

2008-2011

**Torbay housing and support
strategy for people with a physical
disability, sensory disability,
acquired brain injury and long
term conditions.**



Contents

	Page Number
Foreword	3
Executive Summary	4
Section 1 – Introduction	6
Section 2 – Development of strategy	13
Section 3 – What people want	27
Section 4 – What people need	33
Section 5 – Barriers to access	67
Section 6 – Service options	84
Section 7 – Commissioning and monitoring	97
Section 8 – Action Plan	109
Section 9 – Glossary	110
Section 10 – Contacts for further information	111

Appendix

Appendix 1	Torbay Care Trust Commissioning Structure
Appendix 2	Supporting People Structure
Appendix 3	Housing Group Terms Of Reference
Appendix 4	198 National Indicator Set
Appendix 5	Stakeholder event notes
Appendix 6	Service User Consultation notes
Appendix 7	Don't Push Me Around Report
Appendix 8	New Build Accessible Housing Specification

Foreword

To be completed

Executive Summary

The 2008 housing and support strategy for people with a physical disability, sensory disability, acquired brain injury and long term conditions has provided the opportunity to assess service delivery models within Torbay for this sector, which, until recently, has been significantly under resourced.

13,837¹ people living in Torbay are in receipt of incapacity benefit. Evidence shows various links between disability and the incidence of dependence on benefits, suicide rates, alcohol misuse and mental health problems. Without targeted housing related support, disabled people are more at risk of living in poor housing conditions that do not meet their physical or mental health needs.

People have said that they want access to mainstream housing and support and do not want to be excluded from the Torbay community. The strategy identifies the need to improve opportunities to access mainstream services and to ensure that these services meet the needs of disabled people effectively. Support services are required along with a campaign of awareness raising to promote a range of housing options and to develop the capacity of people to be able to live independently.

The needs analysis identified a need for 22 additional units in the physical and sensory disability sector which were commissioned in October 2007, as part of a sector wide floating support service that also incorporated acquired brain injury and long term conditions. The new service has further identified that this data underestimated the supply demand and the housing group continue to closely monitor utilisation. Using the relatively new data, along with information from specialist teams and further data resources, the strategy has identified the need to commission additional support provision that is specialised to meet the needs of people who use British Sign Language and for people with complex acquired

¹ Population estimates based on Joint Strategic Needs Assessment 2007

brain injury. In addition, a solid infrastructure of accessible housing, adaptations, handyperson schemes and assistive technology will ensure that the needs of disabled people are met in an empowering delivery model which seeks to reduce the level of social care input required to maintain independent living.

The strategy identifies the need to ensure people are in control of the services they receive, and the housing group is committed to the self directed support agenda, through the use of individual budgets. People who use services also need to be at the centre of block commissioning decisions and independent advocacy support is required to ensure people are supported to speak out about the services they want. The future commissioning of services in this sector will be informed from recommendations made through the individual budgets pilot currently being undertaken by Supporting People and Torbay Care Trust, and through the full inclusion of service users in all decision making processes.

In conclusion, this strategy identifies a range of service delivery models that will facilitate the opportunity for disabled people to live independently and be active within their communities and thus be able to contribute to the Torbay Community Plan objectives; indeed, disabled people just want the same opportunities to be treated as ordinary citizens.

Section 1 - Introduction

The Disability Rights Commission has defined independent living as referring to:

“All disabled people having the same choice, control and freedom as any other citizen – at home, at work, and as members of the community..”²

Within Torbay there is evidence that disabled people do not have the same choice, control and freedom as other Torbay residents about where and how they live. Disabled people experience inequality in terms of their housing because of many factors including;

- Prejudice and discrimination,
- lack of knowledge about housing options, including adaptations and grants,
- lack of accessible housing in the social and private sector,
- lack of support to find and maintain independent housing, and a
- lack of statistical information on the number of disabled people who require housing and support

Further to this, evidence shows considerable links between various disabilities and:

- Dependence on Benefits
- Low levels of qualifications
- Suicide rates
- Alcohol Misuse
- Mental Health problems

² Disability Rights Commission (2002) Policy Statement on Social care and independent living

Local statistics³ highlight that the incidences of the above are higher for Torbay than the national averages, for example;

- 10.1% of Torbay's population (13,837⁴ people) is in receipt of incapacity benefit, the national average is 7.2%.
- There are 12.3 per 100,000 population suicides / unplanned deaths in Torbay per year; the national average is 8.5 per 100,000 population⁵.
- 30.5% of Torbay's population has no qualifications; the national average is 28.9%
- Levels of alcohol misuse related conditions are 212.4, the national average is 100.

This demonstrates that people with a physical disability, sensory disability, acquired brain injury or long term condition are more likely to be disadvantaged and therefore this demonstrates a need for an increase in resources for this sector to reduce the inequality.

As is the evidence that, the right support at the right time can improve the prognosis for improved life chances, maintenance of economic and social activity, and reduced reliance on social and health services. Thus, the housing strategy group for this sector has therefore formed to establish a housing and support strategy for disabled people that will improve housing options and reduce the inequality experienced to enable disabled people to be in control of the housing and services they use.

Thus, the vision for the strategy is:

To give people the full range of housing and support choices available, including the ability, freedom, and power to make informed choices about where and how they live and who supports them.

³ Joint Strategic Needs Assessment – Torbay 2007

⁴ Population estimates based on Joint Strategic Needs Assessment 2007

This vision has been signed up to by all members of the Housing Strategy Group for the sector and has been incorporated into the terms of reference for the group.

In order to achieve the vision outlined, the strategy group has agreed an aim and set of objectives that this document will address.

The aim is:

To develop a commissioning framework for housing and support services for people with physical disability, sensory disability, acquired brain injury or long term condition.

The objectives of the strategy are to:

1. Find out what the government and local policy is saying about housing and support for people with physical disability, sensory disability, acquired brain injury and / or long term conditions.
2. Find out what type of housing and support people want.
3. Identify the number of people who require housing and support that will enable them to live independently, including an identification of how much of each type and the range of housing and support needed to meet different needs and expectations.
4. Identify the social and environmental context of barriers for independent living.
5. Identify the barriers to accessing housing and support and suggest ways in which these can be overcome, including increasing and improving information and choice in housing and support.
6. Identify what the different service options are for housing and support and how effective they are at supporting independent living and what the gaps are.

7. Identify the type of housing and support that will be commissioned and when, and opportunities for joint commissioning.
8. Identify a process for monitoring the quality of services commissioned to deliver housing and support, and identify how service users will be involved in the development and monitoring of their services.

Within this strategy document a model of housing and support will be designed that will illustrate services that need to be commissioned to offer housing and support choices. This will further identify opportunities for joint commissioning of services between Supporting People and the Care Trust. The strategy will also give recommendations for further actions that need to be taken by the group and other potential stakeholders to improve housing and support within this sector.

People affected by the strategy

In order to achieve synergy and joint working with all relevant stakeholders, including Torbay Care Trust and Housing Services (Torbay Council), this strategy will cover the groups of people aged 16-65 with:

- physical disability
- sensory disability, including dual sensory impairment
- acquired brain injury
- long term conditions

On page 10 there are definitions of these groups.

It is recognised by the housing group that people aged over 65 and / or people with other needs may have primary needs that fit into the groups outlined above. In order to avoid duplication of provision and best utilise resources, the housing group will need to ensure effective linkages with the other strategy groups. The housing group for this sector believes that sharing of knowledge and joint

commissioning across sectors where appropriate can vastly improve access to mainstream services for these people.

Definitions used in this strategy:

People with physical disabilities, sensory disabilities, acquired brain injury and long term conditions

- This strategy is all about the lives of people with physical disabilities, sensory disabilities, acquired brain injury and long term conditions.
- Within this strategy we have tried to use the word '**people**' when talking about people with physical disabilities, sensory disabilities, acquired brain injury and long term conditions.
- There are some times when it says 'disabled people' to be clearer about something, but usually ***when you read the word 'people' it means with physical disabilities, sensory disabilities, acquired brain injury and long term conditions.***

Independent living

- When we talk about independent living in this strategy we mean people ***“all disabled people having the same choice, control and freedom as any other citizen – at home, at work, and as members of the community”⁶.***
- People should be able to make choices about how independent they want to be, and for people to know they have different choices to be as independent as they want to be.
- People should not feel they have to live on their own or will be forced to live in a way they do not choose.
- The strategy explains about many different choices that all make up different independent living options.

⁶ Disability Rights Commission (2002) Policy Statement on Social care and independent living

Support

- When we use the word ‘support’ in this strategy, we mean **housing related support**. This means support that will help you live more independently.
- Some examples of housing related support are; filling in forms, budgeting, learning new skills like cooking, shopping and cleaning, finding work and training.

Disabled People / Physical disability

The Disability Discrimination Act⁷ definition defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

Sensory disability

Someone is considered to have a sensory disability if they have difficulties caused by their vision or hearing that cannot be rectified by glasses or hearing aids.

Acquired Brain Injury (ABI)

ABI covers all situations in which brain injury has occurred since birth, and includes Traumatic Brain Injury as well as tumour, stroke, hemorrhage and encephalitis⁸.

Long term conditions

Within this strategy we are using the Department of Health’s definition of long term conditions:

⁷ Disability Discrimination Act 2005

⁸ Headway, the Brain Injury Association

(<http://www.headway.org.uk/sitePages.asp?step=4&contentID=1485&navID=114>)

- Long term conditions are those conditions that cannot, at present, be cured, but can be controlled by medication and other therapies. They include diabetes, asthma, and chronic obstructive pulmonary disease. Of these, many live with a condition that limits their ability to cope with day-to-day activities.

Section 2 – Development of strategy and Strategic links

This section meets objective 1

OBJECTIVE 1

Find out what the government and local policy is saying about housing and support for people with physical disability, sensory disability, acquired brain injury and long term conditions.

Government figures from 2005/6 reveal that a quarter of people with a serious medical condition or disability reported living in homes that were not suitable

www.communities.gov.uk/documents/housing/pdf/HousinginEngland0506

The employment of a dedicated Development Officer within the Care Trust for people with physical disabilities, sensory disabilities, acquired brain injury and long term conditions marked the start of series of informal consultations with specialist and generic Care Trust workers to identify the holistic needs people have, how these are being met currently, what the gaps are, and what is needed in the future.

Supporting People joined the Care Trust worker to undertake some meetings to look at housing and support specifically. These meetings highlighted a lack of information about routes to accessing housing, lack of awareness of what services are available, and the immense lack of provision to support independent living. The meetings also highlighted specific gaps for certain sectors which has resulted with inappropriate placements to residential settings and a lack of independent living for individuals.

This strategy has therefore been developed in response to strategic developments locally and nationally, feedback from stakeholders working in the sector, as well as from a request from commissioners to identify resource needs for the sector for the next 5 years.

In direct response to the feedback, it was agreed that a pilot service should be commissioned on a floating support basis to start working with people and gather data on needs of people including type of support required, need for joint packages (care and support), and length of time support required. The service specification was developed in partnership with stakeholders who had been involved in the original meetings. The service was commissioned to start in October 2007, with a capacity of 30 units across the sector. Monitoring of the service is undertaken by Supporting People, and the Provider has committed to feedback needs information to stakeholders as required.

Following the commissioning of this service, it was agreed by the Care Trust Commissioning Team⁹ and the Supporting People Commissioning Body¹⁰ that there was a need for further strategic overview of the sector in relation to housing and support specifically. This overview was needed in order to identify what resources are needed in the sector from all commissioning streams in order to plan and allocate funds appropriately, and this information has been collated in the strategy document. Thus, the outcome of the strategy will be used to inform future commissioning decisions by the Care Trust, Housing Services, and Supporting People.

In order to develop the strategy, stakeholders from the following organisations were involved in a strategy group which developed the ideas, content, and

⁹ Care Trust Commissioning Structure diagram in Appendix 1

¹⁰ Supporting People Decision making structure diagram in Appendix 2

recommendations for this document. The aim of the strategy group in the first instance was to complete the strategy¹¹.

Organisation	Interest represented
Torbay Care Trust Commissioning Team	Social Care
Supporting People – Torbay Council	Supporting People (housing related support)
Torbay Care Trust – Sensory Team	People with visual and / or hearing impairment
ABI team	People with acquired brain injury
Torbay Council – Housing Services Disability Information Service	Affordable Housing Development Disabled people of Torbay
Supporting People Service User Group	Service Users
Westcountry HA	Supporting People service provider
Riviera Support Ltd	Supporting People service provider
Torbay Care Trust	Paignton North and South Zones
Action for Blind People	People with a visual impairment

The Independence Development Officer and Supporting People Officer visited some groups of people to find out thoughts about housing and support. This information is included primarily in section 3, but is incorporated throughout the document as appropriate.

