



Building the right home

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Guidance for commissioners of health and care services for children, young people and adults with learning disabilities and/or autism who display behaviour that challenges

Building the right home is issued by NHS England, the LGA and ADASS as part of the Transforming Care Programme.

Version number: Version 1

First published: 21st December 2016

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Classification: OFFICIAL

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This document refers to ‘housing providers’ to describe registered housing providers including the local authority and housing associations. This document uses ‘housing’ and ‘accommodation’ interchangeably to signify accommodation.

It is intended to be supplementary to ‘Building the right support’ and the accompanying service model, in order to help NHS and local authority commissioners expand the housing options available for this group of people who form part of the Transforming Care Programme. Further information can be found at: <https://www.england.nhs.uk/learningdisabilities/natplan/>

Case studies are included to give examples of different housing approaches that could be applied to housing for people with a learning disability and/or autism with behaviour that challenges. By publishing these examples, NHS England, the LGA and ADASS do not confirm the quality of care in this accommodation or that they will necessarily fund specific projects based on these models of support.

Executive summary

[‘Building the right support’](#) and the national service model state that people¹ should have choice about where they live and who they live with. Inappropriate housing arrangements increase the likelihood of people displaying behaviours that challenge, which can lead to placement breakdown and an avoidable admission or readmission to hospital.

A significant increase in housing options for people with a learning disability and/or autism will enable people to access the right home and support at the right time. Inevitably, this will also support the reduction in overall inpatient capacity by March 2019. We are beginning to make progress on reducing our overreliance on inpatient facilities. However there is still further to go.

Based on Assuring Transformation data, we estimate that around 2,400 people with a learning disability and/or autism will require new living arrangements upon discharge from inpatient care by March 2019².

This guidance aims to support Transforming Care Partnerships (TCPs), working with housing providers and other stakeholders, to ensure we can deliver on our ambition to see more people living their own home and getting the support they need to live healthy, safe and rewarding lives.

Key messages:

- In line with the service model, housing options should be based on individual need and be an integral component of the person-centred care and support plan.
- Everyone should either be offered their own tenancy in settled accommodation or own their own home. This can be in small-scale supported living schemes or other bespoke housing options (examples are set out in the guidance).
- To support the delivery of settled and short-term accommodation, NHS England has made £100 million available between 2016 and 2021. This funding is given using standard NHS capital grant processes to CCGs via NHS England regional finance teams.
- Transforming Care Partnerships should consider producing a housing strategy, with a clear understanding of the types and volume of accommodation required, to facilitate the engagement of a variety of housing providers both within the local area and those with national provision.

¹ This document refers to ‘people’ as a shorter way to referencing children, young people and adults with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.

² Historical data shows that 1,725 people were discharged to the community from March 2015 to June 2016. Using this data and analysing the discharge trends presented, we have estimated the total number of people to be discharged between September 2016 and March 2019. The portion of those patients estimated to require new accommodation is based on a combination of observed trends in the past discharge period and discharge planning information for the current inpatient cohort.



Service Model

Commissioners understand their local population now and in the future

Housing principles in Transforming Care

One of the key ambitions of Transforming Care is to significantly increase housing options for people to enable them to access the right home and support at the right time. Without doing this it will not be possible to achieve the overall reductions in inpatient capacity over the next 3 years.

We know that people can be effectively supported to live as independently as possible in ordinary housing in the community, without creating institutional models of housing and care.³

The service model clearly states that people should be supported to live as independently as possible in settled accommodation in the community, rather than living long-term in institutionalised settings. It sets out two types of accommodation:

- **Settled accommodation** is accommodation where the occupier has security of tenure/residence in the medium- to long-term, or is part of a household whose head holds such security of tenure/residence
- **Short-term accommodation** is a place where a person can go for a short period, for example, to prevent an avoidable admission into a hospital setting.

The key to getting this right is ensuring that people have a choice of housing “based on the belief that people have a right to decide where, how and whom they live with, and who should provide them with the support they need to do this.” For further information see:

- **Annex A**, which sets out key housing principles designed by people with a learning disability and/or autism and their families
- **Annex B**, which sets out a selection of housing models for settled and short-term accommodation. These examples aim to demonstrate how service have been developed and funded, as well as housing-related design elements
- **Annex C**, which provides a list of useful resources.

Planning for diverse needs

Whilst the principles set out in the service model will apply to all people with a learning disability and/or autism who display behaviour that challenges, this is an extremely diverse group of people and their housing needs will be similarly diverse. There is no one answer for any person and decisions about housing provision should always be based on individual need.

For example, someone with learning disability needs who displays self-injurious or aggressive behaviour that is unrelated to mental ill-health may need bespoke housing with significant adaptations. They may, for instance, need walls or radiators

³ Laing and Buisson, Illustrative Cost Models in Learning Disabilities Social Care Provision, May 2011

to be padded to protect them from self-harm, or elements of the house to be made more robust to prevent damage⁴.

Some people, for example some autistic people⁵, may not need significant physical adaptations, but the location and design of their home may still be important, particularly if they have sensory needs. They may need to live away from busy, noisy roads or bright lights. There may be specific triggers of certain types of behaviour which exist within the house or in the surrounding area.⁶

There also remains a group of people who have been in hospital for over five years for whom hospital has effectively become their permanent home. We now need to secure new homes in the community for these individuals, mindful that the transition from institution to community may require intensive support upfront.

When planning for people's needs, commissioners should look at the Care Quality Commission's policy and guidance on registration for providers.⁷ It describes how to make sure that applications from providers to register or change their registration are in line with this plan and model.

CQC plans to take a consistent approach across both registration and the inspection of existing services. In '[Registering the right support](#)', CQC has stated that if, on inspection, a provider's service does not meet the aims of '[Building the right support](#)', and the accompanying service model for quality, it will affect their judgment and rating of the service.

NHS capital

NHS England has made £100 million available between 2016 and 2021 to support Transforming Care projects. This funding is available as capital grants, which can be given using standard NHS capital grant processes. The process for these capital grant process is set out in table 1.

