



Realities of independent living

**A case study of
supported housing**

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This report is published together with:

Realities of independent living
Supported housing design guidance

A quote from Bill Crowder at Sefton Council:

“I have worked in partnership with Habinteg since 1989. During this period, there have been many changes from the concept of a group home, through to the current self-contained flats.

Together, Sefton Social Services and Habinteg have worked hard with local disabled people and their families to assist people to live as independently as possible. We have helped with the transition for people who would normally expect to remain in the parental home, and also prevented long-term residential home placement. Indeed one person was assisted to move from residential care into Smith Court, and has remained here with support.

These successes have been achieved through consultation and with a variety of funding streams such as Supporting People Grant, Local Authority funded care packages, Direct Payments, and Independent Living Fund.

I am delighted that the project has proven to be a huge success, and would welcome further developments in partnership with Habinteg in the future”.

Bill Crowder

Adult Disability Team Manager
Sefton Social Services



Aims of the study

The aims of the project are:

- To examine the current position with regard to policies on independent living and the housing and support options available to disabled people;
- To highlight the aims and distinctive approach of Habinteg HA, through close examination of one specific housing development (Smith Court);
- To illustrate the importance and value of good housing design and the interplay between building design and need for support and assistance;
- To show, through example, how re-modelling and upgrading traditional residential services can meet expectations of independent living;
- To look at the role of low level, flexible support in preventing more intensive use of services, including community health or social care and residential care;
- To identify the costs and the social and economic benefits of accessible housing with support, both to individual tenants and to public services;
- To demonstrate good practice and encourage other housing providers and service commissioners to develop a range of accessible housing with support.

Habinteg Housing Association

Habinteg was founded in 1970 and now has 2,120 homes, of which 530 were built specifically for wheelchair users. Since 1994, all Habinteg's other properties have been designed to Lifetime Homes standards. Habinteg is established in all Housing Corporation regions in England and also has homes in Wales and sister associations in Scotland, Northern Ireland and the Irish Republic.

The association has always had dual aims: the provision of high quality, thoughtfully designed housing and services; and the mainstreaming of accessible and inclusive homes and neighbourhoods. Now recognised as a national leader in accessibility and housing, it applies its expertise to challenge negative social attitudes and promote the rights of disabled people.

Every Habinteg development combines the latest in inclusive housing design with on-site support available to those tenants who need it. Twenty-five per cent of the homes are for wheelchair users. Habinteg is also actively involved in research and policy development and its work takes forward government policies on social inclusion, sustainable communities and support for independent living.



*Smith Court

The name of the development has been changed to protect the privacy and anonymity of the tenants.

History of Smith Court*

Smith Court is located in Liverpool, within the local authority area of Sefton Borough Council. It comprises of six self-contained flats within a single, wheelchair accessible building and is part of a Habinteg housing development of forty-one properties. The other properties comprise of twelve homes designed to full wheelchair accessibility standards and twenty-three designed to accessible standards (the forerunner to Lifetime Homes)

Smith Court originally opened in 1989 as a registered residential care home. It was intended as a resource which would assist disabled people to develop skills and confidence, with a view to empowering them to make decisions about their future living situation. It was therefore expected to provide temporary accommodation, rather than a home for life. The accommodation was designed for ten residents, each having a small bed-sitting room and w.c. All other rooms and facilities were shared. There was also an office and sleep-in space for staff.

Over the first five years, there was a trend towards referral of people with very intensive care needs. The service was not geared up to provide the levels of personal assistance and support required and, eventually, funding from Sefton Borough Council ceased due to high costs and lack of viability. After a period of deliberation and consultation with local disabled people, a decision was taken to re-model the service. The new aim was to provide permanent, self-contained housing for people who were living in residential care homes or with their parents and who wished to live independently in the community.

Capital funds were approved by the Housing Corporation in 2001 under the Major Repairs Initiative, which was intended specifically for the re-modelling of existing supported housing to enable more appropriate and effective use. Sefton Borough Council assisted with the provision of individual adaptations. All the properties are linked by a community alarm to Habinteg staff during working hours and to the local authority control centre out of hours.



Under the arrangements for revenue funding, it was agreed to make a clear distinction between support and care. Habinteg would be directly involved in providing support through the on-site Community Assistant, while care would be provided by other agencies as required. This enabled the support element to be funded through Supporting People. The new residents were to have full tenancies. The re-modelled housing service opened in 2002.

The eligibility criteria for Smith Court are:

- Between 18 and 65 years old;
- In hospital, in residential care or living at the home of parents or carers;
- Wishes to live independently and needs help to acquire skills;
- Has a physical impairment which affects mobility;
- Has housing-related support needs which can be met by Habinteg.



Policy context

The Government is preparing a National Service Framework (NSF) for people with long term conditions, which will be published in 2005. It will have a particular focus on the needs of people with neurological disease and brain or spinal injury, while also considering more general issues relating to the needs of people with long term conditions. It is not clear what proportion of disabled people will come within the scope of the NSF. In the 2001 Census, almost 9.5 million people, or 18.2% of the population, reported a long term illness, health problem or impairment that limited their daily activities or the work that they could do. The census figure includes people aged 65 and over, people with mental health problems and people with learning disabilities. Each of these groups has been the subject of a separate NSF or (in the case of people with learning disabilities) a strategic White Paper.

Pending publication of the National Service Framework for long term conditions, the Government's broad policy agenda on social care and disabled people is set out in the 1998 White Paper *Modernising Social Services*. The central aims are to:

- Help people to live as independently as possible and improve their quality of life;
- Create fairer, more consistent services that fit the needs of individuals;
- Maximise the control that people have over the services they receive.

The Green Paper on adult social care, Independence, well-being and choice: Our vision for the future of social care for adults in England (Department of Health, 2005) sets out proposals for the direction of social care over the next ten to fifteen years. The Green Paper identifies a number of specific challenges, including:

- Rising expectations that people should be able to take their own risks;
- Increasing geographical mobility, leading to less support from the extended family; and
- Increasing demand for organised social care.

A central proposal in the document is the introduction of *'individual budgets'* for people with an assessed need for support. These personal budgets would give people choice in their services, without them having to take

on all the responsibilities of Direct Payments. The budgets may include funds for housing adaptations and equipment, as well as personal assistance services.

The Green Paper mentions a number of service models which help people to live independently and which, it suggests, should be the focus of further debate and discussion. The first of these is extra care housing for older people, which, in addition to long term accommodation, can offer a base for intermediate care services aimed at keeping people out of hospital or facilitating hospital discharge. Technology-enabled services are also seen as having *'huge potential to support individuals to live at home and to complement traditional care. Telecare can give carers more personal freedom and more time to concentrate on the human aspects of care and support...'* The Government plans to make £80 million available to local authority social services departments for technological initiatives over two years from 2006.

The Green Paper has little to say about the role of supported housing for groups other than older people, although it does refer to the Supporting People programme as an *'exciting model'* which is *'challenging some of the assumptions we have made about the types of service best suited to some people'*. The Paper also consults specifically on the idea that people should have a *'right to*

request' not to live in a residential or nursing care setting. If implemented, this would require service providers to make explicit their reasons for recommending residential care, including cost considerations.

The Prime Minister's Strategy Unit, in conjunction with key government departments, has produced a report entitled *Improving the Life Chances of Disabled People* (Cabinet Office, 2005). This ties in closely with the proposals in the 2005 Green Paper. The Life Chances report proposes that *'by 2025, disabled people in Britain should have full opportunities and choices to improve their quality of life and will be respected and included as equal members of society'*. Future strategy for disabled people should seek to realise this vision *'through practical measures in four key areas'*:

- *'Helping people to achieve independent living by moving progressively to individual budgets for disabled people, drawing together the services to which they are entitled and giving them greater choice over the mix of support they receive in the form of cash and/or direct provision of services.'*
- *'Improving support for families with young disabled children'*.
- *'Facilitating a smooth transition into adulthood by improving mechanisms for effective planning, removing 'cliff edges' in service provision and giving young people access to a more appropriate and transparent menu of opportunities and choices'*.
- *'Improving support and incentives for getting and staying in employment'*.