The groups visited were:

- Torbay Council’s disability community group (10 people)
- Westcountry Housing association service user meeting (x people)
- Torbay Deaf Club

People who use services were also invited to the stakeholder consultation event held on the 11th January. Further service user consultation was undertaken utilising existing groups and by organising targeted sessions.

¹¹ Terms of Reference in Appendix 3

An email distribution list was developed to ensure a representative group of people were involved in the development of the strategy; there are 30 people on the distribution list. In addition to the interests represented listed above, the following interests were involved 'virtually'

- Housing Needs Service – Torbay Council
- CFS / ME- Care Trust team and local support group
- Housing Provider
- All Care Trust Zone Teams
- Carers
- Hospital Discharge Team
- Children with disabilities team
- Guidedog for the blind local representatives
- Federation for the Blind

Further to this, a stakeholder / service user event held on 11 January has informed much of the document.

Strategic links

Local context

As stated, the strategy has been developed as a response to request for further resources from operational staff, and from a request from commissioners to identify need in the sector and resource allocation required. Further to this, the local strategic context provides further evidence of how this strategy fits with developments being made by Torbay.

Torbay Local Area Agreement (February 2007)

The aim of the Local Area Agreement is to improve services to local people in Torbay. The Local Area Agreement sets all the outcomes, targets, indicators and funding streams that will contribute to achieving the aim of improving services to local people.

Up to 35 Local Area Agreement targets will be selected by the Torbay Strategic Partnership from the New Performance Framework National Indicators¹². Torbay Council will be monitored against all 198 indicators, but the local area agreement targets will be focused on and monitored more closely by Government Office South West.

There are 4 indicators from the set of national indicators that relate directly to people covered by this strategy:

- (NI 124) People with a long term condition supported to be independent and in control of their condition
- (NI 136) People supported to live independently through social services (all ages)
- (NI 141) Number of vulnerable people achieving independent living
- (NI 142) Number of vulnerable people who are supported to maintain independent living

In addition this strategy and work of the housing group will impact on the following indicators:

- (NI 54) Services for disabled children
- (NI 130) social care clients receiving Self Directed Support (Direct payments & Individual Budgets) DH DSO
- (NI 131) Delayed transfers of care from hospitals

Further to this, within the commissioning framework of services for people in relation to housing support there is an opportunity to contribute to the target of:

- (NI 130) social care clients receiving self directed support (direct payments and individual budgets)

The strategy will seek to contribute addressing these targets.

¹² Appendix 4

For more information on the Torbay Local Area Agreement 2007, please go to:

www.torbay.gov.uk

Torbay Care Trust commissioning strategy

Torbay Care Trust has developed a commissioning strategy¹³ and the following strategic intentions relate to people covered by this strategy:

- We will continue to commission personalised, speedy, integrated and high quality care and services from a range of providers including the independent sector thereby offering Torbay residents choice of where, when and how they can receive their care and treatment services
- We will actively identify further opportunities to roll out individual budgets to a wider population and other care groups.
- Reduce Health inequalities.

The housing and support strategy contributes towards achieving the strategic intentions of Torbay Care Trust. The strategy will seek to ensure that processes are joined up and effective partnership working promotes excellent service delivery to meet the needs of Torbay's population.

Torbay Housing Partnership Strategy 2006 / 7 (draft to be finalised)

The Torbay Housing Partnership Strategy 2006 /07 has two themes that are related to this strategy. They are:

- Increase number and choice of good quality and affordable homes,
- assisting independent living

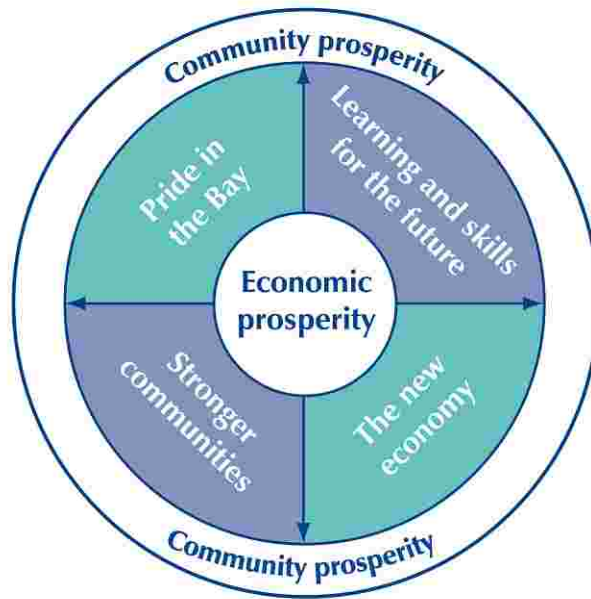
It is important that the strategy relates to the Housing Partnership Strategy as this is the plan used by Torbay Council to develop its service provision, including the development of new homes.

¹³ Sharon Matson September 2007 V1 A Commissioning Strategy for Torbay

For more information on the Torbay Housing Partnership Strategy please go to:

<http://www.torbay.gov.uk/index/housing/thp/housingstrategy.htm>

Community Plan



The latest Community Plan for Torbay identifies 4 key areas for development.

These are:

1. Pride in the Bay
2. Stronger Communities
3. Learning and skills for the Future
4. The new economy

There are some key points from the Community Plan that relate directly to disabled people and independent living. These are;

- Encourage more affordable housing
- Support vulnerable people and encourage them to be independent
- Deliver improved access to good quality affordable homes
- Reduce barriers to learning

- Improve access to employment and training
- Increase the potential of groups that remain excluded from higher level jobs

The community plan identifies key targets on reducing inequalities across Torbay. People with disabilities are more likely to be living in poverty and therefore in poor housing. Poor housing has a direct impact on a person's health and therefore good quality housing is essential to ensure people with disabilities do not experience poor health. Within this strategy, the focus of work is about improving access and choice to good quality, affordable housing options and thus relates directly to the Community Plan objectives. The Community Plan objectives around employment and the economy will be supported through this strategy as with the encouragement to more independent living, people will be more supported to access paid employment and therefore contribute to the local economy.

Torbay Supporting People Strategy 2005-2010¹⁴

The key objectives of the Torbay Supporting People strategy are:

- Provide services based on needs and identified priorities
- Provide high quality support services through effective monitoring and review, and
- Work effectively in partnership.

The strategy includes reference to people with long term care and support needs but the focus is on learning disability and not on people covered in this housing strategy. This strategy therefore seeks to inform the updated version of the Torbay Supporting People strategy in order to ensure people do not miss out on the opportunity to receive housing support.

¹⁴ www.torbay.gov.uk/supportingpeople

The Supporting People strategy also makes reference to the commitment for cross authority working and, dependent on needs data, there may be opportunities within this sector for cross authority working.

The work of the strategy group identifies a commitment to work towards the key objectives and this strategy confirms that the sector will be developed in line with Torbay Supporting People objectives.

National context

Social Model of Disability

The social model of disability recognises that the disadvantage, social exclusion and poverty experienced by many disabled people is not because of their impairments or their medical condition but is because of the attitudinal and environmental barriers they face. This restricts the opportunities and choices disabled people have, and they are not afforded equal respect or full inclusion in society. Coupled with the individual attitudes many people express towards disabled people, unnecessary restrictions are placed on disabled people

As such across many organisations there is now a recognition that there needs to be a drive to change attitudes, to change a model that sees disabled people as people with impairments that prevent them taking an equal part in society and to support people to take control of their own lives.

***Improving the Life Chances of Disabled People*¹⁵ (2005)**

This key document issued by the Prime Minister's Strategy Unit and which is now agreed government policy set the ambitious target 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"

¹⁵ http://www.cabinetoffice.gov.uk/strategy/work_areas/disability/

The centrepiece of the strategy was the promotion of independent living and highlighted that Independent Living is all about providing disabled people with

- Choice;
- Empowerment; and
- Freedom

The document went on to recognise that the independent living agenda cuts across a number of different policy areas; social care, health care, housing, transport, education and beyond.

As such the strategy highlighted that existing systems would not achieve this vision and “a new way of supporting disabled people is needed, focused on the goal of independent living”. The report noted that traditionally disabled people had been expected to fit into services, rather than services being personalised to respond to individual need. Clearly there was recognition to reverse this trend and services would need to change but more fundamentally was the assertion that the new system would require a cultural shift so that social care professionals are working to promote self-directed support.

The paper also takes forward the social model of disability and as such there is a need to ensure that disabled people are included in mainstream policy and services. This means that there is a need to address the barriers disabled people experience in accessing housing, transport and other services. The policy implications from all of these strands are that “Investment in public services should be switched from services that create dependency, towards services that enable disabled people to fulfill their roles and responsibilities as citizens”.

To support this vision the paper drew attention to some key initiatives, which could contribute to delivering the agenda:

- Piloting Individual Budgets; So that resources are allocated and services delivered in ways that: personalise responses to need; enable people to have choice and to be empowered over responses to need; and, support disabled people to help themselves”.
- Disabled people need access to high-quality information and advice services, as well as to supported independent advocacy”.
- Centres for Independent Living are potentially well-placed to provide advice and information, advocacy and support and practical assistance in managing individual budgets”.

Crucially disabled people should be at the heart of these initiatives and “local organisations run and controlled by disabled people will be a vital part of the implementation of a new approach to support independent living”.

***The National Service Framework for Long-term Conditions*¹⁶ (2005)**

The National Service Framework references and builds on both these drivers and sets out to improve the lives of people with long-term conditions by:

- Giving people choice, through services planned and delivered around their individual needs
- Supporting people to live independently and play their full part in society
- Coordinating partnership working between health and social services and other local agencies

The emphasis is on supporting people to live with long-term neurological conditions, improving their quality of life and providing services to support independent living and indeed for people to *live* as independently as possible.

¹⁶

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4105361

To achieve this it recognises that health and social care need to collaborate and to commission coordinated care. However it recognises that people with long-term neurological conditions also need support with a range of issues including transport, housing, employment, education, benefits and pensions.

The NSF gives providers and commissioners up to 10 years to implement fully the recommendations, which covers the life cycle of this Commissioning Strategy.

White Paper: Our health, our care, our say: a new direction for community services¹⁷ (2006):

The recent White Paper consolidates and builds on these drivers and sets out a clear agenda to put people more in control of their own health and care, with the aim of “enabling and supporting health, independence and well being”.

The White Paper is committed to taking forward the seven outcomes contained within Independence, Well Being and Choice;

- 1. Improved Health**
- 2. Improved quality of Life**
- 3. Making a positive contribution**
- 4. Exercise of choice and control**
- 5. Freedom from discrimination or harassment**
- 6. Economic Well being**
- 7. Personal dignity and respect**

Independent living is again at the heart of the document and there is a clear focus on enabling people to retain their independence at home and in the community. However going further it also notes that “for those in residential care, the principles of retaining independence and opportunities for interaction and involvement with the wider community will remain fundamental”.

¹⁷ <http://www.dh.gov.uk/en/Healthcare/Ourhealthourcareoursay/index.htm>

Echoing the Life Chances report the White Paper identifies several important drivers to achieve this change:

“We plan to do this by giving everyone better information and signposting services better, putting people at the centre of the assessment process, increasing the take-up of direct payments, and introducing individual budgets”.

Direct payments and individual budgets are seen as agents for change as they will put far more control in the hands of people who use social care as such the White Paper states: “direct payments should be discussed as a first option with everyone, at each assessment and each review”.

The paper also notes that a whole system approach is needed with Primary Care Trusts and Local Authorities driving “the radical realignment of the whole local system, which includes services like transport, housing and leisure” Seamless joint delivery, co-location of services and one –stop shops are necessary so that “people who access health and social care services should also be able to easily access other services such as benefits and employment advice –all from the same place”.

This radical agenda of realignment and transfer of power to service users has implications for Commissioning and the Social Care Market.

“Giving people an individual budget will stimulate the social care market to provide the services people actually want and will help shift resources away from services that do not meet needs or expectations”.

Commissioning will therefore need to be centred on the person using the service and new markets will need to be developed to ensure that they have an appropriate range of services that people want and are able to choose from. In addition, the paper notes that “intrinsic to being a good commissioner is keeping

under regular and systematic review the quality of those services that are commissioned on behalf of others. Local people need to be able to rely on this as one way of assuring quality". Clearly quality assurance needs to be integral in the commissioning process.

