benefit/overview>

rent reduction plan and a delay until 2019/20 on caps to LHA for residents of supported housing.

In April 2019, the proposal is that LHA rates will be introduced, but will be accompanied by a new funding model which will allocate ring fenced funding to local authorities in England to meet any shortfall between the LHA rates and the cost of provision (Department for Work and Pensions, 2016). The 1% rent reductions will be applied to supported housing schemes for three years up to and including 2019/20 (Green, D., 2016).

A consultation on the detail of the future housing benefit funding model for supported housing was released in November 2016, the results of which will be included in a Green paper published in spring 2017. The final plan will be announced in the Autumn of 2017 (Department for Work and Pensions, 2016).

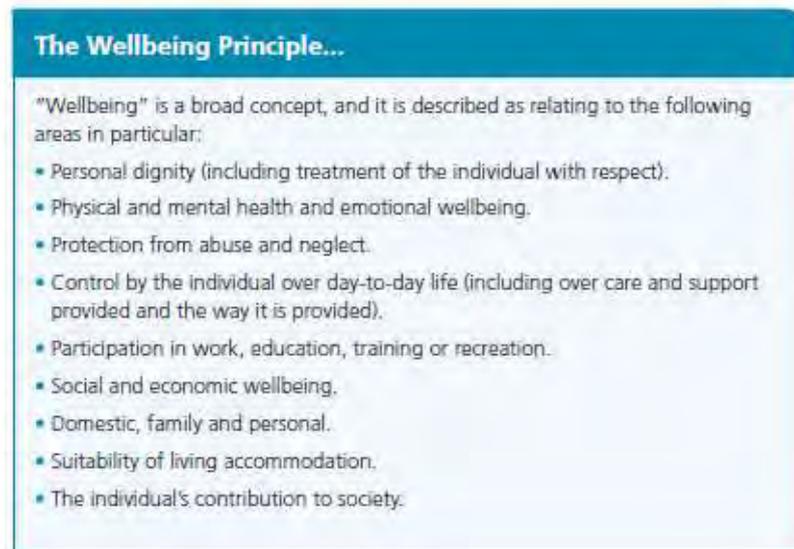
Until the details are released, there is a high degree of uncertainty surrounding the impact of the policy on housing for people with learning disabilities in Greenwich. It is likely that the move to a capped Local Housing Allowance, supplemented by funding which is to be shared amongst supported housing for people with all types of need (the elderly, mental health, learning disability, physical disability etc.) will be the outcome of the consultation. Local councils will need to decide how they allocate finite resources across all supported housing groups and what if any prioritisation is applied.

### 3.2.3 Care Act 2014

The Care Act 2014 extends the councils' scope to extensive responsibilities for their local population as well as people who are eligible for adult social care (Think Local Act Personal and Sitra, 2015). The act includes a series of specific references to housing:

- When looking at the needs of an individual and promoting their wellbeing, the local authority must take into account the 'suitability of living accommodation'. Within the act, wellbeing is defined as relating to:

Figure 3: The Wellbeing Principle (Think Local Act Personal and Sitra,



2015)

- Councils have a responsibility to provide services that prevent, reduce and delay the need for care and support. As part of this, housing can play a role in a variety of ways, for example, enabling people to live independently in the community.
- The local authority is responsible for ensuring that that information and advice on care and support and related areas is available to all when they need it. This includes information on housing and the housing options available.
- The Council should describe its view of the housing services required in a Market Position Statement, or equivalent document, linked to the Joint Strategic Needs Assessment (JSNA).
- The council should create a varied, high quality and sustainable range of housing options, by working with a variety of stakeholders including housing providers.
- The suitability of housing may be used as part of the assessment of eligibility for adult social care and where appropriate housing staff may be included in the assessment process.
- Councils must aim to link up health related services (including housing) and NHS services. For example, the council should consider housing and suitability of accommodation when reviewing a person's wellbeing and needs.

### 3.2.4 Transforming Care: A National Response to Winterbourne View

As a result of the abuse of vulnerable people at Winterbourne View private hospital, the Department of Health conducted a review of the care and support available for people with learning disabilities or autism who also have mental

health conditions or behaviours viewed as challenging. The review lays out expectations for the care of system, and actions for health and local authority commissioners.

At its heart, the report focuses on the need to significantly reduce the use of hospitals, both in terms of the number of people in hospitals and the length of stay.

The report highlights the evidence base for community based housing, particularly with regard to increasing independence, inclusion and choice and reducing behaviours which challenge.

It reiterates the importance of ensuring that support is:

- Centred around the individual – developed around their needs and choices
- Offered within the community, supported by local services
- Holistic, starting from childhood

### 3.2.5 CQC: Registering the right support

In February 2017, CQC released new policy statement on registering for providers for supporting people with learning disabilities.

The guidelines laid out a series of questions which would be considered when assessing applications to register for personal care to be provided in premises which are currently being, or were formally being used as care home. The questions focus around ensuring that there is a tangible difference between the care formerly given within a residential care setting and that offered as part of supported living. Particularly:

- Separate agreements for personal care and accommodation arrangements
- The level of choice the supported person has over who provides personal care, who they live with, and where they live
- If the residence feels like a home (exclusive space for the person, homely environment, no office equipment or staff areas)
- Actions taken to change the culture from residential care to supported living. If the support and care will feel different for those receiving it.
- Tenants' and family members' involvement in the choice to change the regulated activity
- The residence accommodates a number of people which is appropriate to enable care to remain person centred (while the guidance highlights that this number will vary depending on the needs of individuals, they suggest that it should be a "small number").

### 3.3 “What works” in meeting the housing needs of adults with learning disabilities

#### 3.3.1 Key Messages

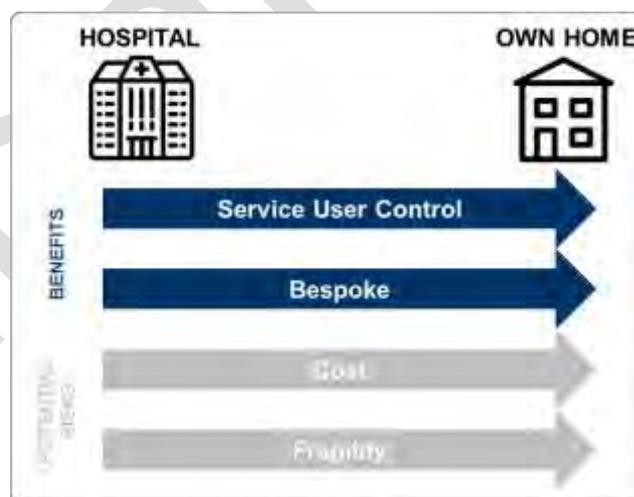
Evidence suggests, and policy dictates, that local authorities should offer a broad range of accommodation and support to people with learning disabilities. This should encompass a spectrum of options from residential care to floating support to live alone independently.

There is evidence that smaller scale residencies, based in the community which offer a higher level of choice and independence result in better outcomes for service users. The argument espoused by the majority of the literature is to move away from away from more institutional services (at the most extreme end being hospitals but also including some versions of residential care) to more bespoke, community based services which offer increased independence and choice to service users.

However, it is important to note that service models which offer these benefits may also have accompanying risks. While there is evidence that, when done well, more personalised services can lead to a reduction in the cost of care, small scale or individual support risks losing the economies of scale available to a larger service, particularly with regards to staffing costs.

Not only this, models which offer more independence and a higher level of bespoke design are often more fragile than more traditional models. Shared lives, for example, relies upon the development and maintenance of a personal relationships, making it more difficult to confidently forecast or to commission.

Figure 4: The benefits and potential risks of preferred service models



Regardless of the type of accommodation or support, a number of general principles appear within the literature. Accommodation should look and feel like a home; adaptations should be designed to be minimally intrusive and décor and architecture should be residential rather than institutional. Locations should be chosen to enable integration with the community, and should be close to family

and friends. In all cases, services should be designed around the needs of the service user.

### 3.3.2 Elements to consider in the Design of Services

#### *Types of services available*

There is evidence that small scale, community based services offer better quality on a range of outcomes than larger, more isolated provision for housing people with learning disabilities (Jones, E., 2013). There is a particular focus on moving from residential care to models of supported living in both guides and academic literature. This change can also be seen in the number of residential care facilities deregistering to become supported housing (National Development Team for Inclusion, 2015). This change is the result of a number of factors, including:

- National and local policy
- Concerns about the sustainability of residential care homes
- Changing expectations of people using services and their families
- More effective use of resources
- Increasing realisation about the limits of choice and control for people who use services in residential care

The focus should be on maximising choice, control and independence, which requires a broad range of models and funding sources. Jones (2013) suggests that making more 'ordinary housing' available with personalised care packages would be of value. National Development Team for Inclusion (2010) suggests that in any one local authority a person with learning disabilities should have access to a variety of supported housing models, and other models of care. These are listed below:

*Figure 5: Supported Housing Models*

Community Living Networks such as the Keyring model	A network of individuals who have a learning disability and who live in ordinary homes near to each other. A volunteer who helps other members with tasks such as reading bills is also part of the group. The group meets up regularly. Members also have access to paid support workers if they need more support. The model focuses on getting members to support each other and use natural community supports.
Extra Care schemes	Individuals have their own flat, which they may rent, part buy or buy outright (depending on the specific model). Residences are usually part of a wider development of flats for people who require support and may have additional communal space. Ideally, the

	groupings are kept small to avoid institutionalisation or stigma from the public. Each individual receives the level of support that they want, which may change over time.
Shared Lives (formerly known as Adult Family Placement)	An individual (or sometimes a small number of individuals) lives in a person's home and receives support and accommodation from them.
Shared supported housing	Shared supported housing is the most common type of supported living. It usually involves each individual having a tenancy within a shared house. Housing and support are arranged separately, so that either can be changed if it isn't working, without affecting the other.

Figure 3: Other support models

Family investment and trust funds	Offer advice and support to families to explore and undertake a range of options for investing money for a person's support
Home ownership on the open market	People to either inherit homes or buy on the open market
Low cost home ownership	Support people to access products including Home Ownership for people with Long term Disabilities (HOLD), Open Market Homebuy, Newbuild Homebuy and shared ownership re-sales, and Family funded shared ownership
Private sector rented properties, in particular via Housing Association Leasing Schemes	Enable people with learning disabilities to access the private rental market and organise any support required to live independently
Public sector rented properties	Work with the public sector to offer a range of rental properties which are appropriate to the needs of people with learning disabilities
Residential care	As part of a broader offering, traditional residential care should be available

Research by the Joseph Rowntree foundation identified benefits and potential disadvantages of some of the different types of support. For example, tenancies with shared communal areas and a dedicated full time support were associated

with “higher overall levels of support and less social isolation, but also less independence”. Conversely, individual tenancies with floating support were associated with “lower levels of support and the potential for greater independence, but also loneliness” (JRF, 2007). These are laid out in Figure 6.

Figure 6: Advantages and disadvantages of different methods of providing housing and support

Shared Tenancies With Accommodation- Based Support	Individual Tenancies With Floating Support
Danger of less individualised support	Fully individual support
24-hour staff cover sometimes possible	Limited number of support hours available each day
Maximum flexibility of support, as staff are always at hand	Difficult to change support hours at short notice
Less privacy/time alone	More privacy/time alone
Less chance of being lonely	More chance of being lonely
Support and housing often managed by the same organisation	Clear separation between landlord and support provider
Potentiality of minimising costs per hour of support	Potentially higher costs per hour of support, because of the need to allow for staff travel time
System suited to the employment of full-time staff - giving greater consistency of support	System suited to the employment of part-time staff - giving less consistency of support

### Personalisation and Supported Living

There is some concern that personalisation, particularly when espoused by government, is coded language for ‘cost cutting’ and particularly as there is a lack of evidence of the positive impact of personalisation on the lives of individuals (Ellis, R., Sines, D., and Hogard, E., 2015).

Not only this, there is evidence that personalisation is a particularly difficult principle to apply to the provision for people with learning disabilities (SCIE, 2009), compared to those who are more independent and can more easily take up choices and control of their support.

However, there is evidence that increased choice for people with learning disabilities in where to live, and who to live with is associated with increased safety and reductions in abuse and neglect (Gardner, J.F, & Carran, D.T., 2005). O’Brien also proposes that offering more choice and independence to people with learning disabilities can enable them to reach a level of independence or capability which was never expected (O’Brien, J., 2003). Perhaps most importantly, research shows that people who have learning disabilities, want to be involved in designing and choosing the services which work for them (Stancliffe, R.J. et al., 2011), (Department of Health, 2013).

Stancliffe et al. (2011) argue that “*policies promoting individualised settings, such as one’s own home or an agency apartment...provide substantially more choice about living arrangements*” than residential care facilities.

One way that this has been made possible in recent years is through supported living, which enables people with learning disabilities to live in their own home, while receiving the support that they require. Supported living has been in operation for more than 15 years, but has become increasingly popular as research and policy have begun to place greater emphasis on ensuring that people who use services are offered greater choice and control (National Development Team for Inclusion, 2015).

Supported living is based upon the philosophy that the individual chooses:

- Who they live with (if anyone)
- Where they live
- Who supports them and how they are supported

Ellis et al. (2015) found in the evaluation of supported living in Southwark that a move from a large scale, block contract to a supported living setting led to “*ongoing improvements in the quality of most people’s lives*”. Proponents of supported living argue that, when it is used effectively, it can be appropriate for people with all types of need, from moderate to profound learning disabilities (O’Brien, 2003).

Another study found that individuals experienced a number of benefits as a result of moving into supported living. These included more space and privacy and increased independence in their activities, access to money, cooking and cleaning, and personalization of their living spaces (Sheerin, 2015).

However, Sines et al. (2012), Sheerin (2015) and Perkins and Berkman (2012) highlight that community living, as opposed to group living can lead to a high degree of isolation. Perkins and Berkman (2012) suggest that this is particularly true for older people, who may be used to living in larger homes and have had less contact with the larger community. Jones (2013) also points out that sharing accommodation does not automatically forge meaningful links between individuals, and cannot be seen as an automatic proxy for friends of choice, suggesting that choosing housemates would help to avoid this.

There is also a risk of residential care services deregistering to become supported living, but continuing to support people in a similar way (National Development Team for Inclusion, 2010). For example, people may be made to live with people they did not choose, or have little choice over the level or type of support that they receive (Duffy, S., 2013). The recently issued CQC guidelines specifically identify this issue, and state that changes in registration will require a significant difference in the service offered.

O'Brien also warns against the assumption that supported living will be less costly than other forms of support (O'Brien, J., 2003), suggesting that cost-cutting should not be the reason for focusing on supported living.

As people are given more choice, in the form of personal budgets, they are moving away from services with fixed levels of support. To adapt to this services will need to offer more flexible, low level, low cost support (National Development Team for Inclusion, 2010) for example:

- Floating support
- Assistive technology
- Home sharers/support tenants
- Live in Carers
- Good neighbour schemes
- Community Living Networks
- Community Schemes

One example of best practice in personalisation is given by The Department of Health:

Advance Support and Hackney Council are working to empower individuals with complex needs to have more independent lives through shared ownership schemes. They have worked with the Tizard Centre at the University of Kent to try to create better support provision for people in Hackney. They also worked with local housing providers to help them understand the particular needs of the people they support.

One individual with complex needs, Xenia, had lived in a series of residential settings, none of which had worked well for her. It took three years to set up the shared ownership scheme. This included a long period to find a suitable property where Xenia could live by herself and time to explain the concept of shared ownership to Xenia's family, who were very involved in the whole process. Xenia's sister has guardianship of her and signed the mortgage on her behalf.

The new set up is working well for Xenia, and adjustments continue to be made to fit her needs as they change.

### *Location*

Research by the Joseph Rowntree Foundation (2007) identified developing links with the community as a problem area, describing people with learning disabilities living in supported housing as dependent on family members for social networks.

They described a risk that supported living can result in tenants who are “*well supported in practical aspects of day-to-day life (self-care, cooking, housework), but socially isolated*”.

Considering whether the location facilitates links with the local community has been seen as increasingly important (Strong & Hall, 2011). In particular, the ability to make friends of choice, rather than relying on support staff to fill this role, or housemates who have not been chosen (National Development Team for Inclusion, 2010). In the cases where locations are more remote, easy access to public transport becomes particularly important.

Another element which may impact the level of integration is the type of neighbourhood. For example, one supported living project, established in Dublin, found that the large number of young adults who commute out of the area for work and were focussed on raising their families meant that the area was very quiet during the day and lacked a strong community (Sheerin, 2015).

It is important to note that in some cases, enabling people using the services to create links with community may require a degree of positive risk taking, which should be considered in the training of staff and support available (Think Local Act Personal & Sitra, 2015).

Jones (2013) highlights the risk of favouring more rural or isolated areas, particularly for people with learning disabilities who have challenging behaviour. The use of isolated locations is attributed in part to avoiding the perceived risk of upsetting neighbours and also because it can be difficult to find more central locations which fulfil needs such as an enclosed garden or space for staff parking. However, the report stresses the importance of trying to facilitate social inclusion and easy access to local amenities, friends and family.

### *Design*

The Department of Health emphasizes the value of smaller, more personalised settings, particularly for people with behaviour which can be described as challenging (NHS England, 2014).

In general, the trend is towards housing which is more like ‘ordinary’ housing (Jones, E., 2013). For example, housing a number of people who might ordinarily live together, in a setting which is homely, without obvious adaptations. Jones suggest that groupings should be in line with the size of an average household (1-3 people), specifying 1-5 as an appropriate grouping. However, it is also important to take into account the potentially higher staffing need of smaller or individual settings.

In the same vein, homes should appear to be as ‘homely’ as possible, with any adjustments to fit specific needs designed to create as little deviation from the norm as possible. For example, toughened glass (Jones, E., 2013) can improve safety, without looking ‘institutional’.

In accommodation which is shared, design must take into account the appropriate balance between private space and shared space, for example, the

use of en suite bathrooms, and the size of common/living rooms (National Development Team for Inclusion, 2010)

In 2015, Kent County Council released specifications for the development of housing for people with learning disabilities which highlighted a number of requirements to make the designs as effective as possible in supporting tenants to lead independent lives. These included:

- Use of visual contrast (e.g. contrasting doorframes and doors, no use of “swirly” prints)
- Ceilings which can hold hoists
- Room layouts which are practical (e.g. straight line from bed to bathroom) and can be easily adapted to specific needs (e.g. room for hoists over beds)
- Sound proof walls and ceilings to account for challenging behaviour

“Essential” and “desirable” features for factors such as room size, number of flats in a building, bedrooms in a house, size of rooms were also clearly specified and made publicly available for potential developers to view (Kent County Council, 2015).