⁴ Designing homes for people with learning disabilities and challenging behaviour - Enfield Council and Enfield Community Services, Enfield Supported Housing Guidance, 2008

⁵ Think Autism: fulfilling and rewarding lives, the strategy for adults with autism in England: an update, 2014: <https://www.gov.uk/government/publications/think-autism-an-update-to-the-government-adult-autism-strategy>

⁶ A Practical Guide for Registered Social Landlords: Housing and Autism Spectrum Disorder, Glasgow City Council, 2010: <http://onlineborders.org.uk/sites/default/files/asdborders/files/PracticalGuideforRSLsHousingASDmarch10.pdf>

⁷ Registering the right support, February 2016, CQC. See: https://www.cqc.org.uk/sites/default/files/20160216b_Registering_the_right_support.pdf

NHS England's capital will only be granted to develop accommodation which is in line with the service model and must be in accordance with the provisions of s256 and s257 of the NHS Act 2006 (as amended).⁸

NHS England capital can be used alongside other forms of capital funding, such as:

- Department of Health capital, such as the Care and Support Specialised Housing Fund
- Homes and Communities Agency (HCA) Affordable Homes Programme
- Disabled Facilities Grants (for aids and adaptations) administered locally via the Better Care Fund
- Private and social investment.

These opportunities should be explored in partnership with housing providers, local housing departments, as well as people with a learning disability and/or autism and their families. As far as possible, these projects should be agreed between health and social care commissioners locally.

Not every placement will require a capital investment and people can be placed in existing services. However, when placing people in voids in existing services or group living arrangements, this should be based on an assessment of individual preferences and needs.

Capital funding requirements should be submitted by a sponsoring CCG through the annual operating planning process for agreement with their NHS England Regional Team. CCGs can discuss their capital funding requirements with their NHS England Regional Finance Team at any time in the year. Capital funding queries should be submitted via local CCG Finance Teams to NHS England Regional Finance Teams in the first instance.

The following section provides a more detailed explanation of the different models people can use to provide settled accommodation through supported living. In section 3, the guidance discusses approaches to short-term accommodation.

What is supported living?

Supported living means that a person is supported to live in the way they want. Their housing and support is built around them rather than fitting them into a service. In supported living, people are supported to take control of their life. Supported living is not just for people who are more independent. It is about living life with the same choices, rights and responsibilities as other citizens.

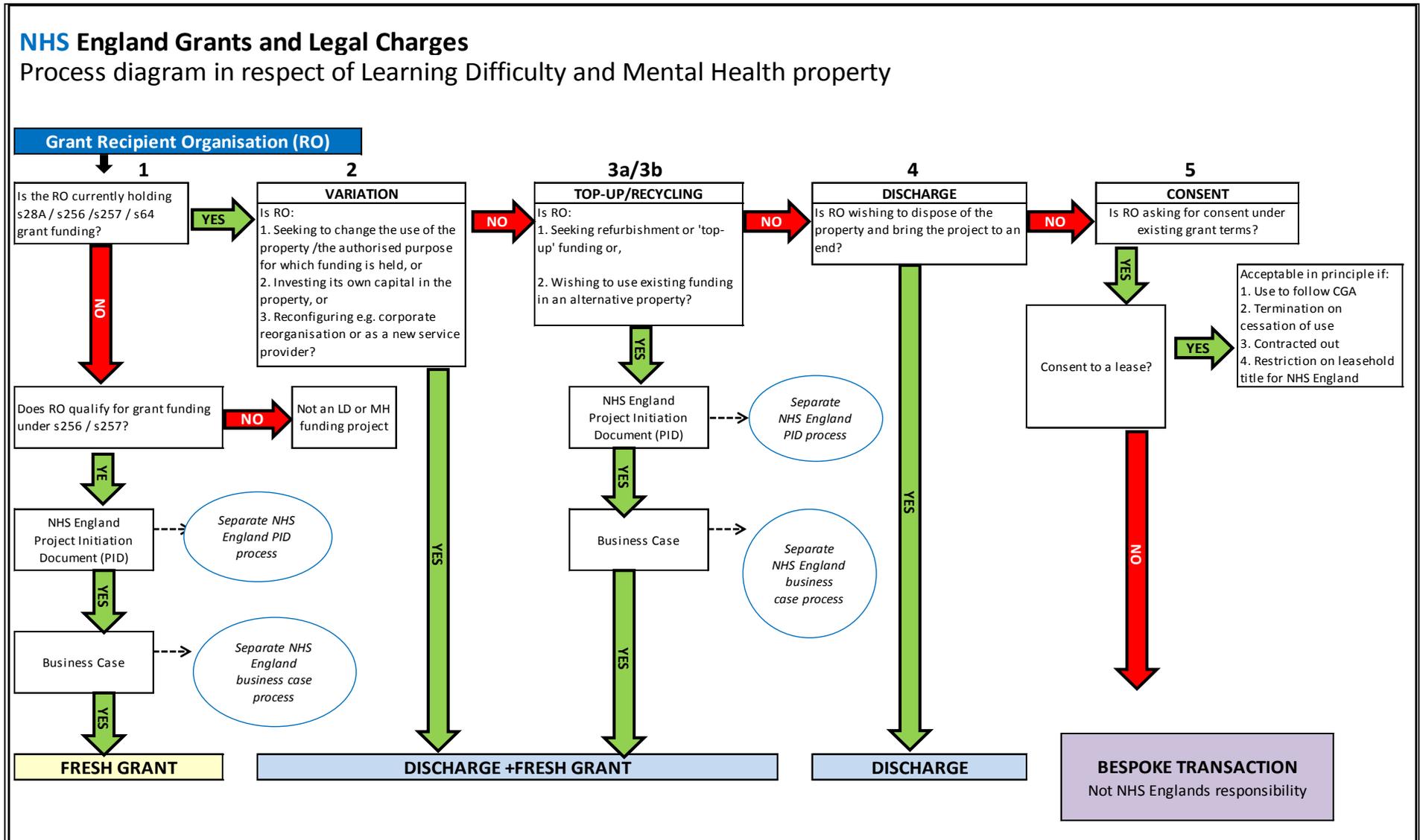
Supported living is not about a specific housing model, but some models of housing enable someone to have their own tenancy and to choose their personal care, which make it easier to support someone to live the way they want. The [REACH standards](#) tell you how to check if a service really offers supported living.

The benefits for supported living include:

⁸ <http://www.legislation.gov.uk/ukpga/2006/41/section/256> and <http://www.legislation.gov.uk/ukpga/2006/41/section/257>

- Security of tenure through a tenancy agreement or ownership
- The ability to choose who provides their day-to-day personal care and support, which can be changed without having to move home
- Increased control and choice
- Rights and access to welfare benefits
- Greater choice about who people live with.

Table 1: NHS England Grants and Legal Charges



Housing models for strategic resettlement

Providing settled accommodation

In settled accommodation a person should be supported to live independently with an individual care and support package based on their needs and preferences. It is important that people have access to a variety of options to choose the accommodation that is right for them.