Independence and Opportunity: Our strategy for Supporting People¹⁸
(2007)

The Supporting People strategy, published in 2007, described how the programme aims to improve housing related support through a greater focus on service users and their needs, a better relationship with the third sector, and by increasing efficiency and reducing bureaucracy. People with physical disabilities, sensory disabilities, acquired brain injury and long term conditions can be supported to attain independent living through this programme. The recently launched Supporting People Outcomes set ensures that people are empowered to have their own say on outcomes achieved against their personal support plan. This will provide evidence that their quality of life is improving.

We have tried to make sure that we have included as much relevant and up to date information as possible in this strategy. However, we may have missed out information that you feel is important. If you would like to have your say on the strategy, or be involved in taking forward actions to improve housing and support for people, please contact someone from the Housing group using the information in section 10.

¹⁸ <http://www.spkweb.org.uk/NR/rdonlyres/4E92E1E2-B5EF-42B4-AD0C-FE5B68C4330B/12856/bm07024supportingpeoplestrategyEXECSUMM.pdf>

Section 3 – What People Want

In this section we will be working towards objective 2:

OBJECTIVE 2

Find out what type of housing and support people want

3.1. Introduction

The housing group is committed to ensuring that any services commissioned in the future are informed by the people who will use them. Due to the size of this sector, extensive consultation will be undertaken with the draft document to inform service models and service specifications.

To provide an initial indication of the issues related to housing and the possible housing and support solutions, a stakeholder consultation event was organised in January 2008, with disabled people being invited. 22¹⁹ people attended this event, including service user representatives, commissioners, social workers, service providers, and specialist representatives.

In addition to this, 3 separate sessions were organised for disabled people;

- Torbay Council's Disability Community Group
- Torbay Deaf Club
- Supporting People service user meeting

Further meetings have been organised with specialist groups to ensure the strategy represents the views of a range of people and groups and these groups will be consulted with about the draft strategy. To date, 33 service user stakeholders have been involved in the development of the draft strategy, in

¹⁹ 30 people accepted invitations but attendance was low due to high sickness

addition to the 30 members of the housing group, of which there are also service user representatives.

3.2. Stakeholder consultation event

The full notes from the event can be viewed in appendix 5. The notes have been grouped below to provide the main problems and solutions identified from the event.

3.2.1. Problems

- Lack of knowledge about housing and support – process and choices
- Lack of accessible affordable housing
- Disabled facilities grant process
- Private sector difficulties
- Lack of appropriate support to meet the needs of individuals
- We don't plan for the future of individuals
- Housing and support processes are complicated and therefore don't facilitate independent living
- Social and community barriers
- Lack of knowledge about equipment and aids available

3.2.2. Solutions

- Improve knowledge about housing and support for professionals and service users
- Active case management so the housing needs of people are planned for
- Adapted social housing to have separate lettings process and offer incentives for people to move on from adapted properties when no longer required
- Record or data base of private landlord or owner occupied adapted properties for sale.

- Increase the amount of accessible housing built to meet the needs of individuals (including temporary accommodation and Supporting People accommodation based services)
- Increase the housing choices for disabled people
- Landlord accreditation scheme
- More support for people to live independently
- Handy person scheme - for people under 65
- Improve services for people with complex needs so they stay living in Torbay or move back to Torbay from out of area
- Gather more data about the number of people who need accessible housing and support services
- Interim housing solution for people being discharged from hospital who can't return home due to access issues
- Use of individual budgets so people are in control of the support they receive
- Work with the community of Torbay to raise awareness about the rights of disabled people to live independently.
- Increase the number of people qualified in British Sign Language
- Independent living centre

3.2.3. Conclusions

The solutions identified will form the action plan of work for the housing group to follow up and seek to address over the next 3 years. Where solutions are linked to commissioning decisions they will be incorporated into the commissioning priorities of the Supporting People strategy and the Torbay Care Trust strategy.

3.3. Service user consultation

The meetings were used as an opportunity to tell people that the strategy was being written and to ask for their opinions about current and future services.

The meetings held were informal, and used a standard format of 3 questions:

- What problems have you experienced with housing
- What do you feel works well in Torbay and in other areas
- What housing and support do you want in the future

The full flip chart notes can be seen in appendix 6.

3.3.1. Main problems

- Homefinder process – application and allocation
- Lack of independent accessible accommodation that meets peoples needs (including the need for family accommodation, that peoples needs change, people need a room for a carer
- Quality of carers employed to provide personal care
- Lack of knowledge about housing choices and processes (that everyone can understand)
- Individualised support is needed to help people set up a new home
- Available accessible housing solutions are not what people want (i.e. in sheltered schemes)
- Disabled Facilities Grant – process
- Accessible housing is needed in all areas
- Disabled people aren't involved in development of accessible housing
- Big jump from residential care to independent living

3.3.2. What works well?

- Support to learn new skills and setting up home
- Independent living
- Need another Dragons tail that is short term
- Step down and move on
- Having control about the people that support you
- Active case management - better communication within organisations to support an individual

- Tweenaway service works well – 24 hour on-call, care delivered to meet peoples needs (workers can notice deterioration)
- Improved choice
- Mixed communities
- In Cornwall they are building flats that have a bed-sit space above the property for a carer to stay in, so they are on-site but not invading the persons home
- In Reading they have a disability register that holds information on all available accessible housing (social housing, private rented, properties for sale). People who want information about accessible housing can use this to inform choices.

3.3.3. Housing and support solutions identified:

- Housing needs to be in the community
- Housing to be in good locations with access to facilities – community centre's, town centre, near bus routes
- Range of accessible properties
- Support, e.g. to join community activities / groups, to understand letters
- More information about services
- Handbook of how to set up house
- Should design new build housing around individuals
- Register of all accessible / adapted housing in Torbay that disabled people can be told about
- Disabled people / wheelchair users to be involved in new housing build to be realistic about how wide doors need to be. How much turning space is required etc
- Deaf community want a place to go to test / try and see equipment

3.3.4. Conclusion

This information shows a need for further work to ensure information about services is improved, including knowledge about housing processes. There is

also a need to investigate the current allocation process of social housing and to identify recommendations for alterations to the processes, including the delivery of new social housing. Suggested solutions allude to the mixed communities' model, where disabled people can live as part of the community and have all their needs met. Within this model, housing related support could therefore be delivered to meet the needs of individuals. The information will be incorporated into the commissioning priorities from this strategy and will inform future service planning.

3.4. How can we find out what people want?

It is important that the housing group keep up to date with the views of people who use services, as over time there is likely to be a change in opinion about what services people want. With the development of services and more people finding out about housing and support choices, new ideas and opinions on future services will be formed. The housing group needs to plan to regularly consult with groups of people. It is also important that the aspirations of individuals are known to ensure planning can be targeted where appropriate.

It is possible to plan for the needs of individuals through active case management that encompasses a persons housing options / move on plan. This is achievable for people moving out of the family home or people moving out of residential care. Effective planning in advance is imperative to ensure where specialist housing provision is required, it can be sourced in good time. Further to this, information collated from a number of individual cases will inform the need for support services.

The housing group recognises that people are not always able to speak out for themselves, and therefore it is important that people are supported to know their choices so they can make informed decisions. It can be necessary for independent advocacy and the housing group needs to consider how it will ensure this service is available, and reaches people who would benefit from it,

Section 4 – Needs

In this section we will be working towards objective 3

OBJECTIVE 3

Identify the number of people who require housing and support that will enable them to live independently, including an identification of how much of each type and the range of housing and support needed to meet different needs and expectations.

4.1. Introduction

The purpose of this section is to provide an indication of the size of service user needs for people in relation to accessible housing, adaptations, and housing related support. This section focuses on statistical data to provide an indication of the number of services that need to be commissioned in the future.

It should be noted that the strategy group for this sector has recently formed and as such there is limited collated data from different organisations. The information used in this section is therefore an indicator of need rather than a validated determinant.

Further to this, CSIP²⁰ guidance notes that, “Needs analysis is not a precise science and can be expected to raise as many questions as it answers. Its role is to provide estimates of need and indicate where the greatest need is likely to exist. It can also highlight issues that commissioning agencies might wish to address, such as discrepancies between need and provision, evidence of unmet need within particular sections of the population, or that some services may not be sustainable in their current format because of increased future demand”.

²⁰ Care Services Improvement Partnership

4.1.1. Determining Need

The data for section 4 has come from a range of sources, including the Supporting People needs assessment undertaken in 2006/07, the Care Trust PARIS database and additional data from specialist teams referral information. Due to the range of sources there is a potential for duplication in statistical data; where duplicates are known they have been removed from the statistics shown.

It should be noted that due to the lack of Supporting People services in this sector there is limited data on breakdown of the need in the sector, and data should be used as a baseline only. Further to this, the data requested nationally through the client record office does not enable a breakdown of this sector in as much detail as would be beneficial for the purposes of this strategy; for example, the selections for client groups only provides one opportunity for this sector, which is 'physical or sensory disability', thus, it is not possible to determine the actual differences within the group or the number of people with an ABI or long term condition accessing services.

4.1.2. Team meetings

Meetings have taken place with the Acquired Brain Injury team, the sensory team, the MS support worker and Zone teams. The aim of these meetings was to find out information on housing and support need in these sectors. These meetings highlighted that many workers were unclear of housing processes and had limited knowledge of Supporting People and what services could offer their service users. Anecdotal evidence gained from these meetings initially confirmed the need for a support service for people with a physical disability, as well as people with sensory disability, acquired brain injury, and / or long term condition.

Following these meetings and in order to try and determine further needs data in this sector, Supporting People commissioned a pilot service for people in this

sector. The service is called SPLASH²¹. The service was for 30 units and started in October 2007. The housing group asked all potential referrers to ensure they utilised the resource so the housing group could use the data (along with data from the needs assessment) to provide an indicative number of units required in the sector. Data collected from this service has been included within this section.

4.2. Needs Analysis

The data in this section has been drawn from the Supporting People needs assessment and from data collected from specialist teams.

Care Trust Data - Paris

The PARIS database²² records people receiving social care services from the Care Trust – this includes all clients attached to any team within the Trust. This has been analysed by age group, and shows details of clients of the Torbay Care Trust who have received **care** services during the period. Data analysed includes clients aged 50 and over during 2004/05 and 2005/06, this includes residential care, home care and respite care services.

It should further be noted that data will only reflect those people who are in receipt of services, and therefore meet the critical or substantial categories under Fair Access to Care (FACS). Thus, people who self fund and may be eligible for Supporting People services will not necessarily be reflected in Paris data.

Table 1 shows a breakdown of client group by age for people aged 16-64. This tells us how many people are receiving Care Trust services. It should be noted that clients have been recorded as having more than one need so there are duplicates between categories, and therefore the total number of clients are slightly over stated.

²¹ Sensory, Physical disability, Long term conditions, Acquired brain injury, Support for Housing

²² It should be noted that recording on PARIS is not fully reliable, for example through a check of data provided it showed that dual registration was not always recorded e.g. a person with a learning disability and a physical disability.

<u>TABLE</u> 1	2004-2005							2005-2006						
	16-17	18-24	25-29	30-39	40-49	50-64	Total	16-17	18-24	25-29	30-39	40-49	50-64	Total
Dual sensory loss	0	0	0	0	0	0	0	0	2	0	1	1	0	4
Hearing loss	0	1	0	0	0	2	3	0	2	1	3	3	22	31
Physical disability	0	6	9	17	34	91	157	0	10	13	29	68	176	296
Visual loss	0	1	0	3	2	3	9	0	2	1	3	6	14	26
Total	0	8	9	20	36	96	169	0	16	15	36	78	212	357

Using this data actual numbers of clients with these needs receiving Care Trust services aged under 64 for this sector is shown as 169 in 2004/05 and 357 in 2005/06. The number of clients has more than doubled over the 12 month period and this may be due to better recording on the Paris system or a significant increase in people using services.

The numbers of clients assessed with a physical disability and/or sensory loss increase with age. The data shows that only a minority of clients are assessed with a sensory disability.

A current²³ Paris report has been produced to show the number of people on the database aged 18-65 whose cases are currently live. This data excludes people with a learning disability or mental health problem who have a secondary need of physical disability or sensory disability. The results are shown in table 2 below:

TABLE 2

Physical disability	456
Dual sensory loss	1
Visual impairment	243
Hearing impairment	133
TOTAL	777*

*The apparent discrepancy between the number in each category and the total is because of people in duplicate categories.

The increase in numbers between 05/06 and current figures is significant, further investigation is needed to understand this change. This may be due to more detailed information being collected or an increase in clients. For the purposes of this strategy, the figures from table 2 will be used as they are the most recent. Commissioning recommendations should ensure that provision will meet the need of a year on year increase of people using Care Trust services.

