



Housing LIN

Connecting people, ideas and resources

CARE ACT CONSULTATION: A WRITTEN RESPONSE BY THE HOUSING LEARNING AND IMPROVEMENT NETWORK

About the Housing Learning and Improvement Network

Previously responsible for managing the Department of Health's Extra Care Housing Fund, the Housing Learning and Improvement Network (LIN) is the leading 'learning lab' for a growing network of housing, health and social care professionals in England involved in planning, commissioning, designing, funding, building and managing housing, care and support services for older people and vulnerable adults with long term conditions.

The Care Act is of significant relevance to Housing LIN members for a number of reasons:

- It puts a number of principles on a statutory footing which chime with those espoused by the housing sector and which the sector is in a good position to support and promote: wellbeing; independence; prevention and early intervention; and integrated working
- It specifically includes housing as a health-related service and the sector as a partner with which local authorities with responsibility for adult social care should work.
- It has a number of specific implications for specialist housing such as housing with care; in particular, for example, a change in funding guidance if someone with eligible care needs moves into a scheme in another authority's area.

Where housing is relevant, the Housing LIN is keen to see the regulations and guidance being as clear and helpful as possible and when they have been finalised, will be updating the essential Housing LIN Technical Brief on Care and Support in Housing with Care.

Please note that we have been selective with our comments below. They primarily relate to those chapters in the draft regulations and guidance where there is explicit reference to housing or, if there is no such reference, we consider that there should be.

CHAPTER TWO – PREVENTING, REDUCING OR DELAYING NEEDS

Question 4: Is the list of examples of preventative 'services, facilities or resources' helpful? What else should be included?

The Chapter has a number of general references to housing but more explicit best practice case studies and examples of preventative services would greatly assist in raising awareness and making the business case on the positive contribution housing can make to the prevention agenda. For example:

Health, Housing and Care working together to achieve a Prevention Model of wellbeing in Extra Care at Marina Court, Tewkesbury

This Housing LIN case study features the development of Marina Court Extra Care Scheme in Tewkesbury, a partnership between Gloucestershire County Council (GCC) and the local clinical commissioning group, Tewkesbury Borough Council and Hanover Housing Association.

In 2004, GCC it secured capital grant funding from the Department of Health to develop a 75-unit Extra Care Sheltered Housing scheme for older people. From the outset the partnership developed preventative services that maximise the independence of older people, including the development of a health and wellbeing suite and the appointment a Therapy and Wellbeing Coordinator to coordinate and deliver a holistic programme of activities. The programme has been a considerable success, stimulating people's minds and bodies with a strong focus on preventing a decline in health or emotional wellbeing of residents of Marina Court Extra Care Sheltered Housing Scheme, and the wider community of Tewkesbury.

Link: www.housinglin.org.uk/pagefinder.cfm?cid=8039

CHAPTER THREE – INFORMATION AND ADVICE

Question 5: Views are invited about how local authorities should co-ordinate and target information to those who have specific health and care and support needs.

This Chapter makes the connection with housing in several places and the Housing LIN is pleased to note a reference to FirstStopAdvice paragraph 3.63. The All Party Parliamentary Group (APPG) on Housing and Care for Older People inquiry report, 'Living Well at Home' (2011), recommended that Government should provide long term funding to FirstStopAdvice and that local authorities and service providers should improve the way they produce and convey information to older people about the service options, costs, quality outcomes and sources of further assistance that can both educate and enable older people to plan for their future housing and care needs and aspirations.

Living Well at Home

This APPG inquiry report highlighted the importance of independent and impartial information and advice accessible by older people living in all tenures in order to achieve:

- a preventative approach that provides for real choice and control about one's living situation in later life, and
- local housing options advice and information services that offer advice, advocacy and practical help, including home visiting and on-going support to implement chosen housing options, tailored to individual circumstances

A copy of the report can be downloaded at:

www.independentage.org/campaigning/parliament/appg-on-housing-and-care-for-older-people/

CHAPTER FOUR - COMMISSIONING AND MARKET SHAPING

Question 8: *Are there any further suggestions of case studies or tools that can assist local authorities in carrying out their market shaping and commissioning activities?*

The Housing LIN provides a series of case studies and examples of best practice to support market shaping and commissioning strategies on the following:

Managing risk and market failure

Given the financial pressures faced by all organisations it is essential that services that are commissioned have a worthwhile future and can remain sustainable with reduced capital grants and public sector revenue funding. To support viable services the Housing LIN has published a report that reviews the lessons to be learnt from the Southern Cross business failure and its relevance to the extra care market.