The central, radical proposal in the Life Chances report is the idea of flexible individualised budgets. This proposal is followed up in the social care Green Paper. These individual budgets could be used to get whatever type of support the person needs, ranging from equipment, personal assistance or housing adaptations to help with transport and other unspecified support. This would mean combining disability benefits from central government with cash or services provided through local authorities and health agencies.

It is envisaged that the new system will roll out by 2012, after piloting and evaluation.

This idea poses a direct challenge to the way that housing support services are currently organised under the Supporting People programme (see page 9). Essentially, it would introduce the option of direct payments, where people could receive cash to purchase housing related support and decide for themselves which organisation or private employee is going to provide the service to them. This would certainly bring in much more flexibility in terms of the kinds of support people receive, as they will have greater control over how the time is spent to meet their support needs. It is also likely to cut across the strategic planning, service rationalisation and re-modelling that will be taking place at both local and regional levels over the next few years.

The *Life Chances* report notes the long-standing problem that people living in residential care and those wanting to leave the parental home are not generally given priority for social housing as they are considered to be adequately housed. However, there are no recommendations relating to allocation systems or targets for the supply of new accessible housing.

The strategy report advocates an expansion of housing built to Lifetime Homes standards, with a specific proposal that, by 2006, the Office of the Deputy Prime Minister (ODPM) should consider the feasibility of incorporating the standards into the guidance on Part M of the Building Regulations (the current Part M accessibility standards are significantly lower). It also notes the major problems associated with delays in getting access to Disabled Facilities Grants, but focuses attention on the disincentives to paid employment caused by means-testing, rather than the shortage of funds within local DFG budgets. Reference is made to the need to improve housing opportunities for disabled people through low-cost home ownership and key worker schemes, although there are no proposals for how this is to be encouraged, other than through the new duty on the public sector, under the draft Disability Discrimination Bill, to *'promote disability equality'*.

The Five Year Plan from the Office of the Deputy Prime Minister, *Sustainable Communities: Homes for All* was also published in early 2005. There are no discernible links between this publication and the aspirations of the *Life Chances* report. The five year plan refers to continuing funding for existing services, such as Disabled Facilities Grants, home improvement agencies and housing-related support, but it does not respond to the need for new accessible housing or to the increasing demand for ordinary housing solutions from those living in residential care or with their parents.

The Social Exclusion Unit (SEU) report *Breaking the cycle: Taking stock of progress and priorities for the future* considers the achievements made to date in tackling social exclusion and identifies specific future challenges (SEU, 2004). Among these challenges are: *‘to do more to meet the needs of more severely or multiply disadvantaged people’*. The report specifically mentions three ‘broad and overlapping groups’, although it does not go on to analyse their position in more detail or come up with targeted policy proposals. The three groups are:

- People with physical or mental health problems;
- People who lack skills or qualifications;
- People from some ethnic minority groups, including asylum seekers and refugees.

The Government continues to encourage the provision of direct payments, through which people can purchase their own personal assistance services. In 2003, a directive was issued to local authorities requiring them to offer the direct payment option to anyone who is eligible and who wants it. From 2004, the provision of direct payments has become an official performance indicator to be taken into account in awarding local authorities their star rating.

The figures for Social Services spending in England show that some 7% of the total Social Services budget is spent on services

for people with physical or sensory impairments aged under 65. This compares with 45% of the budget spent on services for older people, 15% on services for adults with learning disabilities and 5% on services for adults with mental health problems. Across all groups, about 47% of the funding goes to residential care.

There are around 22,000 disabled adults aged under 65 living in residential homes. More than 8,000 of these are in homes intended for a different group (usually older people) (Ackroyd, 2003). The number of residential care home or nursing home residents with physical or sensory impairments (aged under 65) supported by local authorities in England increased from 9,270 in 1999 to 11,500 in 2003 (Department of Health, 2004). The number of supported placements in the independent sector (private and voluntary homes) has steadily increased, with only 655 people supported in council-run homes in 2003.

The Supporting People programme provides revenue funding from local authorities for ‘housing related’ support, which may be combined with funding from other sources e.g. for personal care or specialist health care. The main source of development capital for supported housing is the regional Housing Corporation capital investment programme, linked to the strategies of the regional housing boards throughout England. The capital programme covers both new housing and re-modelling of existing supported housing stock.

The Office of the Deputy Prime Minister (ODPM) has overall responsibility for the Supporting People programme in England. It allocates a Supporting People (SP) grant to 150 administering authorities (counties and unitary councils). In each SP area, a Commissioning Body, comprising of representatives from housing, social care, health and probation, sits above the administering authority and plays a key role in advising and approving the SP strategy. The current SP strategies cover a five-year time frame (2005-2010). During this time, a new grant allocation formula is to be

instituted, which will result in changes in grant levels for individual local authorities. Many local authorities are faced with having to manage continuing reductions in their Supporting People budgets over the next several years.

In 2004-2005, the second year of the SP programme, spending on services primarily for people with a physical or sensory impairment amounted to a little over £33 million, or 1.84% of the £1.8 billion Supporting People budget for England. This compares to 23.5% (£424.2 million) for services primarily for people with learning disabilities, 18.8% for older people and 14.5% for people with mental health problems. Regionally, the proportional spend on services for people with physical or sensory impairments ranges from 0.8% (East Midlands) to 3% (West Midlands) of the total budget. The number of funded places in supported housing services identified as primarily for people with physical or sensory impairments is around 1% of the total places. Disabled people also have access, in principle, to SP services specified for other groups (e.g. older people; people with mental health problems; single homeless people). In practice, however, unsuitable design of supported housing, especially in longer-established services, can be a major barrier.

The Housing Corporation's Investment Bulletin 2004, set out the anticipated capital expenditure on housing association (RSL) development in England for 2004-2006. This states that £147 million, or 6.8% of the rented programme, will be directed at the development of supported housing. This will provide 2,215 new homes and is a significant reduction on expenditure in 2003-2004, when 13.4% of the programme was allocated to supported housing.

The Bulletin notes:

'The reduction is due to uncertainty over the provision of revenue funding under the Supporting People regime. All allocations are subject to RSLs confirming that revenue funding has been secured.'

The decoupling of capital and revenue for supported housing, through the transfer of the Housing Corporation's former Supported Housing Management Grant to local authority SP budgets, has made it considerably more difficult to construct viable bids for capital funding. Following a review of Supporting People in late 2003, a House of Commons committee (ODPM: Housing, Planning, Local Government and the Regions Committee) examined a number of SP issues (House of Commons, 2004). These included *'the effects of capital and revenue funding streams operating in silos'*. The Committee concluded: *'Social housing capital and revenue programmes need to be more closely linked in future. Regional Housing Boards should take a lead role in ensuring that Administering Authorities and Registered Social Landlords can take a co-ordinated approach to seeking capital and revenue support.'* (House of Commons, 2004)

Supported housing and Supporting People

The term ‘supported housing’ is shorthand for a range of services provided to people who need assistance to sustain their accommodation, to develop or regain skills, to establish or maintain social contacts and to integrate successfully into their local communities.

They may be living in independent, general housing, in specifically designated properties or in purpose-designed accommodation.