Table 3 shows those with a physical or sensory disability being managed by the following teams:

²³ February 2008

TABLE 3

	2004/05			2005/06		
	Main	Other	Total	Main	Other	Total
Mental Health Teams						
Physical Disabilities	7	42	49	6	42	48
Hearing loss		2	2	1	4	5
Visual Loss		7	7		8	8
Learning Disability Team						
Physical Disabilities	11	2	13	5	1	6
Hearing loss	1		1	1		1
Visual loss	1	1	2	1	1	2

This shows that overall for these teams, there is little change in numbers of those with a physical or sensory disability. It is important that the needs of people who have a physical disability, hearing loss or visual loss in addition to a mental health problem or a learning disability be addressed. Anecdotal evidence from the sensory team has indicated vast under reporting of people who have a sensory disability as a secondary need. Therefore further work is required to ensure services commissioned are able to provide a support that meets the holistic needs of people.

In terms of provision for housing related support it needs to be borne in mind that people with a physical or sensory disability who do not require care are not included in the statistics above. Further to this, people who are receiving a care service will not necessarily require housing related support. Therefore, additional and anecdotal data has been collected to improve accuracy in relation to need.

4.3. Physical disability

4.3.1. Introduction

In terms of housing and support for people with a physical disability the focus of this section is on the housing need as this has been identified as the main barrier

to people being able to live independently. Data is used from a range of sources to determine the considerations required for supply of accessible housing and adaptations. The statistical need for housing related support is explored in section 4.3.11 as it is recognized that some people with physical disabilities can be prevented by their environment from learning independent living skills and / or need to re-learn them. In addition, physically disabled people can also require support to identify accessible housing options and the processes involved in move-on opportunities.

There is not a specialist team within the Care Trust who work with people with a physical disability. People with a physical disability are assessed and services funded through Zone Teams.²⁴ Information from this sector has therefore been more difficult to collate.

4.3.2. National and local statistics

A typical primary Care Trust covering 250,000 people will have approximately 1,500 adults within that local population who are so physically disabled as to require help for most of their day-to-day activities. Adjusted for the population of Torbay (132,800²⁵) this would equate to an expectation that in Torbay there would be 792 people with physical disabilities where their needs meant they needed care. This figure is considerably higher than the current number of people (456) with physical disabilities actively in receipt of Care Trust services. Data throughout this section indicates that there are a higher number of people with a physical disability living in Torbay. Further investigation is required to understand this data discrepancy in relation to national trends.

4.3.3. Benefits data

²⁴ Care Trust Zone Teams – Torbay is split into 5 Zone teams, Brixham, Torquay North, Torquay South, Paignton North, Paignton South. The Zone applicable to a person is dependent on the location of their GP surgery.

²⁵ Torbay Joint Strategic Needs Assessment 2007. Predicted population by 2007 is 137,000.

Within Torbay there are 7,400 people claiming Disability Living Allowance (DLA). This figure includes people from all service user groups and is therefore not representative of people with a physical disability in its entirety. DLA provides finance for people with care and / or mobility needs and is available to everyone regardless of employment status. DLA is not a means tested benefit so is a useful indicator of need across all socio-economic groups. Further work is required to identify a breakdown of those receiving DLA for mobility, including those receiving a low or high level benefit as this will help inform the need for accessible housing.

4.3.4. Wheelchair Users

Statistics from 2005 (Department for Work and Pensions) shows that there are around 770,000 disabled children in the UK, which equates to around one in twenty children. Although reliable statistics are hard to come by, it is estimated that at least 70,000 disabled children would benefit from wheelchair and mobility equipment that meets their physical and lifestyle needs. (Appendix 7: Don't push me around – report by Whizz kids and Barnadoes.) Strategic planning of housing needs to ensure that disabled children are able to access their homes, as part of a family unit, and when they are ready to move on as adults to a home of their own.

The National Audit Commission estimates that there will be a 2% rise in the number of younger people using wheelchairs. They further estimate a 15% rise overall year on year. For Torbay this means an on-going rise of wheelchair users and need for accessible housing that have the opportunity for adaptations

The Out and About report by CSIP published in 2006, states that it is estimated that there are 1.2 million wheelchair users in England – just over 2% of the population. The population of disabled people is large, highly diverse and changing. The number of people with disabilities is rising and is likely to increase. It can be assumed that the need for wheelchairs will increase. Based on the 2%

benchmark for the national population, it could be expected that in Torbay the number of wheelchair users should be 2650. Further local data gathered by the Independence Development Officer shows that in 2006 in Torbay there were 1596 wheelchair users. It should be noted that this figure may be lower than the actual number of wheelchair users as only wheelchairs provided by the Care Trust are recorded. Anecdotal evidence suggests that due to long waiting times many people purchase their own wheelchairs and this data is not collected. This data can also be broken down further to show that 648 of wheelchair users are people aged 15-65. This provides a baseline statistic that 648 people require housing that is accessible for wheelchairs.

4.3.5. Blue Badge data

The following table shows a breakdown of blue badge²⁶ data, based on February 2008 data for people aged under 65.

Registration description	Disability criteria	Not Available	Pending	Receives Mobility	TOTAL
Number of Blue badges	833	5	25	1043	1906

This indicates that there are considerably more people than the 456 receiving Care Trust services who have severe mobility problems. This demonstrates that a low percentage of people with mobility / physical disabilities require social care support, and therefore commissioning decisions about housing and support should not be based on Care Trust data in isolation.

²⁶ The Blue (formerly Orange) Badge Scheme provides a national arrangement of on-street parking concessions enabling people with severe walking difficulties who travel either as drivers or passengers to park close to their destinations. The Scheme also applies to registered blind people, people with severe upper limb disabilities in both arms who regularly drive a vehicle and children under two with specific medical conditions.

4.3.6. Statemented Children

To determine the number of people who may need a Supporting People service in the future, the statemented children register can be used as an indicator. This includes information on children and young people between the age of 13 and 25 years of age. As such this is a useful source of data as an indicator of potential future need. The following table shows a breakdown for children identified with a physical disability

Primary Need	Active	Inactive	Grand Total
Physical Disability	34	54	88

Analysis of the inactive cases shows that cases are inactive as the child / young person has since left school, and so may still benefit from a supporting people service, and accessible / adapted housing. 49% of those on the list are between 18-25 years of age. Statemented children data needs to be monitored to identify trends in the increase / decrease of number of children; it is expected that the number will rise.

4.3.7. Housing Services Data - Temporary Accommodation

The following table shows the number of single people who have made a homeless application and were assessed in priority need due to a physical disability.

Priority	2001-02	2002-03	2003-04	2004-05	2005-06	2006/07	2007/08 (Apr 07- Dec 07)
Physical disability	19	36	36	24	5	16	8

This shows that the numbers of applications accepted as priority from this group is variable but that those with a physical disability are one of the largest groups of applicants. There is a substantial decrease in each category in 2005-06 which is likely to be due to a more strict application of the legislation.

Experience has shown that housing services find it difficult to place those with physical disabilities in temporary accommodation due to access issues and therefore service options for the future need to consider an accessible / wheelchair adapted temporary accommodation unit.

4.3.8. Homefinder²⁷ data

Data from the Homefinder waiting list is a useful indicator of need in relation to the number of people who require accessible housing and can be used to inform strategic planning of new build housing and allocation of social housing that is already accessible / has been adapted. Data based on an analysis of the Homefinder waiting list on 13th February 2008 shows the following:

Total number of applicants on Homefinder waiting list: 5082.

Of these, the following breakdown is available:

- 127 Wheelchair Users
- 593 Problems with Stairs
- 188 Registered Disabled

It is likely that there are duplicates within this information, as a person may be registered disabled and use a wheelchair. At the moment it is not possible to avoid double counting, however, it is a recommendation of this strategy that analysis of waiting lists is accurate and specific in the future.

²⁷ Homefinder is the Torbay Choice Based Lettings process used to allocate social housing

The following table identifies the bed size of accommodation required, broken down into the 3 categories above. It should be noted that double counting is evident within this data. This data requires further analysis to ensure duplicates are removed and an accurate need figure is determined.

	1 bed	2 bed	3 bed	4 bed	5 or greater	Total
Use of wheelchair	68	37	17	2	3	127
Registered disabled	105	64	12	7	0	188
Problem with stairs	396	124	56	13	4	593
TOTAL	569	225	85	22	7	

Within the Homefinder process people can choose the area of Torbay they would prefer to live in. The table below shows a breakdown by area for the 3 categories above, including bed size; it should be noted again that considerable double counting is evident due to duplicates and also because people may be flexible about where they live.

Location	Bed Size	Use of Wheelchair	Registered disabled	Problem with stairs
Torquay	1 bed	46	66	280
	2 bed	26	20	86
	3 bed	11	6	38
	4 bed	2	6	6
	5 or more	2	0	3
Paignton	1 bed	53	52	270
	2 bed	25	19	79
	3 bed	9	7	79
	4 bed	1	3	5
	5 or more	2	0	3
Brixham	1 bed	38	36	201
	2 bed	21	16	65
	3 bed	6	5	28
	4 bed	1	1	8
	5 or more	1	0	1

4.3.9. Residential care data

Figures from the PARIS database show that in 2007 there were 47 people (aged under 65) who did not have a learning disability or mental health diagnosis who were living in either residential or nursing homes. Although information on their exact diagnosis was not available at the time of this work, it is expected that this number should inform need into this sector. Only 18 of these people are in residential placements that are registered for people under 65. 26 people are aged under 65 but living in residential placements that are registered for people aged 65+. It has not been possible to find registration categories for 3 people. Using the data that is currently available it is evident that people with physical disabilities are being cared for in a range of care services including provision for

older people, provision for people with mental health problems and specialist services, for example for Huntington's disease. Further investigation is required to identify why placements have been made to these services to find out appropriateness (for example, people with early dementia may be appropriately placed in a service for people aged 65+).

There were an additional 7 people without learning disabilities or mental health diagnosis living in residential placements outside of Torbay. As above, the exact diagnosis is unknown, but it is expected that this number should inform need into this sector. The Independence Development Officer has identified that this data may not be accurate and therefore it can only be used as a baseline statistic. Further work is being undertaken to determine more accurate data and to identify reasons for out of area placements and what services need to be provided in Torbay to meet the needs of these people.

4.3.10. Hospital discharge data

Anecdotal data from the hospital discharge team shows that approximately 2 younger people per month are not able to return to home due to physical needs. Annually this equals an estimate of 24 individuals who would require new accommodation that is accessible, or would require adaptations to their home to be undertaken before they could return. This highlights a need for a speedier process in accessing adaptations, or a step down facility that ensures effective move-on to previous or new accommodation.

4.3.11. Disabled Facilities Grant (DFG) data

Data from the Home Improvement Service identifies that 299 DFG's were approved over the last 3 years. Thus, on average, 100 grants are provided to install adaptations. It has not been possible to determine the number of DFG's provided to people aged 16+, however, the total figure should be used as an indication in relation to the total population requiring adaptations.

4.3.12. Supporting People Data

Information gathered from Supporting People performance indicator returns shows that providers are working with a range of groups within their contracts which include people with physical disabilities. The following information has been sourced from the providers who have accepted referrals since April 2007 to provide a snapshot of need that is currently being met through other services;

Provider	Total number of people (16-65) using service with a physical disability need	Dual diagnosis of physical disability and a secondary need (Long term condition)
Folks @ Home	5	0
Westcountry HA	7	1
Total	13	1

Providers have indicated that they feel able to support people with a physical disability within their service, and would access any appropriate specialist training if required. A recommendation from the strategy is that all providers commissioned to deliver support must access appropriate training as required.

4.3.13. SPLASH data

Data from SPLASH shows that from October 07 – February 08, seven people with a physical disability are being supported. It should be noted that as there is not a specialist team working with people with physical disabilities, it has been more difficult to actively encourage people to refer to the service. It is expected that this number will continue to rise as more people are made aware of the service.

4.4. Sensory disability data

4.4.1. Introduction

The needs data for people with sensory disabilities is focused on support to enable independent living as issues with the built housing environment are explored in section 6. However, statistics from this section can be used to inform the number of people who may require adaptations / increased technology in their current homes or in new homes.

4.4.2. National and local statistics

Hearing impairment

Information²⁸ provided by the Royal National Institute for Deaf shows the national prevalence of hearing impairment is 8,954,000 people (this includes people who are deaf and hard of hearing). Prevalence of hearing impairment increases with age and therefore services for older people need to consider hearing impairment implications in their commissioning strategies. The RNID also provide data on national prevalence of hearing impairment in children, and this data can be used to identify likely numbers of new cases in Torbay over the next 5 years. Data relating to national figures for children shows that:

- 840 babies are born each year in UK with significant deafness.
- One in 1,000 children is deaf at three years old.
- There are 20,000 children aged 0 to 15 years old who are moderately to profoundly deaf.
- There are 12,000 children aged 0 to 15 years old who were born deaf.