#### *Assistive technology*

A broad range of assistive technology which may be of value to people with learning disabilities is available, including:

- Adapted phones (fewer buttons, pictures)
- Automatic lighting
- Bogus caller panic alarm
- Curtain opener
- Door sensors with voice prompts (record reminders which are played when the door is opened)
- Easy appliances (e.g. washing machines with fewer buttons)
- Epilepsy sensor
- Finger print lock
- Flood sensor
- Magiplug (lets out water if the bath tub is going to overflow or if it’s too hot)
- Medication dispensers

- Panic button
- Telecare phones
- Video entry

There is limited research into the impact of assistive technology on the quality of life or cost of services for adults with learning disabilities. However, one review of a larger telecare study, which included 11 service users with learning disabilities, identified an average annual saving on £20,860 - £23,194 for social care and the NHS and £491-£546 for the NHS (Beazley, M. and Connor, K., 2012). However, it should be noted that this is based on a very small sample size so caution should be taken in interpreting this finding.

A study commissioned by the Department of Health found one service which has spent £10,000 on assistive technology to increase the independence and privacy for 33 people. The investment resulted in a saving of £122,000 from direct staff salaries, and reinvestment of £54,000 back into a mobile night response service thus achieving a net saving of £68,000 (Advance Housing & Support Ltd, 2007).

Another study reviewed the efficacy of a program, Just Checking, which used technology to monitor the level of care given to a sample of 380 service users over 9 local authority areas and with 33 different support providers. The program identified an over provision of care of £1.58 million and an under provision of care of £0.69m. This resulted in an over provision (and potential saving) of £0.9 million per annum (University of Birmingham and KPMG, 2016).

### 3.3.3 The Process of Designing Services

#### *Co-production*

A common theme in guidance materials is the importance of person centred planning, particularly ensuring the people using the service feel ownership of change throughout the process. This includes the development of new services, and personal transitions to new accommodation or a new types of housing support (for example if their accommodation is deregistered).

The Department of Health highlights the importance of directly involving people with learning disabilities and, where possible, their families and friends in designing and delivering services. They provide a case study example of The Health Improvement Partnership project in Norfolk.

The project was put in place to change the way that information about health services is designed, and improve the ways that information is delivered to people with learning disabilities. To do this, the experiences and advice of people with learning disabilities was collected and used to make recommendations.

*“To make sure that there was full co-production, a steering group of people with learning disabilities and family carers*

*was put in place to oversee the project. A series of workshops were planned with a range of commissioners, providers and disabled people to identify the problems and recommend changes.”*

The REACH standards set out a series of standards against which to quality assure services, and ensure that any service provision meets the stands for supporting people to have the lives that they want. These are:

- I choose who I live with
- I choose where I live
- I have my own home
- I choose how I am supported
- I choose who supports me
- I get good support
- I choose my friends and relationships
- I choose how to be healthy and safe
- I choose how I am part of the community
- I have the same rights and responsibilities as other citizens
- I get help to make changes in my life

#### *Partnership working*

The Department of Health highlights the importance of linking with neighbours to share ideas, particularly before developing new services in order to avoid “*reinventing the wheel*” (Department of Health, 2013)

In one example, Swansea, Neath Port Talbot and Bridgend ‘pooled’ budgets to improve local infrastructure and to prevent out of area placements. They have worked together to create contracts based on evidence based practice and ensure that providers share good practice (Andrew and Jones, 2012).

Furthermore, any changes to service provision must be in line with CQC regulations, meaning that it will be important engage with CQC and guarantee this.

### *Costings*

More traditionally, the potential economies of scale have been seen as a major benefit of large residential services for people with learning disabilities. This has impacted the continuing commissioning of a relatively large number of residential places. In a recent review, Laing & Buisson (2011) noted that in some cases, economies of scale did exist. Based on their calculations, a fully occupied 4 bed residence offers an annual net margin of 6.29% (£11,905), whereas an 8-bedroom house offers a return on capital of 13.82% (£98,358)

However, according to National Development Team for Inclusion, recent studies show that well planned supported living can be as cost effective, if not more so, although the report does not give specific details. (National Development Team for Inclusion, 2010). The Association of Supported Living (2011) describe 10 cases where the development of appropriate supported living scenarios for individuals who previously lived in residential homes or hospital settings had a positive impact for the individual and resulted in a reduced cost for the local authority. In total, the savings over the 10 case studies were over £900,000 a year in public money.

In another case, a provider (Choice Support) were able to make savings of £1.17m over five years after moving to a more personalised programme of care, using Individual Service Funds (ISF's). This involved moving from registered care to a more individualised level of support for each individual, within a supported living environment. This was achieved through a number of operational changes, such as changing staff terms and conditions and revising management structure, but also by deregistering care homes, reducing the number of direct support hours and increasing the use of assistive technology (Ellis et al., 2015)

### *Preparing Staff*

When services are changing, the engagement and involvement of staff is vital to a smooth transition and effective ongoing service (Strong & Hall, 2011). Changes in services are likely to involve a greater flexibility in staffing and the potential to aggregate support. Time must be factored in to prepare staff for this, including offering training and support to bring about the necessary 'culture shift'. There should be regular consultation and communication with staff before, during and after any changes (Strong & Hall, 2011).

## 3.3.4 Considerations for specific groups of people with Learning Disabilities

### *Transition*

There is a large amount of evidence that many disabled young people and their families do not receive the support that they need during the transition from children's service to adult services. In one study, Clark et al. (2011) identified that 80% of young people with disabilities (including learning disabilities) felt that they needed but did not receive pre-transition help in relation to current or future housing needs. Three quarters of their parents also felt this way.

Clark et al. (2011) suggests two methods of support which have worked previously to prepare young people with learning disabilities to move into supported housing:

- A two-stage housing scheme where young people start off housed in a residential home where they develop the skills and abilities to live more independently in nearby supported living accommodation
- A transition service worked in partnership with Mencap to offer supported living workshops and place young people in supported living housing for short periods as a “taster”

### *Black and Minority Ethnic Groups*

There is evidence that there are high levels of unmet need in minority ethnic families caring for a person with a learning disability (Kirkpatrick, 2011) (Poxton 2011). This is particularly important as it is the statutory duty of health and social care organisations to ensure that there is equality of access and the uptake of services.

In reviewing services, Poxton (2011) suggests that statutory agencies consider:

- How many people with learning difficulties from BME communities are in out of area placements?
- Are there any plans to develop relevant local services?
- Do these plans connect to overall local housing strategies?
- Do resettlement plans affect people from BME communities?
- Is information and advice readily available? Is it culturally sensitive?
- Are specialist and community based housing providers involved?

Kirkpatrick (2011) notes that there are dimension of culture, religion and language which must be considered when looking to offer services which are attractive and appropriate for minority ethnic service users and their families.

For example, family carers who did not speak English were less likely to be aware of the options available post transition. Not only this, in some cultural groups *“parents expressed concerns about the young person being led astray and disregarding religious beliefs and cultural customs in particular settings”*.

Poxton (2011) suggests that to create effective services commissioners must:

- Identify to what degree the current housing offering is appropriate for BME groups

- Work in partnership with local communities, their organisations, and informal networks to communicate the housing options and what they actually mean
- Address the level of demand for specialist service as opposed mainstream services that are flexible and can fit their needs
- Involve BME organisations in the development and, where appropriate, the provision of services
- Avoid making assumptions about how different BME families and communities behave

### *Old Age*

As the wider population ages, so too does the population of people with learning disabilities (Shaw et al., 2011). People with learning disabilities are living longer, but generally experience the aging process earlier, with health problems such as mobility, hearing and visual impairment evident as early as age 40 (Ruiz et al, 2012). As such, there is a high need to offer housing which supports the needs of older people with a learning disability.

Ellis (2014) argues that, just as for other groups of people, people with learning disabilities value “aging in place”, explaining that remaining at home is linked to a sense of security, as well as access to friends and family, independence and health benefits. However, people with learning disabilities are less likely to be involved in making the decision of where they live. Often the decision to move is made at moment of crisis, when the family carer dies or becomes unable to fulfil support needs.

Many adults with a learning disability and their older parents and carers do not make plans for their future (Bibby, 2013). Bibby argues that this is the result of 10 key factors:

- Lack of confidence in present and future provision
- Difficult relationship with professionals
- Mutual care/interdependency
- Lack of information
- Painful/difficult subject
- Carer purpose and identity
- Carer sense of duty
- Service-user fear of unknown (own abilities)
- Carer concern regarding loss of control

- Service-user unwilling to leave home

Bibby suggests that this can be combatted by reassuring families that planning and leaving home does not mean an end to family involvement and by a long-term focus on improving the relationship between families and services, so that they become more trusted partners. Shaw et al. (2011) highlight the importance of effective partnership working between adult social services for the elderly and those for people with learning disabilities in order to offer an effective service.

If moving into housing, both parents and people with learning disabilities in one study expressed a preference for housing that was in large groups and enabled them to live with their peers, particularly friends. They were opposed to the idea of smaller or individual units, fearing isolation (Shaw et al., 2011)

Janicki (2011) highlights the needs to offer individualised support to people with learning disabilities and dementia, based on the idiosyncratic progression of the disease. In terms of service type, Janicki describes two options. First, linear or 'aging in place', whereby care is modified according to each stage of dementia to allow the affected person to remain in the setting for as long as possible. Secondly, sequential in which homes are set up to support a small number of adults for personalised, long term dementia care (not necessarily specialised to people with learning disabilities). They may move from one placement to the next as their dementia progresses, or the staffing and support are adjusted to reflect their changing needs.

Janicki argues that there is no cost benefit to either type of support, stating that the annual cost of care for adults with dementia averages \$US53,320 (£34,157 at 2010 exchange rate) in ID group homes and averages \$US53,220 (£34,093 at 2010 exchange rate) in assisted living homes (based on research published in 2010, focussed on mainland America).

There is little literature available on the quality of care in each type of support. Instead, Janicki highlights elements of the service design as indicative of quality. For example, size; smaller settings allow people using the service to feel at home, to become more involved in group activities and to become more familiar with staff. He also suggests that physical environment is an important factor. As in the case of all housing, it should provide for privacy and safety, facilitate activities and movement and offer gathering places for interaction.

### 3.4 Conclusion

The literature suggests that there are benefits to offering more person centred, small scale, community integrated accommodation. Common risks such as potential isolation, or an increase in costs must be anticipated and considered in the design and commission of the services. The needs of specific groups such as BME service users and older people must also be considered.

To meet with government and regulation requirements, local authorities must offer a range of accommodation, and support individuals and their families to choose the appropriate support.

Ultimately, services should be commissioned and designed with the needs of service users at their heart, based on the inputs of service users and their families.

final draft

## 4 The current provision of housing in Greenwich

### 4.1 Key Messages

A majority of people who were interviewed as stakeholders or during site visits mentioned three main points about the current provision of housing for people with learning disabilities in Greenwich:

- **The current housing stock used by the services we visited in Greenwich is of variable quality.** There are some examples of properties which are fit for purpose, and others which either need significant adaptation or are no longer suitable for adults with learning disabilities. Issues with houses most commonly surrounded mobility for older service users, the upkeep and repair of buildings and “*institutional*” rather than “*homely*” design.
- **The way that support is planned and people are placed into services is reactive, rather than pro-active.** The majority of family members felt that they and their relatives did not have an understanding of the full range of options available to them. Commissioners, support services and representative organisations all mentioned that there was an issue with placements happening at moments of crisis, and being a case of finding the best place available, rather than long term planning to develop the optimal support for an individual.
- **There has been a reduction in the level of trust between some service users and their families and Greenwich Borough Council.** A previous strategy for housing for people with learning disabilities was viewed very negatively by some service users and family members who felt that they had not been consulted in the process and disagreed with the proposed changes. This has led to a reduction in the level of trust meaning that some families are suspicious of changes and worry that the new strategy will have negative impacts for people with learning disabilities in Greenwich.

### 4.2 Analysis of Data Relating to Current Provision

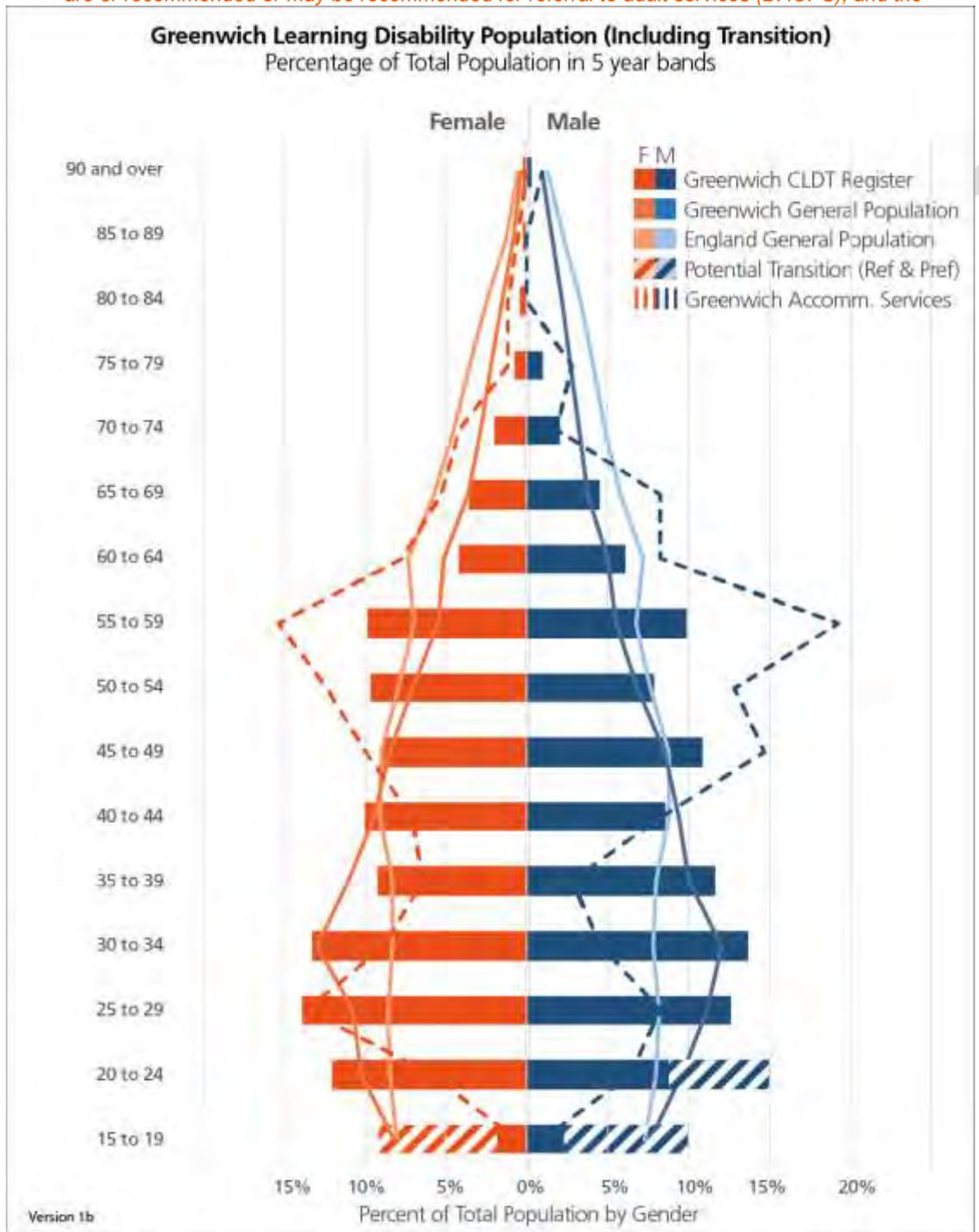
#### 4.2.1 Learning Disabilities Population

There are currently over 900 people listed as having a learning disability in Greenwich (*Snapshot Service Data\_Care Pack - Sept 2016*), of which 95% are on the Community Learning Disabilities Team (CLDT) Register.

Data from Impulse, covering people aged 16 to 21 who are still the responsibility of Children’s services, shows that there are 20 people who are identified as having a learning disability who are recommended for referral to the Department of Adult and Older People Services (DAOPS). There are a further 60 people who are possible referrals.

The chart below shows the breakdown of the learning disabilities population by age, with the national and Greenwich data for the general population shown for comparison purposes.

Figure 7: Learning Disability population in Greenwich, including young people aged 15 to 14 who are or recommended or may be recommended for referral to adult services (DAOPS), and the



*number of people currently using accommodation-based services.*

The CLDT Register provides details on the specific registration category of the people on the register. The most common registration category is Learning Disability (78%), followed by Autism (9%).

The table below shows the CLDT Registration Category for people on the CLDT Register and those defined as having a learning disability on the general client list:

*Figure 8: Clients on the CLDT Register by Registration Category*

CLDT Registration Category	Percent of Clients
Learning Disability	78%
Autism	6%
Downs Syndrome	5%
Autism with severe challenging behaviour	3%
Mental Health	2%
Physical Disability with associated Learning Disability	2%
Cerebral Palsy	1%
Downs Syndrome with severe learning Disability	1%
Multiple	1%
Asperger's	1%
Non Specific Diagnosis ( e.g. unknown or combined)	1%
Hearing Impairment with associated Learning Disability	0%
Tourette's Syndrome	0%
Deaf / Blind with associated Learning Disability	0%
Visual Impairment with associated Learning Disability	0%

The overall average age of clients on the CLDT Register is 41, but the average age of people with Autism is significantly lower, at 27 (33 with challenging behaviours), whilst the age of people with general learning disabilities is 43.

Figure 9: The average age of people on the CLDT Register by Registration Category

CLDT Register Registration Category	Average Age
Hearing Impairment with associated Learning Disability	50
Non Specific Diagnosis ( e.g. unknown or combined)	43
Learning Disability	43
Mental Health	42
Asperger's	38
Downs Syndrome	37
Physical Disability with associated Learning Disability	36
Cerebral Palsy	35
Multiple	34
Downs Syndrome with severe learning Disability	34
Autism with severe challenging behaviour	33
Tourette's Syndrome	31
Autism	27
Deaf / Blind with associated Learning Disability	26
Visual Impairment with associated Learning Disability	25
Average	41

There is some discrepancy between the ethnic backgrounds of Greenwich people with a learning disability when compared to the wider population of Greenwich with the most marked differences between the proportions of the population defined as 'White' where there is a 13.5% variance. People described as Black

or Black British where there is a -8.1% variance and people described as Asian or Asian British where there is a -3.8% variance. In summary there is a strong indication that people from the BME communities are underrepresented in data on people with a learning disability in Greenwich.