This Housing LIN report, 'Managing risks: Lessons from Southern Cross for the specialist housing with care and support market' (September 2012), provides a thorough market assessment of the state of specialist housing with care for older people and makes a number of practical suggestions that commissioners, developing organisations and providers of specialised housing should consider as part of their approach to risk management.

Link: www.housinglin.org.uk/Topics/type/resource/?cid=8602

Market shaping and housing

Housing increasing has a role to play in developing a more integrated approach to meeting the health and wellbeing outcomes of local populations and providing additional 'intelligence' that supports local needs assessment and commissioning arrangements, in particular, to help maximise the choices for at home care and support.

The Strategic Housing for Older People Analysis Took (SHOP@) has been used by many authorities to support their commissioning activities for older people's housing and care services. Developed jointly by the Housing LIN and Elderly Accommodation Counsel, and supported by the Department of Health Market Development Forum, it has become the analysis tool of choice for the sector by mapping current housing with care provision against future priorities for investment, thereby improving market shaping and reducing development risk.

Using latest Census data and predictive modelling systems, SHOP@ facilitates the development of market position statements and strategic housing market assessments. It supports local authority commissioners, planners and developers to develop well informed, integrated asset management plans and can demonstrate the future demand for accommodation based solutions for older people.

Link: www.housinglin.org/SHOPAT/

CHAPTER EIGHT – CHARGING AND FINANCIAL ASSESSMENT

Question 20: Do the regulations and guidance provide a clear modern framework for charging that will enable local authorities to maintain existing flexibilities in how people contribute to the cost of meeting their care needs? Are there any particular areas that are not clear?

In response to Caring for our Future Consultation, the Housing LIN submitted a response to the question “In what areas would different approaches be needed to reflect the different circumstances of people who are receiving care and support in the range of care settings?” In that response, we highlighted the issue of charging for the availability of care and support around the clock in housing with care settings. This service supports wellbeing, prevention and early intervention. We highlighted the different approaches which local authorities might adopt in dealing with a compulsory charge for this provision (which may be made by the provider or the local authority itself), commonly called a wellbeing or peace-of-mind charge (www.housinglin.org.uk/News/Latest/HousingNewsItem/?cid=8941).

- It could be a condition of tenancy or lease. In that case it could perhaps be seen as a sum to be disregarded under Schedule i, Part 1, no: 2 unless that provision excludes any housing-related costs which are not housing-benefit eligible. Most aspects of a wellbeing charge would not be eligible for housing benefit.
- The local authority could regard the service as part of an individual’s care plan and include the charge in the personal budget so that it contribute to the care account and cap post April 2016. The following Housing LIN paper considers the impact of care funding changes on Extra Care Housing.
www.housinglin.org.uk/Topics/browse/HousingExtraCare/Tenants/?&msg=0&parent=3665&child=9012
- Alternatively, if the local authority takes disability-related benefits into account, the charge should then be regarded as a disability-related expense. Annex C of the Guidance 45 c) lists a number of disability-related expenses which should be disregarded including community alarm service (a), privately arranged care (b) and day or night care no arranged by the authority (ci). This last category could be said to include the 24/7 availability of care, but for the avoidance of doubt, it would be better if this could be listed as a specific item.

The Housing LIN accepts that there are a range of options for making this charge which are perfectly reasonable and legal. Our wish is to ensure that the guidance is sufficiently clear and explicit that when undertaking a financial assessment, the local authority recognises it as an essential expense and therefore doesn’t assume that a disability benefit can be counted as income to contribute to the cost of planned care only while the provider making the charge assumes the disability benefit is available to pay for the wellbeing charge. This would result in the disability-related benefit being double-counted as available to contribute to costs. The guidance helpfully makes clear the threshold below which a person’s income should not fall but we think it would be preferable to:

- a) clarify whether or not the charge **could** be counted as a housing-related cost, and
- b) add the availability of round the clock care in a supported housing setting to the list of disability-related expenses

CHAPTER TEN – CARE AND SUPPORT PLANNING

Question 38: Does the guidance on personalisation fully support and promote a care and support system that has personalisation at its heart?