Data from section 4.2 shows there are 133 people in Torbay with a hearing impairment receiving a Care Trust service. A number of these people may require support because communication barriers prevent access to mainstream

²⁸ http://www.rnid.org.uk/information_resources/aboutdeafness/statistics/ accessed 20-02-08

services, and therefore commissioning decisions need to ensure the correct communication support is in place in services.

Visual impairment

Data from the RNIB provides an indication of national prevalence of visual impairment. The RNIB states that²⁹ “Visual acuity of 6/24 means a person can see at six metres what a fully sighted person can normally see at 24 metres. Likewise visual acuity of 6/48 means someone can see at six metres what a fully sighted person can normally see at 48 metres. In the UK someone who has visual acuity of 6/18 or worse can be registered as having a sight impairment (partially sighted) if they also have a significant field loss.

The prevalence review undertaken by Tate et al (2005) noted that there is a scarcity of data about adults of working age in the UK. In particular, information is lacking on less severe levels of visual acuity. This section therefore gives estimates of the population of people with sight loss sufficient to be registered or registrable as blind or partially sighted.

The figures below are for the year 2005/06 and incorporate people aged 18-64:

- Registered blind = 33,425
- Registered partially sighted = 29,305
- Total = **62,730**

Data from section 4.2 shows there are 243 people with visual loss receiving a Care Trust service in Torbay.

In addition to this, the sensory team has identified that 30,000 people living in Torbay have a sensory disability, given the details in the Paris database the vast

29

http://www.rnib.org.uk/xpedio/groups/public/documents/publicwebsite/public_researchstats.hcsp#P163_11177 Accessed on 20-02-08

majority are not receiving Care Trust services or are in-active cases. A number of these people could benefit from housing related support.

4.4.3. Housing related support

Anecdotally the sensory team has stated that there are currently 50 people they are working with who would benefit from a Supporting People service.

Historically where it has not been possible to access housing related support, the Care Trust has funded enabling support instead through their domiciliary care budget.

From April 2007 the following enabling contracts have been spot purchased by the sensory team:

Disability	Number of people supported
Visual impairment	6 (Parkview)

Anecdotal evidence supplied by providers states that support offered is in relation to social inclusion and integration, but could be defined as housing related as it works towards the Supporting People outcomes of Enjoy and Achieve.

Anecdotal evidence from attendance at the Deaf Club in February identified that 4 people in attendance (of 14) did not know about Supporting People services, but felt that they would benefit from some short term support to help with moving house, and communicating with neighbours / agencies. If this number of people is used as an indication of need in the hearing impaired sector, it shows that 28% of all people could require a short term floating support service. It is not expected that these people would all require a service at the same time.

4.4.4. Supporting People Data

Information gathered from Supporting People performance indicator returns shows that providers are working with a range of groups within their services which include people with sensory disabilities. The following information has been sourced from the providers who have accepted referrals since April 2007 to provide a snapshot of need that is currently being met through other services.

Provider	Total number of people (16-65) using service with a visual impairment need	Dual diagnosis of visual and hearing impairment
Westcountry HA	3	1
Parkview Society	2	0
Total	5	1

Providers have indicated that they feel able to support people with a sensory disability within their service, and have good working relationships with the sensory team. Providers indicated that they are working with people with a sensory disability who have accessed their service via the criminal justice route. Two people from the above table have progressive sight deterioration due to alcohol intake. It is essential that support / training are offered to service providers when the secondary need is specialist.

4.4.5. SPLASH / Supporting People Hub data

The new floating support service is being utilised well by the sensory team, and has highlighted a need for more Deaf awareness training across all Supporting People services. The number of people using the SPLASH service as of the February 2008 was 2 people with a visual impairment and 8 people with a hearing impairment. The people with hearing impairment require a service where

workers can communicate using British Sign Language and therefore to date have not been able to access any other Supporting People services. The SPLASH service is also working with people aged 65+ because older person's services do not have a specialist service for deaf people.

4.4.6. Statemented Children Register

Data from the statemented children register can also be used as an indicator to project future need. The only available data is in relation to people with a visual impairment and is shown in the table below:

Primary Need	Active	Inactive	Grand Total
Visual Impairment	2	2	4

This table shows there are 4 people aged 13-25 with a visual impairment on the statemented children register. The inactive cases show those people who have left school. This information can be used to inform planning services in advance.

4.5. Acquired Brain Injury (ABI) data

4.5.1. Introduction

The need of people with ABI is focused on housing related support to enable people to return to independent living after their rehabilitation. Due to the causes of ABI, the built housing environment can prevent people from returning to their previous accommodation and therefore accessible housing solutions and adaptations for this group need to be explored.

4.5.2. National and local statistics

Prevalence / incidence rates vary for head injuries and there is much debate over how it should be defined and measured.

National epidemiology figures suggest that the number of people requiring hospitalisation due to head injuries is 275/ 100,000 per population. However reporting and recording is varied and these are not assumed to be entirely accurate. There are also marked differences between urban and rural populations and peaks in age groups, with the number increasing for the 15-24 age range and for people aged over 75. Epidemiology figures also show that 25/100,000 people experience moderate or severe brain injury.

For Torbay it could therefore be expected that 363 people would be hospitalized due to head injuries. Further to this, 33 people could be expected to have moderate or severe brain injury.

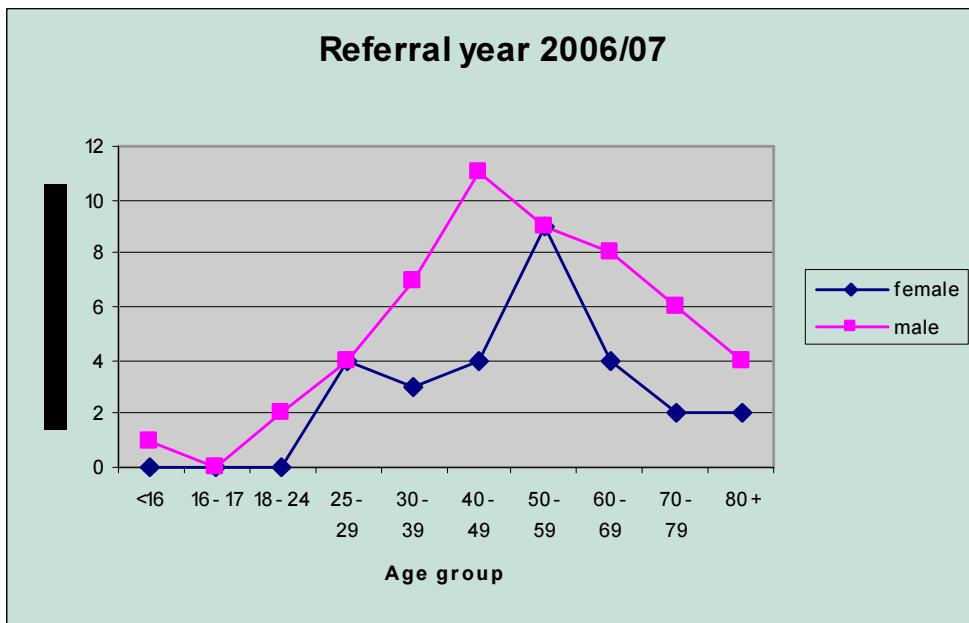
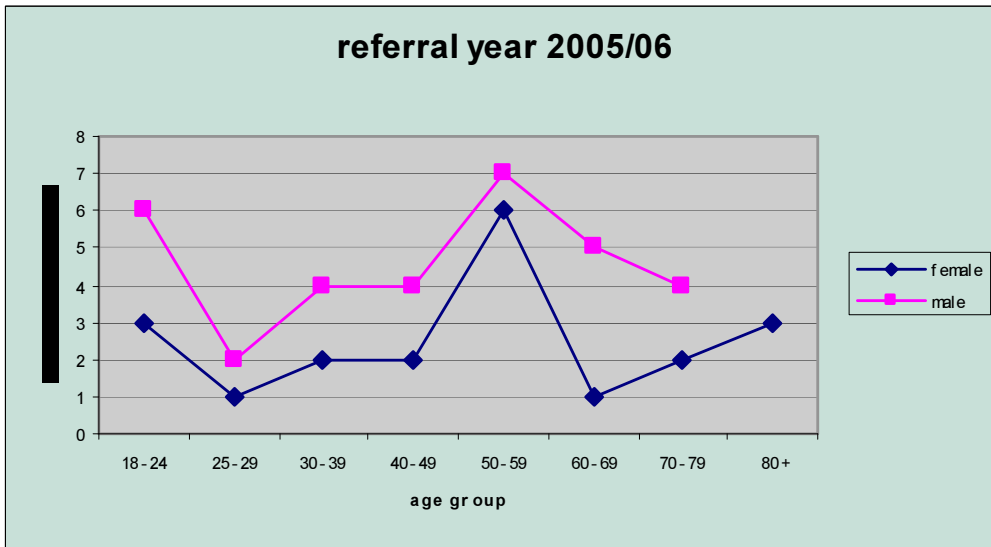
It is useful to analyse information from the ABI team to show actual numbers of people supported by them which can be used in conjunction to the information above. The ABI team reports that there are 1000 people from Torbay with an ABI in 2006/07 known to the team.

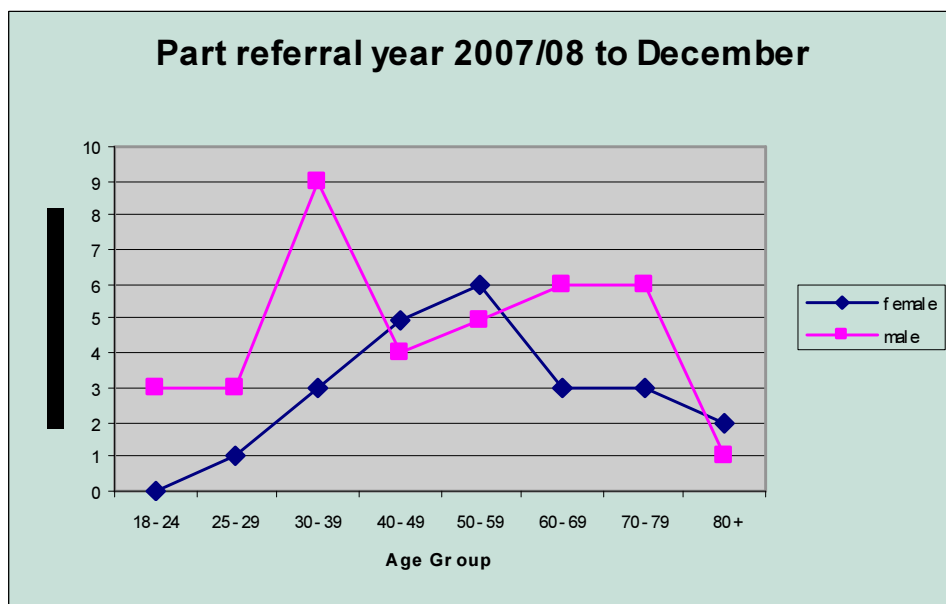
Information below shows the numbers of referrals received by the ABI team over the past 3 years, including a breakdown by gender, age and ethnicity.

Year (April – March)	05/06	06/07	07-08 Jan-Dec 07 (3 quarters)
Total referrals received	52	80	60 (prediction for 07/08 = 80)

It is not expected that every person admitted to hospital with a brain injury would be referred to the ABI team, so it is not possible to determine if Torbay is in line with national trends in terms of hospital admission. However, as the ABI team would have moderate or severe head injury patients referred to them, it is evident that Torbay is exceeding the national trend.

The information in the graphs below shows trends in relation to the age groups of people being referred to the ABI team.





This data shows that ABI is more prevalent in males between the ages of 40-59. This trend is not in line with national trends and thus further investigation is required. The Torbay trend has also been confirmed anecdotally by Headway who works with people with complex ABI. The table below shows a breakdown of the referrals received by the ABI team by ethnicity:

Ethnicity	2005/06		2006/07		2007/08 Apr-Dec	
	Number	%	Number	%	Number	%
White British	26	50.0	48	60.0	34	56.6
White Irish		0.0		0.0	1	1.7
White Other	1	1.9	1	1.2	1	1.7
Not stated/unknown	25	48.1	31	38.8	24	40.0
Total	52	100%	80	100%	60	100%

This information shows almost half of recorded ethnicity is unknown. Further investigation into ethnicity of ABI clients is required in order to provide a more accurate picture of trends. A recommendation from this strategy is that ethnicity should be more closely monitored in this sector.