Settled accommodation includes:

- Owner occupier/shared ownership schemes (where the tenant purchases a percentage of the home value from the landlord)
- Supported or sheltered accommodation, supported lodgings, or a supported group home
- Approved accommodation for offenders released from prison or under probation supervision (such as a probation hostel)
- Settled mainstream accommodation with family/friends
- General needs accommodation e.g. Local Authority, registered housing provider, Housing Association, or a private landlord.

These types of arrangements can provide additional rights to people. For instance, a tenant or homeowner has a right to choose who provides their support and can change their day-to-day personal care package without moving home or move home without changing support arrangements.

Where the providers of care and accommodation are the same legal entity, there should be a clear separation between the accommodation and the personal care being provided, with separate contracts in place for the personal care and accommodation being provided.

When planning for someone's future accommodation, commissioners should consider the different models used by housing providers. Some schemes may operate a model that requires residents to buy into a mandatory service, which includes overnight and emergency response, laundry or housekeeping, as well as a limited amount of personal care in specific circumstances. As long as this scheme is separate from the day-to-day personal care package, this would be in line with the service model.⁹

Long-stay healthcare residential facilities and residential or nursing care **are not** considered settled accommodation because the occupant does not own the accommodation or hold their own tenancy. In the context of Transforming Care, NHS England will not award capital funding to projects that are intended as a permanent home for individuals but which do not constitute settled accommodation as set out above.

⁹ Housing with care: Guidance on regulated activities for providers of supported living and extra care housing, October 2015

A small number of people leaving hospitals may choose this kind of accommodation. However, in line with best practice¹⁰, commissioners should ensure:

- A capacity test with best interests processes if needed
- Access to independent advocacy
- Relevant safeguards are sought

In addition to the above, as described in the national service model, housing with occupancy of six or more people can quickly become institutionalised. New campus sites should not be created. Commissioners should carefully consider the service design when contracting with care and support providers or housing providers to create schemes of multiple units within close proximity, to ensure the service enables the tenants to have control over where they live and who provides their support.

Clarification on community living

A block of twenty flats which included six flats for people with a learning disability and/or autism, for example, would meet the principles outlined in the service model. However, a block of twenty flats all aimed at people with a learning disability and/or autism would not be in line with the service model and could be considered an institution. These factors will be taken into consideration when using NHS capital grant to develop new housing options.

Types of accommodation

• **Supported housing**

Supported housing varies, but people may have their own flat, house or bungalow within a wider development for other people who need support - sometimes with additional communal space. Supported housing also lends itself to having mixed tenures so that people can have the option to rent, part buy or buy outright. A scheme can also operate for a mixed group of people with varying levels of needs.

Supported housing can be designed to a bespoke specification to minimise risk to the person and others, with flexibility built in so as to adapt to the person's needs accordingly. It can also be designed so that the shared space is minimised or only visible to those tenants that require it.

Supported housing can also be an environment where a blend of services can safely manage the clinical risks of more high-risk inpatient populations. To manage clinical risks in a community setting, a supported housing scheme could offer support services such as life skills and medication management, with an enhanced support model which includes services from the NHS such as Cognitive Behavioural Therapy (CBT), occupational therapy and clinical psychology.

A health provider could then provide the Care Programme Approaches (CPA), psychiatric consultancy and care coordination. The resulting hybrid service would combine both NHS and housing support within a purpose-built scheme, where each individual has their own apartment and tenancy.

¹⁰ <http://www.ndti.org.uk/what-we-do/housing/feeling-settled-toolkit/>

Questions to consider:

1. Have you identified existing NHS property, residential care or housing schemes to remodel for people with a learning disability and/or autism?
2. Have you discussed opportunities directly with housing providers to build the scheme into their pipeline of development using Department of Health and/or HCA funding (GLA in London)?
3. Have you identified opportunities to use NHS land (including hospital or care home estate) or other public land sites, where bespoke supported housing schemes could be built into existing redevelopment plans?
4. Have you sought advice from local housing departments on where S106 agreements or CIL may provide an opportunity to develop supported housing?

- **Home Ownership**

Home ownership is not just restricted to those people who can afford it. Shared ownership schemes have been established as a lower cost home ownership option for people of modest incomes for many years. Home Ownership for people with Long-term Disabilities (HOLD) is a similar government-backed shared ownership scheme specifically for people to share in the ownership of their home with a housing association.

There are many benefits to using shared ownership to meet a person's housing needs. Shared ownership:

- Offers secure tenure and promotes the separation of accommodation and day-to-day personal care and support
- Allows for an individualised environment that meets the specific needs of the person
- Enables the person to have greater choice about where they want to live and with whom, living on an ordinary house on an ordinary street.