The Housing LIN is surprised to note that there is little mention of housing in the delivery of person-centred care and support planning. Whether supporting someone to ‘stay put’ in their existing home or facilitating a move to specialised accommodation, housing has a crucial role to play (see below). In this connection, please see the Housing LIN’s response to Questions 53, 55 and 71, all of which touch on this area.

Delivering Personalised Care and Support Services in Extra Care Housing at Vernon Gardens, Brighton

This Housing LIN case study is the summary of how a group of prospective tenants with a wide range of physical disabilities and some associated learning disabilities were helped to develop their own personalised model of care and support within a 10-flat extra care housing scheme in Brighton funded by the Department of Health and managed by The Guinness Trust, a leading housing association. It outlines some of the key moments and important milestones, and in doing so charts the opportunities presented, the challenges and anxieties tenants faced, and the difficulties they overcame to develop this model. In particular, it outlines the story of why adult social care in Brighton & Hove embarked on this journey as a part of its transformation agenda, what they hoped to achieve and how they went about the task. It also describes the aspirations they held, the strategic objectives that set the context, the relationships that needed to be developed, and the learning that has arisen.

Link: www.housinglin.org.uk/pagefinder.cfm?cid=8560

Question 39: Does the guidance on personalisation support integration of health and care (and any other state support)?

The Housing LIN notes in paragraph 10.60 that the guidance seeks to align health and social care so that there is a more coherent and streamlined system to avoid any confusion across the two different systems. However, integration is so much more than with health and social care economies and decisions made within acute, community or social care can also have a significant impact on the way housing services are commissioned, funded and managed. Indeed, evidence from the Netherlands (below) suggests that if personalisation is merely seen as a means for rationing services and/or cutting budgets, this can both restrict individual choice and/or create uncertainty in the market. For example, exposing providers to financial (capital and revenue) risk.

The Long Term Care Revolution: A study of innovative models to support older people with disabilities in the Netherlands

This study was undertaken to see what can be learned from the experience of the Netherlands about long term care in order to inform policy, research and practice in the UK. It found that while the two countries are very similar in demographic profile and the experiences of the older generation, it is notable that according to official statistics older

individuals remain disability-free for nearly half a decade longer in the Netherlands than in the UK. However, with a rapidly ageing population, there is mixed evidence on the cost effectiveness of Personal Budgets for older people and they have been ended for new users since 2010. These changes have been implemented mainly to save costs to the state-sponsored social insurance fund; but they might put more pressure on informal carers.

Link: www.housinglin.org.uk/pagefinder.cfm?cid=8933

DELAYED TRANSFERS OF CARE

Question 52: *Can you provide any best practice examples or guidance relating to hospital discharge for people with care and support needs?*

Hospital2Home Resource Pack

Funded by the Department of Health and Department for Local Government and Communities, this Pack contains essential information for all the professional sectors that have a role in hospital discharge for older people in England. It includes information, suggestions for action, case studies and checklists for considering older patients' housing situations in hospital discharge and transfer of care and for improving integration of housing and support into the process for discharging older people. Of relevance are Factsheet 1, 'Services to support older people returning home from hospital' and two useful checklists. The first on 'Questions for assessing patients' housing circumstances and the second on 'Integrated Discharge Processes'.

Link: The Pack is available exclusively at: www.housinglin.org.uk/hospital2home_pack

CHAPTER FIFTEEN - WORKING WITH HOUSING AUTHORITIES AND PROVIDERS

Question 53: *Could local authorities' duties in relation to housing be described more clearly in the guidance?*

The Housing LIN thinks it could. The housing sector offers both housing AND a range of services very broadly defined as "housing-related". It comprises both **places** where people live and **people**; the staff who manage the property and deliver a range of other services. Indeed, it is the latter with whom the local authorities need to co-operate.

In places, the guidance recognises the contribution of housing staff and services, but this is not consistent; by and large housing seems to be thought of only in terms of the physical environment and predominantly focused on social housing provision. This resulted in the guidance coming across as lacking cohesion with the wider housing 'world'. However, it is excellent that housing is in there, but to be useful, the Housing LIN maintains that it needs some more work, as described below.

For example, paragraph 15.54 helpfully points out that "housing refers to the home and neighbourhood where people live, and to the wider housing sector, including staff and services around these homes" (Neighbourhoods could usefully be added here.) But then, in 15.59 it says

Housing services should be used to help promote an individual's wellbeing, by providing a safe and secure place in which people in need of care and support and carers can build a full and active life. That is why suitability of living accommodation is one of the matters local authorities must take into account as part of their duty to promote an individual's wellbeing.