In 2004, the ODPM produced a short information booklet entitled: *What is Supporting People?* This states: *‘The primary purpose of housing related support is to develop and sustain an individual’s capacity to live independently in their accommodation. Some examples of housing related support services include enabling individuals to access their correct benefit entitlement, ensuring they have the correct skills to maintain a tenancy, advising on home improvements and accessing a community alarm service. Other services include a home visit for a short period each week or an on-site full-time support worker for a long period of time.’*

‘Supporting People objectives:

- *A programme that delivers quality of life and promotes independence;*
- *Services that are high quality, strategically planned, cost effective and complement existing care services;*
- *Planning and development of services is needs-led;*
- *A working partnership of local government, probation, health, voluntary sector organisations, housing associations, support agencies and service users.’*

‘Client groups include:

- *People who have been homeless or a rough sleeper*
- *Homeless families with support needs*
- *Ex-offenders and people at risk of offending*
- *People with learning disabilities*
- *People with mental health problems*
- *People at risk of domestic violence*



- *People with alcohol and drug problems*
- *Teenage parents*
- *Older people*
- *People with a physical or sensory disability*
- *Young people at risk*
- *People with HIV and AIDS*
- *Travellers.’*

(ODPM, 2004)

There are broadly four types of services funded through Supporting People:

- Accommodation-based provision, including sheltered housing, extra care housing for frail elderly people, homeless hostels, shared or self-contained supported housing (including clustered flats), foyers for young people, women’s refuges and supported lodgings. In these services, the housing and support are inter-dependent, with both integral to the provision.
- Floating support services, including resettlement and outreach support. In these services, the accommodation and support are not linked and the individual is typically living in independent, general needs housing.
- Community alarm services, which provide alarms linked to a central call system, mainly for older people living in their own homes.

- Home improvement agencies, again mainly but not exclusively for older people, which offer assistance in negotiating and managing repairs, improvements and home adaptations. Supporting People does not finance the actual improvement works, which may be eligible for grant funding e.g. Disabled Facilities Grant.

The work of the supported housing sector has traditionally been categorised according to ‘client group’ or ‘defining (problem) issue’ (e.g. older people, mental health, substance misuse, disability). While appropriate for some purposes, this approach has serious limitations, not least because many people have multiple or complex needs which cross the boundaries. In addition, many of the client group labels are stigmatising and unwelcome. An alternative conceptual framework is now emerging, based on four distinct strands within supported housing (Pathways Research, 2004). The strands are oriented towards outcomes and each has its own set of objectives, service types, ways of working and costs profile. The four strands are:

1. Maintaining quality of life, independence, and inclusion

This element of Supporting People focuses mainly on older people, who have largely been independent throughout their lives but who need support due to increasing physical or mental frailty, social isolation or insecurity. They may wish to remain in their homes with support or to move into sheltered or extra care housing. Community alarm services and home improvement agency services are also directed mainly at this group. In addition to older people, this strand applies, in principle, to some younger people with mental health problems or who are disabled, who live in their own homes and do not have acute support or care needs, but who are isolated, struggling and possibly disengaged.

2. Preventing homelessness and events leading to homelessness

This focuses on people who are at risk of losing their housing, usually as a result of a succession of negative experiences and

events. Significant factors may include domestic violence, estrangement from family, bereavement, substance misuse, mental health problems, physical illness, offending, financial difficulties and sudden loss of employment. In practice, preventative SP services would be likely to pick up those people who approach the local authority for help or tenants who are recognised by local housing officers as finding it difficult to cope. As people are still living in their own homes, the type of service provided will be floating support. Preventing homelessness also applies specifically to people due to be released from prison.

3. Re-building lives

This is concerned with people who have usually already become homeless and who have support needs due to their difficult social circumstances, lack of family and informal support and specific issues such as mental ill-health, history of abuse or domestic violence, drug or alcohol problems, offending and challenging behaviour. Within this group, there are a significant proportion of people with multiple and complex needs who require high support and, typically, a combination of SP services and specialist counselling, care and treatment. Their diverse needs and lifestyles call for a range of SP service types, including direct access accommodation, staffed short and longer term supported housing and independent housing with floating support.

4. Promoting opportunities for independent living

This applies to adults with physical, sensory or learning impairments, or mental health problems, who live with their parents or are in a residential care home or a health-managed residential unit. For the most part, they can be characterised as having hidden needs and ‘low impact’, in that they are generally not formally recognised as having any priority for housing and, in the case of those with their parents, they may also receive fairly minimal social care services. Some have moved from residential schools or colleges directly into residential

care, while others may have moved to a care home when their informal carers could no longer provide the required help. In a minority of cases, they will be receiving very expensive services paid for by local health or social services authorities. Self-contained supported housing (including grouped flats) and independent housing with floating support are both appropriate types of service. Some people will need both SP services and personal care or specialist health services.

The importance of housing has been recognised in various national strategies and policy statements concerned with the development of services for particular groups. Despite this, there are few formal performance targets which require local commissioning authorities to address the provision of accommodation as part of wider strategies led by health or social care services.

While health is one of the local commissioning agencies for Supporting People, it is evident that many health trusts are not fully engaged with the SP programme. In October 2004, the Department of Health sent a letter to all Primary Care Trusts reminding them of the relevance of Supporting People to their general aims and formal targets. In addition to noting the twin targets of increasing the proportion of older people being supported to live in their own home and the proportion of those receiving intensive support at home, the letter refers to Supporting People as helping *‘to achieve the long term conditions Public Service Agreement and reduce admissions to hospital’*.

The ethos and aims of supported housing have long coincided with the policy goals of reducing reliance on long-stay residential institutions and promoting ordinary living, independence and social inclusion. There is also a two-way flow, in that the active involvement of other sectors is essential to achieving the aims of supported housing and Supporting People.

As is evident from the expenditure distribution and the number of individual places funded, housing and support services for people with

physical or sensory impairments have not received high priority to date. This has also been noted in recent publications by the Social Services Inspectorate (SSI, 2003; SSI/NCSC, 2003). The ‘four strand’ conceptual framework outlined above helps to reveal the reasons for this:

- People with physical or sensory impairments who already live in their own homes, but may need support to maintain or improve their quality of life or independence, are included in Strand 1. Most of the services within this strand of SP are directed at older people, although there are also generic floating support services which may respond to the needs of some disabled people and others, such as people with mental health problems or women experiencing domestic violence;
- Housing and support services are highly relevant to disabled people in certain, quite well-defined circumstances. These include: young (and young-ish) adults who wish to leave the parental home and/or move on from residential education; people who are currently in residential care but would like to consider living in their own homes; and people who become disabled, either progressively or suddenly, and who wish to avoid returning to their parents or entering residential care. These groups tend to fall within Strand 4 of SP (promoting opportunities for independent living), which is receiving very little attention in strategic planning. Many of the needs within this strand are hidden or latent and there are fewer policy imperatives or cross-sector pressures to address these needs than is the case, for example, with the prevention of homelessness (Strand 2) or re-building lives (Strand 3);
- There is also a commissioner view, implicit if not often expressed, that Supporting People-type services are relatively unimportant in helping disabled people achieve independent living. The emphasis, in principle at least, is on expanding direct payments, providing home care services and generally meeting needs for personal and physical assistance. This view was

exemplified by a senior social services officer responsible for producing a Commissioning Plan for Physical Disability and Sensory Services (2003), which made barely any reference to Supporting People. The officer said that disabled people needed more accessible housing and greater access to direct payments; SP ‘service models’ were not seen as necessary or appropriate.