Figure 10: Ethnicity of Clients

Ethnicity	% as per LD register	% in accommodation services	% as per 2011 Census summary	Variance from Register
White	76%	85%	62.5%	13.5%
Black or Black British	11%	8%	19.1%	-8.1%
Asian or Asian British	6%	2%	9.8%	-3.8%
Mixed	4%	4%	4.8%	-0.8%
Any Other Ethnic Groups	2%	1%	1.9%	0.1%

The table shows the ethnicity of clients by the CLDT Registration Category

Figure 11: Ethnicity of clients by the CLDT Registration Category

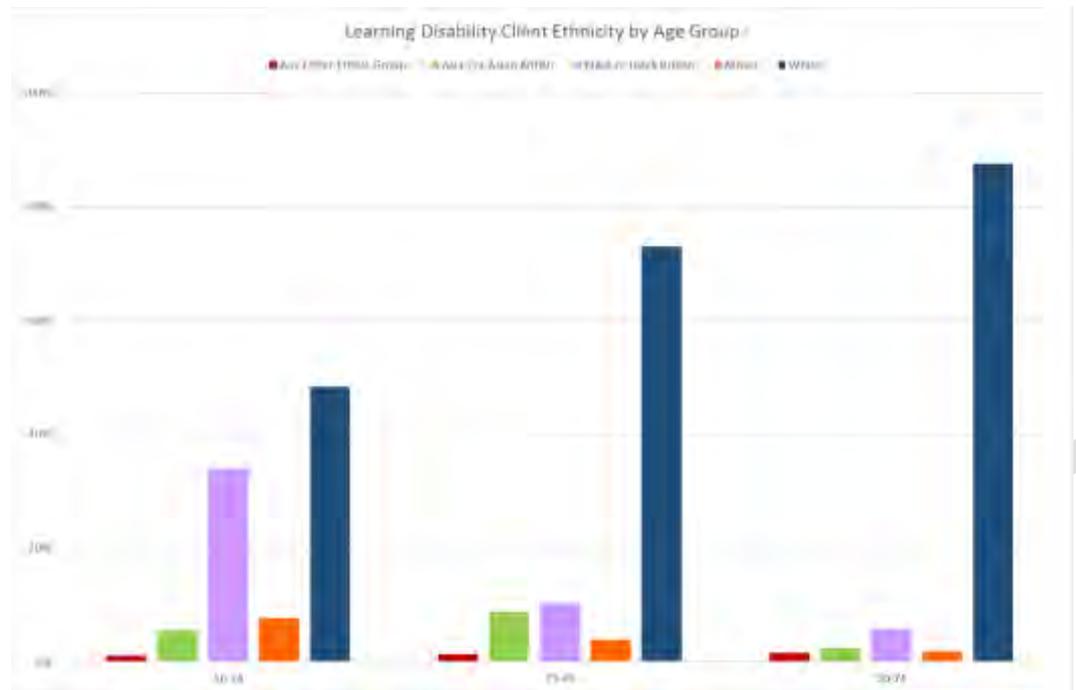
CLDT Registration Category	Un-known	Any Other Ethnic	Asian or British	Black or British	Mixed	Not Stated	White
Asperger's			2%				1%
Autism	20%	7%	4%	11%	12%		5%
Autism with severe challenging behaviour		7%		4%	6%		3%
Cerebral Palsy	10%		2%				1%
Deaf / Blind with associated Learning Disability							0%

CLDT Registration Category	Un-known	Any Other Ethnic	Asian or British	Black or British	Mixed	Not Stated	White
Downs Syndrome		7%	4%	9%	6%	10%	4%
Downs Syndrome with severe learning Disability							1%
Hearing Impairment with associated Learning Disability				1%			0%
Learning Disability	70%	71%	85%	70%	67%	90%	80%
Mental Health			2%	1%	3%		3%
Multiple					3%		1%
Non-Specific Diagnosis (e.g. unknown or combined)				1%			0%
Physical Disability with associated Learning Disability		7%		2%	3%		1%
Tourette's Syndrome							0%
Visual Impairment with associated Learning Disability			2%				

There is a notable different in the ethnic background of the LD population depending on the age group, with a much higher proportion of people with a Black or Asian background in the younger groups, specifically the 18-24 year old group.

The chart below shows the breakdown of the adults with learning disabilities population by age group, covering 18-24 year olds, 25-49 year olds, and 50-74 year olds. The data on the population under 18 and over 75 is too small to provide accurate figures

Figure 12: Chart showing the ethnic background of people by age group



The table below provides the figures used in the chart:

Figure 13: Table showing ethnic background of the population by age group, in percent, compared to the general population (based on 2011 Census data)

	Any Other Ethnic Groups	Asian or Asian British	Black or Black British	Mixed	White
<b>Learning Disability Clients</b>					
18-24	1%	5%	34%	8%	48%
25-49	1%	9%	10%	4%	73%
50-74	2%	2%	6%	2%	88%
<b>Census Data</b>					
16-24	2%	16%	18%	6%	58%
25-49	2%	13%	21%	3%	60%
50-74	1%	6%	5%	1%	86%
<b>Difference between Census and Clients (red shows more CLDT clients compared with census)</b>					
16/18-24	1%	11%	-16%	-1%	9%
25-49	1%	5%	11%	-1%	-13%
50-74	-1%	4%	-1%	-1%	-1%

#### 4.2.2 Learning Disabilities Services

Data from Greenwich for adults with learning disabilities (*Snapshot Service Data\_Care Pack - Sept 2016*) identify over 900 people with learning disabilities, of which 72% receive community services, accommodation services or both.

Figure 14: Percentage of people using support services by type

Service Type	Percent of Clients with an LD
Community	41%
Accommodation	21%
Both	10%
None	28%

Included in the Community-based services are people who use Shared Lives services.

Accommodation services in the data provided are broken down into three types:

- **Supported Living services** – unregistered supported accommodation
- **Residential Care** - Care homes registered with CQC to provide personal care without nursing)
- **Nursing Care** - Care homes registered with CQC to provide personal care with nursing

The table below shows the number of people in each service type (based on *Snapshot Service Data\_Care Pack* data from September 2016).

Figure 15: Accommodation Types by Percent

Accommodation Type	Percent of Clients
Residential	62%
Nursing	1%
Supported Living	38%

Of the accommodation provided, 55% is within Greenwich, and 45% is outside of the Royal Borough boundaries.

For the purpose of this analysis, we have distinguished between Greenwich, Local and Out of Area placements:

- **Greenwich** – placements made within the boundaries of RBG

- **Local** – placements made within the neighbouring authorities to Greenwich (Lewisham, Bromley and Bexley), which are up to 4 miles from the Greenwich border.
- **Out of Area** – these are placements made outside of Greenwich and neighbouring authorities.

The map below shows these areas.

final draft

Figure 16: Boundaries of Greenwich, Local and Out of Area Placements



The table below shows the percentage of placements made within each these areas.

*Figure 17: Type of Placement by Location Type*

	Greenwich	Local	Out of Area
Nursing	50%	0%	50%
Residential	55%	8%	37%
Supported Living	55%	10%	35%
Total	55%	8%	37%

Out of area placements range from 4 to 226 miles from the Greenwich border. The map below shows the location of out of area placements, with local authorities shaded according to the number of out of area placements that they have.

Figure 18: Locations of placements outside Greenwich and local authorities shaded by number of placements

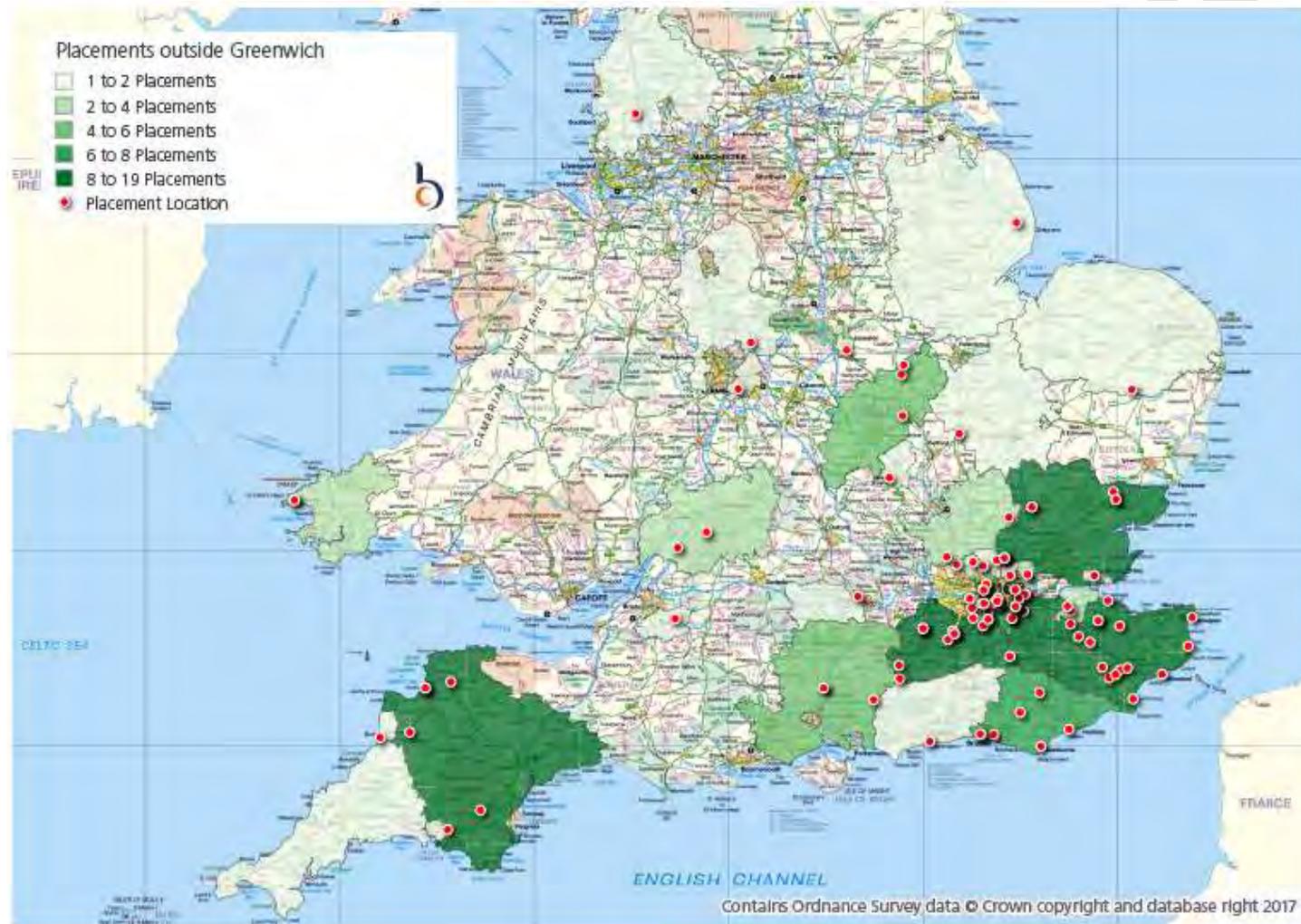
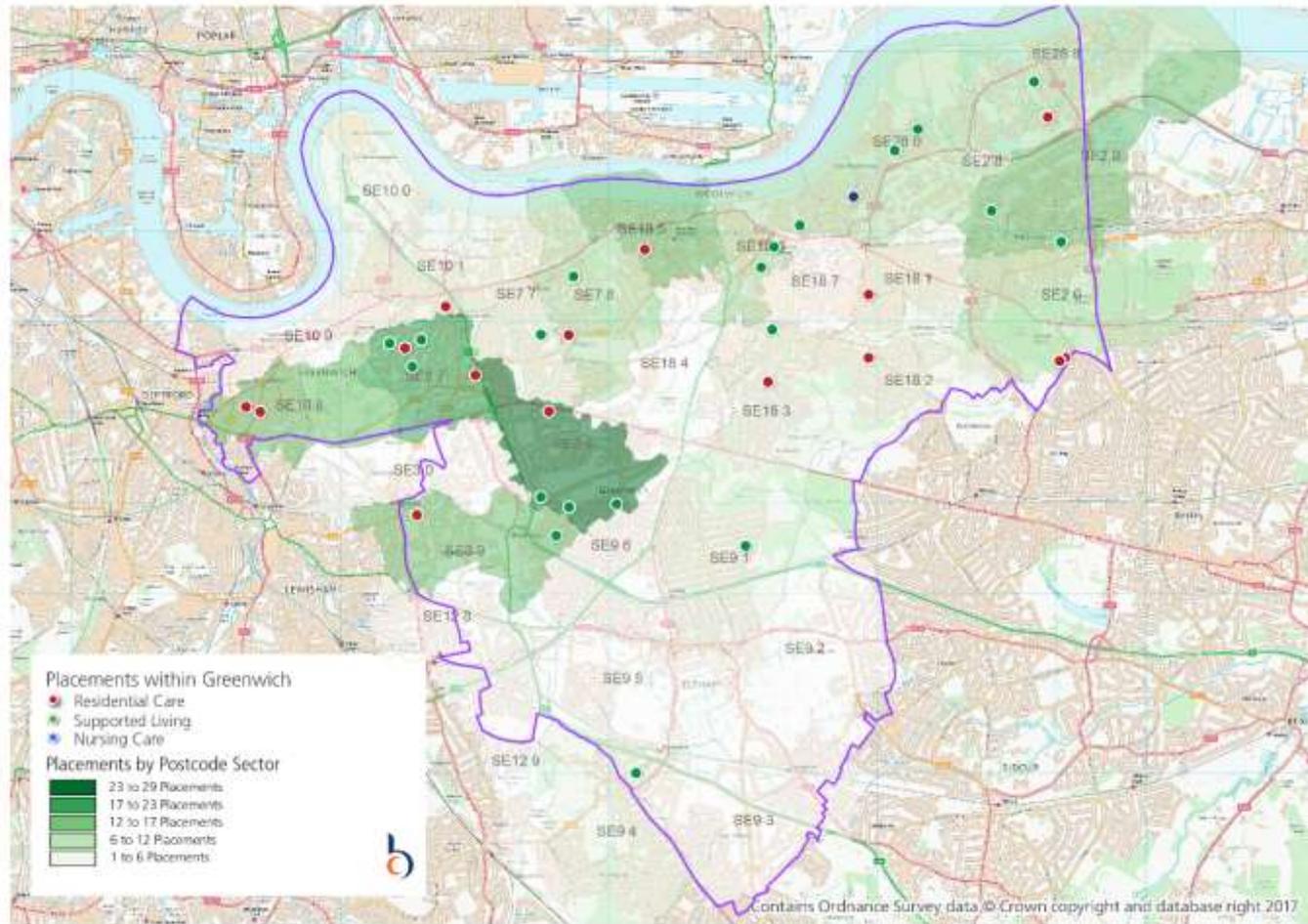


Figure 19 - Out of Area Placements by Type



Figure 20 - Placements within Greenwich by Type (Postcode sectors shaded by total number of placements)



The table below shows the number of placements made outside of Greenwich by distance from the Greenwich boundary and type of service.

Figure 21: Distance from Greenwich by type of accommodation service

Distance (Miles)	Nursing	Residential Care	Supported Living	Grand Total
0 to 4 (Local)		16	20	<b>36 (28%)</b>
5 to 9		11	5	<b>16 (12%)</b>
10 to 19		7	6	<b>13 (10%)</b>
20 to 49	1	27	8	<b>36 (28%)</b>
50 to 99		10	2	<b>12 (9%)</b>
100 to 149		3	2	<b>5 (4%)</b>
150 to 199		4	5	<b>9 (7%)</b>
200 to 300		2	1	<b>3 (2%)</b>
<b>Grand Total</b>	<b>1</b>	<b>80</b>	<b>49</b>	<b>130</b>

When looking at the average distance from Greenwich boundaries for non-Greenwich placements, it appears that people with more complex needs are placed further from Greenwich, including deaf/blind clients, those with mental health problems, people with Tourette's Syndrome, and people with autism and challenging behaviour. This is shown in the table below.

Figure 22: The average distance of non-Greenwich services by the CLDT Registration Category

Registration Category	Average Distance (Miles)	Number of Placements
Deaf / Blind with associated Learning Disability	103	1
Mental Health	101	2
Tourette's Syndrome	90	1
Autism with severe challenging behaviour	82	7
Learning Disability	42	85
Cerebral Palsy	30	3

Registration Category	Average Distance (Miles)	Number of Placements
Physical Disability with associated Learning Disability	23	2
Downs Syndrome with severe learning Disability	23	3
Autism	22	14
Downs Syndrome	19	7
Multiple	3	1

Of the out of area placements, three people are listed as being inappropriately placed, and a further two people are appropriately placed but looking for alternative accommodation.

#### 4.2.3 Accommodation Service Costs

Data from the CLDT provides information on the costs of individual placements. The table below shows the average weekly cost of accommodation services.

Figure 23: Average weekly cost of accommodation services

Service Type	Average Cost
Nursing	£1,339
Residential Care	£1,326
Supported Living	£993

Shared Lives services (classified as a Community-based service) cost £345 per week.

There does not appear to be a significant correlation between the distance of a placement from the Greenwich boundary and the cost of the placement.

Figure 24: Distance from Greenwich and cost of placements

Distance from Greenwich (Miles)	Nursing	Residential Care	Supported Living
In Greenwich	£682	£1,377	£1,032
0 to 4	-	£1,063	£906
5 to 9	-	£1,370	£1,273
10 to 19	-	£1,343	£839
20 to 49	£1,996	£1,311	£756
50 to 99	-	£1,332	£1,081
100 to 149	-	£830	£1,191
150 to 199	-	£1,507	£1,094
200 to 300	-	£701	£1,030

The table below shows the unit cost of care and support services for people with learning disabilities across London boroughs. The data come from Personal Social Services Expenditure and Unit Costs data published by NHS Digital. Unit costs are based on the total expenditure on services divided by the number of users of the service in the year. These figures may be inaccurate for community-based services where levels of service and users vary considerably, so they should be treated with caution and the figures will be different from the average cost of placements based on actual placement data used elsewhere in the report.