4.5.3. Supporting People Data

Information gathered from Supporting People performance indicator returns shows that providers work with people with additional needs, including ABI.

The following anecdotal information has been sourced from the providers who have accepted referrals since April 2007 for people who have an ABI as a secondary need:

Provider	Total number of people (16-65) using service with a secondary ABI need
Westcountry HA	2
Parkview Society	1
Total	3

Providers have indicated that they feel able to support people with an ABI as a secondary need and have accessed support from the ABI team as required.

4.5.4. SPLASH data

Data from SPLASH shows that in the October 07 – February 2008 period, five people were receiving support from SPLASH. This data does not yet provide sufficient evidence on the number of people with an ABI who would require a Supporting People service, however it does indicate the housing related support is required in the ABI sector.

4.5.5. Support Services

The Care Trust currently has a £37,000 contract with Headway to provide services. Following a meeting in February 2008 anecdotal evidence suggests that 90% of the support provided by Headway's enabling service could be classed as housing related support and in other areas this work is contracted for by Supporting People . There is a need for further exploration of this service to determine commissioning decisions for the future. Headway are supporting people with high complex ABI and capacity of a Supporting People service to do the same needs to be explored.

4.5.6. Hospital Discharge

Anecdotal evidence from the hospital discharge team states that involvement from the team is very short term. However, feedback from the ABI team has indicated that discharge from hospital to appropriate housing can be delayed or inappropriate because individuals are not able to return to their previous accommodation. Reasons for this include physical disabilities acquired through accident, behaviour, need for level access due to balance issues. The ABI team report as an estimate that 10 people per year would benefit from a step-down service with intense rehabilitation and housing related support, in which time adaptations to accommodation could be undertaken and / or new housing solutions could be sought.

4.6. Long Term Conditions

4.6.1. Introduction

The need of people with long term conditions is focused on support to enable independent living and on the need for accessible / adapted housing as peoples needs can increase / decrease dependent on the stage their condition is at. The information used in section 4.6 does not include all long term conditions, but it provides an indication of the numbers of people who could benefit from a support

service. Therefore data should be used to inform a minimum service delivery provision. There will also be considerable duplication between long term conditions and physical disability sector.

4.6.2. National and local statistics

Neurological Conditions:

Neurological conditions (all) are the most common cause of serious disability. They affect all ages and people may experience the onset of a neurological condition at any time in their lives. There are some 200 different forms of neurological conditions which range from the more commonly known such as Stroke, Multiple Sclerosis, Huntington's Disease, Motor Neurone Disease and Cerebral Palsy to many more rare conditions.

Multiple Sclerosis

Multiple Sclerosis (MS) is the most common disabling neurological condition affecting young adults in the UK. Around 85,000 people in the UK have MS, and this relates to an average of 1 person per 800 populations.³⁰

Torbay Care Trust employed a dedicated worker to support people with MS, and this has resulted in comprehensive data for this sector;

Within Torbay the incidence of MS is about 257 people which equates to 1 person per 500 population. Therefore the incidence of MS in Torbay is considerably higher than the national average.

Using prevalence data from the GP practices in Torbay, the split of people with MS in Torbay is as follows: 44% Torquay, 38% Paignton, and 18% Brixham. This information indicates a need to explore targeted provision in these areas to people with MS.

³⁰ MS society <http://www.mssociety.org.uk/> accessed on 4th May 2007

People with MS could benefit from housing related support when diagnosis is made to ensure housing is secured for the future.

4.6.3. Supporting People data

Information gathered from Supporting People performance indicator returns shows that providers are working with people with additional needs, including long term conditions. The following anecdotal information has been sourced from the providers who have accepted referrals since April 2007 for people who have a long term condition as a secondary need:

Provider	Total number of people (16-65) using service with a long term condition need	Dual diagnosis of long term condition and a secondary need of physical disability
Westcountry HA	2	1
Folks @ Home	6	0
Total	8	1

Providers have indicated that they feel able to support people with a long term condition, and would access appropriate training if they felt it necessary.

4.6.3. SPLASH Data

February 2008 there were 4 people with a long term condition receiving a service from SPLASH. It is expected that this number will increase as awareness about the service is raised. Further work is required to identify trends in support offered to determine if any data is required to inform accessible / adapted housing provision.

4.7. Supporting People data - Client Record Data

Client record data gives details of new people who have accessed supporting people services. Data from April 2003-March 2006 has been analysed. During this period there were 19 units of support, all of which are classed as long term services which mean that service users in these services are not likely to move on frequently. Therefore there are limited options for providers to take in new people. These statistics should be considered in this context. In addition there is limited physically accessible accommodation; this will also affect the numbers able to access services.

Data from the SPLASH service has been incorporated throughout the above sections to highlight current work being undertaken; however this section provides an indication of work undertaken in the sector prior to the SPLASH service and therefore is useful for identifying trends. Section 4.7 therefore specifically analyses data for those identified with physical / sensory disabilities that have accessed Supporting People services since 1 April 2003. It has not been possible to analyse this data in relation to the 4 service user groups as statistics are collated nationally in a general physical / sensory disability category.

This table below shows that over the period there have been a relatively stable number of people accessing supporting people services who have been identified with a physical / sensory disability.

	2003-04			2004-05			2005-06		
Client Group	Main	Other	Total	Main	Other	Total	Main	Other	Total
Physical/Sensory Disability	11	36	47	18	17	35	19	14	33

Age and gender

The table below shows the ages of people accessing Supporting People services who are categorised as having a physical and/or sensory disability.

	2003/04				2004/05				2005/06			
	F	M	N/K	Total	F	M	N/K	Total	F	M	N/K	Total
16-17	1			1				0		1		1
18-24	2	3		5		2		2		1		1
25-29				0		4		4	1	1		2
30-39	4	6		10	3	5		8	3	3		6
40-49	1	8		9	4	2		6	5	6		11
50-59	3	5		8	5	5		10	3	6		9
60-69	3	6		9	1	1		2	1	1		2
70-79	1	2		3		1		1	1			1
80+	1			1	1			1				0
N/K			1	1		1		1				0
Total	16	30	1	47	14	21	0	35	14	19	0	33

The number of service users has decreased slightly over the three year period. There are few 16 – 29 year olds with most being over 30 years of age.

Ethnicity

The table below shows the ethnicity of service users with physical and/or sensory disability as a support need who entered Supporting People services between 1 April 2003 and 31 March 2006.

Ethnicity	2003/04		2004/05		2005/06	
	No	%	No	%	No	%
White British	43	91.48%	34	97.14%	30	90.91%
White Irish					2	6.06%
White other	2	4.26%	1	2.86%	1	3.03%
Asian/Asian British other	1	2.13%				
Refused	1	2.13%				
Total	47	100.00%	35	100.00%	33	100.00%
BME total (excluding Refused)	3	6.52%	1	2.86%	3	9.09%

Types of services used

	2003/04	2004/05	2005/06
Supported housing	31	9	3
Supported lodgings	1	0	0
Direct access	4	6	1
Floating support	11	20	29
Total	47	35	33

The use of supported housing has decreased over the years whereas access to floating support has increased considerably. This could indicate that more service users are able to stay in their own homes or find housing outside of Supporting People. These figures will also be affected by the accessibility of the accommodation.

Movement between Authorities

Service users who moved between Authorities who had a primary or secondary support need identified as physical disability and/or sensory disability are as follows:

	2004/05	2005/06
Exports	1	0
Imports	5	1

The numbers of people with this support need moving between authorities is low.

4.8. Current Supply Comparison

Between 2003 and October 2007 there were 19 units of support identified for people with physical disability or sensory loss; they were all categorised as accommodation-based services.

When compared with Local Authorities who have been identified as similar in nature, indications are that Torbay has 22 units of support less than expected based on an average across all authorities. Further to this because Torbay's levels of people on incapacity benefit is higher it is likely that the need will not just be for the average provision but higher.

Client Group	Torbay as per average	Torbay units to Oct 07	Indicative over or under supply
Physical/ Sensory Impairment	41	19	-22

Thus, the decision to commission the SPLASH service for 30 additional units (incorporating 6 existing service users) was based on this supply comparison

data. With 26 units currently being utilised and 5 people on the waiting list, the demand is currently greater than supply.

Further anecdotal evidence from other South West authorities has indicated that work is being undertaken to establish need in the physical disability sector as recognition has been accepted that services in this sector do not meet demand.

4.9 Additional needs

Section 4 has focused on peoples needs in terms of their disability; this strategy is based on the principles of the social model of disability and the full inclusion of people in society. Therefore it is also essential that the holistic needs of people are taken into account when planning and delivering services. For example, young physically disabled people should have the opportunity to access mainstream young peoples' services and not solely a physical disability service. This enhances choice, but more importantly, by accessing mainstream services it facilitates breaking down the exclusion felt by people.

4.10 Black and Minority Ethnic (BME) People

The needs section has, where available, incorporated data specifically in relation to BME people. The data available has been limited and this may be due to poor data collection. Analysis of the available data does not show an increased need for BME people in this sector, but equally it shows that a very small proportion of people accessing services are BME. The housing group recommends that further work is undertaken to ensure accurate data collection in this area to inform future planning. In addition, the housing group recommends that BME people are provided with information and awareness that will ensure they are able to access services and make informed choices. All opportunities to promote services to BME people should be utilised by the housing group.

4.11. Conclusion

Data from this section is vast, and further detailed analysis is required of statistics. Further to this, requests need to be made to agencies / teams to collect specific data that can be used to provide more accurate needs analysis for accessible housing and support in the future.

Data from this section can be concluded to identify that there is no evidenced need for additional long term accommodation based service funded by Supporting People. However there is a need for mainstream housing provision to meet the needs of people who use wheelchairs or have mobility difficulties. Further to this, there is a need for technology to assist people with sensory disabilities.

There is an indication that an interim provision is required to ensure people moving out of hospital, residential care and family homes can learn independent living skills and find suitable permanent accommodation, and not be inappropriately placed. This alludes to the need for a short term accommodation based service with a high throughput target to ensure the provision is not blocked by people unable to move-on. As data has not provided a definitive baseline, it is recommended that a maximum of 2 units of this type of service be considered for commissioning.

Data has identified a greater need for medium to low level floating support, as the SPLASH service is currently at capacity for the staffing levels, with people on the waiting list. As the service is relatively new, throughput data is not available so it is not possible to determine if any vacancies will arise in the service in the near future to meet future demand.

Floating support is specifically required for people with sensory disabilities particularly the deaf sign language using community and acquired brain injury.

The need for floating support to enable people with physical disabilities and long term conditions is difficult to determine, but it is accepted that support may be required to access suitable housing or adaptations.

Section 5 – Barriers to accessing housing and support

In this section we will be working towards objective 4 and 5

OBJECTIVE 4

Identify the social and environmental context of barriers for independent living

OBJECTIVE 5

Identify the barriers to accessing housing and support and suggest ways in which these can be overcome, including increasing and improving information and choice in housing and support.

5.1. Introduction

Disabled people have the skills, knowledge and capacity to live independently. Disabled people have told us that they want to live in homes of their own, they want to be part of ordinary communities, and they want to be in control of their own lives; so what prevents this?

The housing group recognises that housing is not easy for people to access, but we also recognise that independent living is more difficult for disabled people. The aim of this strategy is to level the playing field in terms of access. Disabled people should have an equal opportunity to access independent living opportunities.

The social model of disability proposes that barriers and prejudice and exclusion by society (purposely or inadvertently) are the ultimate factors defining who is disabled and who is not in a particular society. Thus, it is these factors that need to change, and not individuals. This section explores housing and support and the barriers that prevent the full and equal inclusion of disabled people to access

them. In the context of this strategy, the environmental and social barriers include the physical environment and the processes to accessing these.

5.2. Social housing

5.2.1. Letting

Social housing is housing owned and let to the general public by Registered Social Landlords (RSL). In Torbay the process for advertising and letting is through Homefinder, a Choice Based Lettings (CBL) system.

The Homefinder application process is problematic for some disabled people. Feedback from stakeholders has stated that the process is not easy to understand and that the advertisements do not meet the needs of disabled people (for example, the text is difficult to read, language is not as easy as it could be, the website colours are not conducive to visual impairment, advertising methods not meeting needs of people). The housing group recommends that they review the application process, including the application form, prioritising of applicants, advertising and assistance available for disabled people.

The Homefinder team and Supporting People services offer support to people with bidding as well as workers such as community care workers, social workers; further clarification on roles and responsibilities in respect of Homefinder is required, and it is recommended that these are included in guidance on Homefinder.