However, it fails to broaden this to recognise that it is not only the provision of a “safe and secure place” and the “suitability of living accommodation” that help promote an individual's wellbeing. The Housing LIN believe that it could also be: a housing-related support package; intensive housing management; identifying that someone has a problem with their memory, and perhaps suggesting a GP appointment resulting in a diagnosis of dementia; benefiting from a home from hospital service; exercise classes or social activities; dementia café; or advice and information services provided by housing sector staff. Housing providers with a strong presence in a locality can mobilise social capital for example by facilitating Timebanks or other Asset Based Community Development activities in their area such as outlined in the Housing LIN paper, ‘Building Mutual Support and Social Capital in Retirement Housing’ (February 2012).

Link: www.housinglin.org.uk/pagefinder.cfm?cid=8429

When developing care and support plans, housing needs to be recognised as an important option for meeting assessed needs, but this should be both in terms of the physical environment and also possibly service options offered by the sector. The same observation applies to paragraph 15.64. The guidance here again seems to boil back down to the safety and suitability of the accommodation, rather than ALSO recognising the invaluable contribution to individual group and community wellbeing that can be made by housing “human resources”. Yet under prevention in paragraph 15.69, wedged between two physical environment points is precisely the point we are trying to make. This should apply consistently throughout, with different examples. The physical environment is important, fundamental, necessary – but it is only part of the story.

In addition, it is not only in relation to care and support planning and provision of advice, guidance etc to promote wellbeing and fulfil a preventative function at an individual level, the Guidance also needs to address the important links and areas of co-operation at a more strategic commissioning level, and this should be reflected not only in Chapter 15 but also in the market shaping and commissioning chapter in Chapter 4 (see the Housing LIN response to Question 8). This means linking in when developing the Joint Strategic Needs Assessment and health and wellbeing plan, in the context of both capital and revenue funding (e.g. Strategic Housing Market Assessments, Disabled Facilities Grants, Better Care Fund and the Care and Support Specialised Housing Fund etc) and liaising with Planning Departments.

In paragraph 15.61, it is really unclear what the underlined section is intended to convey even with the provision of the example which follows. It combines too many concepts and just sounds like a reeling off of favoured buzz words.

Enabling individuals to recognise their own skills, ambitions and priorities and developing personal and community connections in relation to housing needs can help promote an individual's wellbeing.

In conclusion, the Housing LIN believes that the guidance on “working with housing authorities and providers” could be better articulated, covering:

1. Overarching definition of the housing along the lines of the text in paragraph 15.54 but elaborating with examples of the types of organisations (e.g. housing associations, private housing providers, home improvement agencies, housing charities, planning departments, environmental health etc), housing offers (e.g. general needs housing, various supported housing options including ECH) and possible range of service offers (e.g. housing-related support, advice and information, social activities, exercise classes or whatever, use of communal facilities in housing developments for community group activities e.g. dementia cafés). These options could usefully be referred to in Chapters 1, 2, 4, 6 and 10.
2. Legal boundary between housing law/powers and powers under the Care Act.
3. How both the physical environment and housing staff and services can contribute to independence including more case studies (see Housing LIN case study on DH funded extra care scheme in Dorset, ‘Blazing a trail: Extra Care Housing in Blandford Forum, Dorset’ (February 2014). Link: www.housinglin.org.uk/pagefinder.cfm?cid=9109
4. How both the physical environment and housing staff and services can contribute to wellbeing including more case studies See the PSSRU’s evaluation of DH-funded housing with care schemes at: www.housinglin.org.uk/pagefinder.cfm?cid=8398 and report, ‘Dementia: Finding Housing Solutions’ at: www.housinglin.org.uk/Topics/type/resource/?cid=8832
5. How both the physical environment and housing staff and services can contribute to prevention including more case studies (see Housing LIN study of East Sussex’s extra care programme, ‘The business case for extra care housing: An evaluation of extra care housing in East Sussex’ (November 2013) at: www.housinglin.org.uk/pagefinder.cfm?cid=8988

Question 55: How could guidance on the legal boundary between care and support and general housing responsibilities be improved?