Figure 25 - Unit cost of learning disability care and support services from Personal Social Services: Expenditure and Unit Cost data 2015/16<sup>2</sup>

	Domiciliary Care	Residential Care	Nursing Care	Supported Housing	Supported Living
Tower Hamlets	£2,718	£1,864	£2,714	£2,500	£40
<b>Greenwich</b>	<b>£429</b>	<b>£1,781</b>	<b>£2,559</b>	<b>£219</b>	<b>£360</b>
Camden	£851	£1,774	-	-	£511

<sup>2</sup> <http://content.digital.nhs.uk/pubs/pssexpcosts1516>

	Domiciliary Care	Residential Care	Nursing Care	Supported Housing	Supported Living
Richmond upon Thames	£351	£1,713	£1,243	£660	-
City of London	£6,829	£1,695	-	-	-
Lewisham	£1,053	£1,658	£1,452	£1,115	£0
Merton	£2,851	£1,650	£1,198	£65	£155
Hounslow	£446	£1,640	£612	£22	£481
Bromley	£942	£1,586	£1,883	£264	£1,991
Havering	£3,427	£1,511	£1,153	£17	£67
Kingston upon Thames	£120	£1,508	£2,301	-	£273
Islington	£1,429	£1,498	£785	£2,198	£72
Hillingdon	£1,268	£1,497	£2,133	£1,511	-
Barnet	£537	£1,493	£1,726	-	£117
Redbridge	£921	£1,489	£936	-	£242
Croydon	£493	£1,455	£2,019	-	£966
Haringey	£1,052	£1,437	£531	£541	£32
Ealing	£651	£1,424	£891	-	£184
Harrow	£140	£1,392	£948	£1,918	-
Bexley	£386	£1,349	-	£46	£443
Hammersmith and Fulham	£787	£1,338	-	£28	£246
Wandsworth	£132	£1,328	£1,589	£110	£223
Waltham Forest	£306	£1,306	-	£1,032	-
Southwark	£511	£1,303	-	-	£622
Lambeth	£1,103	£1,300	£1,455	-	£370
Sutton	£831	£1,257	£1,853	£67	£530

	Domiciliary Care	Residential Care	Nursing Care	Supported Housing	Supported Living
Newham	£376	£1,217	£523	£1	£210
Hackney	£1,442	£1,202	£838	£36	£432
Westminster	£5,504	£1,176	£1,696	£6	£297
Kensington and Chelsea	£148	£1,120	£2,086	£683	-
Barking and Dagenham	£371	£1,116	£958	£21	£313
Enfield	£637	£1,042	£920	£294	£4
Brent	£384	£1,033	£726	£869	-

### 4.3 Stakeholder Interviews

Cordis bright conducted interviews with stakeholders from 4 different groups, regarding their views on housing in Greenwich now and in the future. These were:

- Council employees with a role in the commissioning of housing for adults with learning disabilities
- Voluntary organisations, active in Greenwich representing people with learning disabilities
- Support providers
- Housing providers

The resulting analysis from groups 1-3 are written up here and in 5.2. The interview conducted with a housing provider (4) has been amalgamated into work conducted by Golden Lane Housing.

As a result, eight interviews and one three-person focus group were conducted. The topic guide used during the interviews is available in Appendix 3.

#### 4.3.1 Council Employees

Cordis Bright interviewed two council employees, both directly involved in the commissioning of services for people with learning disabilities. Both of the council employees were of the view that Greenwich's housing for people with learning disabilities requires significant changes, both in terms of the housing stock, and the way that services are commissioned and provided.

They were both aware of the negative impact of a previous iteration of the housing strategy for people with learning disabilities. They hoped that the more inclusive approach to developing the new strategy would ensure that it was accepted by service users, family members and staff more readily than the previous version, despite knowing that some difficult decisions were going to have to be made, particularly around the potential closure of some residences.

### Current Housing stock

Both of the individuals interviewed considered some of the current housing stock as being no longer suitable for the needs of service users. The needs of service users are changing, both as individual's age or new people come into services, and as good practice is updated and expectations shift.

For example, accessibility was raised as an issue, particularly with regards to the aging population residing in properties. Narrow stairways and corridors and split level floors were all given as examples. They also stated that some of the properties had a more institutional than "homely" feel and that in a lot of cases, the properties needed repair work and upkeep.

Comments about specific residences are recorded in the following table:

Figure 26: Council stakeholder's comments on specific properties

Property	Council Stakeholders' Comments
<b>167 &amp; 169 Lodge Hill</b>	Located in a quiet, peaceful area, but this leaves people very reliant on transport. This suits some people a lot better than others.
<b>69 Coleraine Road</b>	A very nice building but with a number of issues, such as cracks in the walls, and unusable showers.
<b>75 Ashburnham Grove</b>	It is in a nice area, but the building feels more like an institution than a home and is difficult to navigate. A lot of work would be required to update it.
<b>The Gables</b>	The Gables is a priority to change. It has It's a beautiful property with large grounds, but there were questions about its suitability as a home for people with learning disabilities. It is also very expensive to maintain. However, the complex arrangement between the council, the service provider (mcch) and the NHS trust which owns the building have hampered previous attempts to sell the property.

### Housing and support providers

Both stakeholders reported that the "day to day" relationships with housing and support providers worked relatively well. They described regular meetings with providers, but one suggested that these could be used more effectively to ask questions such as:

- What other good practice is there?
- What do you have in other areas which is good? Can we use it here?
- Would you like to be developing more in Greenwich?

The stakeholders suggested that Greenwich could be more proactive in creating strategy and engaging housing and support providers in delivering it. They also suggested that the bureaucracy within Greenwich could be nimbler, making it easier to adapt and develop. For example, a previous project focussed on capital development failed because of the demands from finance.

One highlighted that the largest problems with housing providers was with properties owned by the council or the NHS. For council properties, there has been a reluctance to invest because of the high degree of uncertainty about the future of the properties. However, in some cases there has been minimal investment for over a decade.

Problems with properties owned by the NHS relate to the transfer to primary care trusts five years ago. There are unresolved questions around the transfer of capital assets and the Clinical Commissioning Group's ongoing responsibilities to pay towards rent and care and support costs. The council has contacted the NHS repeatedly but have been unable to get responses to their questions. Currently, mcch, who manage the properties, are not paying rent but are unsure of if this will change in the future.

The Gables property has been particularly challenging. It is held in trust (we are advised) by the NHS, after having been left for the benefit of the people of Greenwich. In the original contract with mcch, the agreement was to sell the Gables and reinvest the capital into other services. However, this has stalled due to the difficulties in "*untangling*" the legal aspects of selling the property.

One stakeholder also described issues with the relationship between the council and some housing providers, with regard to the ongoing upkeep and repair of properties.

In terms of service providers, one stakeholder praised the relationship between the council and a major service provider, mcch, describing it as a "*really good relationship*". However, they also described issues with GLO, particularly surrounding staffing models. The individual described difficult relationships and conflict between managers and staff and trade unions when attempts were made to modernise the way services were run. For example, a manager's attempt to change staff rotas to split up more experienced staff led to trade union involvement and was only resolved after the council became involved.

Another issue raised by both stakeholders was a "race to the bottom" in terms of staff salary as a way to reduce the cost of services. This has had an impact on the quality and retention of staff.

### *The Commissioning of Services*

Both council employees stated that there was potential to be more innovative in the way that services were commissioned. One described how the current process can lead to very “*traditional*” outcomes for people, specifically entering residential care.

In recent years, there has been a shift towards supported living from residential care. At this stage, most of the “*low hanging fruit*” changes have been made, but Greenwich has not yet reached its target of no more than 40% of service users with learning disabilities in registered care. The split is currently around 50:50 between registered care and supported living.

Both of the stakeholders discussed how, with time and a personalised approach, they believed that more people were capable of living more independently - particularly through supported living. One stakeholder explained how the council could make better use of personal budgets to create personalised care packages. The council are in discussions with mcch about moving away from block purchasing of residential care towards supported living.

### *Expectations of service users and families*

The council employees interviewed stated that family members and service users were generally happy with the services that they receive, even in the cases where the stakeholders felt that the services were not appropriate. One interviewee also noted that people do not just value the service, they value the people working with their relatives. They are prepared to put up with a lot of issues because they are satisfied that their relatives are properly supported. The environment is not necessarily their primary concern.

One interviewee also stated that it would be very important to educate service users and family members on the types of options which are available to them, as some may be happy with the services simply because they don't know what else is a possibility.

However, both of the stakeholders interviewed were acutely aware of the negative impact of the previous housing strategy on relations between family members and service users and the council. They stated that the previous attempt had angered some people because they felt that they hadn't been listened to, and that the changes would not have been at a pace which worked for them. People felt that the process was focussed on saving money and stripping back services.

One stakeholder explained that because of the negative feelings created by the previous attempt, there have been only minimal changes to the approach to housing in the intervening period, to avoid further damaging trust. Both saw the new strategy as an opportunity to move on from this and begin carrying out changes in a way which was less objectionable to service users and their families.

#### 4.3.2 Greenwich Living Options (GLO)

Cordis Bright interviewed two representatives within Greenwich Living Options (GLO), Greenwich Council's support provider. The individuals had experience of supported living, registered care and shared lives, all of which are offered by GLO.

Both GLO representatives had mixed views about current housing provision in Greenwich. Considering GLO services specifically, they stated that some properties were in better condition and more fit for purpose than others. Ashburnham, Eliscombe and Charlton Lane were mentioned as having issues.

Both stakeholders were particularly positive about the shared lives service and considered it to be a cost effective and valuable service.

### *The Current Provision of Housing*

GLO runs 3 supported living properties and 6 residential homes, housing 42 people in total. In the past GLO worked in more properties (around 14-15), but these have closed in recent years. Originally the properties were well spread across the borough, but are now concentrated around Woolwich, Charlton and Greenwich.

Both GLO representatives described the variety in the quality of the housing stock used by GLO. For example, some of the properties are "nice and very well maintained", whereas others are no longer fit for purpose, such as Ashburnham which is in a bad condition. Others, such as Eliscombe Road, are not suitable for older people who have mobility issues and Charlton Lane "doesn't flow very well".

Both individuals also valued the location of properties, explaining that a large number were in leafy suburban areas with good transport links. However, two properties (167 & 169 Lodge Hill) are clustered in a learning disability community site which used to be hospital site. The site has become associated with adults with learning disabilities, meaning that although it is pretty it is less desirable as it is less integrated with the community.

They also raised issues about the suitability of accommodation for younger people, highlighting that currently most GLO homes house older people, and would therefore not be attractive to a younger person. The majority of residents in GLO services are also white. One stakeholder highlighted the need to develop services in Greenwich which meet the needs of black and ethnic minority groups, particularly Asian people.

### *Relationships with housing providers*

One GLO representative noted that there have been significant difficulties in the past in pushing housing providers, to pay for repairs or updates to properties. For example, replacing a kitchen in one property took years. The stakeholder explained that the problem stems from ambiguity in the contracts as to whether responsibility fell to GLO or the housing provider. In the past, the council had people responsible for reviewing contracts, but this currently falls to social care managers, who are less adept at ensuring the contracts are satisfactory.

### Shared Lives

GLO's shared lives scheme currently supports 40 people in 35 residencies. Both stakeholders described shared lives as a cost-effective service which offered personalised support to service users.

However, one stakeholder described difficulties finding carers within Greenwich due to the high cost of living and the stagnation in wages for carers (there has been no significant increase in the last 7-8 years). Currently around half of the shared lives placements are out of borough, although the majority are in nearby boroughs such as Kent, Sidcup and Lewisham.

One individual commented that because of the relatively small size of shared lives within the total offering for people with learning disabilities, it was sometimes "lost" among bigger, more complex services which require more focus and energy. They also felt that commissioners were sometimes wary of shared lives because it is less predictable in nature than other services (due to the reliance on finding individuals who want to be carers, and creating the right matches between service users and carers, it is impossible to predict exactly how many placements will be created by investment).

They mentioned that shared lives is growing at a national level, but the growth is based on the fact that some local authorities have "really embraced it". For shared lives to continue to grow in Greenwich requires the support of senior managers and commissioners.

#### 4.3.3 Representative Organisations

Cordis bright conducted interviews with three representative organisations; Greenwich Advocacy, Greenwich Action for Voluntary Service and Mencap. Also one focus group with two employees and one service user from the Greenwich Carers Association.

The level of knowledge which participants had of the housing and support available to people with learning disabilities varied. For example, one charity worked mainly with people with mild or moderate learning disabilities, who generally did not live in residential care or supported living. However, in all cases, the stakeholders were concerned about the impact of the strategy on the care and support that their service users would receive. They were worried that the strategy would result in services being cut and support being reduced, and were looking for reassurance that this would not be the case.

All the individuals interviewed had criticisms of the current provision of housing and support. These centred around two issues:

- That the process to plan housing was reactive and crisis driven, rather than based on long term planning
- The strategy would lead to a significant increase in the use of supported living, which would not offer the level of support which they felt was necessary for their clients.

### Current provision

A stakeholder with significant knowledge of the current housing provision described how the “*name and philosophy*” of services have changed over time, but “*the elements of the old school remain the same*”. They felt that the way that current services (both supported living and residential care) are run does not enable independence (for example teaching people to cook) but rather works in the way which is most practical for staff and the provider.

One stakeholder was particularly worried about the level of support that people who lived in their own flats could expect to receive. They explained that for a lot of people with learning disabilities, tasks such as reading instructions or using the microwave were not possible, making the day to day tasks of living independently very difficult. They described how as a result, some of their clients have very poor diets and become obese. They stated that a better process for defining the level and type of care which is required by each individual is necessary to avoid this.

The majority of the stakeholders mentioned that parents who have children with learning disabilities living at home are worried about what will happen to their children after they die. They worry that there is no long-term planning in place for their future, so they do not know what will happen and they could be left without support or be placed somewhere which is unsuitable.

One stakeholder explicitly described how people are forced to make decisions when something changes. For example when their carer dies, and this results in moving into “*the best home available, not the best home*”. They also described how many of their younger clients would like to move into a house with groups of friends, but that this is very difficult to organise within the current system.

For people with learning disabilities who live independently in council properties, rather than in supported living or residential care, one person interviewed described another set of challenges. These included:

- Difficulty getting repairs done to properties. For example, one client has had a collapsed bathroom ceiling for over three months.
- Fears around safety stopping them from accepting living in some areas where they may be placed by the council
- Inability to conduct the bidding process required to secure a council house

## 4.4 Site Visit Interviews

### 4.4.1 Introduction

This section presents findings from site visits which were conducted at 12 MCCH and GLO properties for adults with a learning disability between December 2016 and January 2017. It focuses on the comments given by service users, family members and staff regarding the current provision of housing. The future

provision of housing is explored in Chapter 5, The future provision of housing in Greenwich.

#### 4.4.2 Service Users

Service users were generally happy with their accommodation. They liked the staff and the house. Most service users lived with people they liked, or at least with people they did not dislike. The largest issues surrounded mobility, a significant proportion were struggling to navigate stairs in homes without lifts, or access baths. Some also struggled to leave the house due to difficulty using public transport or walking on the steep hills around their home, which restricted their access to the community.

##### *Day to day life*

Service users described a broad range of activities that form part of their daily lives, ranging from BMX biking, to picnics, to dance and music classes. The majority of service users chose to go to day centres, others “*prefer to do [their] own thing*”. Service users, particularly those in supported living, often described their role in the day to day running of their homes, for example, helping with the cooking and cleaning or going to the shops to buy groceries.

In all cases, service users had their own rooms. A minority of people chose to spend a lot of time in their rooms, watching TV or sitting quietly. The main attraction to this seemed to be that it was quieter than the communal spaces. Others preferred to spend most of their time in communal spaces.

##### *Relationships between service users*

In the majority of cases where it was discussed, the relationship between service users varied between “*being used to each other*” through to friendship. In one residence, there were examples of residents who did not get along. There were no cases of people choosing who they lived with.

##### *Relationships with Staff*

Without exception, the service users we spoke to appeared to have good relationships with the staff. However, in the majority of cases staff were present during the interviews and in many cases, they were actively involved in prompting or supporting communication with service users.

##### *Choices and Preferences*

The level of choice varied. The majority of residents had some degree of choice over decoration of their rooms, or the whole house. The majority of residents spoke about the activities which they chose to do. However, for a significant minority of residents, there were issues with being able to do the activities that they liked because of a lack of staff time.

### *Positive views*

A significant majority of the service users we spoke with were happy with where they lived. They liked the staff and the people they lived with. Service users who were able to express so, were positive about the homes that they lived in and the activities in which they participated.

Even when issues were apparent, for example, a need for repairs or decoration, service users did not mention it.

### *Negative views*

A minority of residents (who were all older people) described difficulties manoeuvring within their homes, particularly as a result of having bedrooms which were only accessible via stairs. Another mentioned difficulty accessing the bath. Others described having difficulty walking on the street outside, which was steep and narrow or an inability to use public transport

#### 4.4.3 Family Members

Family members had a relatively pragmatic view of the current state of accommodation in Greenwich. They recognised that the accommodation is not perfect. Particularly in the case of older buildings such as the Gables and Ashburnham. There are elements that they dislike, such as the long corridors and stairs. However, for the most part they like the staff and the support which their relative received, and worry far more about the impact of changes in the future than about the current model.

Family members also have a lack of knowledge about other options for their relatives. They were unlikely to have had much choice in where their relatives reside and have not seen other properties within Greenwich or heard much about other types of care which may be suitable (for example, supported living or shared lives). When discussed, they were often suspicious that other models were simply a way for the council to reduce costs and would lead to a lower level of support and increase the risk of isolation.

### *The accommodation*

Family members' views of the accommodation varied. In the cases of The Gables and Ashburnham they recognised that the housing needed significant renovation and repair. For example, new windows or carpets. In other cases, such as Lodge Hill and Arnold House they were happier with the housing.

Unsurprisingly, the newer, purpose built locations such as Royal Hill were viewed as having less issues. Whereas parents with relatives at Ashburnham and the Gables recognised that the lack of lifts, the long corridors and general layout were less than ideal.

Family members were more positive about the location of accommodation. Properties such as Ashburnham and Royal Hill, in particular, were viewed positively by family members because they were on leafy, suburban streets in

“nice” areas. In other cases, family members reported that their relatives lived relatively close by and were easy to visit.

In general, family members had a relatively stoical approach to the accommodation, often describing it as not perfect, but good enough. While they mentioned specific improvements that they would like to see (for example, making it homelier or adding en suites) they were more interested in ensuring that the level of care was appropriate and that services did not close than in significantly changing the design or décor of accommodation.

#### *Care and Support*

The majority of family members were positive about the care and support that their relatives received. They described the support workers as caring and explained how the service users had built trusting relationships with them.