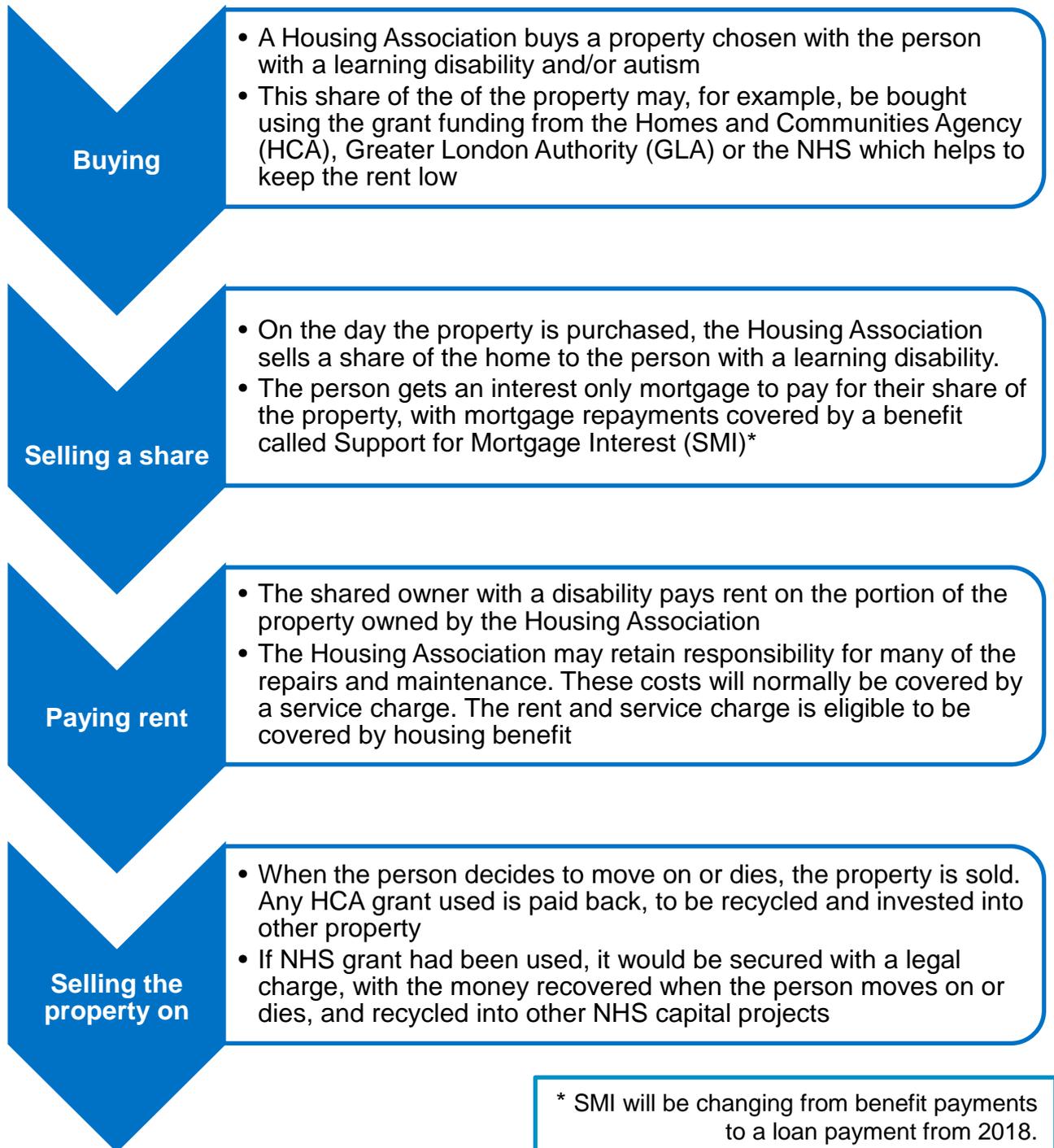
HOLD is available (subject to lender approval) to people aged 18 or over with long-term disabilities (this covers physical and learning disabilities, cognitive and sensory impairments and enduring mental health issues). The person will need a deposit to get a mortgage, which could come from family or accumulated savings.

Housing providers can bid for Homes and Communities Agency (HCA) grant funding on a case-by-case basis and some will also have a tranche of funding already agreed with the HCA to help them deliver HOLD schemes. Where HCA grant will not make a scheme viable, but there are compelling health and wellbeing benefits¹¹, NHS England is exploring the use of capital grant funding under the provision of the NHS Act 2016 (as amended) to enable housing providers to purchase properties.

For more information on HOLD, visit My Safe Home: <http://www.mysafefhome.info/>

¹¹ For example, where the needs of an individual mean that the housing needs to be larger/more bespoke than average, but likely to mean significantly better health outcomes for the individual with a learning disability/autism who displays behaviour that challenges.

Overview of a HOLD scheme



Questions to consider

1. Are you able to gather the specific housing needs of individuals so you can identify shared ownership opportunities and understand the costs involved?
2. Have you explored the use of the Disabled Facilities Grant and the DH Housing and Technology fund to cover the cost of adaptations in shared ownership?
3. Have you discussed opportunities with housing providers who may be able to build HOLD into shared ownership schemes currently being developed?

- **Bespoke rental properties**

Social rented housing is low cost and has long-term security. There are two routes to access affordable housing:

1. For general needs accommodation, people should apply for housing via the local authority housing register, which allocates housing to applicants based on priority. In areas of high demand the waiting list can be lengthy, with people being placed in temporary accommodation even for those in 'priority need'.
2. For specialist accommodation, such as supported housing and bespoke rental properties, commissioners and/or the housing provider will usually control nominations directly.

If there are no social rental properties available, people can rent a property from private landlords on the open market or through an intermediary who leases the property from the housing provider. The intermediary secures the property from a private landlord for a fixed length of time and agrees a rent that is below market rents. The maintenance and upkeep of the property is the responsibility of the housing provider. This can be a quick and flexible housing solution for people.

Alternatively, a housing provider can purchase a property off the open market and rent to a person. This model requires higher capital investment to ensure the rent can be maintained at a low level, as well as covering remodelling costs to make a property bespoke to the person's needs. It will be important to manage voids effectively in this type of accommodation to avoid high levels of costly voids. Another option is for a housing provider to lease a property from a social or private developer. If accessed at the early stages of development, the developer may be able to build in bespoke requirements.

Section 4 on the housing marketplace discusses key terms to negotiate with housing providers, including rent level, voids and nomination rights.

Questions to consider

1. Have you discussed opportunities with housing providers or developers who may be able to build bespoke rental options onto existing affordable housing sites currently being developed?
2. Have you explored using voids or remodelling individual units in existing supported housing if appropriate, including supported housing for a different group of people?
3. Have you got information systems in place so that what is known about available housing can be easily shared with individuals looking for a home?

- **Community living networks**

Community living networks work by connecting people in their own homes within a particular area. The model can enable people to live in a network of houses or flats to support each other, as well as to receive support. A support worker lives as part of the community and provides small amounts of support to each network member.

The properties are not all provided by the same housing provider. They can be a variety of private or social rented and shared ownership properties, including where people are living with their parents.

For people with higher support needs, community living networks would involve additional one-to-one support based on a person's care plan. However, the benefits of this approach are that people are connected across a particular area and supported to engage with community life.

Questions to consider:

1. Do you know how many individuals with a learning disability and/or autism live in individual and shared properties across the area?
2. Have you identified areas where there are economies of scale to flex elements of support across an area or a collection of properties?

Short-term accommodation in the community

Community-based short-term accommodation provides two functions:

1. Short-term accommodation can be used to provide additional support to people living in the community in times of crisis or to prevent potential crisis. This type of crisis model can provide additional support when someone's supported living package is at risk of breaking down
2. By slowly reducing the presence of an institutionalised routine, short-term accommodation can enable someone to adapt to living in a supported living environment at their own pace.

Alternative short-term accommodation should only be used for short periods to prevent an avoidable admission into a hospital setting. It might also provide a setting for assessment from teams providing intensive multi-disciplinary health and care support where an assessment cannot be carried out in the person's home.

Short-term accommodation may also be required for court orders, Community Treatment Orders (CTOs) and Guardianship orders. It is recognised that this is in relation to the order, but it needs to be clearly identified in the person's person-centred care and support plan, together with the reason why.