The National Housing Federation has produced a report entitled: *iN business to support neighbourhoods: The future for supported housing* (NHF, 2004). The report argues that providers of supported housing make a significant contribution to the health, stability and viability of neighbourhoods; and that the focus of public policy on localism and citizenship can only enhance the role that supported housing is called on to play. The contribution includes: skill and expertise in integrating people into neighbourhoods; and the ability to keep people within neighbourhoods. The authors note that: ‘*the environment within which supported housing operates is a difficult one*’ and that, in order to survive and thrive, providers need to:

- Build their own capacity;
- Develop better and more targeted market intelligence;
- Work with purchasers who understand the need for proper costing and risk management; and
- Communicate outcomes more effectively.

Research on outcomes in supported housing has been very limited and most published studies are descriptive, rather than evaluative. Cost-effectiveness has generally not been investigated. The outcomes most commonly evaluated are satisfaction and quality of life. A recent research review by the Government Office for the South West has concluded that:

- There are some beneficial effects of supported housing, particularly in relation to quality of life that could lead to improved health;
- There is a lack of research into health related outcomes, such as re-admission rates or clinical symptoms;

- The objective of promoting independence should be assessed formally;
- There is a need for formal evaluation of supported housing schemes to ensure that the projects meet the needs of the clients and the wider population. (Oliver, 2003)

The measurable outcomes that may apply to supported housing and disabled people include:

- Improvements in capacity for independence, as a result of suitable housing design and opportunity to make proper use of facilities; also due to smart technology, which gives people more control of their environment;
- Improved satisfaction with living situation and scope for independence, especially where someone has moved from a residential care setting or from the family home;
- Improved mental health (self-esteem, control), both through better access to appropriate services and through combining individual privacy with opportunities for social contact and companionship;
- Improved physical health, through better access to health services and greater motivation for healthy living when in a better home environment;
- Reduced reliance on residential and social care services, as supported housing can provide an alternative for individuals needing high levels of support and personal assistance;
- Decrease in use of primary healthcare services and admissions to hospital, through staff support on-site and more timely use of primary healthcare;
- Increased take-up of training, education and employment, due to access to information and advice, increased self-confidence and enhanced skills;
- Improved support and prospects for family and informal carers, who can continue to give practical help but often in new ways e.g. providing transport for shopping, rather than personal care.

Social care and direct payments

The report of an Inquiry into the needs of disabled people aged 16-65 was published in 2003 by John Grooms (Ackroyd, 2003).

‘Health and social services for disabled people have been extensively re-oriented in the last ten years to meet modern ideals of community integration, inclusion, autonomy and choice. The Government has also introduced a series of political and administrative reforms that have had a significant impact on the purchase, development and delivery of care. The Inquiry was launched to look at the consequences of ‘community care’ and related policy initiatives on disabled people, explore changes in the pattern of need and identify opportunities for new and improved services.’

The Inquiry report notes that there has been an increase in disability of at least 28% over the past twenty years. Contributory factors include improved survival rates (both at birth and following trauma), advances in management of disabling conditions and a steady increase in the numbers of older disabled adults as people live longer. The support needs of those in care homes are increasing, as indicated by rising unit costs faced by funding authorities. For provider organisations, recent policy developments and a stronger emphasis on performance measures and value for money have created a more stringent financial environment:

- Budgetary constraints and government targets have increased the focus on service costs. Annual contract reviews are now the norm and they can threaten the continuity of care for service users;
- Cost ceilings linked to the costs of residential care limit the lifestyle choices offered to disabled people. Almost 80% of local authorities put such limits on the cost of community care packages, using either the net cost or the gross cost of a residential care placement;
- It is very difficult to establish prior revenue funding agreements to develop new and innovative projects.

With regard to needs and the state of needs analysis, the Inquiry report comments:

- The statistical information we have about disabled people is deficient and hampers



the planning of future initiatives and the ability of existing services to anticipate or adjust to new demands. Local authorities hold incomplete and confusing information about the number of disabled people and the nature of their needs;

- Young people trying to work towards independent living are handicapped by the shortage of suitable accommodation. Young people with multiple impairments are particularly likely to move into residential care when they reach adulthood. There is also a shortage of services designed to provide emotional support, mentoring and advocacy;
- There is a need for up to 300,000 new or adapted wheelchair accessible homes. Between 30% and 47% of wheelchair users consider their housing and support to be inadequate. Information on the supply and ownership of accessible housing is

fragmented and incomplete. Although the rate of housing development is slow, initiatives such as the extension of Part M of the Building Regulations to housing and the adoption of Lifetime Homes criteria are encouraging better accessibility.

In 2000, the Social Services Inspectorate (SSI) published *New Directions for Independent Living*. This report, which was based on a national inspection programme, evaluated independent living arrangements for people aged 18-65 with physical, sensory and learning impairments. It concluded that service providers had not fully absorbed the philosophy of independent living and that support provided for disabled people lagged behind support for people with learning difficulties.

A general review of social care services is contained in *All our Lives: Social Care in England 2002-2003* (SSI/NCSC, 2003). The report states: *'Home care, particularly that provided by private and voluntary agencies, is not sufficiently reliable or flexible. Often it is not provided in a way which gives people control over their lives.'*

'Services for people with brain injury and other complex needs are under-developed.'

'Evidence suggests that in developing local plans councils often give lower priority to the needs of people with physical or sensory disabilities'.

In 2002-2003, around 1,100 registered care home owners applied to the National Care Standards Commission to voluntarily cancel their registration as care homes and change to supported living schemes. The great majority of these would have been care homes for people with learning disabilities.

The recent SSI report *Independence Matters: An overview of the performance of social care services for physically and sensory disabled people* (SSI, 2003) brings together the information gathered from SSI inspections and monitoring during 2002 – 2003. The report concludes that there has been *'slow and patchy improvement in services'*.

The evidence of positive progress includes:

- The number of disabled people being helped to live at home has increased steadily;
- More people are receiving direct payments and are enthusiastic about how these have improved their quality of life;
- Most local authorities have adopted the social model of disability, recognising that social and environmental barriers limit opportunities for disabled people to take part in society on an equal basis with other people.

'There are examples of innovation, but overall disabled people still do not have the opportunities they seek and the support they need to live independently and take control over their lives. While many people expressed satisfaction with the services they received, these views often stemmed from low expectations of both the quality and flexibility of these services.'

'Managers responsible for developing and improving services for disabled people are highly committed. But sometimes they are frustrated by the failure of councils to view disabled people as a corporate priority.'

'Although a few inspected councils were progressing well in developing local housing plans, the needs of disabled people were generally a low priority.' (SSI, 2003)

The key areas identified for development in the SSI report include:

- More flexible and reliable home care services, with greater emphasis on promoting independence;
- Continued expansion in direct payments, and more support to disabled people in managing their direct payment and personal assistance arrangements;
- Higher priority for work in identifying and meeting accommodation needs, including the development of databases of accessible and adapted housing;
- Reduced delays in providing home adaptations;

- More effective service transitions for young people entering adulthood.
- Seamless connections between agencies and in particular with education, health and housing;
- Clearer links between strategies for disabled people and Supporting People.

In 2004, the Commission for Social Care Inspection produced a report entitled Direct Payments: What are the barriers? The report notes that around 12,600 people were receiving direct payments in September 2003, compared with 8,000 a year earlier. Most recipients are disabled people aged 18-64, although the number of other people receiving such payments, such as people aged over 65 and people with mental health problems, has increased gradually. The barriers to higher take-up by all groups include: lack of clear information; low staff awareness about direct payments and what they are intended to achieve; restrictive or patronising attitudes; weight of paperwork; and problems in recruiting, employing and developing personal assistants.

Accessible housing

The recent and emerging regional housing strategies pay varying degrees of attention to the need for accessible housing. Generally, it appears to be a relatively low priority. In London, the housing strategy is unusual in the way it weaves accessible housing into the overall regional strategic plan.