The main issue which came up was about continuity of care and quality/quantity of communication relatives received. Turnover in staff meant that there were often staff who did not know their family member’s needs and communication with relatives was hindered. Some family members also noted a shortage of staff, which had affected the service users’ ability to do things such as go out as much as they would like.

#### *Choice and Control*

In almost all cases family members had not been aware of alternative choices of housing when being shown accommodation being offered. Consequently, there was less choice or control about where their relative lived. For the most part, they had very little idea of what other options were available within Greenwich or elsewhere.

Family members also felt as if they had very little control or choice in the future of their family member’s care. They feared that services could be closed down at any time, leaving their relative with nowhere to live, or being forced to move somewhere they did not choose or like.

#### *Relationship with the council*

The majority of the family members interviewed had a very negative view of the council and the process of developing or changing the housing strategy. This was mainly based on the previous accommodation strategy, which they reported was poorly thought out and badly handled. They fear that any changes in the strategy mean that their services may be closed, leading to high level of change and uncertainty for their relatives.

#### 4.4.4 Staff

Staff were more aware of the issues with the current accommodation than either service users or family members. This may be because they are the most likely to experience or notice the problems which result from issues with the building,

location and upkeep or because they are more aware of best practice and other options for housing people with learning disabilities.

The biggest issues that they raised were around mobility and the changing needs of service users. The majority of the sites visited supported older people, who were struggling, or likely to soon struggle with activities such as climbing stairs or getting in and out of baths. GLO<sup>3</sup> in particular also experienced problems surrounding the upkeep of properties. Repairs were slow, and there were often difficulties in getting some landlords to carry out repairs.

Staff also reported that the process to organise support did not always result in service users being placed in the most appropriate homes. Staff who reported this suggested that the process needed to be more long term, rather than a response to an immediate need, such as a carer dying. They also suggested that compatibility needed to be more strongly considered in the process and service users and their families needed to be made more aware of the different options for support available to them.

### *Quality of the Buildings*

Staff's views of buildings fall into two broad groups: (1) those who reported that the services were inappropriate for the current or future needs of current service users and would need very significant adaptation, and (2) those who stated that the residences that they worked in were generally fit for purpose, but that there were small adaptations which could make them better.

Examples of homes which were seen as inappropriate for service users' needs included:

- Staff at Royal Hill felt that the open plan layout of the building was not working for some service users as it meant that there was no quiet space outside of bedrooms.
- Staff at Erindale described significant issues with the service users all sharing one bathroom and the small size of bedrooms.
- Staff at the Gables reported that the building was inappropriate for use as a residential home for people with learning disabilities due to the number of stairs, long narrow corridors, the small bedrooms and institutional feel.

Staff at residences such as Charlton Lane and Wilmount Street were generally more positive about the buildings, describing them as generally fit for purpose. They suggested specific improvements such as wider doorways at Charlton Lane, or a second lift at Wilmount Street.

The issues most commonly mentioned by staff were mobility and space. In the majority of the residences visited, the service users were middle aged or older.

---

<sup>3</sup> Greenwich Living Options – Support Provider run by Greenwich Council

Staff were aware that residents or tenants were either already experiencing issues with mobility, or likely to in the near future. This included:

- Struggles with stairs in properties without lifts
- Difficulty accessing baths and showers
- Mobility outside the property, such as steep hills or pavements which are not suitable for wheelchairs

In some cases, staff reported that adaptations such as lifts or rising baths would be enough to enable residents to remain the property. In other cases, for example, Elliscombe and Coleraine, staff stated that it was likely that the residence would not be appropriate for service users as they aged and should probably only be used for service users without mobility problems.

In terms of space, staff often reported that there was not enough space for wheelchair users, for example, wheelchairs being stored in the lounge rather than bedrooms because of a lack of space, or doorways which were too narrow for wheelchairs. Space more generally was also an issue in some houses. For example, specific rooms being very small and therefore difficult to fill with residents, or communal areas which were too small to fit everyone with their wheelchairs.

On the other hand, staff also mentioned some positive elements about residences. When houses had lifts or en suite bathrooms, staff often highlighted the positive impact. Garden space was also highlighted as a benefit.

### *Upkeep*

The level of upkeep was raised as an issue in the majority of site visits. There were two main elements. First, specific repairs ranging from replacing lightbulbs to fixing roofs and windows. In the majority of cases (both GLO and MCCH) where repairs were discussed, the process was described as slow and infuriating. For example, a broken garden wall at Elliscombe took over a year to be mended. The windows at Ashburnham have required replacement for some years, but this has been repeatedly delayed due to uncertainty about the future of the property.

In the case of GLO properties, staff often attributed the problems to a specific housing provider. They described issues with the process to request repairs, which sometimes required that the service contact contractors directly, as well as problems with the repairs themselves. For example, one house had been having problems with the showers for months, another was having ongoing issues with the heating. The procurement process to replace items was also described as slow.

Similar problems were also described by some mcch<sup>4</sup> properties. For example, at Wilmount Street, the housing provider A2 Dominion<sup>5</sup> were described as slow to address issues.

The other element of upkeep which was often mentioned by staff was cyclical maintenance. Staff reported that there was too little investment in the ongoing upkeep of the property, for example, redecoration of communal areas or the refurbishment of bathrooms or kitchens. In many houses, staff were unsure of when this was last done. They described the properties as “run down” or “in need of some TLC”. There were some exceptions to this, for example, the staff at Charlton described how it was redecorated every 5 years, with inputs from the service users.

Whilst there were issues with maintenance there was evidence that there had been investment in providing level access and specialist bathroom equipment; in response to the needs of aging residents.

### *Location*

Most staff were positive about the location of services. They were generally described as close to the community, offering access to shops, healthcare and activities. In some cases, there were issues with mobility, for example, the steep hill outside of Elliscombe Road, which were difficult for older residents to climb, and the bad pavements around Charlton Road, which were difficult for wheelchair users.

### *Organising housing support*

Views on the way that support was organised varied. Some described the process as thoughtful and thorough, and stated that it ensured that service users were placed in the right residence for them. Staff at a significant minority of the residences mentioned problems with the current process to organise appropriate accommodation for people with learning disabilities. Based on their personal experience of filling empty rooms they often raised concerns that the process did not give service users enough choice over where to live. They also described the importance of “fit within” the house, and in some cases reported that they had had to actively push back against the council to stop people who would not fit with the service being placed there. For example, a young man being placed in a service filled with middle aged and older men.

On the other hand, some residences had rooms which they had been unable to fill for significant periods of time. For example, at Coleraine Road. Smaller bedrooms in some locations were vacant for some time and staff felt they would probably never be let.

---

<sup>4</sup> Support Provider

<sup>5</sup> Social Housing Provider

A small number also questioned whether there were enough services for younger people. They described how the needs of younger people were likely to be different, for example, the need for Wi-Fi, the willingness to use assistive technology and more access to the community. They reported that there were significantly more places which were appropriate for older people, and not enough for young people.

### *Level of Support*

For the most part, staff were positive about the quality of the care given to service users. In some cases, the staff reported that service users were not able to live life as independently or fully because of the level of support. For example, at Royal Hill some residents would like to be out in the community more, but reported that there were not enough staff to support them. Some properties had a dedicated vehicle which was not used as frequently as it could be due to lack of qualified drivers.

Some staff also flagged that service users' needs were likely to increase in the future, for example, as dementia progressed or mobility reduced, and that the level of care required was likely to increase in the near future.

#### 4.4.5 Site Specific Feedback

To better understand the current services, the key points from interviews at each site are detailed in the table below. The content is based purely upon feedback given by service users, family members and staff at each location and as such, is based upon personal opinions. The level of detail varies significantly based on the number of interviews conducted and the depth of the interviews that we were able to achieve.

Property	Type of Care	Positive Aspects	Negative Aspects	Suggested changes/improvements in the future
<b>10 &amp; 14 Wilmount Street</b>	MCCH Supported Living	<ul style="list-style-type: none"> <li>The building has positive aspects such as the garden, individual bathrooms, and homely decoration.</li> <li>The service users get on well.</li> <li>Some service users have grown in independence since moving to Wilmount Street from registered care.</li> <li>Very central for access to shops and other facilities</li> <li>A lift in one of the two adjacent properties</li> </ul>	<ul style="list-style-type: none"> <li>There may be mobility issues for tenants on the first floor as they age and begin to struggle with the stairs.</li> <li>The housing provider, A2 Dominion can be slow to fix issue.</li> </ul>	<ul style="list-style-type: none"> <li>A lift for the 'other' semi</li> <li>Improve the speed at which things are fixed</li> </ul>

Property	Type of Care	Positive Aspects	Negative Aspects	Suggested changes/improvements in the future
<b>101 Royal Hill</b>	GLO Registered care	<ul style="list-style-type: none"> <li>The building is spacious and wheelchair accessible, including a wheelchair accessible lift to the upstairs bedrooms.</li> <li>Each room has its own bathroom with a shower.</li> <li>There is a garden which residents enjoy in the summer.</li> <li>The house is well located, close to the shops, the pub and Ashburnham.</li> <li>Service users decorate their own rooms, and are asked about decoration for communal areas.</li> </ul>	<ul style="list-style-type: none"> <li>The house is not very homely, it feels like an institution</li> <li>The layout does not work for residents - the only space outside of the bedroom is a large kitchen diner, where everyone is grouped in together - there needs to be quiet room for people to "do their own thing". This is particularly important as the environment is often noisy and some residents are very sensitive to noise.</li> <li>The area is residential, meaning that service users must use a car or minibus to get to activities and places of interest.</li> <li>It is very hard to manage repairs and upkeep with one particular housing provider. For example, there have been a lot of issues with the showers which are still not fixed. At one point, there were so few working lightbulbs that it became a safety risk.</li> <li>The whole location is wheelchair accessible, but</li> </ul>	<ul style="list-style-type: none"> <li>Create a more welcoming and homely feel (this may require a differently designed building).</li> <li>Add more sensory aspects, particularly for autistic service users (for example, textured walls).</li> <li>A rising bath for residents who struggle to use the shower.</li> </ul>

Property	Type of Care	Positive Aspects	Negative Aspects	Suggested changes/improvements in the future
			most of the residents do not need this - some staff question whether the house could be better used supporting people who had mobility difficulties.	

Property	Type of Care	Positive Aspects	Negative Aspects	Suggested changes/improvements in the future
<b>1-3 Samuel Close</b>	MCCH Registered care	<ul style="list-style-type: none"> <li>The building is well maintained</li> </ul>	<ul style="list-style-type: none"> <li>There are some issues with accessibility. The bungalows are not designed for larger specialist wheelchairs and the bedrooms and bathrooms are quite small for service users who have high needs. Some of the door thresholds are not level access, leading service users to trip.</li> <li>No 1 is occupied by up to seven people with autism and challenging behaviour. Having so many people together in one shared has been causing friction.</li> <li>No.1 there is a lack of separate spaces to do activities</li> <li>No.1 The vacant bedroom is small and hard to let.</li> <li>No 1 can also get very cold in the winter.</li> </ul>	<ul style="list-style-type: none"> <li>Bigger rooms.</li> <li>Wider doorways.</li> <li>Turning areas for the wheelchairs.</li> <li>Stop using the smallest bedroom as nobody wants to live there.</li> </ul>
<b>167 Lodge Hill</b>	GLO Registered care	<ul style="list-style-type: none"> <li>Staff think this may be the only location in the borough which specialises in elderly and high support needs.</li> <li>The location is quiet and peaceful, and some residents have family nearby. There is a</li> </ul>	<ul style="list-style-type: none"> <li>The largest issue is with space. The lounge/dining room is too small to fit everyone and their chairs. The doorways are too narrow for the wheelchairs and to move trolley beds in and out of rooms. The staff sleepover is</li> </ul>	<ul style="list-style-type: none"> <li>A second lounge or sensory room.</li> <li>More space for activities in the house.</li> </ul>

Property	Type of Care	Positive Aspects	Negative Aspects	Suggested changes/improvements in the future
		<p>new wet room, which has made a big impact.</p> <ul style="list-style-type: none"> <li>The service shares a handyman with a day service and he has been able to do some redecoration recently.</li> </ul>	<p>a fold out bed in the office.</p> <ul style="list-style-type: none"> <li>The location is also isolating as there is no community nearby (it is on a hospital site).</li> </ul>	
<b>169 Lodge Hill</b>	GLO Registered care	<ul style="list-style-type: none"> <li>Unlike other properties, the staff at Lodge Hill described a specific housing provider which had received criticism elsewhere as prompt with repairs.</li> </ul>	<ul style="list-style-type: none"> <li>As with 167, the largest issue at 169 is space. There is not enough space in the dining room and the rooms are relatively small for a wheelchair user.</li> <li>As with 167, the location is also an issue because it is not a normal residential area (on a hospital site).</li> </ul>	<ul style="list-style-type: none"> <li>A second lounge.</li> <li>As people age they will need ground floor rooms.</li> </ul>
<b>58 The Village</b>	GLO Registered care	<ul style="list-style-type: none"> <li>The location is good, close to local shops where the service users are known.</li> <li>There is a lift to the first floor (this does not serve the second floor).</li> </ul>	<ul style="list-style-type: none"> <li>It is hard to involve service users in choices about the house because everything comes from a pre-agreed procurement list.</li> <li>There are ongoing issues with the heating on the top floor.</li> </ul>	<ul style="list-style-type: none"> <li>En suite bathrooms.</li> </ul>

Property	Type of Care	Positive Aspects	Negative Aspects	Suggested changes/improvements in the future
<b>30a Charlton Road Blackheath</b>	GLO Supported Living	<ul style="list-style-type: none"> <li>The building is fit for purpose. It is over one floor and has wide hallways and doorways and large rooms.</li> <li>The building is redecorated regularly and service users and their families are consulted about the decoration.</li> <li>The location is also good as it is close to the GP and shops.</li> <li>The residents get on well, and fit is strongly considered if new people are moving in.</li> </ul>	<ul style="list-style-type: none"> <li>There are high work surfaces in the kitchen which mean that the service users, who all use wheelchairs, cannot use them.</li> <li>The pavements around the house are bad, which makes pushing wheelchairs difficult.</li> </ul>	<ul style="list-style-type: none"> <li>Widen some doorways.</li> <li>Assistive technology such as doors which service users could open themselves and hot water dispenser so that they could make their own hot drinks.</li> <li>The service users are getting older. Staff will need training on dementia and end of life care to support them.</li> <li>A sensory garden or room.</li> <li>Improvement to the surrounding pavement surfaces.</li> </ul>
<b>69 Coleraine Road</b>	GLO Supported Living	<ul style="list-style-type: none"> <li>All the bedrooms have a shower or sink. However, the showers are not used.</li> <li>Resident are supported to make decisions about the decoration of the home.</li> <li>There is also a garden, which service users help to weed and keep tidy.</li> <li>The location is close to shops, the cinema, pub, cafes and the GP, although it may become less practical as residents</li> </ul>	<ul style="list-style-type: none"> <li>The building is not fully fit for purpose, as the bedrooms are too small for hoists and there is no lift.</li> <li>As a result of accessibility issues there has been difficulty filling rooms.</li> <li>Repairs are slow, for example, the showers in some rooms do not work.</li> <li>There is also no cyclical maintenance of the property. The property looks tired and</li> </ul>	<ul style="list-style-type: none"> <li>Adaptations to support residents as they become less mobile (e.g. a stair lift).</li> <li>Redecorate the property.</li> <li>New carpets</li> <li>Purpose built, en suite bathrooms</li> </ul>

Property	Type of Care	Positive Aspects	Negative Aspects	Suggested changes/improvements in the future
		<p>become less mobile.</p> <ul style="list-style-type: none"> <li>• Service users get on well, and some have family nearby who visit.</li> </ul>	<p>requires a refresh.</p> <ul style="list-style-type: none"> <li>• The transport links are not very good.</li> <li>• On a steep hill</li> </ul>	
<b>75 Ashburnham Grove</b>	GLO Registered care	<ul style="list-style-type: none"> <li>• The building is split into separate flats, allowing residents to have personal space, as well as enjoying shared areas.</li> <li>• There is also a large outdoor space which is looked after by volunteers.</li> <li>• The location is particularly good. It is residential, leafy and safe but close to shops, swimming pool, cinema, sports centre and Royal Hill.</li> <li>• Many of the residents have lived with each other for a very long time - they are used to each other, and some enjoy each other's company.</li> <li>• Some residents have family</li> </ul>	<ul style="list-style-type: none"> <li>• The building requires serious upkeep, for example, the windows need replacing. This has been put off repeatedly as the council does not want to spend the money if the service may close.</li> <li>• The stairs are hard for some residents to manage.</li> <li>• The layout is winding meaning that it is easy to get lost and staff have to spend a lot of time moving around the building.</li> <li>• Although split up into separate areas it feels like one large home and has an institutional feel</li> </ul>	<ul style="list-style-type: none"> <li>• Add en suite bathrooms.</li> <li>• Add lifts.</li> <li>• Create a more homely atmosphere.</li> <li>• Add a quiet room.</li> <li>• A lot of repairs to the building, for example, the roof and windows.</li> <li>• Family members would like for the building to be updated. They worry that if it was knocked down and something better was built on the site that they would have to move out and back in, meaning two separate disruptions and new environments.</li> <li>• The residents are aging and find it more and more difficult to</li> </ul>

Property	Type of Care	Positive Aspects	Negative Aspects	Suggested changes/improvements in the future
		living nearby who visit them.		navigate the stairs and use the bath, however family members stressed that adaptations should be made (e.g. moving to ground floor flats) to allow them to keep living at Ashburnham as long as possible.

final draft

Property	Type of Care	Positive Aspects	Negative Aspects	Suggested changes/improvements in the future
<b>99 Elliscombe Road</b>	GLO Supported Living	<ul style="list-style-type: none"> <li>• Service users have a lot of choice and control over the house, for example, they have complete choice over how their rooms are furnished and decorated and are very involved in cooking and cleaning.</li> <li>• The location allows the service users to access the community, and to be very independent if they want to be. Some service users live near friends who they visit regularly.</li> <li>• There is a garden.</li> <li>• The service users get on well and enjoy each other's company.</li> </ul>	<ul style="list-style-type: none"> <li>• There are issues with mobility, particularly because the residents are older people. The building is not at all wheelchair accessible and has a very steep hill outside. The house has steep, narrow stairs which would not be appropriate for a stair lift. The kitchen is over two levels, and there are steps leading down to the garden, which are becoming difficult for some service users to navigate.</li> <li>• The service users share 2 bathrooms between four, which is currently causing no problems</li> <li>• The building is a little run down. There is no money to redecorate and no planned maintenance. One specific housing provider can be slow to conduct repairs (for example, a broken wall in the garden took over a year)</li> <li>• The office doubles as a sleep-in room - it is small and filled with files and paperwork.</li> </ul>	<ul style="list-style-type: none"> <li>• A stair lift.</li> <li>• It is likely that the residents will have to leave the property when their mobility reduces.</li> <li>• There may be issues with sharing bathrooms in the future.</li> </ul>