Such services are for short-term usage and commissioners should take careful steps to ensure they do not unintentionally become, over time, long-stay placements or a hospital by another name. NHS capital funding for such projects will need to satisfy NHS England that they have taken appropriate steps to address this risk and will also have to be consistent with the provisions of s256 and s257 of the NHS Act 2006 (as amended).

The following section looks at approaches for delivering housing, setting out expectations for the development of Transforming Care housing strategies and steps to engage the housing marketplace.

Discharge from hospital with restrictions

Admission to secure inpatient services should only occur where a patient is assessed as posing a significant risk to others. Often people will be detained under Part III of the Mental Health Act ('patients concerned in criminal proceedings or under sentence') and in contact with the criminal justice system, with or without restrictions. These restrictions require the Secretary of State for Justice (Ministry of Justice) to be involved in the management of these patients through the hospital system. The Responsible Clinician (RC) can only discharge them with permission from the Secretary of State. Conditional discharge means the patient will need to meet certain conditions in the community such as getting treatment. If these conditions are broken, the patient can be recalled to hospital.

Staff in the detaining hospital should begin preparations for a patient's conditional discharge before authority for discharge is sought. They will also need to consider before a tribunal hearing whether arrangements may be necessary to implement a discharge order made by the tribunal. These arrangements should include the patient's personal preparation for life outside the hospital and the consideration and choice of suitable accommodation, employment or other day-time occupation, a social supervisor, and a clinical supervisor. The MoJ has issued separate guidance to hospitals about the importance of careful preparation of the arrangements for the supervision and after-care of a patient.¹²

For discharge, the MoJ will require an address to discharge the patient to. The guidance is clear that there should be no question of a patient going automatically to unsuitable accommodation simply because a place is available and equal care is necessary whether the proposal for accommodation is to live with family or friends, or in lodgings or a hostel¹³. These patients require high levels of support, intervention and monitoring services from more than one agency or discipline. They are likely to require a stepping stone from short-term supported accommodation to independent living in the community as they may only have a partially established or may not have an informal support network.

¹² See Guidance for clinical supervisors (2009) from the Ministry of Justice for information for clinicians who take on the role of clinical supervisors for a restricted patient subject to a conditional discharge. See also guidance issued by the Home Office and DHSS in 1987 for the multi-disciplinary team at the discharging hospital. This Guidance should be read in conjunction with the 2007 Mental Health Act Code of Practice with particular reference to the emphasis on public protection, risk assessment and staff safety.

¹³ As above

Developing the housing marketplace for Transforming Care

To enable people to access the right housing at the right time, commissioners should ensure there is a ready market of housing providers willing and able to respond to demand.

Engagement with local and national housing providers will enable commissioners to develop a pipeline of housing developments to meet existing and future needs.

Setting the foundations

Commissioners should have a clear understanding of the types and volume of accommodation required to support people to live in the community. This should include:

1. The accommodation needs of people in the priority cohorts, notably people ready to be discharged from inpatient facilities, as well as people who are out-of-area or young people approaching transition
2. The accommodation currently available to the wider population of people with learning disabilities and/or autism, along with any gaps in provision, including residential care provision
3. The accommodation needs of future populations in inpatient units, as well as the 'at risk of admission' population.

Commissioners should work to ensure the above is included in relevant local housing strategies.

To assess current and future needs, commissioners can use the '**At Risk of Admission register**'¹⁴ and the '**Dynamic Risk Register**' described in the service model. Alongside other information (see table 2). This strategic data will enable housing providers and local authority strategic housing teams to identify options for development.

Commissioners should develop an understanding of existing supply of suitable accommodation, working with housing colleagues not only to make use of property vacancies, but also to explore options to include accommodation options in new developments. Commissioners should develop links with teams in housing allocations, as well as the capital projects team.

¹⁴ See information on Care and Treatment Reviews:
<https://www.england.nhs.uk/learningdisabilities/ctr/>

Table 2: Data for modelling housing needs

Data set	Link
Local housing strategy	Available locally
Local strategy for children and young people with special educational needs and disabilities	Available locally. Discussions with children's commissioners will also provide valuable information regarding young adults leaving 52 week school placements.
Local strategy for people with a learning disability/people with autism	Available locally
Joint Strategic Needs Assessment	http://content.digital.nhs.uk/article/1847/JSNA-core-data-set Local JSNAs will be supplemented with local data and information
Assuring Transformation	http://content.digital.nhs.uk/assuringtransformation
PANSI¹⁵	http://www.pansi.org.uk/
SALT¹⁶	http://content.digital.nhs.uk/socialcarecollections2016/
MHSDS	https://digital.nhs.uk/mhmds

Shaping the housing offer

Housing providers' financial appraisals are based on a 20-60 year investment timescale. As such, when dealing with providers it is important to be clear on:

- Housing principles and objectives
- Information about both existing and future needs
- Supply issues and existing stock
- Ongoing local housing challenges
- Delivery approach
- Funding streams and how to access capital grant (including capital receipts and existing assets) so housing providers are clear what resources are available to develop housing options.

To ensure consistency when dealing with providers, Transforming Care Partnerships should consider producing a housing strategy. A strategy would facilitate the engagement of a variety of housing providers both within the local area and those with national provision.

¹⁵ The Projecting Adult Needs and Service Information System (PANSI) provides population data by age band, gender, ethnic group, and by disability living allowance, incapacity benefits, and guardianship for English local authorities.

¹⁶ The SALT data collection is a set of measures as part of the Zero Based Review (ZBR) of social care data collections. It comprises two main sections, short term support and long term support, and tracks customer journeys through the social care system.

This strategy should aim to open up discussions on using existing local authority, district council or NHS assets to develop housing options, sourcing land and properties which could be re-developed.

Local areas should also consider developing a housing provider framework through an approved list for capital development for people in Transforming Care. This would provide quick access to housing providers with expertise in this area, following communication about local needs and the approach to developing a pipeline. However, this approach should not prevent commissioners approaching providers directly. Given the importance of working with families, the support provider and clinicians to ensure the housing meets people's bespoke needs, it is worth considering taking a trusted partnership approach with a housing provider and other partners.

Once finalised housing strategies can be promoted via local and national networks such as:

- the Housing Learning and Improvement Network¹⁷
- Learning Disability England¹⁸
- National Housing Federation's regional structures¹⁹

Local market engagement events can also facilitate direct links with providers to establish how these accommodation needs will be met.