There is a severe shortage of accessible housing in London. Many older, disabled and vulnerable people lack access to essential amenities, or must move or undertake expensive adaptations when needs change. Many existing homes are not physically capable of accommodating the needs of disabled people – whether as residents or visitors – and this leads to discrimination and social exclusion. The draft London Plan proposes that borough's Unitary Development Plans include policies to ensure that all new housing is built to Lifetime Homes standards (and) that 10% of new homes should be designed to be accessible and/or adaptable for wheelchair users and people with other physical and age related impairments.' (London Housing Strategy, 2003)

The London Plan: Spatial Development Strategy for Greater London (2004) confirms the policy that all new housing in London will be built to 'Lifetime Homes' standards and that 10% of new housing will be designed to be wheelchair accessible, or easily adapted for residents who are wheelchair users (Policy 3A.4). The Draft Regional Housing Strategy for the East of England notes this development within the London Plan and suggests that the East of England Region should also promote Lifetime Homes and adopt a target of at least 10% of new homes built to wheelchair accessible standards.

A recent study in London revealed that disabled people face huge obstacles in locating and obtaining suitable housing. The problems include:

- Shortage of accessible accommodation, described by one organisation as 'chronic' and by another as 'at crisis level'. The lack of suitable properties applies across all levels of accessibility up to full wheelchair standard;



- Delays and long waiting times for adaptations, shortage of funds for home improvements and lack of awareness among councils, architects and developers;
- Huge problems with re-housing, delays in assessment, lack of flexibility and choice and too little information about possible options e.g. shared ownership;
- Lack of scope to move from one local authority area to another, especially if reliant on social housing. The problem applies equally to those who cannot consider changing jobs due to their lack of housing mobility and those who receive funding for personal assistance from social services and/or health trusts within a particular borough. (Greater London Authority, 2003)

As already noted, reliable data on the supply, location and design standards of accessible housing are generally deficient. A growing number of local authorities are now developing Accessible Housing Registers (AHR), that collect this supply information and also hold details of people seeking accessible housing. The most advanced systems allow prospective applicants to view details of properties online and to state their preference for a particular home. In some

cases, and increasingly, the AHR is linked in to the local Choice Based Lettings scheme for renting social housing properties.

Habinteg Housing Association and the Papworth Trust have produced '*Pathways to accessible housing*', which presents a survey method for estimating the supply of accessible housing and the scale of need for housing and support among a local population of wheelchair users (Habinteg HA and Papworth Trust, 2001). This includes both the need for moves to accessible housing and for adaptations to existing properties.

The National Housing Federation has produced '*Level Threshold*', a good practice guide and charter of principles aimed at bringing disability issues and access to housing into the mainstream of housing association thinking (National Housing Federation, 2004). The charter emphasises the social model of disability, which holds that people are disabled by the inaccessibility of the built environment and by negative attitudes and discrimination. The actions expected of housing associations include: more systematic approaches to assessing local needs and managing supply and demand; improving design standards for better accessibility; good communication with current and prospective disabled tenants (including accessible websites); improved staff awareness and responsiveness to the needs of disabled tenants and applicants; and encouragement of tenant involvement.

The John Grooms Inquiry included a survey of disabled people in England and Wales (Ackroyd, 2003). This found that:

- More than 20% of respondents were living in homes which are either difficult to move around in or to get in and out of;
- 40% felt their housing situation made them unnecessarily dependent on other people;
- 24% felt they were prisoners in their home because of poor access and location.

A survey quoted by David Kidney MP found that only 15% of new homes built in 1999 to 2002, following the introduction of Part M accessibility standards, actually complied

with Part M (Hansard, 24 February 2004, Standing Committee E, column 718). This has led to the setting up of a Government review, which will, however, take two years to report.

The annual Survey of English Housing included questions about the use of wheelchairs for the first time in 2003-2004. The findings indicate that 72% of wheelchair users need specially adapted accommodation. Among those saying they did not need adapted housing, 90% only used their wheelchair outdoors, although two-thirds of outdoor wheelchair users do need adapted accommodation. This proportion rises to 80% for those who occasionally use their wheelchair indoors and 92% for those who use a wheelchair all the time.

Strategies and targets on accessible housing, where they exist, generally do not link in with social care policies and objectives. In particular, the drive to extend direct payments to larger numbers of people will depend, in part, on the supply of accommodation suitable for independent living; yet the need for a better supply of accessible housing is barely mentioned in the context of policy statements on the expansion of direct payments.

The supported housing service at Smith Court, which forms the case study in the next chapter of this report, illustrates several of the policy developments or aspirations outlined above. They include:

- The shift from residential care homes to service models based on ordinary, integrated housing;
- Increased attention to housing design and accessibility of the local environment;
- Flexible housing-related support;
- Use of direct payments to enable disabled people to buy in and direct their own personal assistance services.



Distinctive features of service

Smith Court is distinctive, both in the design of the accommodation and in its staffing arrangements. The housing model is that of clustered, self-contained flats with extra communal facilities. It sits within a wider scheme of 41 properties comprising of full wheelchair accessible and accessible general needs homes. This model is most common in sheltered and extra care housing designed for older people, although these latter developments are usually on a considerably larger scale (extra care housing is now being built for upwards of 35 people on a single site). Nationally, there are examples of clustered, self-contained accommodation on a similarly small scale for younger people, including disabled people, ex-offenders and people with mental health problems. At a local level, however, the availability of such accommodation is usually very limited. The scope for future development is also threatened by the anticipated reduction in capital funding for supported housing.

The Habinteg Area Manager describes Smith Court as *'providing another option for people who don't need to be in a care environment but have nowhere else to go'*. Its aim is *'to prolong and promote independence'*, so that people can retain control, stay in their own homes and avoid admission to institutional care. The Community Assistant support and the community alarm system are integral to the tenancy and the total support cost for each tenant at Smith Court is currently £76.11 per week, in addition to the £87.96 rent and service charge. The other fifteen disabled tenants elsewhere on the scheme also pay for support, although at a much lower level (£11.19 per week). In practice, the great majority of this cost is met through the Supporting People grant from Sefton Borough Council (£23,858 in 2004/05).

The Community Assistant (CA) is a feature of all Habinteg housing developments. At the Sefton scheme, the Community Assistant covers all the properties but is expected to spend the majority of her time on the six flats at Smith Court. She visits each flat on a daily basis to check up and see whether the tenant needs anything. This can be extended to other tenants on the scheme if they have particular needs, such as having just come out of hospital. Each tenant at Smith Court has an individual support plan and the CA

describes her role as encouraging their independence. More specifically, she helps in filling out Housing Benefit and other official forms and will assist in liaising on care packages and aids and adaptations. She also helps with tasks such as collecting prescriptions and reminding people to take their medication. The tenants are expected to organise their own shopping and meal preparation. Where tenants want to explore opportunities, such as taking a college course, the CA may go with them initially. She is also available, if required, to help with attendance at hospital appointments.

The job description for the Community Assistant includes:

- Making sure tenants are safe in their home; dealing with repairs; helping tenants to maximise their income from benefits; providing social support; and advocating with other agencies;
- Responding to emergency calls and summoning assistance as appropriate;
- Liaising with the Supporting People team and with care managers and any other support providers.