Property	Type of Care	Positive Aspects	Negative Aspects	Suggested changes/improvements in the future
<b>Arnold House</b>	MCCH Registered care	<ul style="list-style-type: none"> <li>The building has lifts and is split up into four 5bed flats.</li> <li>The location is good as it is close to buses and shops. However, one family member suggested that residents were not able to make the most of this as there often were not enough staff to go out.</li> <li>Some service users have family nearby, who they visit regularly</li> <li>Some residents are considered part of the community and have a positive relationship with local shops and are involved with the local church.</li> <li>The site has a training room and a large garden.</li> </ul>	<ul style="list-style-type: none"> <li>The look and feel of the building is institutional, for example, the front of the building has a turning circle for vehicles and does not look at all homely.</li> <li>Some of the bedrooms are small.</li> <li>There are some maintenance issues, for example, two cookers are broken</li> <li>Family members reported that residents were not friends with each other and one family member stated that their relative was not being challenged enough to develop or maintain skills. For example, service users not involved in cooking or cleaning, when some have the ability to do so.</li> </ul>	<ul style="list-style-type: none"> <li>Add en suite bathrooms.</li> <li>A more specialist approach to vision impairment.</li> <li>Block off the turning circle at the front of the building.</li> <li>"Spruce up" the front of the building to look more homely.</li> <li>Decorate the building in a homelier manner involving the input of residents.</li> <li>Adaptations to enable people to remain in the residence as they age.</li> </ul>

Property	Type of Care	Positive Aspects	Negative Aspects	Suggested changes/improvements in the future
<b>Erindale Terrace</b>	MCCH Registered care	<ul style="list-style-type: none"> <li>• Some service users have family members nearby, who visit regularly.</li> <li>• The location is good because it is near the GP, day centres and shops.</li> <li>• MCCH are relatively quick at repairing things.</li> </ul>	<ul style="list-style-type: none"> <li>• There is an overall issue with space. For example, 1 bathroom and shower between all the service users, which can be a problem when they all have to get ready in the mornings to go to day centres and there is no space for staff "down-time" as the staff room only fits 2 people.</li> <li>• The site also requires some alterations to be fit for purpose. For example, the garden is not safe for service users to use, the bath is also unsafe so a shower trolley is used instead.</li> <li>• The bedrooms and communal areas are "tired" as they have not been decorated in years.</li> <li>• There are 2 waking night staff, although staff do not usually need to respond to service users at night.</li> </ul>	<ul style="list-style-type: none"> <li>• A staff area.</li> <li>• Easy access doorways for wheelchairs of all sizes.</li> <li>• Better garden facilities.</li> <li>• Proper baths/showers (either en suite, or a suitable number for residents to share).</li> </ul>



Property	Type of Care	Positive Aspects	Negative Aspects	Suggested changes/improvements in the future
<b>The Gables</b>	MCCH Registered care	<ul style="list-style-type: none"> <li>The building is large, so residents are able to enjoy quiet space if they wish. They are able to choose their rooms and decorate them as they wish.</li> <li>One bedroom is en suite.</li> <li>There is also a large garden which service users enjoy using and parking space for the mini-bus.</li> <li>Most of the residents get on, and if they do not, there is plenty of room to avoid each other.</li> <li>The location is close to the shops, bus stop and GP and some residents have family nearby.</li> </ul>	<ul style="list-style-type: none"> <li>Staff are clear that the building is old and not suitable for all of the service users. For example, some residents struggle with stairs (there is no lift and many of the bedrooms are on the first floor) and some residents struggle to get in and out of the baths.</li> <li>Some of the bedrooms are too small. For example, one of the few ground floor bedrooms that is vacant is not big enough for a wheelchair and hoist.</li> <li>Although there are different 'flats' everyone can wander through other people's flats (not bedrooms)</li> <li>There is a second floor not utilised- just used for archiving paperwork.</li> <li>The garden is very large and is not well maintained.</li> </ul>	<ul style="list-style-type: none"> <li>Significant modernisation is required</li> <li>Walk in showers rather than baths.</li> <li>More ground floor accommodation for residents who become unable to use the stairs due to age related mobility issues.</li> </ul>

## 5 The future provision of housing in Greenwich

### 5.1 Key Messages

In general, service users, family members and staff were more concerned about future changes to services than stakeholders, particularly if they may include the closing of services. Whereas stakeholders were more likely to view the closing or significant adaptation of some existing services as a necessary part of improving the offering.

However, in terms of the types of services offered, and the way that support is planned four key topics emerged in discussions about the future provision of housing with stakeholders, service users, families and staff:

- **The more innovative use of resources to create services which are more flexible and person centred.** This included increasing the usage of services such as shared lives and keyring schemes and building more properties like those recently opened on Granite street (which contain self-contained flats with room for carers integrated within larger, newly built housing developments). However, family members, staff and representative organisations also noted that it was important to ensure that individuals received the right level of support to live successfully in such settings.
- **A broad range of options**, and the ability to move between options as an individual's needs change. For example, as they get older or as they transition and develop the skills to become more independent.
- **Forward planning to identify or develop the right support for individuals.** Moving away from finding placements for people only when an immediate need arises (for example a carer dies) towards long term, holistic planning throughout an individual's life, linked in with other areas of support, such a day services.
- **An open relationship between the council, service users and their families**, whereby they have a clear understanding of all of the options available and how to access them. And any changes in the offering are developed considering the views and needs of service users and their families.

### 5.2 Data Analysis Relating to the Future Demand for Accommodation-based Services

There are a number of sources of future demand of accommodation-based services:

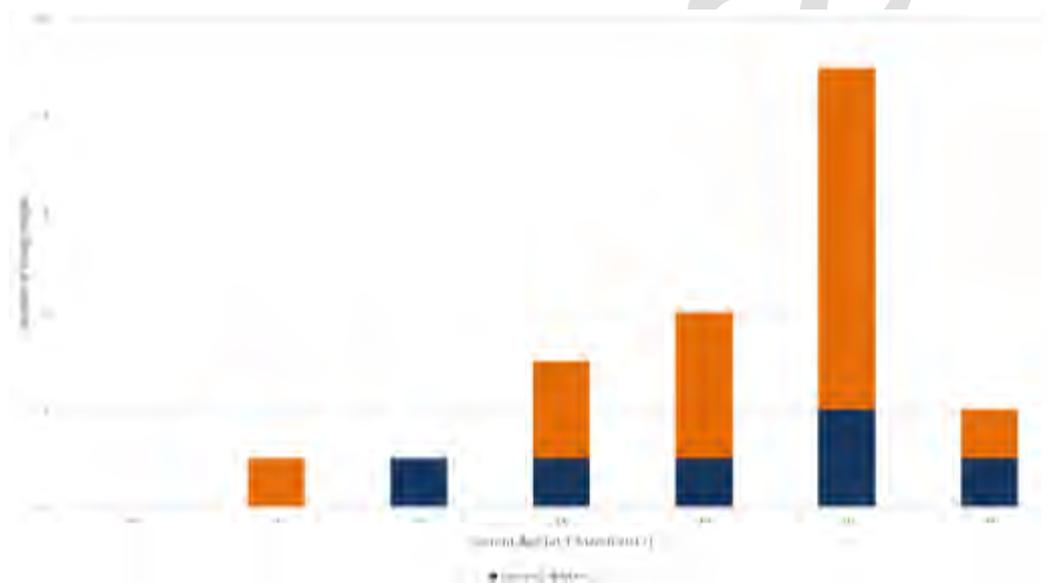
- Young people transitioning to adult services – these are people aged 18-21 who will be entering adult services.
- Existing adult service users living with an ageing parent/carers

- Increasing support needs arising from the ageing process
- People currently placed in inappropriate out of area placements being brought back into the Borough
- There will be a short term increase in demand for accommodation-based services due to a larger older population combined with younger people requiring accommodation-based support, although the two groups will have different housing needs, particularly in terms of young people with autism / ASD

### 5.2.1 Young People

20 young people with learning disabilities are recommended for referral to the Department of Adult and Older People Services (DAOPS), with a further 60 people as possible referrals.

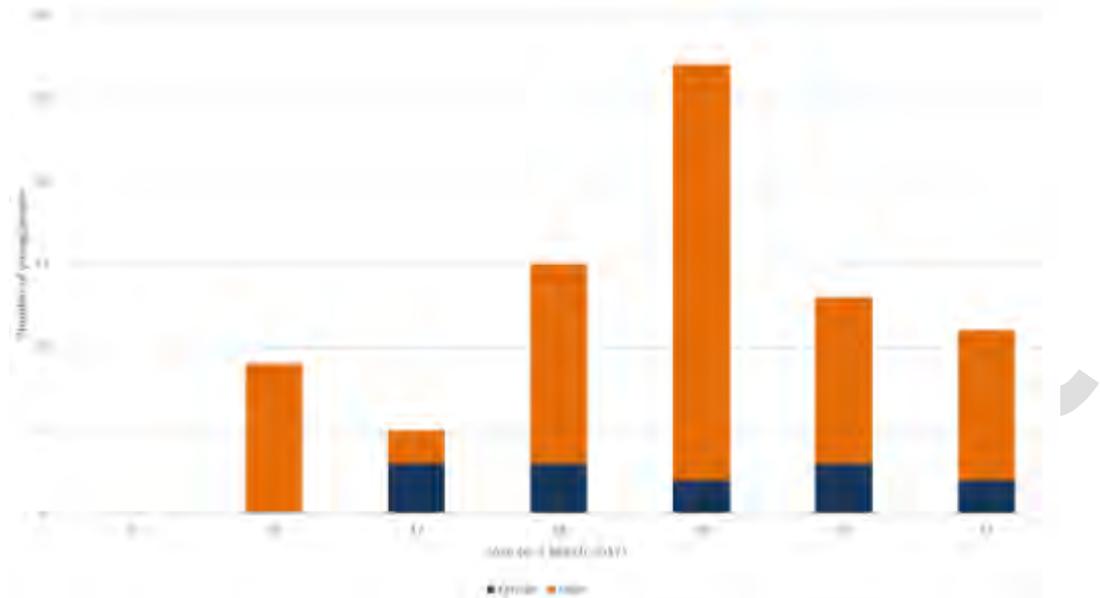
Figure 27: Age and Gender of young people recommended for referral to adult services (DAOPS)



Males account for 70% of the recommendations for referrals, which is significantly above the gender split of all current adult clients, of which 56% are male.

80 young people (20 recommended, as highlighted above, and 60 potential referrals) are identified for referral or possible referral to adult services, as shown in the chart below. Of this 80, 84% are male.

Figure 28: Young people aged 15-21 recommended for referral of possible referral to adult services (DAOPS)



Prevalence rates for people with a moderate or severe learning disability based on work by Eric Emerson and Chris Hatton of the Institute for Health Research, Lancaster University suggest rates for all age groups remain broadly static between 2011 and 2021. For younger people the rates are 0.68% of the 15-19 population, and 0.60% of the 20-24 population.<sup>6</sup>

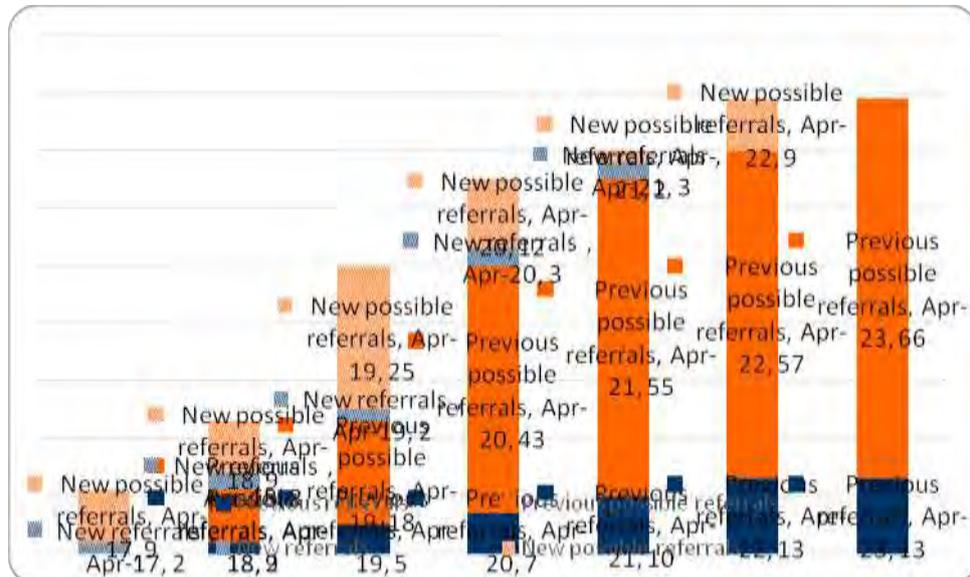
These rates are used by the Projecting Adult Needs and Service Information (PANSI)<sup>7</sup> tool to produce a projection of the number of people with moderate and severe learning disabilities based on the population in Greenwich. The projected numbers, together with the number of young people recommended for referral or possible referral to adult services, are shown in the table below.

Figure 24 below shows the build-up of new referrals assuming that the transition from children’s to adults services occurs at around 21 years of age by April of that year. This suggests that at the lower end of referrals to adult services there will be around 10 new service users who are expected to make the transition to adult services and a further 55 that are possible referrals. Although clearly it is impossible to predict what happens in the next three financial years or indeed the next eight financial years it would seem fair to assume that even if some of the young people who have been identified as likely referrals to adult services are not referred, some of the 55 who are considered possible referrals may be referred, so the overall number of referrals is not likely to change significantly.

<sup>6</sup> Emerson E, Hatton C. Estimating the Current Need/Demand for Supports for People with Learning Disabilities in England Lancaster: Centre for Disability Research, Lancaster University, 2004.

<sup>7</sup> Projecting Adult Needs and Service Information (PANSI), produced by the Institute of Public Care (IPC) at Oxford Brookes University – www.pansi.org.uk

Figure 29 Cumulative build-up of referrals over time, based on referrals and possible referrals in each year based on the current ages of young people.



In practical terms this would appear to indicate at a minimum the following level of demand.

- By the end of financial year 2019/20 there will be a least seven young adults requiring adult service provision in that year.
- By the end of financial year 2022/23 this number will have probably increased to around 13 young adults in total requiring adult service provision, in that year.

It is important to recognise that these numbers are at the lower end of any estimates. It makes no assumptions about the group of young people without a clear assessment. However, if just 10% of the 66 young people in this group require adult service provision then the number of new young adult service users will be over 20 each year.

It is important to recognise that the population of people with a learning disability is not static. On average a person with a learning disability will have a lifespan 15 years shorter than the average for people without a learning disability. Currently life expectancy in the general population is around 81.5 years. This means the average life expectancy of a person with a learning disability is around 66.5 years of age. There are currently 67 adults with a learning disability aged 65 and over. So although by 2022/23 there may be as many as 20 new young adult clients who require access to adult service provision the overall population may well not be significantly greater.

Figure 30: PANSI projections of people with severe and moderate learning disabilities in Greenwich and DAOPS Referrals & current adult service users

Age Group	PANSI estimate	DAOPS Referrals & current adult service users
15-19	109	74
20-24	136	119

This data suggests that the number of potential young people entering adult services is a little low. It is noted, however, that there are an additional 102 young people, based on the Impulse Data, who have yet to be assessed for referral to adult services, including 71 between the ages of 18 and 21.

It is particularly noticeable that the number of female young people currently identified for referral or possible referral to adult services is low, although this rate is in line with the national prevalence rate for Autism Spectrum Disorder based on Autism Diagnostic Observation Schedule (ADOS) scores of 10 or more, which is 1.8% for males and 0.2% for females.

In terms of people with physical disabilities and learning disabilities, there is one person who is recommended for referral to adult services and a further 5 people who are possible referrals.

The overall conclusion is that the number of new people with learning disabilities is not going to increase significantly over the next 5 years, and PANSI projections suggest that the number of 18-24 year olds will remain fairly static until 2025, with an increase to 2030.

For services, there will be a greater number of people entering adult services identified as having Autism Spectrum Disorder, as identified in the Impulse data on young people who will be transitioning to adult services. Impulse data show that 30% of young people who are recommended for referral are identified as having ASD, and 62% of young people who are identified for possible referral.

PANSI data suggests that the number of people with autism who present a challenge to services will remain largely static. This suggests that a continued move to providing smaller scale supported living services will suit a growing population of people with learning disabilities with ASD.

### 5.2.2 Existing Adults with Learning Disabilities living with elderly parents/carers

The data provided do not indicate the household status of people with learning disabilities who are not currently in accommodation-based services, so it is not possible to specifically identify people being supported by older carers.

There are 98 people identified as having a learning disability aged 45 or over who are not receiving accommodation-based services, but who are receiving day care, home care or respite care, suggesting that they have significant support needs:

*Figure 31: Number of people receiving day care, home care or respite care not receiving an accommodation-based service*

Age Group	Number
45 to 64	77
65 to 74	17
75+	4

The 21 people aged 65 and over are potentially at the highest risk of requiring accommodation-based services providing high levels of support, such as residential or nursing care.

### 5.2.3 Increasing support needs arising from the ageing process

Care and support needs generally increase with old age. The table below shows the percentage of people using the different service types by age.

*Figure 32: Service users by type of service and age band*

Age Band	Accommodation Services	Community Services	Both Services	No Services
Under 18				1
18 to 24	22	4	73	33
25 to 44	62	25	169	154
45 to 64	80	59	105	63
65 to 74	20	7	22	7
75+	6	1	5	

There is a clear increase in the number of people using accommodation-based services as they get older, with 50% of people over 75 in accommodation-based services. There is also a decrease in the number of people using no services as they get older – currently all people with learning disabilities over the age of 75 use either community services or accommodation services.

As with the general population, the number of older people with learning disabilities is expected to grow over time, both as a result of a larger younger population which is aging, and because of improved health and wellbeing of the population. People with learning disabilities still die, on average, 15 years younger than the equivalent non-learning disabled population.<sup>8</sup>

The Institute for Health Research, Lancaster University (ibid) suggests that general prevalence rates for people with moderate or severe learning disabilities will remain static, meaning that the growth 65+ and 75+ learning disabilities population will be the result of a larger younger population.