The Housing LIN considers that the current wording is confused and confusing and at serious risk of being misunderstood. It reads:

Local authorities have broad powers to provide different types of accommodation in order to meet people’s needs for care and support. The Care Act is clear that suitable accommodation can be one way of meeting needs. However, the Act is also clear on the limits of responsibilities and relationship between care and support and housing legislation, to ensure that there is no overlap or confusion.

Section 23 of the Care Act clarifies the existing boundary in law between care and support and general housing. Where housing legislation requires housing services to be provided, then a local authority must provide those services under that housing legislation. Where housing forms part of a person’s need for care and support and is not required to be provided under housing legislation, then a local authority may provide those types of support as part of the care and support package under this Act.

Housing legislation is not limited to “general housing”. It also applies to specialist housing, although NOT residential care. In addition, housing legislation does more than “require housing services to be provided.” It also sets out who can provide housing services; powers as well as duties (they may be “required” to house a family legally defined as homeless, but have the power to offer accommodation to frail older people who are not homeless, for example); and the legal framework for doing so. Using the word “required” implies housing authorities and providers being limited in what they provide to what the legislation outlines as a legal “duty”. Yet it is unlikely that the Care Act is saying that local authorities with adult social care responsibility have the freedom to take on any actual housing responsibilities as part of meeting their duties to provide care and support.

If a local authority with responsibility for adult social care is not a unitary or metropolitan authority, or London borough, presumably it has NO powers under housing legislation and may not provide housing via tenancies or leases, even where the “housing forms part of a person’s need for care and support”. Adding the rider “and is not required to be provided under housing legislation” is not helpful, unless examples are given where this scenario could apply. The expression “those types of support” that the local authority may provide as “part of the care and support package under this Act” is unclear and ambiguous. What does it include and exclude? The wording could imply that housing itself forms part of “those types of support”.

It is vital that those supporting individuals to develop care and support plans consider accommodation-based and housing-related options, but they would need to do so in collaboration with the housing authority and/or provider of the services under consideration. That local authority may arrange, fund, or even provide care or support services in housing settings such as Extra Care Housing and other supported living settings, but it is not responsible for the accommodation/housing element, except for residential care. This should be spelt out in the guidance, as some local authorities with adult social care responsibilities seem to see themselves as having rights or responsibilities over all elements of such housing schemes, sometimes treating them as residential care and seeing themselves as “making placements”. In housing, tenancies or leases are offered to individuals, local authorities do not make “placements” and indeed, if the local authority were to be responsible for both the housing and care elements, under the Care Standards Act, this could be seen as accommodation and personal care provided together, making it liable for registration as a care home.

In summary, the guidance in this section would be improved by being more explicit about respective responsibilities, and being more careful with the terms used.

Question 56: *Are there any good practice examples of local authorities working with their partners, including health, education, employment and housing?*

While much of the focus of the Care Act has implications on revenue-hungry services, the Housing LIN believes further consideration needs to be given to the wider care architecture that partnerships with housing can afford, especially in leveraging capital funding to help build housing that can accommodate those in need of care and support at home.

For example, there is good evidence by the PSSRU that upfront capital investment in extra care housing can deliver preventative measures and alleviate crisis interventions. The Department of Health's £315million Care and Support Specialised Housing Fund, delivered by the Homes and Communities Agency and Greater London Authority, has attracted other public and private sector inward investment and is beginning to transform the supply of housing and improve the housing choices for older and vulnerable people in many areas. For example:

Maximising value: A strategy to deliver Extra Care Housing in North Yorkshire

This Housing LIN case study seeks to understand the strategic approach taken by North Yorkshire County Council in structuring their delivery model with housing partners to continue the development of 1,800 units of Extra Care Housing across the County. To be completed by 2020, this is an ambitious development programme and arguably one of the largest if not the largest development pipeline to deliver Extra Care Housing in the UK.

Link: www.housinglin.org.uk/pagefinder.cfm?cid=8559

Extra Care Housing in Hampshire: A Strategic Approach to deliver an ambition

This Housing LIN case study sets out Hampshire County Council's new strategy for extra care housing through an ambitious £45m investment programme across the County. Hampshire will deliver its programme through a partnership for procurement with private sector and not for profit developing organisations.

Link: www.housinglin.org.uk/pagefinder.cfm?cid=8752

CHAPTER 19 – ORDINARY RESIDENCE

Question 71: Are the definitions of the types of accommodation as cited in the regulations too wide? Are they workable and clear?