Tenant perspectives*

The six tenants range in age from 41 to 67 and all have lived there for over a year. They moved to Smith Court in varying circumstances:

- **David, 48**, became disabled following a stroke in his early thirties and returned to live with his parents, which was highly unsuitable and did not meet his social needs, but was seen as the only alternative to residential care. He felt isolated and ‘in the way’ and it was a major culture shock, given his previous independent lifestyle. He funded his own property adaptations (£24K) and personal care. Although originally not a high priority as he was seen as adequately housed, he was offered a place at Smith Court after his father died.
- **Anna, 41**, lived in a partially accessible housing association bungalow within a development for older people. It was assessed as requiring kitchen adaptations to meet her needs but the housing association said the costs were too high. She felt vulnerable and was a target for harassment, which she attributed to the fact that she was younger than other tenants and did not immediately appear to be disabled (she has multiple sclerosis).
- **Anthony, 64**, had his own home with his partner and family for thirty-four years, but needed new accommodation following a divorce. He had relied on his partner for personal assistance, which was required largely because the property was quite inaccessible.
- **Mary, 67**, lived in a high rise flat but could not stay there after her partner died. She moved to a nursing home, where she lived for three years. There she received far more assistance than she required and was constrained in her ability to come and go and generally to control her own life. She is able to do most things without support, but does need an accessible bathroom and level access to wheelchair standard. At the nursing home, she also felt isolated and was unable to communicate with many of the other residents.
- **Jennie, 64**, lived in a general needs property at Smith Court for fifteen years, having previously lived with her parents. The house was not sufficiently accessible as her mobility became more limited. She was keen to stay in the same area and near her friends, so the newly re-modelled accommodation was highly suitable.
- **Roy, 45**, lived in an unsuitable designed high rise flat with an unreliable lift and an inaccessible bathroom. He felt isolated and stuck in his flat. He received thirty minutes assistance twice a week and this did not allow for help with bathing. He was on the Habinteg waiting list for two years before receiving an offer for the flat at Smith Court.

*Tenant names

The names of the tenants have been changed to protect their privacy and anonymity.

David is 48 and moved into Smith Court at the end of 2002.

Access needs

He uses a wheelchair full-time. The flat has had extra adaptations, including a bed hoist. Although certain adaptations were made to his parents' home, where he lived previously, he was unable to move around freely. He finds the flat at Smith Court quite spacious and also appreciates the general accessibility of the immediate neighbourhood (see *Part 2 Design Guidance, chapter 1 External Environment*).

Support and assistance on-site

The community assistant helps with day-to-day practicalities and is someone with whom he can discuss any issues of concern. He was one of an initial group of ten people in Sefton to receive Direct Payments three years ago. The scheme has worked well for him and he is happy with this way of meeting his personal care needs, although he acknowledges that users of direct payments have to be 'very switched on' to manage the complexities. He currently receives £880 per month for a total of 24 hours assistance per week. The work is shared between two people, each doing twelve hours. It includes: helping him to get up and shower in the morning; flat cleaning and preparing lunch; shopping in the afternoon; and preparation of dinner in the evening.

External services

He does not receive any other formal support from social services or community health services.

Activities and contacts

He visits friends, goes shopping and 'does his own thing'. Members of his family visit every day and are delighted that he has found an appropriate place to live. He organises social events, such as barbecues and bonfires, for the tenant group.

Views on Smith Court

Living at Smith Court allows him to maintain a good level of independence. He likes to be in control of his own life and now he feels this is the case. He has an effective care package that allows him to be as independent as possible. Isolation is overcome in Smith Court, as there is a communal living area and the tenants meet for weekly coffee mornings and have social events throughout the year.

'People that come and visit me at Smith Court say that I am really lucky to live somewhere so nice. No-one is ever saying 'you poor thing', and I think I am lucky to live here'.

He wouldn't want to move to a wheelchair bungalow if he was given the option, as he feels that the isolation would not be good for him.

Having the community assistant around makes a big difference to his life and there is lots of support given to the tenants. Pauline is always on hand and is invaluable: *'she does a brilliant job'*. She provides *'a comfort zone'*, in that he knows that there is someone right there and that he does not have to depend on visits from social workers. She also brings the group together and helps them overcome problems of isolation. He thinks that more attention should be given to supporting the tenants' social interaction and would like to see the community assistant role extended to organising social events and regular group trips for those interested.

Since he moved into Smith Court, David feels he has gained a much more positive outlook. The move has given him a new impetus after years of feeling trapped.



Anthony is 64 and moved to Smith Court in mid 2002.

Access needs

Anthony has poor mobility and cannot walk far. While he needed personal assistance in his previous home, he can now do almost everything for himself due to the accessibility of his flat (especially the bathroom, which he says is 'excellent'). He does think that the flat is a bit small and can feel claustrophobic at times. This applies particularly to the living room, which he would have liked to be more spacious. He also says that the windows are not easy to open and if they had put a different style of window in the flats when the property was built, this would have been better (see *Part 2 Design Guidance 2.3.14*). Generally, however, he is very happy with the accommodation and the fact that, in contrast to his previous home, it is all on one level. As a result, he feels much more independent than he did before. He also likes the communal conservatory and says he makes good use of it for meeting up with the other tenants.

Support and assistance on-site

In addition to her daily check up visits, the community assistant helps him with tasks such as sorting out bill payments etc, and making phone calls as he has problems with his speech. While he usually takes a taxi to

do his shopping locally, there are times when Pauline gets minimal amounts of shopping, as it saves him taking a taxi to get a few items. He finds the location of Smith Court is convenient for getting to shops and facilities.

He pays for the community assistant support service from his own funds, as he has assets from the sale of his home in Southport following his divorce.

External services

He does not have any regular care or health services. He manages with the on-site support and does not have informal assistance from family.

Activities and contacts

On two days a week, he attends the day centre located at Smith Court, which he likes going to for general socialising. He also enjoys the regular quizzes, playing pool and organised day trips. He appreciates the close proximity of the day centre, as previously he relied on someone taking him and as a result often didn't get the opportunity to go. At Smith Court, he is able to take the short walk down the path to the centre.

He is also currently enrolled in a college course on alternative therapies and attends college one day a week.

Views on Smith Court

He is very satisfied with the accommodation and its location. When deciding to accept the offer of the flat, key factors were the accessibility of the accommodation, the sense of living in a small community and the on-site support. The social contact with the other tenants is important to him and he feels it has become a close knit group.

Jennie is 64 and moved to Smith Court in mid 2002.

Access needs

Jennie walks with the aid of a trolley. She has MS and is partially sighted. She is very happy with the design of her flat and finds it easy to manage. She particularly likes the accessible bathroom (see *Part 2 Design Guidance 2.3.9*). She is also satisfied with the building in general, including the communal facilities.

Support and assistance on-site

She regards the community assistant as *'more like a friend'* and likes to have the daily visits when she is at home. She says the support she receives from Pauline is excellent and invaluable to her. She particularly needs help with administrative tasks, as her eyesight is poor. Pauline often makes phone calls on her behalf (e.g. to arrange appointments) and also helps to deal with her mail. Sometimes there is the odd maintenance issue around the house that Pauline helps her with too.

External services

She does not have any formal care or health services. Her friend comes in regularly to clean the flat, but she manages without personal assistance.

Activities and contacts

She is a member of the day centre next door and enjoys the yoga and dance classes. She attends the day centre about twice a week, but does yoga everyday in her flat or in the garden when the weather is nice enough.

She enjoys going out and about on her own and knows most of the people who work in the shops nearby as she is in so often. She attends a self-help group in Formby and also likes to travel around, for example to Southport. She also likes to socialise with the other tenants, for example through the regular Thursday coffee mornings.

Views on Smith Court

She is able to take herself to the shops and enjoys the fact that she can do this and maintain her independence, Smith Court is ideally located to take an inexpensive taxi ride to the shops. It is important to her to have other people around and she appreciates that at Smith Court, this is the case. The conservatory is a great meeting place and she really likes the community atmosphere among the tenants.

The on-site support gives her peace of mind and reassurance that a difficult situation or emergency would be promptly dealt with.