Alongside the housing strategy, accessible information about the range of housing options should be made available. This needs to be clear about the responsibilities of renting or owning a home, along with information about where advice and support can be accessed about housing.

Agreeing key terms

Some housing providers have the ability to fund the purchase and development of accommodation, either from reserves or new borrowing, and can act quickly and decisively. However, a key issue for all housing providers is the financial risk which results from acquiring and developing a property.

At the outset, the costs of purchasing and developing a property require pure investment, with providers recouping that investment over time through rent and service charge. However, this opens up a variety of risks for the provider. It is important to openly discuss the business model being used by the housing provider as this will impact upon their ability to carry risk as a provider. Some of these terms are specific to the person living in the property; others are general to all housing development.

- **Nomination rights and void risk**

¹⁷ <http://www.housinglin.org.uk/>

¹⁸ <http://www.housingandsupport.org.uk/home>

¹⁹ <http://www.housing.org.uk/about-us/who-we-are/external-affairs-and-member-relations/in-your-area-contact-us/>

The appropriate balance of nomination rights will depend upon various factors such as whether any capital funding made by, for example, NHS England or other financial contributions has been made and the level of void risk being taken by the commissioner or by the housing provider.

The commissioner will usually have the right to nominate to vacancies, at least for a period of time. The housing provider will usually retain the right to allocate to vacancies if the commissioner does not wish to do so or is unable to do so within an agreed period of time. Commissioners should consider the cost of voids against their needs analysis and the cost of developing new adapted accommodation. From time to time the care provider may take on some of the void risk. This is particularly relevant where the care provider has a long term contract and/or where they are likely to have a key role in finding and selecting new nominees.

If a person is in hospital for a prolonged period of time, a meeting is convened at week 48 between commissioners, care and support providers and the housing provider to agree how the rent will be covered. This should be reviewed regularly to ensure hospital discharge at the earliest point and to avoid a notice being served. Providers can also obtain void insurance to mitigate against this.

- **Rent and service charge**

The rent and service charge should reflect the level of grant provided (if any) by, for example, NHS England. The mechanisms for setting the initial rent and service charge level are generally agreed with the commissioner. Where possible the rent level is sometimes agreed in advance with the relevant housing benefit authority. From 2019, a new system for paying housing costs in supported housing may see local authorities topping-up supported housing rent costs from a ring-fenced grant.

The provider should have the right to refuse people if they feel their needs would not be met in the scheme. In the first instance an initial overview of the reasons why a person cannot be accommodated should be considered and where possible actions taken to ameliorate any concerns. However, this should be based on an agreed set of principles between the housing provider, the commissioner and the care provider from the outset.

Future funding of supported housing

Where grant is provided by, for example, NHS England or a successful application is made to the Department of Health or HCA/GLA for grant from the Affordable Housing Programme, core rents will usually be at **formula rent** (i.e. nationally regulated) levels.

Formula rent takes account of values of properties and local earnings relative to national earnings, as well as a 'bedroom weighting' factor to ensure the resulting rents better reflected the perceived value of the properties being occupied. Service charges may be charged in addition to the core rent. Typically core rent and service charge combined will be greater than the local housing allowance level (LHA). Such combined rent and service charges will therefore be vulnerable to the LHA cap.

Where no grant is provided (or where the grant is recoverable and is secured by way of a charge against the property such as NHS Capital), the accommodation can be defined as **specialised supported housing**. Then the association may charge a rent which is greater than the formula rent level. Service charges will typically be charged in addition to this.

Typically, whatever rent model is used, the tenants would claim and receive housing benefit sufficient to cover all or virtually all of the combined charge. The LHA cap, under the Government's plans, will significantly restrict the housing benefit available to cover the rent and service charge. Some commissioners have considered underwriting this shortfall in the event of this scenario occurring. There are various ways that this underwriting might be structured:

- a) An indefinite guarantee applying to the scheme
- b) An indefinite guarantee applying to the individual claimant. This may be of less value to providers for multi-unit schemes.
- c) A time limited guarantee, applying either to a person or to a scheme giving all parties sufficient time to appraise the long-term viability and benefit of the scheme and to either agree a strategy that would allow the scheme to continue or achieve a managed exit and closure of the scheme.

- **Repairs and equipment**

Typically the housing provider will carry the responsibility for all repairs. Maintenance costs are usually much higher than normal in this type of accommodation.

Substantial additional equipment and facilities are often required for the person. This might include white goods, specialist baths, lifts, and hoists. These are all typically provided by the housing provider, with the exception of equipment bespoke to that person such as wheelchairs, which can be provided through a long-term loan from the NHS.

It is important these details are discussed between all parties early at the design stage, with a clear specification for the property. The costs will often be built into the development of the property. Once in place equipment should be checked to ensure that it is safe and functional.

Annex A: Principles of housing for people with a learning disability and/or autism

Principles of housing for people with a learning disability and/or autism: **“I have a choice about where I live and who I live with”**

The Department of Health, the Local Government Association and NHS England asked people with a learning disability and/or autism and their families what is important to them about housing and what good housing should look like.

People with a learning disability and/or autism should:



be supported to live **in their own homes in the community** with support from local services



be supported to live **independently** with the right support

Living independently doesn't have to mean living on your own. It's about having choice, freedom and control over your own life. It means that you decide where to live, who you live with and how to live your life. It means you get all the support you need.



be offered a **choice of housing** that is right for them



have a choice about **who they live with, and the location and community** in which they live. Things like access to public transport and social opportunities are very important



have housing that works for them and **meets their needs**. They should not just have to move into a housing service or group living service just because there is space



be offered **settled accommodation**. This includes looking at things like people owning their own home and supported living

What is settled accommodation?

Only certain types of housing count as settled accommodation.

Settled accommodation means the person who lives there has security in their home for a long time.



be able to **remain in their home** even if their care and support needs to change

This means that the people providing care and support and the people providing housing should be separate so that a person can change who gives them care and support but doesn't have to move house.



feel **happy and safe** in their home

Services supporting people should:



ensure that choice about housing is offered **early in planning for people**



ensure that planning for housing is based **on what the person needs and wants** and is a big part of a person's care and support plan



ensure they support people properly and give people **lots of notice** if they have to move as it can be very upsetting for the person



respect that it is the person's home and support them to have it the way they want it with their own things around them



keep checking that the housing is still right for the person. People and what people need can change

The people who plan housing should:



ensure that the housing needs of people with a learning disability and/or autism are part of **local plans about housing**

Annex B: Housing Models

Below is a selection of housing models for settled and short-term accommodation. The examples aim to demonstrate how service have been developed and funded, as well as housing-related design elements.