Torbay has recently been successful in a bid to develop a Devon wide Choice Based Lettings System. Discussions are underway on how the Devon wide system will operate and this provides a useful opportunity for the housing group to feed in recommendations about the future arrangements and processes.

The housing group also recommends that information about the Homefinder process and support available to access it is promoted in a co-coordinated way,

targeted at groups of people and staff who work with them. Indeed, there is a need for a co-coordinated approach to raise awareness of all housing options to ensure that information and awareness is reduced as a significant barrier.

The Homefinder register includes all social housing that is accessible or has been adapted as well as general needs housing. For disabled people on the register, it is difficult to know if housing advertised will be suitable for their needs. As a result of this, accessible housing is often allocated to households who do not require the adaptations. Further to this, historically disabled people have found that housing is not accessible, and believe there is no accessible social housing for them to access. This presents 2 issues;

1. Information given to people needs to be accurate so they make informed decisions

2. The need to increase knowledge about availability of accessible housing. Currently there is no record of which properties within the social housing sector are accessible or adapted. However, the Housing Partnership³¹ has agreed that when properties become available, they will record accessibility and adaptations and report this to the Homefinder team. The Homefinder team can include this information on the advertisement of property, and this provides more information so people can make an informed choice about if the property will be suitable for their needs. This will help to address the first issue and provide people with more information so they can make informed decisions. The housing group further recommends that the accessibility status of properties should be recorded as a compulsory element of information available to people on the register. The Homefinder advertisement should also include the accessibility information in a standardised format and priority for those homes should go to those households who need the adaptations.

Due to the volume of social housing, housing providers have not been able to audit all stock to determine availability of accessible housing. The lack of

³¹ Representatives from each RSL

knowledge about accessible housing is a barrier for people, as there is the perception that no social housing will meet their needs. The housing group recommends that the Housing Partnership undertakes a co-coordinated approach to audit social housing to identify accessibility status and adaptations. Until an accurate picture of availability is determined, it will not be possible to change the opinion of disabled people that there is no suitable housing for them.

Section 4 indicates the total number of people who require accessible or adapted housing. This information combined with accurate information about the accessibility status of housing would provide an indication of gaps in provision. The information currently collected as part of the application process about a persons needs is insufficient to build up any robust needs data.

Once a standardised process is undertaken to record accessibility status of properties, to ensure it is matched with people who need it, and not re-let through the general needs process, the housing group recommends that accessible housing should be offered for rent to people on the register who require the access / adaptations first. Further to this, the housing group has identified that re-letting all housing through one process has negative implications for financial and time resources; people who do not require adaptations will remove them from a property, and thus money already invested is wasted, whilst people who need adaptations have to apply for a Disabled Facilities Grant (DFG) to fund alterations, thus resulting in a duplication of work, and a mis-use of resources. The housing group recognises that people have different access and adaptation requirements, but by effectively matching people and properties resources can be better utilised, and focused where most required.

5.2.2. New build

To reduce barriers to accessing social housing and to compliment the allocation system recommended above it is essential that new build social housing is also designed and utilised appropriately.

As outlined in section 5.2.1 the availability of accessible social housing is currently unknown, however, there is an acknowledgement by housing services that there is a need for more accessible housing. The Government has a Lifetime Home standard that “incorporates 16 design features that together create a flexible blueprint for accessible and adaptable housing in any setting. The Lifetime Homes concept increases choice, independence and longevity of tenure, vital to individual and community well being³²”. In addition to this standard, in 2007 housing services set itself a target that 5% of all new build social housing would meet an accessibility specification. It is recognised that 5% may not be sufficient and the housing group have been tasked to source data that will inform a target based on need.

The accessibility specification is available in appendix 8. Feedback on this specification is being provided by the housing group and other stakeholder to ensure it will meet the needs of people. Initial feedback from the stakeholder event (appendix 5) has indicated that the specification does not take account of the needs of people with sensory disabilities and that strategic planning processes are in conflict with the specification.

The housing group recommends that a formal review of the specification is undertaken every 2 years and that this should include people who have moved in to properties where the specification was used, as well as the wider disabled population.

Stakeholder feedback from people who use wheelchairs identified that it was not just their houses which need to be accessible, but those of their neighbours so they can visit. It is felt that unless this is incorporated into new build housing, people will remain socially isolated. All new build housing is subject to requirements of the Disability Discrimination Act and therefore should ensure

³² www.lifetimehomes.org.uk

access. Access in terms of the social environment in the housing vicinity is under the control of Highways and private developers. Where possible, disabled people should be involved in the development of all new build sites and recommendations should be made in relation to best practice.

Housing services recognises that 5% may not be an appropriate target for new build accessible housing, but data is required about the number of people who require this type of housing to inform future target setting. The housing group recommends that further work is undertaken to determine more accurate needs data from Homefinder that will inform current need, as well as more analysis of existing trends data to determine future need.

New build social housing is subject to the CBL allocations process. The housing group has made recommendations for reviewing and changing the current process to better utilise the accessible housing resource. Further to this, the housing group recommends that all cases on the accessible housing need list are reviewed in depth to identify if housing or adaptation requirements are in excess or more specialised than those available. If this is the case, new build planning should ensure that housing is designed to meet the needs of the individual.

5.3. Housing Options

There are a range of housing options available in Torbay; however barriers to accessing these result in people depending on social housing and thus limiting their opportunity for independent living. As outlined in section 5.2 social housing has a number of access barriers itself, thus when barriers from all options are culminated, the opportunity for independent living is compromised. By exploring all housing options, and reducing barriers to access these, the choices people have as well as opportunity for living independently will be significantly increased.

5.3.1. Private rented

Within Torbay, the amount of private rented housing is 19.5% of total housing stock, this is almost double the national average³³, and therefore provides a useful opportunity for facilitating independent living. Several barriers have been identified through consultation with stakeholders about private landlords; these can be grouped as follows;

- Unscrupulous landlords
- Lack of deposit
- Insecurity of tenure
- Perception that private landlords will not allow necessary adaptations

The housing group acknowledges that these barriers are all extenuated because of a lack of knowledge and awareness. To redress this, the housing group recommends that a coordinated approach is taken to raise awareness about the private sector as a positive housing option.

In addition to this, housing services has recently launched an accredited landlord scheme (appendix x). The housing group recommends that people ask private landlords if they are accredited and further to this, report landlords they feel are not meeting expectations. The housing group also recommends that housing services works with private landlords, through the landlords association and accredited landlord scheme to raise awareness about disability and to change mis-conceptions about what this can mean, including adaptation works.

Housing services provide information on preventing homelessness and advice on rent deposits and tenancy legislation. Housing services also administer a rent deposit scheme; this is for people who are homeless or at risk of homelessness, and can be accessed via housing services.

³³ Torbay Council Housing Conditions Survey 2006

There is no record kept of private rented properties that are accessible or have had adaptations. As with social housing, it is more economical and a better use of resources if these properties are re-let to people who need them. The housing group recommends that further work is undertaken with private landlords to undertake an audit, or produce a list of accessible properties / landlords that have accessible properties that could be given to people seeking housing.

5.3.2. Home ownership

Home ownership is often a housing option people choose. However, with the onset of disability or deterioration in health, home ownership can be at risk. It is important that people are offered support to understand their rights and to have support to secure their homes, for example, if they have to give up employment and are not able to make mortgage repayments it is important that financial advice is available to ensure people avoid debt and remain in appropriate housing. A range of voluntary agencies are able to offer this advice, including Citizens Advice Bureau, Devon Pound, as well as services delivered under Supporting People which can support people to liaise with agencies.

Shared ownership, through the Torbay Home2own scheme provides an opportunity for people to part buy and part rent a home. Shared ownership provides an opportunity for people to be in control of their housing and to have security of tenure. There is little information about shared ownership which is the main barrier to accessing this housing option. The housing group recommends that within the coordinated approach to improving knowledge, home ownership is included.

As already stated in section 5.2.1 and 5.3.1 disabled people would benefit and have their opportunity for independent living increased from knowing which housing properties are accessible. To enhance choice, the housing group recommends that owned and shared ownership properties are included in any audit or list of available accessible properties produced.

5.4. Supporting People services

Access to Supporting People services was streamlined in September 2007 with the introduction of the referral hub. The aim of the hub is to act as a central access point for referrals made by people, staff, and others that support people. The hub receives all referrals and processes them to match people with appropriate services and to collate data on need. When a vacancy in a service arises, the hub will send the referral details to the appropriate provider. The provider will then contact the person and make a decision on whether to accept the referral. The hub has proved successful at encouraging more people to make self referrals. However, it is important that information about Supporting People services is provided to people who may require support. The housing group recommends that this awareness is part of the coordinated approach to improve knowledge.

Supporting People categorises services by user group, for example, services for young people, older people, and homeless people. As outlined in section 4, people should have the freedom to choose their identity, which may differ from their disability. It is important that all Supporting People services are accessible for disabled people, for example, a young physically disabled person should have the choice to access a service for young people. By operating a culture of choice people will also start accessing mainstream services and not be reliant on specialist disability services. This strategy supports the principle of inclusion in all services, and thus a recommendation is that all services commissioned by Torbay Supporting People should ensure the needs of disabled people can be met. This is most prevalent in accommodation based services, in which the housing group recommends that a minimum delivery target is set for the number of housing units that are accessible. It is further recommended that the minimum number of accessible properties should be in line with housing services target, currently set at 5% or a minimum of 1 unit.

Supporting People commissions an accommodation based service for people with physical and sensory disabilities. This service is fully utilised but lacks throughput, meaning that new people who may benefit from the service are not able to access it. People living in the service still require some support, but are ready to live in independent housing. Through consultation with residents, it was apparent that the lack of accessible move-on housing (that met their needs) was the barrier, and thus the 'blockage' in the system. This strategy aims to reduce this barrier by increasing housing choices and improving access processes.

In addition, the housing group recommends that active case management and effective planning is integral to working with people. The person moving on should have all move on choices explained to them, and be supported to access them. In addition, all partners should agree to forward plan to meet the needs of individuals and thus seek appropriate housing solutions. Planning for move on can start as soon as a person moves in to a service, as securing appropriate housing can take a lot of time. A process for undertaking effective planning also needs to be agreed by all agencies working with the individual, and with all providers of housing.

The Supporting People team have written a strategic move on policy which has been developed to increase throughput when there is critical demand for a service. The policy states that if a space in a service is required and the person occupying the space is ready to move on, and all move-on options have been actively pursued but not been successful, the case will go to the CBL panel. The CBL panel will use evidence submitted to decide if the person occupying the space should be given an emergency card. This could be beneficial for people as accessible private rented accommodation can be difficult to find in a time limited period, however, this will only be successful for disabled people if accessible housing is available, and separated from general needs housing. The housing group endorses the policy and recommends that people are actively supported to move-on, when ready from the service.

5.5. Inappropriate housing solutions

The use of inappropriate housing solutions provides a further barrier to independent living. This strategy will focus on 2 examples of inappropriate housing;

1. *People living in residential care who do not require this level of service:* this can occur because a person is discharged from hospital for rehabilitation / further treatment or because their home is no longer suitable for their needs. Residential care becomes a barrier to independent living when people are physically able to move on but are restricted to do so. This can happen because of a lack of move-on options, but also because people can become dis-empowered when being cared for. In addition, residential home providers are not currently contracted to facilitate move on and therefore do not always actively encourage or support move-on; these factors can all delay move-on and even prevent it. Supporting People services are not able to support people living in residential care due to current grant conditions set by the government. Therefore a solution is required so people can have support to move-on. The housing group recommends active case management so that people are supported to find appropriate housing and support, as well as the need for a joint agency solution. A proposal for a joint agency solution is for Torbay Care Trust and Supporting People to commission a service together that reviews all people living in residential care / rehabilitation and facilitates move on. This proposal will be further explored by the housing group and appropriate commissioners.

Feedback has also been received from people who have experienced being in hospital and then discharged to residential care. The feedback suggests that people with these experiences who are now living independently are asked if they would be willing to be peer supporters to new people going through the experience. The aim would be to raise awareness about future housing and support options, raising aspirations for the future and hope. The

process could also provide valuable opportunities to develop social networks in the wider community. The housing group fully supports this idea and recommends that further action is taken to implement.

2. *People remaining living with family*

This can occur when young people want to move on, but are not able to because of environmental and social barriers. Further to this, some people have always lived with their families and not had the opportunity to move on. Due to housing legislation, people who are already housed are not prioritised for local authority support. Where people need support to move on or need housing solutions that are more difficult to access, they can often remain living with family because it is the easiest option. This can cause strain on family relationships as well as reinforcing the dependency culture of society. The housing group recommends that floating support³⁴ is targeted at people living in family homes to offer support in building skills and identifying future housing options. In addition, it is recommended that young people are supported to identify their future housing choices as part of transition planning / leaving school plans.