She would definitely recommend Smith Court and Habinteg to others, as *'the support service is excellent and there is always someone around'*.



Roy is 45 and moved to Smith Court in early 2004.

Access needs

He uses a wheelchair full-time and finds the accommodation very suitable. He particularly likes the size of the kitchen and the adjustable-height kitchen counters. (see *Part 2 Design Guidance 2.3.8*) The communal space was a plus when he was considering taking up the offer of the flat. He feels positive about his recent move to Smith Court and says that the facilities are 100% better than in his former home.

Support and assistance on-site

The community assistant helps him with minor repairs or other problems connected with the flat. He is happy that Pauline is on hand to assist him when he might need it or in case of an emergency. He would like a stronger social element to the support, as he likes to spend time with the other tenants and also would like to go out and socialise more with other people outside Smith Court.

External services

He has a once a week cleaning service organised by Social Services, but he receives no formal assistance with personal care, as he had in his previous accommodation. A district nurse currently visits once a week to attend to his swollen feet.

He has no family living locally and no informal support.

Activities and contacts

He does voluntary work at a computer college two days a week and is pleased that he is able to be independent and get out on his own. The college pays for his taxi fare.

Views on Smith Court

He needed help with bathing, medical care and cleaning in his old property. Due to poor access to the bathroom and lack of support, his hygiene standard and health both deteriorated. He is now more in control and able to help himself and he no longer needs help with bathing. He is also more independent and able to come and go as he pleases, as he is not reliant on an unreliable lift. He can arrange for taxis to take him places more easily from Smith Court and generally enjoys a better quality of life as he is in accommodation that is more appropriate to his needs

He finds Smith Court generally well located for shops and services. Everything is close by – food shops, post office – and he can go out by himself. He also feels a lot safer; the ‘red cord’ and Pauline are there if there is a problem. His neighbour was burgled whilst he was living in the high-rise flat and he felt quite vulnerable and unsafe.

Improvements that could be made to Smith Court:

He considers that better facilities for taxis would be useful, as there are no kerbs at the front where the taxis come and this makes getting into them difficult. The flats could also do with being a bit larger overall. He would recommend Habinteg to others as the access to the properties is excellent and living there has made his life a lot easier.

Anna is 41 and moved in mid 2003.

Access needs

She used to be a nurse before being diagnosed with MS. She needed to move to a more accessible property, due to her mobility impairment and the fact that her condition and physical capacity vary from day to day. She has a wheelchair and although she may need to use it in the future, she tries not to use it where possible. She describes herself as 'fiercely independent' and wants to continue to do as much as possible for herself.

Support and assistance on-site

She appreciates the community assistant service, although she goes out a lot and may not be at home for the daily visit. She would like to see more encouragement of social interaction between the tenants generally.

External services

She does not receive any formal care or health services in her home and does not want to have to rely on this while she can still manage. Her mother and sister visit frequently and help out, but she is wary of confusing their roles and asking too much.

Activities and contacts

She does voluntary work with the Women's Royal Voluntary Service once a week.

Friends and family members live near by and so can visit her easily and go with her to

social events etc. She socialises a lot with her friends, including people that she used to work with. Unfortunately there are times that she has to let her friends down due to her illness; however, she enjoys a good night out. She is also an Everton supporter and enjoys following them. If they win the Premiership she is aiming to streak on the pitch even if she is in a wheelchair!

Views on Smith Court

She is extremely glad to be living at Smith Court. She said that she cannot put into words how she feels about living there.

Living at Smith Court allows her to maximise her independence and she says that it is the little things that allow this. The support that Pauline gives is invaluable for maintaining her independent life. With Pauline she feels that, as it is a recognised service, she is not being a burden when she asks her to do things, whereas with her friends and family, although they are happy to assist her, she doesn't like to ask too much as she feels she is imposing on them. With Pauline, she is entitled to do so and is thereby remaining independent of help from her friends and family.

She considers that Smith Court is well placed for easy access to shops and services.

She enjoys the community atmosphere, which allows her to feel that she isn't alone, she is able to share the 'fight for independence' and can communicate her feelings to people who are in quite a similar position. She says there are times when she does get down and is snappy but the others understand what she is going through.



Mary is 67 and moved to Smith Court in mid 2002.

Access needs

She uses a wheelchair and considers the accessibility of Smith Court to be excellent. She commented in particular on the level access throughout, wide doorways, the communal laundry facilities and the accessible bathroom. The kitchen is very accessible, with counter tops that have been lowered so she can use them in her chair. She also finds the communal laundry facilities very convenient (see *Part 2 Design Guidance 2.2.7*). All these features combine to allow her to manage independently in her home and 'do her own thing'.

Support and assistance on-site

The community assistant service provides her with security and support. She says that she would not feel that safe living in a normal wheelchair bungalow, as at Smith Court she has people around her all the time and she never feels vulnerable or isolated. She also knows that if something were to happen, Pauline is easily reachable. The support service is centrally important as it gives her the opportunity to live independently, with just a little help with things she isn't able to do herself. Pauline also checks every day that she is okay, which gives her peace of mind.

External services

Although she was previously living in a nursing home, she now receives no formal care or health services. She says that the care service provided at the nursing home was inflexible and offered far more personal and nursing care than she needed. She felt she had to fit in with the set daily regime, rather than choosing her activities and times to suit herself. She now has two friends who help out regularly with practical issues and who are currently decorating the flat for her.

Activities and contacts

She likes to spend time in the flat and does a lot of reading. After her experience in the nursing home, she is very appreciative of being able to structure her own time and do what she wants at her own pace.

Views on Smith Court

She is very happy living at Smith Court. She thinks it is good to have other people around, but the communal conservatory means that each person's personal space is not invaded and they are able to join in or not as they want.

Service Funding

The combined rent and service charge amounts to £87.96 per week, excluding the Community Assistant support and the community alarm service.

Supporting People

In 2004/05, Habinteg received a Supporting People grant of £23,958 from Sefton Borough Council for the Community Assistant and the alarm service at Smith Court. The agreed cost is £76.11 per week for the six tenants at Smith Court and a much smaller figure for the fifteen tenants who receive a lower level support service elsewhere on the scheme (e.g. a weekly rather than daily visit). The community assistant works a forty hour week, of which 24.2 hours are allocated to Smith Court. A half hour of the area manager's time is also added in, which allows 4.11 hours support per tenant per week.

The 21 Habinteg tenants make up 25% of the 84 individual places funded by Supporting People in Sefton for people with physical or sensory impairments. The majority of these are in accommodation-based services (i.e. with integral housing and support), including registered residential care homes. The 84 places for people with physical or sensory impairments comprise of just over 2% of the 4,000 Supporting People places funded by the Borough, which is a slightly higher percentage than across England as a whole (1.84%).

Social services and health

Only one of the six tenants (David) receives a formal care service at Smith Court. This is in the form of a direct payment amounting to £880 per month, which David uses to employ two personal assistants. Two of the other tenants were funded to receive formal care services while in their previous accommodation (a nursing home and a rented high rise flat) but have not required such services since moving to Smith Court. This has given them much greater independence, as well as substantially reducing the care costs to themselves and to public services. These examples

demonstrate the role of supported housing in helping people to stay in a domestic setting, where they can maximise their skills and the opportunities to manage their lives.

Sefton Borough Council provide financial support to around 40 to 50 disabled people aged under 65 living in residential or nursing homes. The social services department currently intends to pay around £300 to £400 per week for residential placements, although this is variable and new homes opening up may want to charge considerably higher rates (up to £1,000 in one case). There are only one or two local homes specifically for people in this age group and very few positive housing options for people with mobility needs and sensory disabilities who require accessible housing.