Settled accommodation

These housing models create accessible living environments that increase opportunities for independence, choice and control. They often follow specific design principles, which consider the effect that buildings have on people and their behavioural response to their living environment. Buildings that avoid complex design help people who experience stress to feel more peaceful and comfortable in their own home. Minimal design also requires any equipment to be simple and plain for people with a learning disability to understand.

Curo

Willow House: Supported housing for young adults with autism

Bath & North East Somerset Council Learning Difficulties Team, Curo, a registered housing provider and house builder, and the National Autistic Society developed a bespoke new-build scheme for young people with autism. Willow House consists of five individual one-bedroom flats, a communal lounge, and support accommodation. Curo developed the scheme, investing £305k alongside a government and local authority grant of £300k.

Curo also provide core services including a wide range of housing management services, such as repairs, property upgrades, estate management, lettings and any day-to-day tenancy matters. The concept behind the scheme is to allow people with similar needs to live independently; benefiting from flexible personalised support provided by the National Autistic Society that prevents the need for one-to-one 24 hour assistance.

Willow House was designed by Archial (now known as Ingenium) and built by E G Carter. Working with the young people before they moved in, they designed a building that is autism-friendly. Some measures taken include dimmable LED recessed lighting across the whole building, low decibel extractor fans and low-odour paint. All fixtures and fittings were specifically chosen for their colours and ease of use. The building includes anti-tampering equipment: 'boxed in' boilers, adjustable water flow rates, specialist Tunstall equipment and underfloor heating so that radiators don't need to be used. A communal lounge area has been incorporated into the design to encourage a social environment.

The location was chosen to enable those living there to easily get out into their local community. All the people living there have now registered themselves with a local GP and other services such as the library and sports centre. They have also started to go to the local college and begun to explore job opportunities in the area.

Southdown**Princes Crescent – remodelling supported housing**

Princes Crescent is owned freehold by Southdown and up until 2013 operated a registered care home for five people with a learning disability. In 2012 the property was decanted and underwent a major redevelopment to create 4 studio flats with shared communal area and a two bedroom self-contained flat, for two people to share. This model was designed to meet needs of people who had returned to the property in 2013. The remodelling costs were £700,000, met by Southdown.

The two person self-contained flat model proved unsuccessful due to compatibility issues, and one of the people transferred to another Southdown property where they could have a self-contained flat. Working with Brighton and Hove City Council, it was agreed that they could remodel the two bedroom flat to create two separate one bedroom flats to facilitate a referral as part of transforming care from an Assessment and Treatment Unit (ATU). The building works were completed in 2015 when the new person moved in at a cost of £60,000, met by Southdown. There is a single staff team on site, who work across all 6 units. The property related running costs for the scheme are £45,000 p.a. which covers repairs and maintenance, communal utilities and services and housing management. The average weekly rental charge is £166 per unit (rent £98 and service charge £68). These costs are met through Housing Benefit.

Southdown received a referral from an ATU and worked over an 8 month period to facilitate the transition to Princes Crescent. A member of Southdown's Positive Behaviour Support (PBS) Team worked with staff at the ATU over a 4 month period to fully understand the support needs. Key elements of the transition were:

- Assessing the person's accommodation and support needs
- Redesigning Princes Crescent to create a self-contained flat to meet their specific needs
- Developing and agreeing a support plan prior to their move to Princes Crescent, getting sign off from family
- Agreeing support package funding with BHCC (112 hours per week)
- Arranging community based health service support in advance of the move
- Selection of additional staff based on skills match to support the person
- Several days of specific training for the Princes Crescent staff team by the PBS team prior to the move
- Regular PBS team reviews using incident data from in-house reporting systems to assess how well the support plan is meeting the person's needs

To date this has proved to be a very successful transition, with a stable support package in place and no significant behavioural issues. This success is partly due to the appropriate design and furnishing of the accommodation based on the specific needs of the person who is very paranoid about official looking signage and noise. Furthermore, the pre-transition investment enabled the PBS team to spend time developing a comprehensive support package, with observations and hands-on involvement within the ATU.

Advance Housing

Redevelopment of supported housing using recycled capital grant

Coombe End (now known as Hucclecote Road) was a freehold property owned by Advance, a housing association, previously purchased with NHS capital grant with a 100% legal charge back to NHS England. This property was part of a larger portfolio of properties that all transferred to Advance's ownership in 2006. Advance included Coombe End in a modernisation programme by Advance, which looked at improvements to and re-provision of the existing properties.

The property was a registered care home that was no longer fit for purpose. After negotiations with Gloucestershire County Council, the CCG, NHS Property Services and NHS England, it was agreed that the existing property would be demolished and a block of eight purpose-built one bedroom flats would be developed on this site.

Three of the flats were built to a design specification that would enable someone with complex needs to take up the tenancy. A lift was included to make sure the development was accessible. There is also space for a staff member to sleep at the development and this staff team provides the 24 hour support. People are able to choose their individualised support if they do not want to use the background support provider.

The total scheme costs were £1.34 million without a land cost. This was funded with NHS England recycled capital grant from the care home site, as well as the sale of two other properties that had been decommissioned. This grant was secured in an agreement with NHS England by a legal charge against the title of the property as a percentage of the total scheme costs. There was also new HCA grant and Advance allocated Recycled Capital grant, as well as private borrowing to make the whole scheme viable.

The advantages of the scheme are:

- Everyone can have their own front door but can meet with others so do not feel isolated
- People living there have a tenancy with Advance and the support is provided by their chosen support provider so there is a clear separation between the housing and the support.
- The development is an 'ordinary' development of flats, close to amenities and transport links, and fits in with the neighbourhood
- It has meant the re-use of a site where there was an established provision for people with a learning disability so relationships locally are good
- The flats designed for people with complex needs offer flexibility for future use

KeyRing

Facilitating peer support in Walsall

In September 2011, Walsall Council commissioned an adapted form of the traditional KeyRing peer support model. The aim was to support the Walsall Adult Social Care to move people living in residential care (often out of area) to appropriate independent community-based living within Walsall. Traditional KeyRing networks support people with low/moderate support needs. Normally a network has nine members who live in properties of any tenure in a defined geographic area. A Community Living Volunteer (CLV) lives, rent-free, in a tenth property and provides, free of charge, at least 12 hours of their time each week to facilitate members to support each other and build links with neighbours and community organisations.