The table below shows the percentage growth in the older learning disabilities population based on the growth of the Greenwich population and standard prevalence rates relative to the 2015 population.

*Figure 33 - Predicted increase in the older LD population (Emerson and Hatton / POPPI)*

Age Group	2020	2025	2030
65-74	9%	18%	40%
75 - 84	5%	26%	37%
85+	14%	29%	43%

Based on the current population in Greenwich in accommodation-based services, the table below shows the predicted number of older people with learning disabilities (55 and older) requiring accommodation-based support. The highlighted cells show the numbers of the 55-59 year old cohort over the subsequent 5 year periods.

*Figure 34 - Estimated number of older LD population in accommodation-based services, based on 2017 accommodation-based service population*

Age Group	2017	2020	2025	2030
55-59	47	35	21	17
60-64	22	41	30	17
65-69	18	19	35	25
70-74	9	15	15	29
75-79	5	7	12	12

<sup>8</sup> Glover, G and Ayub, M. How people with learning disabilities die, Improving Health and Lives: Learning Disabilities Observatory, England, 2010

Age Group	2017	2020	2025	2030
80-84	2	4	6	8
85-89	1	2	3	4
90-94	1	1	2	2
<b>Totals</b>	<b>105</b>	<b>124</b>	<b>123</b>	<b>114</b>

Whilst there is an increase in accommodation needs of older people though to 2025, it is noted that there is a lower number of people of younger people (25-55), so there is likely to be a short-term increase in accommodation needs due to the larger ageing population. The accommodation needs of a frailer older population will be different to those of younger people with care and support needs, particularly the larger percentage of young people with a diagnosis of Autism or ASD.

#### 5.2.4 People currently placed inappropriately out of borough

Currently, 55% of placements to accommodation-based services are made within the RGB boundaries. Of the remainder, 8% are made in bordering authorities (Lewisham, Bromley and Bexley) and 37% are made further away.

Of those people placed out of borough, 5 people are flagged as needing to move to alternative accommodation, although only 2 of these are because their current placements are inappropriate. This suggests that the remaining placements (110 across all accommodation types) made out of area are appropriate for those individuals.

In looking at out of area placements, a distinction is drawn between those placements made to neighbouring authorities and those made further away. There are arguments for placements being made in neighbouring boroughs:

- A placement made in a neighbouring authority may be closer than a placement made within Greenwich
- Demand for some specialist services, such as challenging behaviour services, may not be sufficient to enable provision within the Borough, and specialist resources may be shared between a number of authorities.

The data on the type of accommodation service provided suggests that a range both residential care and supported living services are provided outside of the Greenwich boundaries:

*Figure 35: Location of placement by accommodation service type*

Type of Accommodation	Greenwich	Local	Out of Area
-----------------------	-----------	-------	-------------

Type of Accommodation	Greenwich	Local	Out of Area
Nursing	50%	0%	50%
Residential	55%	8%	37%
Supported Living	55%	10%	35%
<b>Total</b>	<b>55%</b>	<b>8%</b>	<b>37%</b>

The table below shows where, in percentage terms, people with specific needs, based on the CLDT Registration Category are placed.

*Figure 36: Placement of people on the CLDT register by type of need*

Registration Category	Greenwich	Local	Out of Area
Deaf / Blind with associated Learning Disability	0	0	1
Tourette's Syndrome	1	0	1
Cerebral Palsy	6	0	3
Downs Syndrome with severe learning Disability	5	1	2
Autism with severe challenging behaviour	18	1	6
Autism	39	3	11
Physical Disability with associated Learning Disability	8	0	2
Multiple	7	0	1
Learning Disability	617	14	71
Downs Syndrome	36	3	4
Mental Health	18	1	1
Asperger's	6	0	0
Hearing Impairment with associated Learning Disability	3	0	0
Non-Specific Diagnosis (e.g. unknown or combined)	3	0	0

Registration Category	Greenwich	Local	Out of Area
Visual Impairment with associated Learning Disability	1	0	0

There does appear to be a pattern of people with more complex needs being placed outside of Greenwich. For example, 88% of people with a general learning disability are placed in Greenwich, compared to 100% of are deaf / blind with an associated learning disability placed out of area.

Cost data suggests that there is not a strong link between the location of a placement and the cost: out of area placements are not notably more expensive than local placements. However, there are additional costs arising from out of area placements, including travel time and cost related to reviews. Not only this, for carers or family who are still based on Greenwich transport costs can be significant.

### 5.2.5 General Observations

The placements data show that the majority of accommodation-based placements (including Shared Lives) are to residential care settings.

Figure 37: Placement by type of accommodation for all placements

Type of Accommodation	Percent of Placements
Nursing	1%
Residential	55%
Supported Living	33%
Shared Lives	11%

This is above national benchmarks for residential care placements<sup>9</sup>, and suggests scope to increase the number of Supported Living and Shared Lives placements, both of which bring significant financial savings to the local authority.

<sup>9</sup> Short and Long Term (SALT) Support data from NHS Digital, which provides national data on adult social care activity, shows that on average 21% of people with learning disabilities received long term support in residential care in 2015/16, and accounts for 39% of spending.

### 5.3 Stakeholder Interviews

The following section lays out the views of three groups of stakeholders interviewed by Cordis Bright:

- Council employees with a role in the commissioning of housing for adults with learning disabilities
- Voluntary organisations, active in Greenwich representing people with learning disabilities
- Support providers

The stakeholder's views on the current provision are reported in 4.2. Their comments regarding the future of housing for people with learning disabilities in Greenwich are laid out below.

#### 5.3.1 Council Employees

Both stakeholders spoke about using resources more creatively to offer a more personalised service to people with learning disabilities in the future. This included creating more high quality supported living, adapting existing properties and more long term planning at an individual and a strategic level.

##### *Future Housing Provision*

Both stakeholders from the council felt strongly that services could become more flexible and person centred, and that resources could be used in more imaginative and innovative ways.

This involved:

- Offering more high quality supported living. One stakeholder stated that to do this would require that providers were offering a service which was truly supported living, rather than “*tokenistic*”, for example, ensuring that they gave a two-month eviction period rather 4 weeks (which has happened in the past).
- Providing more floating support in order to offer general needs tenancies for those who don't need such a high level of support. For example, there are some keyring support circles already in place, which are very cost effective.
- Improving transition services. In most cases these should aim towards a community model, but support young adults to develop the skills required at their own pace. For example, starting in a transition home or supported living and then acquiring the skills required to manage their own flat with support.
- Better use of personal budgets to create personalised care packages
- Significant adaption of some existing properties, and the sale of others in order to ensure that all homes are fit for purpose.

- Developing more flats for people with learning disabilities within new developments. In recent years, a small number of properties have been built, for example a development in Granite Street which includes one three bed flat and five two bed flats, which all self-contained, but include an extra room for an overnight carer. It would be valuable to have similar flats dotted across the borough, some of which had on site space for staff on site but not in people's homes.

### *Barriers and Enablers to Improving Housing*

A number of barriers to achieving success were identified by the stakeholders interviewed:

- The cost of housing in Greenwich – It is important that people with learning disabilities have the same opportunities as other people, which generally means being able to leave home once they reach adulthood. However, just as most other young people are unable to live alone in London due to costs, shared housing should be the norm for young adults (18-35) with learning disabilities. It will be important to ensure that people's expectations align with this.
- There has been minimal long term planning for people with learning disabilities in Greenwich for a significant period. As a result, a small number of care homes have been built and no supported living. This will need to be rectified.
- The introduction of the supporting people programme has broken the link between the social and housing budget. Currently, there is no way to guarantee that there would be a revenue stream to support any supported living services being built, making the prospect of developing new residences far less appealing
- The reduction in trust between the council and families and service users. Any new strategy will be far more successful with their support.

However, they also listed three significant enablers:

- There is political will to make changes. Particularly after the issues from the last consultation, the council's leadership are committed to improving the offer
- Cooperation between directorates is improving. It will be important to ensure that housing for people with learning disabilities is considered in the social housing being built as part of new developments. They are forging links with the regeneration and skills directorate to make this happen. It will also be important to work closely with the children services to offer more joined-up services in the future.
- The approach being taken by Golden Lane Housing to produce the strategy is likely to significantly improve relations between the council and families, which in turn will increase the likelihood of the success of the strategy.

### 5.3.2 Greenwich Living Options

In the future, the GLO stakeholders interviewed hope to further develop the use of shared lives in Greenwich. However, both stakeholders also noted that doing so would require the support of leaders within the council and appropriate budget.

Both stakeholders state that GLO's offering should be part of a broad range of services available for people with learning disabilities, offering a high degree of choice to individuals.

#### *Future Provision*

In the future, GLO would like to expand Shared Lives to support more people. Currently, there is a "regular stream" of referrals, not all of whom can be placed. However, both stakeholders interviewed recognised that it is not the right option for everyone, and should be offered as part of a range of options. One also noted that it can be difficult to predict the size of growth, because it is so reliant on finding the right people to become carers and creating the right matches between carers and service users.

GLO is also working on a number of improvements to the services that it offered, particularly regarding staff performance. As discussed in 4.3.2, there have been difficulties with relations between GLO management and staff, which they are working to improve.

One stakeholder also suggested that it would be important to develop services which offer appropriate support to people ethnic minorities. They suggested that one important element of delivering this successfully would be reaching out to those groups, who have tended not to engage in the past.

Both stakeholders were of the opinion that a broad variety of options should be offered to people with learning disabilities, enabling them to choose the option which best works for them, and to move between options as their needs or wishes changed over time.

#### *Barriers*

The interviewees from GLO identified three main barriers to improving housing for people with learning disabilities:

- The costs involved in offering high quality services. The budget would need to be made available to fund them.
- The shrinking profit margins available to shared lives carers. The carers have not had a substantial pay rise in 7-8 years, but the cost of living has risen. As a result, profit margins have shrunk, making it difficult to recruit new carers.
- The service users and their families' resistance to change. In the past, they have had very negative reactions to change as they fear negative impacts on

service users care. They deserve to be properly involved and consulted in changes. need information to understand different options.

### 5.3.3 Representative Organisations

#### *Housing Offer*

In the future, all of the stakeholders interviewed would like to see a broad range of service available to people with learning disabilities. They also all stated that it is important to ensure that everybody receives the right level of support, no matter where they live (in services or independently).

A number of specific suggestions emerged from individual stakeholders about the future housing proposal:

- All council homes (those for people with and without disabilities) should be fitted with basic adaptations (e.g. wetrooms) to make them suitable for people's needs, rather than having to fit them later when people move in
- Any new builds should have lifts, doors which open automatically and other adaptations which mean that people can continue to live there into old age
- Homes should appear the same as mainstream housing and be integrated into the community
- It will be important to consider the risk of isolating people with learning disabilities – everybody needs to be close to the community and single tenancies will not be right for everyone
- There will always be people whose needs mean that they need very high levels of care and should be in residential homes
- The location of any housing is important. It should be close to shops, family members, social activities and transport.
- Any supported living should be “*clever*” – able to adapt to the specific needs of the individual by offering more/less care based on their needs, which may change over time
- Safeguarding is also important – it will be important to consider how housing for learning disabilities is mixed with other types of housing in order to avoid them being at risk because of other tenants

One stakeholder suggested the housing which has been recently developed at Granite Street (described in 5.3.1) is an example of good housing, and that more housing should be developed in line with this.

The stakeholders also had specific suggestions about how to support people to continue living with their families, if this was their wish (a minority highlighted the importance that this really was a choice, rather than the only option). All of the

suggestions centred around offering families the right support, such as respite care or home adaptations to enable them to keep living together.

### *Forward Planning*

All of the stakeholders interviewed also mentioned that in the future, there should be more forward, proactive planning of housing, rather than reactive crisis management. Suggestions included:

- Transition planning from a young age which supports young people to prepare to move into the right kind of housing
- Support for families to plan for the future, showing what the options are and how to prepare for them.
- A holistic approach to developing services and planning for individuals, which considers day services, respite service, health needs and any other elements which may make up an individual or a family's care package. Any consultations should also be conducted in tandem, to avoid consultation overload for families.

## **5.4 Site Visit Interviews**

### **5.4.1 Service Users**

In the majority of cases it was very difficult to talk to service users about what they would like in the future. This was because in most cases service users told us that they were happy with their current provision and that there was nothing they would change.

However, in some cases interviewers were able to talk about what service users valued and would therefore be important to consider in future provision. Key elements were:

- **Living with the right people** - Residents reported that it was important to live with people who were the same gender or around the same age as they were. Service users also stated that they liked living with other people, rather than alone.
- **Living in the right place** - Service users liked being near to shops, the pub, amenities such as the swimming pool, and their friends. Service users who lived near to family members also liked this.
- **Having the right facilities** – A small number of service users said that they would like access to outdoor space, particularly a garden. Others mentioned that they were struggling with stairs or baths and would like the service to make that easier for them.

### **5.4.2 Family Members**

Most family members biggest desire for the future was that services remain open. For them the ideal scenario would be for the services their family members use to remain open, often with slightly improved décor, design or support.

### *Changing Needs*

When asked if they felt that their family member's needs were likely to change in the future, most people mentioned that they were likely to need more support and adaptations as they aged.

### *Accommodation*

Family members mentioned a number of issues with the current accommodation, which are discussed in 4.4.3. For the most part, their hopes for the future was for their family member to receive care in a similar or the same property but with specific improvements. The most commonly mentioned were:

- En suite bathrooms
- Redecoration to make the residence feel homelier and/or less run down
- Support with mobility issues, for example, stair lifts

### *Support*

Most family members were happy with the level of support that their relative currently received, and hoped that this would continue in the future. Some family members mentioned the importance of continuity of care, so suggested that if services closed that it would be beneficial for staff to move to a new service with the same service users.

In one case, a family member stated that the service user could be supported to become more independent and develop new skills. They would like future support to be more focussed on achieving this.

### *Relationship with the Council*

In the majority of cases, family members biggest wish for the future was for a change in the way that they interacted with the council. They worried that changes in the strategy would lead to services closing or privatised and services users being forced to move to inappropriate services. For example, service users being moved into supported housing with a lower level of support which would not meet their needs. They wanted to have assurance from the council that the services would not close or, if they had to, that their relatives would be offered suitable alternatives and that a thoughtful, appropriately paced transition plan would be in place to conduct the move.

#### 5.4.3 Staff

When asked what they would change about their service, most staff had specific improvements in mind. The two most common suggestions were lifts, and

refurbishment to make the residence look less tired and homelier. En suite bathrooms and a better process for organising repairs were also mentioned by more than one staff member. House specific suggestions are included in 4.4.5.

When asked about how housing for people with learning disabilities in Greenwich could be improved more generally, suggestions included:

- **Improving the design of homes**

- Investment in the property
- Designing services which are welcoming and homely, rather than institutional
- Modernising facilities (for example, including Wi-Fi)
- Ensuring that all properties have enough bathrooms (ideally en suite)
- Integrating housing into the community

- **Offering the right support**

- A better process to ensure that service users are placed in the right accommodation for them
- Have a more personalised approach to supporting people, and offering service users real choice about where they live
- Long term planning to ensure that people are placed in residences which will be appropriate for the long term, to avoid them having to move as their needs change
- Making sure that there are enough residences which are fully accessible to people with limited mobility, including bungalows as some people are not able to use lifts
- Ensuring that there are enough appropriate spaces for young people and for older people who have higher levels of need (e.g. dementia or reduced mobility)

- **Improvements for housing and support providers**

- Ensuring that housing providers are maintaining buildings properly (both MCCH and GLO)
- Working hand-in-hand with day services to offer people more exciting activities outside the house.
- Improving the working culture in some services

## Appendix 1: Literature search

We will develop a bibliography using the following search terms, in Google Scholar:

Primary search term	Secondary search term	Tertiary search terms
"Learning disability"	"Best Practice"	"Accommodation"
	"Good Practice"	"Adult Placement"
	"Evidence "Evaluation"	"Holistic Services"
	"What Works"	"Housing"
		"Residential"
		"Supported Living"

The primary search term will be searched in combination with each secondary and tertiary search term (e.g., "Learning disability" + "Best Practice" + "Accommodation", "Learning disability" + "Best Practice" + "Adult Placement" ...etc.). This will result in 24 distinct searches. We will look at the first 50 articles for each combined search term, for a total of 1,200 articles. Abstracts will be scanned for all potentially relevant, publicly available articles, and the most appropriate articles were chosen for the bibliography.

This was supplemented by guides and policy documents identified via google searches and suggested by Golden Lane Housing.

All the materials used are listed in Appendix 2: Bibliography.

## Appendix 2: Bibliography

### Policy Documents

Care Quality Commission, 2016. Registering the right support

Department for Work and Pensions, 2014, Local Housing Allowance Guidance Manual

Department for Work and Pensions and Department for Communities and Local Government, 2016. Supported accommodation review

Department for Work and Pensions, 2016. Funding for Supported Housing Consultation

Department of Health, 2012. Transforming care: A National response to Winterbourne View Hospital

Green, D., 2016. Housing Benefit: Written statement - HCWS154

The Care Act, 2014

Wilson, W., 2016a. Paying for supported housing. House of Commons Library, Number 6080

Wilson, W., 2016b. Rent setting: social housing (England). House of Commons Library, Number 01090

### Evidence Based Reports

Beadle-Brown, J., Leigh, J., Whelton, B., Richardson, L., Beecham, J., Baumker, T. and Bradshaw, J., 2015. Quality of life and quality of support for people with severe intellectual disability and complex needs. *Journal of Applied Research in Intellectual Disabilities*.

Beadle-Brown, J., Mansell, J., Macdonald, S. and Ashman, B., 2013. Does Living with People Who Have Challenging Behaviour Result in Poorer Quality of Care and Outcomes?. *The British Journal of Development Disabilities*.

Beazley, M. and Connor, K., 2012. Assistive Technology: Outcomes and Efficiency. *CareKnowledge Special Report No.62*

Bibby, R., 2013. 'I hope he goes first': Exploring determinants of engagement in future planning for adults with a learning disability living with ageing parents. What are the issues?. *British Journal of Learning Disabilities*, 41(2), pp.94-105

Clarke, S., Sloper, P., Moran, N., Cusworth, L., Franklin, A. and Beecham, J., 2011. Multi-agency transition services: greater collaboration needed to meet the

priorities of young disabled people with complex needs as they move into adulthood. *Journal of Integrated Care*, 19(5), pp.30-40.

