



Taking a population approach on housing for people with a learning disability

A short guide

Supported by:



HENLEY HEALTHCARE
INVESTMENTS

INTRODUCTION

Purpose

This guide has been produced to encourage a population approach to the provision of housing and accommodation for people living with a learning disability. It builds on the work that has been done to date, and sets out how to turn local plans into a pipeline or provision that can meet current and future needs.

Audience

This guide has been designed for health and local authority commissioners wishing to take a strategic approach to need. In particular, it recognises that successful programmes will only be delivered through the active engagement of housing authorities, planners, support providers, STPs, service users, carers and neighbours.

Key messages

Supporting people to move on from institutionalised provision towards greater independence is an important endeavour - especially given the improved quality of life many people experience once they have moved into their own accommodation. Unfortunately, housing is highly commodified and for the vast majority of us there are trade-offs to be made as we navigate the housing market. People with learning disabilities have a right to the housing they need but they operate in the same housing market as the rest of us.

The move towards personalised care and support 'wrapped around' the patient is an important principle in the move towards greater independence for people with learning disabilities. There is not the same degree of personalisation needed in terms of housing type. The more detailed the specification, not just in terms of housing type and design but in terms of location, then the more costly it will be and the greater the length of time it will take.

Some people have needs that require a bespoke solution. However, for many there needs and aspirations can be met within a more standardised housing typology. However, buying individual properties is expensive and time consuming. Rather than buying individual properties it is better to plan ahead and either refurbish or develop a number of properties to ensure that there is a supply chain that can meet both current and future need. These properties can be adapted to meet individual needs.

The NHS perceives itself to be short of capital. The 2017 budget announced £2.5bn for capital for the whole of the NHS. However, the Chancellor also announced that an additional £6.5bn is to come from private finance. Developing housing associations and REITs (real estate investment trusts) have access to capital more than adequate to meet the needs of the NHS and the TCPs. So, partnerships across the system can access the capital required.

STEP 1



STEP 2



Identify needs

Individual needs

- housing needs assessment
- work with individuals and families

Population needs

- young people in special schools
- OOA placements
- people due to leave hospital

Group people in clusters

Establish procurement framework for housing and care

- establish framework
- engage with families, clients and carers

Mild learning disability

Low level forensic



- can live in general needs housing with some adaptation
- may need some subsidy for adaptation and ongoing maintenance

Severe learning disability

Autism



- may need more robust accommodation
- accommodation may need to be new build or require significant refurbishment, including noise insulation or a garden

1 **Personalisation** in housing terms is different from personalisation in care and support.

It adds cost but may not add value for the client

2 The greater the **specification**, the longer it will take to deliver the accommodation and the greater the cost.



STEP 3



Delivery plan

- 1 What types of accommodation are needed:
 - self-contained
 - bungalows
 - clusters or self-contained flats
- 2 What numbers of these are needed in which locations
- 3 How much of this can be delivered through mainstream housing, refurbished properties and through new build?
- 4 What level of capital or revenue subsidy is required
- 5 What can be delivered through re-use of publicly owned assets, e.g. NHS estates: long-stay hospital legacy assets, S106 or transformation capital fund
- 6 Do option appraisal of delivery partners: what partners do you need to deliver this partners do you need to deliver this
- 7 Model options and develop delivery plan

3 People with learning disabilities face the **same issues, constraints and compromises** as the rest of the population when it comes to their housing.

→ STEP 4→ STEP 5

- Capital plan**
- how much will it cost?
 - how will it be paid for?

- Revenue plan**
- how much will it cost?
 - how will it be paid for?

- Workforce plan**
- can we recruit staff?
 - can they travel?
 - is cover available?

- Property search**
- go out to search for properties off the peg
 - if bespoke, agree spec

- Acquisition**
- planning
 - neighbours
 - families

- Building development**
- building design / building planning
 - planning
 - neighbours/families

- Workforce**
- recruitment
 - training

- Service and maintenance**

- Opening**

4 The alternative to compromise is that the individual stays in hospital at a cost of £4,000 per week – and **poor quality of life**



HACT is UK housing's ideas and innovations agency.

We work closely with partners in the affordable housing sector to identify, research, incubate, apply and promote innovative thinking, practice and products that change the way the sector operates, so it can achieve positive social change.

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HHI care passionately that people with learning disabilities are housed appropriately and as much as possible enjoy the benefits that can come from greater independence.

This is why they have supported the production of this guide which is designed to help all of those working across the system, to support people with learning disabilities to achieve their goals and to procure the best possible housing for people now and in the future.