KeyRing's adapted Walsall model provided a:

- Holistic person centred alternative to residential care i.e. to reduce new admissions,
- Step down support service from residential care to sustainable community living, and
- Prevention service for vulnerable people not currently eligible for support.

Each CLV was supported by a Supported Living Manager (SLM). Each SLM was responsible for a number of networks. Members could also have direct support from the SLM (when needed) and access to the KeyRing out-of-hours telephone help line. Networks also had access to a paid Community Support Worker (CSW). The CSW provided variable levels of more intensive floating support to members who needed more intensive support regularly or temporarily.

The main change was the addition of transitional step-down floating support. This was resourced by a Network Link Worker (NLW). They provided targeted transitional step-down support to members of the network who had relocated from a residential placement. This included help to co-ordinate support from other agencies including social workers, psychiatric services, occupational therapists, and probation.

Short-term Accommodation

Alternative short-term accommodation should only be used for short periods to prevent an avoidable admission into a hospital setting

Bridge Mental Health

TILT project – forensic three tiered step-down

This housing model provides a three tier step down residential facility for people leaving medium secure mental health units. Oxleas Foundation NHS Trust own the building but the service and housing pathway are run by Bridge Mental Health. The building is on NHS property and is situated amongst other NHS residential facilities within a residential area.

The first tier of the model provides fully furnished accommodation and an intensive support function for people in a core building of 14 bedrooms and communal spaces. The second tier is provided within the same building as the first but comprises of 4 self-contained bedsits. This step down has been specifically designed to provide people, who are in transition between tier one and moving out into independent accommodation, with greater freedom and an opportunity to further enhance their living skills.

Tier three of the model supports the identification of move on accommodation and works with people to develop community and social skills and supports the move between leaving tier two and resettlement activities in their own accommodation. Tier three is provided by Support Time and Recovery Workers who are employed by Oxleas Foundation Trust but are hosted and managed within Bridge Mental Health. In addition to the three core tiers additional services have been developed to support the person post discharge. These include a housing management support scheme delivered in conjunction with a private organisation.

The model's referral process starts while the person is still in an inpatient facility, normally medium or low secure units. The staff team operating the service attend twice weekly meetings, which allows for advance planning and joint management of the move on and move in approach. People using the service include men who are under "restrictions" and "non-restrictions".

Risk assessment and risk management are fundamental and critical tools to support people to become more independent and facilitate the move on process; again this process within the model starts collaboratively at the earliest stages of referral and this is carried on throughout the person's stay and beyond. The service uses a shared electronic record system to provide joint access and recording which supports effective multi-agency collaborative management.

The second tier is for people who are assessed as requiring further step down into the self-contained, more independent part of the housing pathway. During their time there, people will be further supported to lead an ordinary life with the continuation of the multi-agency collaborative approach. It is during this stage that the Support, Time and Recovery Workers work with people to move into settled accommodation, helping to identify an appropriate property and get the person settled in their new

home and community. This service follows as a natural extension into the tier three phase of the pathway.

Once move on is agreed Bridge Mental Health has developed a range of options that can support people to live independently in the community. These include access to housing through a partnership with a private property developer. Bridge has also established working relationships with a range of registered housing providers, private landlords and specialist housing providers to provide suitable, high quality and a choice of move on accommodation.

Annex C: Useful resources

1. **Home Identification Form**, NHS Northern, Eastern and Western Devon Clinical Commissioning Group, 2016:
<http://www.housingandsupport.org.uk/site/hasa/templates/general.aspx?pageid=476&cc=gb>
2. **Process Checklist for Shared Ownership and Tenancy**, NHS Northern, Eastern and Western Devon Clinical Commissioning Group, 2016:
<http://www.housingandsupport.org.uk/site/hasa/templates/general2col.aspx?pageid=477&cc=gb>
3. **Capable Environments**, Peter McGill, Jill Bradshaw, Genevieve Smyth, Maria Hurman, Ashok Roy:
<http://www.kcl.ac.uk/sspp/policy-institute/scwru/news/2014/newsfolder/McGill-et-al-Capable-environments.pdf>
4. **Life begins at home**, Housing and Support Alliance, 2016:
<http://www.housingandsupport.org.uk/life-begins-at-home>
5. **Designing homes for people with learning disabilities and challenging behaviour** - Enfield Council and Enfield Community Services, Enfield Supported Housing Guidance, 2008
6. **Joint Strategic Needs Assessments 2014**: How well do they address the needs of people with learning disabilities? Public Health England, 2014:
https://www.improvinghealthandlives.org.uk/publications/1240/Joint_Strategic_Needs_Assessments_2014_How_well_do_they_address_the_needs_of_people_with_learning_disabilities
7. **Joint Strategic Needs Assessments 2015/16**: What do they tell us about people with Autism? Public Health England 2016:
<https://www.improvinghealthandlives.org.uk/publications/year/2016>
8. Information sheet on specialist equipment and safety adaptations - **The Challenging Behaviour Foundation**:
<http://www.challengingbehaviour.org.uk/understanding-behaviour/specialist-equipment-sheet.html>
9. **Non Mainstream Design Guidance Literature Review**, HCA, 2013:
http://www.levittbernstein.co.uk/site/assets/files/1541/non-mainstream_housing.pdf
10. **A Practical Guide for Registered Social Landlords: Housing and Autism Spectrum Disorder**, Glasgow City Council, 2010:
http://onlineborders.org.uk/sites/default/files/asdborders/files/PracticalGuideforRS_LsHousingASDmarch10.pdf

11. **The Housing Learning and Improvement Network** has a comprehensive range of resources for practitioners on housing for people with learning disabilities:
<http://www.housinglin.org.uk/Topics/browse/HousingLearningDisabilities/>
12. For information on funding specialised housing, visit the **Funding Matters** webpages:
<http://www.housinglin.org.uk/Topics/browse/HousingExtraCare/FundingExtraCareHousing/>
13. **Feeling Settled Guide and Toolkit, National Development Team for Inclusion (Ndti)**: <http://www.ndti.org.uk/what-we-do/housing/feeling-settled-toolkit/>
14. For information on dowries and other NHS England finance matters, see **'Building the right support' – Frequently Asked Questions (finance)**:
<https://www.england.nhs.uk/learningdisabilities/wp-content/uploads/sites/34/2016/01/finance-qas.pdf>
15. **Think Autism: fulfilling and rewarding lives, the strategy for adults with autism in England: an update, 2014**:
<https://www.gov.uk/government/publications/think-autism-an-update-to-the-government-adult-autism-strategy>