Clement, T. and Bigby, C., 2011. The development and utility of a program theory: Lessons from an evaluation of a reputed exemplary residential support service for adults with intellectual disability and severe challenging behaviour in Victoria, Australia. *Journal of Applied Research in Intellectual Disabilities*, 24(6), pp.554-565

Dieffenbach, B., 2012. *Developmental Disabilities and Independent Living: A Systematic Literature Review*.

Ellis, R., Sines, D., and Hogard, E., 2015. Better Lives: An evaluation of the choice support personalisation programme for adults with learning difficulties in Southwark

Ellis, R., Sylvia Hogard, E. and Sines, D., 2014. Leading the resettlement of adults with profound learning difficulties from hospital accommodation to supported housing in the community. *The International Journal of Leadership in Public Services*, 10(1), pp.31-43.

Gardner J. F. & Carran D.T. ,2005. Attainment of personal outcomes by people with developmental disabilities. *American Journal on Mental Retardation* , 157–74.

Gridley, K., Brooks, J. and Glendinning, C., 2014. Good practice in social care for disabled adults and older people with severe and complex needs: evidence from a scoping review. *Health & social care in the community*, 22(3), pp.234-248.

Janicki, M.P., 2011. Quality outcomes in group home dementia care for adults with intellectual disabilities. *Journal of Intellectual Disability Research*, 55(8), pp.763-776.

Jones, E., 2013. Back to the future: developing competent residential services for people with intellectual disabilities and challenging behaviour. *Advances in Mental Health and Intellectual Disabilities*, 7(1), pp.5-17.

Kirkpatrick, K., 2011. A home of my own-progress on enabling people with learning disabilities to have choice and control over where and with whom they live. *Tizard Learning Disability Review*, 16(2), pp.7-13.

Lewis, K., 2015. *The Experiences of Service Users with a Learning Disability Living in Adult Placements (Doctoral dissertation, Cardiff University)*.

McGill, P. and Poynter, J., 2011. How much will it cost? Characteristics of the most expensive residential placements for adults with learning disabilities. *Tizard Learning Disability Review*, 16(2), pp.54-57.

McKnight, L. and Davis, C., 2012. Current perspectives on assistive learning technologies. 2012 review of research and challenges within the field. The Kellogg College Centre for Research into Assistive Learning Technologies. University of Oxford, Tech. Rep.

O'Brien, J., 1993. Supported Living: What's the Difference?  
Parry, I., 2014. Adult serious case reviews: lessons for housing providers. *Journal of Social Welfare and Family Law*, 36(2), pp.168-189.

Perkins, E.A. and Berkman, K.A., 2012. Into the unknown: Aging with autism spectrum disorders. *American journal on intellectual and developmental disabilities*, 117(6), pp.478-496.

Putnam, M., 2014. Bridging network divides: Building capacity to support aging with disability populations through research. *Disability and health journal*, 7(1), pp.S51-S59.

Shaw, K., Cartwright, C. and Craig, J., 2011. The housing and support needs of people with an intellectual disability into older age. *Journal of Intellectual Disability Research*, 55(9), pp.895-903.

Shaw, K., Cartwright, C. and Craig, J., 2011. The housing and support needs of people with an intellectual disability into older age. *Journal of Intellectual Disability Research*, 55(9), pp.895-903.

Sheerin, F., Griffiths, C., de Vries, J. and Keenan, P., 2015. An evaluation of a community living initiative in Ireland. *Journal of Intellectual Disabilities*, p.1744629515573679.

Sines, D., Hogard, E. and Ellis, R., 2012. Evaluating quality of life in adults with profound learning difficulties resettled from hospital to supported living in the community. *Journal of Intellectual Disabilities*, 16(4), pp.247-263

Stancliffe, R.J., Lakin, K.C., Larson, S., Engler, J., Taub, S. and Fortune, J., 2011. Choice of living arrangements. *Journal of Intellectual Disability Research*, 55(8), pp.746-762.

### **Practical Guides and Good Practice Papers**

Advance Housing & Support Ltd, 2007. *Gadgets, Gizmos and Gaining Independence: Assistive Technology and People with Learning Disabilities*

Department of Health, 2013. *Learning Disabilities Good Practice Project*

Duffy, S. 2013, *Freedom, a guide to good support*. The Centre for Welfare Reform

Kent County Council, 2015. *Accommodation Strategy - Better Homes: Greater Choice*

Laing & Buisson and Department of Health, 2011. *Illustrative Cost Models in Learning Disabilities Social Care Provision*.

Local Government Association, 2014. *Get in on the Act: The Care Act 2014*

National Development Team for Inclusion, 2010. Supported Living – Making the Move: Developing Supported Living options for people with learning disabilities

National Development Team for Inclusion, 2015. Feeling Settled Project

NHS England, 2014. Winterbourne View – Time for Change: Transforming the commissioning of services for people with learning disabilities and/or autism

Poxton, R., 2012. Learning Difficulties and Ethnicity: Updating a Framework for Action. Foundation for People with Learning Disabilities (NJ1).

The Association for Supported Living, 2011. There is an alternative

Think Local Act Personal and Sitra, 2015. Making it Real for Supported Housing: A guide for providers and commissioners

final draft

## Appendix 3: Stakeholder topic guide

### Introduction

Golden Lane Housing have been commissioned to produce an accommodation strategy for adults with learning disabilities by Greenwich Council.

Golden Lane Housing is a specialist housing charity that was established by Royal Mencap Society to increase the housing options for people with learning disabilities. They are working with Cordis Bright, a company which provides consultancy, advice and research aimed at improving public services, to conduct research which will inform the strategy.

You have been identified by the project steering group as a key stakeholder who Greenwich would like to hear from to inform the accommodation strategy. Your views are very important in this research. We would like to understand your perspective on what is working well within housing for people with learning disabilities in Greenwich currently, as well as any issues which could be improved in the future.

Your responses in this interview are confidential; they will not be shared outside of the Cordis Bright team and we will not attribute any comments to you in any reports we produce as part of the review. The only exception to this is if you share information that

raises safeguarding concerns. In this instance, we would need to pass on your comments but we would make every effort to discuss this with you first.

If you have any questions during the interview, please just ask. If you would prefer not to respond to any questions, then just let me know and we can move on to another question.

Thank you in advance for your time.

### Core questions

#### Introduction

1. Name
2. Organisation
3. Role and any other previous experience relevant to the topic
4. How does your role fit into Housing for LD
5. Have you ever visited any homes occupied by a person with LD? where? when? first impressions? Type of home?

### The current situation

6. What is your view of housing and accommodation for people with learning disabilities across Greenwich currently? *Prompts:*
  - a. Quality of housing stock
  - b. Accessibility of housing stock
  - c. Location of housing stock
  - d. State of repair of housing stock
  - e. Fitness for purpose of housing stock
  - f. Rent/charging levels & Value for money of housing stock
7. What, if any, are the gaps in housing provision in Greenwich in terms of housing stock?
8. How could these gaps be resolved in the future?
9. What do you perceive the main barriers to improving accommodation for people with learning disabilities in Greenwich? *Prompts: finance, politics, suitable land / buildings etc.*
10. What do you perceive the main enablers to improving accommodation for people with learning disabilities in Greenwich?
11. What do you think could be done to encourage investment to meet the housing needs of people with learning disabilities?
12. Continuing to live in the family home is the housing choice for many people with learning disabilities who live with families; is there anything we need to include in the strategy to make this a more sustainable option for those who want it?
13. Thinking about your answers to the previous questions, what would you like to see the Greenwich strategy for accommodation for people with learning disabilities to contain?
14. Do you know of any other plans or strategies / developments which the accommodation strategy for people with learning disabilities should take account of? What are these? *Prompts: could you provide more information about these please.*

### Relationship between social care/commissioners and providers

15. When a need for housing /accommodation is identified who within the council is responsible for securing the housing/accommodation needed?
16. How effectivity do you think commissioners of housing and providers of housing for people with learning disabilities work together in Greenwich? *Prompts: housing, adult social care and providers. Why do you say this?*
17. What could be done to improve this in the future?

### Involving stakeholders in the process

18. As we develop the accommodation strategy, how would you like to be involved?
19. Is there anything else that you would like to say about meeting the accommodation needs of people with learning disabilities in Greenwich?

### Questions for housing / support providers

1. What type of support do you provide in Greenwich:
  - a. Type of housing
  - b. Type of care
2. How many people do you support in Greenwich?
3. Where is your accommodation located / support provided (names of support) in Greenwich?
4. How is the accommodation / support you provide in Greenwich funded? Could you please provide approximate splits?
5. Do you have plans for the future in Greenwich? What are these in terms of accommodation / support for people with learning disability?
6. How are your plans funded and is there anything you need Greenwich to do to enable that investment
7. The strategy must plan for a broadly cost neutral budget in terms of support; are there particular service models or approaches you believe will work more efficiently without reducing quality
  - a. Does Greenwich have the full range of service models for the future
  - b. Whats your experience of assistive technologies; can they really create efficiencies and improve quality?
8. Do you provide housing / support elsewhere? If yes, are there any models that you think you would like to see more of in Greenwich? If yes, what are these, please describe them and why?
9. How would you describe your relationship with commissioners in Greenwich? Why do you say this? Could this relationship be improved in any way do you think? If so how?
10. How would you describe your relationship with other providers in Greenwich? Why do you say this? Could these relationships be improved in any way do you think? If so how?

### Representative groups

1. What is your view of the project so far?
2. What, in your view, is the best way to improve stakeholders/service users / families in the project in the future?

**Thank you for your help with this**

final draft

## Appendix 4: Service user topic guide

### Introduction

I work for Cordis Bright, which is a company that does research on social care. We are working with Greenwich Council to try to understand the housing needs of people in Greenwich with learning disabilities now and in the future.

We are not planning to change where you live or the service that you receive.

I would like to ask you some questions about the place where you live now, and what you like and don't like about it. I also want to understand what is important to you about where you live.

If anything, I ask is not clear to you, please let me know.

If there is anything that you don't want to talk about or you don't want to answer any more questions, please let me know and we will stop or move on.

I won't tell anyone else what you've said to me, except if I am worried that you or someone else could be in danger. If that happens I will try to tell you first.

Do you have any questions?

Thank you for speaking with me.

### About you

1. What is your name?
2. How old are you?
3. How long have you lived at **[insert name of service]**?
4. Who else lives in this house? Are any of them your friend?
5. Do you go to a day centre? What activities do you do?

### Satisfaction levels

6. What do you like best about living at **[insert name of service]**? (*Your bedroom, the garden, the other people, the staff, the food*)
7. What do you like doing at **[insert name of service]**?

### Negative aspect of current setting

8. What makes you sad? How do you cheer yourself up?
9. What happens when you don't get on with someone else who lives here?
10. What happens when you don't get on with the staff?
11. If you have a problem with the house (e.g. something breaks) what do you? Have you ever done this?
12. Is there anything you would change about **[insert name of service]**?

### Important elements of housing services

13. Do you use public transport? (*The bus, the train*)

14. Who do you like to live with? *Prompts: Friends, same age, same gender*
15. Do you like living near your family?
16. Do you like having carers who are around all the time?

final draft

## Appendix 5: Family member topic guide

### Introduction

Golden Lane Housing have been commissioned to produce a strategy for housing for adults with learning disabilities by Greenwich Council. Golden Lane Housing is a specialist housing charity that was established by Royal Mencap Society to increase the housing options for people with learning disabilities. They are working with Cordis Bright, a company which provides consultancy, advice and research aimed at improving public services, to conduct research which will inform that strategy.

It is important to note that this is not changing your current housing services. We are looking at the bigger picture rather than individual services. We want to understand what the services are like now, and what everyone will need in the future.

As the family member or advocate of a person with learning disabilities, your views are very important in this research. We would like to understand your perspective on what is working well within housing for people with learning disabilities in Greenwich currently, as well as any issues. We would also like to understand what you would like to see in the future.

To do this, we will ask a series of questions about your family members views and experiences and about your own views.

Your responses in this interview are confidential; they will not be shared outside of the Cordis Bright team and we will not attribute any comments to you in any reports we produce as part of the review. The only exception to this is if you share information that raises safeguarding concerns. In this instance, I would need to pass on your comments but I would make every effort to discuss this with you first.

If you have any questions during the interview, please just ask. If you would prefer not to respond to any questions, then just let me know and we can move on to another question.

Thank you in advance for your time.

**About the Service User** *(May wish to skip questions if they have already been covered in discussions with the person who uses the service)*

1. Please could you tell me a little bit about your family member who uses learning disabilities services? *(Name, age, any information about their learning disability)*
2. How long has your family member lived at **[insert name of service]**?
3. Has your family member lived in any other places previously? *(Other residential care/supported housing facilities, residential school, at home etc.)*

**Service User's Satisfaction levels** *(May wish to skip questions if they have already been covered in discussions with the person who uses the service)*

4. Does your family member like living at **[insert name of service]**?
5. Does your family member like the building itself? *(The layout, their bedroom, the amount of space, garden, breakdown of private and communal space)*
6. Do your family member like the location? *(Is it quiet/busy enough? Is it close enough to their family and friends? Is it close enough to amenities?)*
7. Does your family member like the people they live with? *(Did they chose them? Do they get on well? Are there any conflicts or disagreements?)*
8. Does your family member like the staff who care for them? *Do they get on with staff? Do they like the amount of time they spend with staff?*
9. Is there anything your family member would change about the service?

**Family member's Experiences of Housing Services**

10. Please could you tell me about your experiences of organising housing for your family member? *(Who did you contact? What help did you receive? How long did it take? Where there any issues?)*
11. Were you happy with the housing options your family member was offered?
12. Is there anything that you would change about the way that housing is organised for people with learning disabilities in Greenwich?
13. If you or your family member has any issues with the service (e.g something is broken, a disagreement with staff etc.) do you know who to contact? Do you have any experience of doing this?
14. Have there been any complaints made concerning the property in the last 12 months? If so, how many and what were they?

**Family Member's Satisfaction**

15. Do you believe that the **[insert service name]** building is appropriate to fit the needs of your family member? *(Do they have enough private space? Do they have/need en suite bathroom? Is there the appropriate equipment/adjustments to the building to fit their needs e.g. winches, lifts? Does the building feel 'homely'? Do they have/want access to a garden?)*
16. In your opinion, does the location of **[insert service name]** fit your family members needs and enable them to live life to the fullest? *(Are they able to access shops, leisure activities easily? Are they close to family and friends? Are there good relations with other people in the area?)*
17. Do you think that the number and type of people in the service is appropriate for your family member? *(Is it an appropriate number of other people? Is it an appropriate mix of people i.e. gender, age, type of learning disability? Would your family member prefer to choose who they live with?)*
18. Do you think that the level and type of support that your family member receives from staff at **[insert service name]** is appropriate? *(Do they have enough care? Do they have enough privacy/time without staff? Does the care they receive support them to live life as independently as possible?)*

19. Is there anything you would change about the service?

**Future Needs**

20. Do you think that your family member's needs are likely to change in the future? *(Need more/less support, want to live in a different location or with different people)*
21. Is there anything else that you would like to tell me, or that you think we should know?

Thank you again for speaking with me.

final draft

## Appendix 6: Staff topic guide

### Introduction

Golden Lane Housing have been commissioned to produce a strategy for housing for adults with learning disabilities by Greenwich Council. Golden Lane Housing is a specialist housing charity that was established by Royal Mencap Society to increase the housing options for people with learning disabilities. They are working with Cordis Bright, a company which provides consultancy, advice and research aimed at improving public services, to conduct research which will inform that strategy.

It is important to note that this is not changing your current housing services. We are looking at the bigger picture rather than individual services. We want to understand what the services are like now, and what everyone will need in the future.

As somebody who works with people with learning disabilities and knows at least one of the services your views are very important in this research. We would like to understand your perspective on what is working well within housing for people with learning disabilities in Greenwich currently, as well as any issues. We would also like to understand what you would like to see in the future.

To do this, we will ask a series of questions about your family members views and experiences and about your own views.

Your responses in this interview are confidential; they will not be shared outside of the Cordis Bright team and we will not attribute any comments to you in any reports we produce as part of the review. The only exception to this is if you share information that raises safeguarding concerns. In this instance, I would need to pass on your comments but I would make every effort to discuss this with you first.

If you have any questions during the interview, please just ask. If you would prefer not to respond to any questions, then just let me know and we can move on to another question.

Thank you in advance for your time.

### About you

1. What is your name?
2. What is your role? Please could you briefly describe your role? (*Day to day activities, who you report to*)
3. How long have you worked at **[insert name of service]**? Have you/Do you worked at any other services in Greenwich?

### Quality of the Service

4. In your opinion, does **[insert name of service]** provide appropriate, high quality support for the service users?

5. Do you believe that the **[insert service name]** building is appropriate to fit the needs of service users? *(Do they have enough private space? Do they have/need en suite bathroom? Is there the appropriate equipment/adjustments to the building to fit their needs e.g. winches, lifts? Does the building feel 'homely'? Do they have/want access to a garden?)*
6. In your opinion, does the location of **[insert service name]** fit the service users needs and enable them to live life to the fullest? *(Are they able to access shops, leisure activities easily? Are they close to family and friends? Are there good relations with other people in the area?)*
7. Do you think that the level and type of support that service users receive from staff at **[insert service name]** is appropriate? *(Do they have enough care? Do they have enough privacy/time without staff? Does the care they receive support them to live life as independently as possible?)*
8. Is there anything you would change about the service?
9. What is the maintenance policy and procedure? Do you have a log of repairs and service user feedback? Can we see it?
10. Have there been any complaints made concerning the property in the last 12 months? If so, how many and what were they?
11. Have there been any formal notices or referrals made concerning the property such as safeguarding referrals or CQC notices in the last 12 months? If so, how many and what were they?

### Organising Housing Support

12. How do service users currently organise to receive support/move into **[insert service name]**?
13. Is the process practical and easy for service users and their families to conduct?
14. Does the process ensure that people end up using services which are appropriate to their needs?
15. Is there anything you would change about the way housing support for people with learning disabilities is organised?

### The Future of Housing Support

16. Do you think that the needs of service users in **[insert service name]** are going to change in the future? In what ways?
17. Do you think that the needs of service users in **[insert service name]** are going to change in the future? In what ways?
18. How do you think that housing support in Greenwich needs to change to meet future needs?

Thank you for speaking with me



**Cordis**Bright Limited

23/24 Smithfield Street, London EC1A 9LF

<b>Telephone</b>	020 7330 9170
<b>Email</b>	<a href="mailto:info@cordisbright.co.uk">info@cordisbright.co.uk</a>
<b>Internet</b>	<a href="http://www.cordisbright.co.uk">www.cordisbright.co.uk</a>