The Housing LIN considers that the wording of the guidance relating to the Supported Living/extra care housing category is not clear enough and there are some important omissions.

The wording in the regulations is as follows:

Supported living etc

- (1) *For the purposes of these regulations "supported living accommodation" means—*
- (a) *accommodation in premises which are specifically designed or adapted for occupation by adults with needs for care and support to enable them to live as independently as possible;*

 - (b) *accommodation which is provided—*
 - (i) *in premises which are intended for occupation by adults with needs for care and support (whether or not the premises are specifically designed or adapted for that purpose); and*
 - (ii) *in circumstances in which personal care is available if required.*

- (2) *The accommodation referred to in paragraph (1)(a) does not include adapted premises where the adult had occupied those premises as their home before the adaptations were made.*
- (3) *For the purposes of paragraph (1)(b) personal care may be provided by a person other than the person who provides the accommodation.*

In our view, the boundaries in category 1b seem unclear. What are the limits to “in circumstances in which personal care is available if required”? In extra care housing, how much care constitutes “circumstances in which personal care is available if required”? Some so-called extra care schemes these days no longer have a care presence block contracted and may not have round-the-clock personal care available on site. There may be a single on-site provider from whom residents can choose to purchase their care, or there may not be. Therefore, bii) needs to make clear that the provision of personal care is an intrinsic part of the offer, even if the individual chooses to obtain their planned care elsewhere...assuming that is what is intended by the regulations.

Guidance wording

“supported living/extra care housing – specialist or adapted accommodation, in which personal care is also available, usually from a different provider. It should be noted that there are two types of supported accommodation defined in the regulations, and the availability of personal care is not a requirement of the first type, which can be accommodation alone”;

In our view, it would be clearer if the wording in the regulation (revised as suggested) were to be used here. It could be argued that sheltered housing is specialist or adapted and also has personal care available, albeit that it is not an intrinsic part of the offer.

Furthermore, it would be more accurate to say “sometimes” from a different provider. It is quite common to have one organisation managing both the housing and the care

In addition, in paragraphs 19.27 and 19.30, given that care and support plans are intended to be based on outcomes desired by the individual (albeit agreed by the council) and that the principle of best interests and personalisation are deemed important, why is the word “only” used in these clauses? Even if the needs **could** be met through other types of accommodation or support, the Housing LIN considers that the determining factor should be the **best** solution, not the “only” one.

In paragraph 19.25, using the term “placing” may be useful for the purposes of defining ordinary residence. However, while the care and support plan may specify a move to extra care housing as the setting within which care and/or support will be provided, the authority is not actually making a placement in the way they would be into residential care. Once the move has taken place, the LA is only responsible for arranging or funding the care and support element of the care plan. This is an important principle. Coupled with the lack of clarity in Chapter 15 around the legal limits of councils responsible for social care in relation to housing, councils may increasingly blur the distinction between residential care and specialist housing when the distinction is important for ethos, outcomes, funding streams,

regulation, rights and responsibilities. The wording across all of the Care Act guidance should reflect that. Those with capacity to do so choose to accept the offer of, and sign, a tenancy or lease at a supported living scheme. Those who do not have the capacity to do so have a best interests decision made and someone with the legal authority to do so (Attorney under Financial LPA, Court of Protection order or court appointed deputy) sign the tenancy or lease. The term “sending” authority is likely to have fewer negative connotations than “placing”.

Also, very importantly, it is vital that those supporting a person to develop a care and support plan **DO** consider any housing options that may deliver the agreed outcomes for meeting care and support needs. However, developing further the points in the previous paragraph, inclusion in the care and support plan can only be done in collaboration with the local housing authority (ies) and/or relevant housing providers since local authorities with responsibility for adult social care cannot arrange a housing solution in isolation (See also the Housing LIN responses to questions 38, 53 and 55). Where a cross-border solution is considered, not only does the question of responsibility for care costs arise; so does the question of responsibility for housing costs if the person is not a self-funder, for example entitlement to housing benefit. The rules in relation to this may not be changing but the Housing LIN considers that the guidance needs to clarify this one way or another. In addition, the ASC staff member would need to work within the nomination rights and housing eligibility criteria in the receiving authority. This too needs inclusion.

And finally, in paragraph 19.19, the relevance of “parents” in this clause is not at all clear. This may be intended to apply to people with a learning disability, but what difference would it make if their parents were still alive and they had considerable contact with them?

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