Personal living expenses

Most of the tenants receive Income Support, Disability Living Allowance (DLA) and Mobility Allowance. Excluding the Mobility Allowance, the personal living costs amount to an average of around £150 per week.

Cost comparison with other types of accommodation

Table 1 – Average costs per person per week (revenue only)

	Smith Court	Residential home for disabled people*	Specialist flats for disabled people*	High dependency care home for disabled people*
	£	£	£	£
Salary, staff-related and office costs	76.11	475.15	347.00	849.70
Care and health services on-site	35.00	Included above	Included above	Included above
Accommodation costs	87.96	Included above	Included above	Included above
Indirect costs and overheads	Included above	20.45	7.36	42.00
Personal living expenses	150.00	18.00	135.00	18.00
External care, health or day services			141.10	
Total:	349.00	513.60	630.46	909.70
Notes		Registered residential home with individual 'flatlets' for 20 residents – 50% expected to move on to live more independently.	Four individual flats with one or two staff on-site day and night.	Registered nursing home for 18 residents. Each resident has an open plan 'flatlet' with ensuite kit and bath facilities.

*Data from *Unit costs of health and social care 2003*, Personal Social Services Research Unit (PSSRU) – Updated for inflation 2003/04.

Benefits for individuals and public services

The personal accounts of tenants at Smith Court reveal that the service has assisted them, in various important ways, to improve their circumstances and take more control over their lives. These findings are reinforced by the data from interviews with Habinteg support staff and managers and with a senior representative from Sefton Social Services. The benefits and gains are considered here in terms of the outcome measures for supported housing outlined in the previous chapter of the report.

Improvements in capacity for independence

Several of the tenants said that the accessibility of the flats at Smith Court has given them greater freedom and enabled them to do considerably more for themselves than was possible in their previous accommodation.

Specific benefits mentioned by individual tenants include:

- Bathing without assistance;
- Preparing meals independently; and
- Simply being able to use all areas within their own home.

The accessibility of the larger building, other properties on the scheme and the immediate area surrounding Smith Court was also seen as a plus factor, in terms of making it easier for tenants to get out to do their shopping, visit friends, etc.

The combination of appropriate building design and on-site support has resulted in three of the six tenants no longer receiving formal care or personal assistance services.

Improved life satisfaction and mental/physical health

The level of tenant satisfaction is generally very high. All the tenants said they appreciated the communal aspects of the service and were regular users of the common space and facilities (e.g. weekly coffee mornings in the conservatory). They agreed that there was a sense of community within the building and that tenants were able to support each other, in addition to socialising as a group. Several tenants expressed relief that they have finally found a solution to their housing difficulties,

often after years of living in highly unsuitable accommodation. Most also mentioned the sense of security they have gained from knowing that support is on hand and that the service is geared up, through the alarm call system and the community assistant, to respond to an emergency. Two tenants in particular said that they now have a much more positive outlook on life and are more proactive and involved. The criticisms from tenants included: the small size of the flats and the limits of the support, in respect of encouraging social interaction and promoting opportunities to visit interesting/fun places.

Reduced reliance on residential and social care services

A stark example of reduced reliance on residential services is provided by the tenant who was previously living in a nursing home and who now requires no formal care services at Smith Court. The support and involvement of family and friends is very important for several tenants. This support tends to focus on domestic tasks and social activities, rather than on personal assistance. The Sefton Social Services manager was clear that the service at Smith Court saves money which would otherwise be spent on residential placements or home care packages. It has a preventative role and is seen as filling a gap between residential care homes and fully independent living. The Social Services view is that there is a wider demand for this type of supported housing and they would like to see further such developments within the borough.

Decrease in use of primary health care and hospital admissions

The interviews produced no direct evidence of reduced use of primary health care services, although this may well result from the improved sense of well-being reported by several tenants. However, the service is designed in such a way that it could readily help to avoid delayed hospital discharge or admission to hospital in a potential crisis situation. There is also a reduction in the use of residential health services, in that one tenant was able to move out of a nursing home.

Increased take-up of training, education and employment

A number of the tenants are involved in training, education or voluntary work. Some of these opportunities would be out of reach if they lived in inaccessible housing. In a number of instances, the community assistant has played an active role in helping or encouraging the tenant to enrol or participate.

Improved support and prospects for family and informal carers

The move to Smith Court has meant, in at least one or two cases, that parents or other family members have been able to develop a different role: staying involved but no longer feeling responsible for personal care.

Conclusions

The service at Smith Court is unusual, in that it provides self-contained housing, on-site support and additional communal facilities. While this model is common in sheltered housing services for older people and, to a lesser extent, in services for other groups of younger adults such as people with mental health problems or learning disabilities, there are relatively few examples of self-contained, supported housing for people with physical or sensory impairments aged under 65.

The service model is particularly appropriate to disabled people in certain situations.

These are:

- People who might otherwise go into residential care;
- Those who already live in a residential home and want to move to more independent accommodation;
- Those who live with their parents and want their own home; and those young adults who are due to leave residential colleges.

These groups include those who are considered especially neglected by current policies and services strategies (SSI, 2003; Cabinet Office, 2005).

The style of service receives a high satisfaction rating from the current tenants and from local service commissioners. The study demonstrates that it is not adequate to assume that housing-related support is of minor relevance to physically or sensory impaired people. In fact, it can have an important role in enabling greater independence and complementing individually tailored personal assistance services provided to people in their own homes.

The development of accessible, supported housing is consonant with the expansion of direct payments promoted by government policy. Many of those who would like to use direct payments are likely to be hindered by the fact that they are not living in accessible housing or do not have their own home. Others may be put off by the complexities but might gain the confidence to take on a direct payment, if they knew they had on-going support and advice and a Community



Assistant nearby who was prepared to liaise on their behalf.

This service model can be designed either as a stand alone scheme or, as with Smith Court, as part of a larger housing development.

The critical factors in setting up a service similar to that at Smith Court are:

- Capital funding for new build or conversion/ upgrading of properties, secured through strategic commitments to accessible housing for disabled people within both local and regional housing strategies;
- A knowledgeable housing provider prepared to give detailed and expert attention to all aspects of internal and external design, including both the individual flats and the communal areas (see *Part 2 – Design Guidance for Supported Housing*);

- Availability of adequate grant funding and associated staff resources to carry out essential customised adaptations for individual tenants without any undue delay;
- Local authority commitment to support individual tenants and the overall management of the scheme, with Social Services commissioners and Supporting People teams working in tandem;
- Recognition by statutory authorities that the service can potentially offer a cost-effective alternative to residential or nursing home care;
- Support from local health trusts and recognition of the potential of the service to shorten hospital stays and prevent or delay admissions;
- Clear referral criteria which ensure, as far as possible, that the service is the most appropriate option for each tenant;
- Secure funding for the on-site Community Assistant service, including provision for management supervision and staff training.
- All the above to be part of a national programme to promote and develop 'Homes for Independent Living', which will include both permanent homes and short to medium term supported housing. The programme will need the active support of the Housing Corporation, the National Housing Federation and the Chartered Institute of Housing.

In the medium and longer term, there is a need to develop a much wider range of housing options for disabled people than is currently available. This is in line with the goals of the Green Paper on adult social care and the *Life Chances* report, both of which stress the extension of choice and greater opportunities for independence. The options include:

- Small scale, 'extra care' housing developments for people aged under 65;
- Short term cluster housing (grouped flats), particularly for young people leaving home for the first time and those leaving residential care and wanting substantial support to develop independent living skills;
- Shared ownership opportunities, where people can part-rent and part-buy their home in conjunction with a housing association, whether they are in employment or on long term Income Support;
- More accessible homes as part of new general need developments;

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