Currently some people utilise housing solutions that could be deemed inappropriate. For example, sheltered housing for older people has proportionately more accessible units than any other housing option. Sheltered housing is advertised as available for older people or people who are registered disabled and therefore makes sheltered housing the most realistic independent living option for people due to the availability of sheltered housing. The housing group questions the appropriateness of this housing solution as the predominant solution and thus assuming disabled people want to live with older people.

³⁴ Floating support means a worker will support a person wherever they live, including in the family home

5.6. Adaptations

A barrier to independent living can be that housing needs adapting for a person to be able to live there, for example, a person may be able to live independently if they have a walk in shower; if they only have a standard bathroom with bath and overhead shower, this can hinder their independence and mean they have to move house or have domiciliary care to provide the care for them. Adaptations can be a relatively easy solution to enable independent living as they provide the opportunity for people to remain living in the house they know. The housing group must therefore ensure that the process for accessing adaptations is widely known, easy to understand and efficient.

The government provides a grant to local authorities to fund adaptations, and this can be increased by local authority budgets. People can apply for adaptations through the Disabled Facilities Grant (DFG) process. A DFG is available for people to apply for, regardless of housing tenure, however there is a financial assessment to identify if financial contributions need to be made for the works to be undertaken. This is to ensure people who are able to fund their own adaptations do so, which in turn ensures those people who need financial assistance are able to receive it. Further information and consideration is required in respect of financial contributions; stakeholder feedback has indicated concerns when a child reaches 18 and is then subject to a financial assessment.

The DFG is currently administered by the home improvement service in housing services. The housing group needs to ensure that there are sufficient funds to administer and deliver adaptations to people who need them.

The DFG process involves an assessment by an Occupational Therapist (OT) which states the works required by an individual. Feedback by stakeholders has indicated that the process is often lengthy because of time capacity of OT's and other delays in the system. The housing group recommends that a review of the DFG process is undertaken to ensure efficiency and effectiveness; this process

should be informed by people using the service as well as staff supporting people using the process.

Another barrier in respect of adaptations is where a person lives in a property owned by a private landlord. Landlords are not able to refuse an adaptation without reasonable grounds. However, the landlord still has the power to terminate the tenancy and thus can refuse the adaptation indirectly.

To ensure the best use of resources, as already recommended for accessible social housing, private rented and owner occupied housing, the housing group seeks to include housing with adaptations within the letting process where accessible / adapted properties are re-let to a person who would benefit from them.

Torbay Care Trust facilitates the community equipment budget and this is accessed through an OT assessment as for a DFG. If the value of works is less than £1000 it will be funded through community equipment. If the works required are above £1000 a DFG application must be submitted. There is a need for further clarification on the difference between adaptations and community equipment, as well as for more information about the services and the access process. It is important that people understand the difference and know how to access both services.

5.7. Repairs and maintenance

Anecdotal feedback from stakeholders has indicated that people can feel concerned when living independently about repairs and on-going maintenance that are required in their home. This can be further expanded to include small work that can be required in the home for 'odd jobs', for example, putting up curtain rails. It is not always possible for people to do these jobs themselves, and because of a lack of information about people who can help, and bad publicity

about rogue traders, people can worry about the quality, cost and reliance of paying private contractors.

The Older persons sector supports the handyperson scheme run by Age Concern in Torbay. This scheme provides a handyperson service to people aged over 55.

The housing group agrees that people should be able to trust private contractors and have support to maintain their homes. A process for ensuring people can access good quality and value for money repairs services is therefore required. It is recommended that further discussion is undertaken with the older persons housing group to identify opportunities for expanding the handyperson service.

5.8. Information and awareness

The complexity of processes and range of places support can be accessed has been identified as a fundamental problem for both service users and professionals, with frequent complaint that services and / or processes are not known about. Section 5 has outlined a number of opportunities for increasing information and awareness sharing that will be taken forward through an action plan of work.

More generally, this strategy is underpinned by the social model of disability, as outlined in section 2, and there is a need to increase understanding about disability and the barriers created by society that prevent the full participation of people in the community. Increased awareness will help to reduce barriers of stigma and the notion that disabled people need to be looked after. The housing group recommends that a positive image of disabled people should be shared with the wider Torbay community and sharing good news stories is one of many mechanisms to do this.

Further to this, the housing group acknowledges that access to information about housing and support choices needs to be expanded and delivered in a way that meets the needs of people. Information needs to be located in places where people can access it, and information needs to be taken to people. Specific groups of people could also be targeted for giving information to. The housing group needs to publicise its role and action plan so the wider community has a reference group to contact also.

Information about housing and support is not always easily available or easy to understand. Housing services needs to promote the work it does throughout Torbay to raise awareness and ensure that certain groups of people are targeted for giving information to. People also need support to access housing processes and the role of Supporting People services needs to be promoted.

To ensure that people are able to make informed choices and are in control of their housing and support decisions, there may be a need for independent advocacy. A barrier to independent living as we have identified is primarily a lack of information and therefore it is important that when people are told this information, it is in an unbiased way. The housing group needs to explore the opportunity of advocacy further and identify how it can be used to promote independent living.

For people already engaged in services, finding out about other services can be perceived as easier to access, as there is quite often already a contact person to ask, e.g. social worker. However, when meetings were held with Care Trust staff, knowledge about housing and support choices and processes were limited. All staff cannot be expected to be housing 'experts', but there is a need for people to know how to access information they require. A series of information sharing sessions are needed, along with supporting information and contact details so staff can access information when they need to.

5.9. Conclusion

This section has highlighted a number of barriers to housing and support and identified areas for further work to reduce these barriers. The housing group needs to be confident that existing members of the group have capacity in terms of time resources as well as permission, to take forward the recommendations. If a lack of capacity is identified then the housing group needs to analyse the risk of not undertaking the recommendations and the impact this will have in achieving the vision of this strategy. If this is the case, it is proposed that financial resource is invested at the outset to undertake key tasks and indeed to save and make best use of a range of resources in the future.

Section 6 – Service Options

In this section we will be working towards objective 6:

OBJECTIVE 6

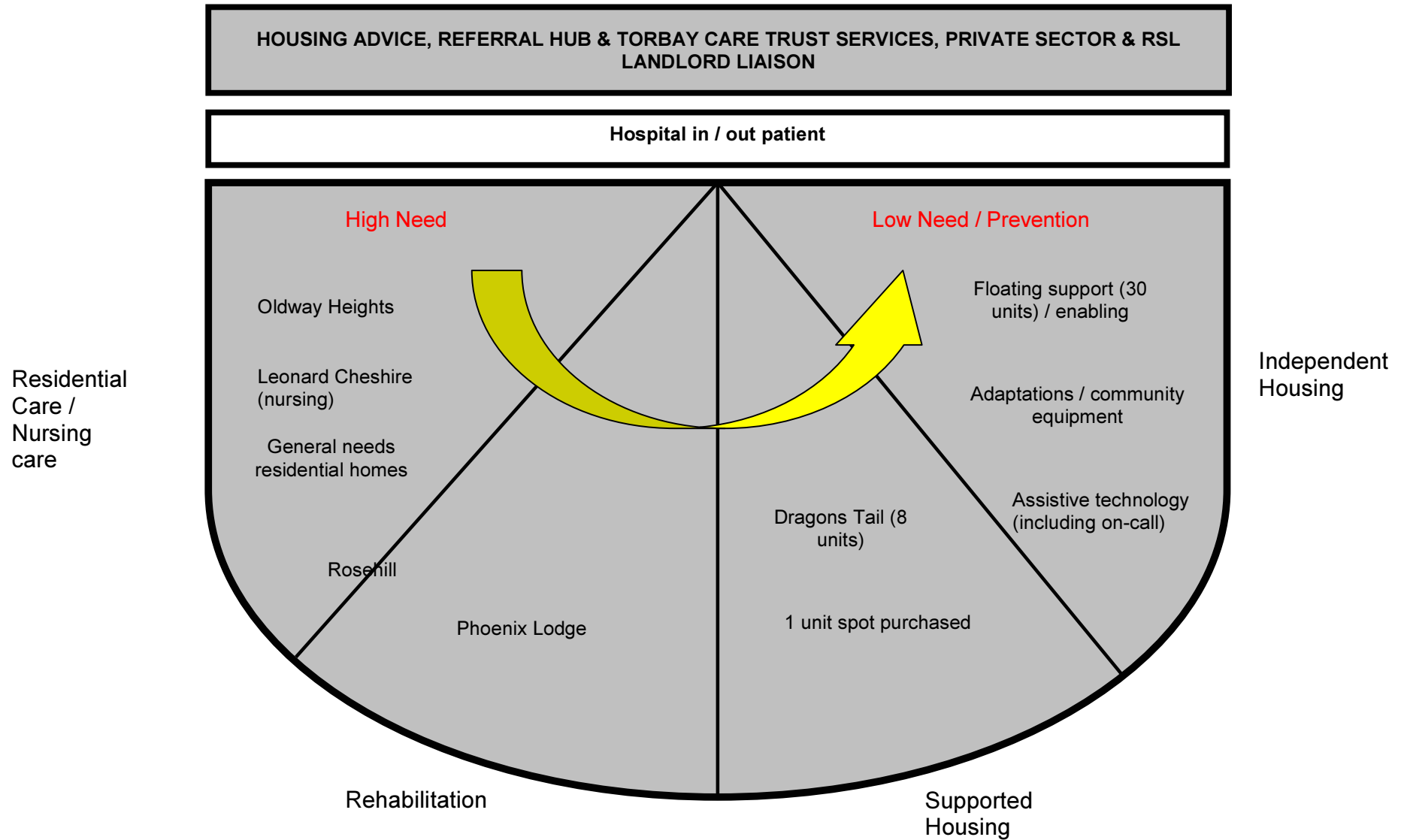
Identify what the different service options are for housing and support and how effective they are at supporting independent living and what the gaps are

6.1. INTRODUCTION

As section 5 stated, there are a number of barriers that make it more difficult for disabled people to live independently. This section will explore the current housing and support service options available to facilitate independent living for people, and where appropriate further analyse barriers that exist. Further to this, the section will identify future opportunities and make recommendations for further work that will aim to reduce the inequality, and to make independent living as realistic for disabled people as for the wider population.

The diagram below shows the broad model of current service provision for disabled people in Torbay. It should be noted that movement between services is not as fluid as desired to facilitate independent living.

6.2. Current sector model of services



6.3. What the model shows

6.3.1. Housing Advice

The model shows that housing advice can be delivered to people living in any housing type. Historically services delivered by housing services have been in accepting homeless applications under legislation. More recently housing services have acknowledged and addressed the importance of providing housing advice to prevent homelessness and ensure appropriate housing solutions for individuals. Housing advice sessions are therefore available across Torbay. There is a need for information sharing to increase awareness about availability and access to such advice.

6.3.2. Hospital discharge

The model shows that discharge from hospital in-patient can be to a range of housing options. Anecdotal and statistical data however tells us that it is not always possible for people to return to their previous accommodation. Where people are not able to return and an interim housing solution is identified, there should be a robust move-on plan so that independent living is the outcome to be achieved.

6.3.3. Residential care

The model shows that direction of travel in terms of independent living is from residential care through to independent living. However, the model should be flexible enough for people to move in both directions dependent on their needs. The model does not show the barriers to move on from residential care, which have been explored in section 5. Exploration of future solutions is required to facilitate appropriate move on from residential care. The proposed changes to Supporting People funding in 2009/10 to mainstream the grant should be monitored to identify if flexibility to make changes in these restrictions arise.

It is acknowledged by the housing group that residential care is a viable independent living option for some people; this option should be one of many, and people should have an informed choice about where they live and who supports them and how to move on.

6.3.4. Rehabilitation

The capacity of rehabilitation (funded by social care) to meet demand of people moving out of residential care / hospital needs further examination. In addition to this, the commissioning framework of this service type needs to ensure move-on to independent living. It is recommended that the social care commissioning strategy for rehabilitation services acknowledges the principles of this strategy and where appropriate embeds contractual clauses that will seek to achieve the vision of this strategy.

Currently, as with residential care, Supporting People services are not able to support individuals living in rehabilitation and this can prohibit the use of housing related support skills to enhance independent living opportunities. Further exploration is required to identify if rehabilitation facilities should be jointly commissioned by Torbay Care Trust and Supporting People to better facilitate effective move-on.

6.3.5. Supported Housing

The model shows that the capacity of supported housing is limited, and section 5 identified that there are difficulties with throughput from this service provision. The housing group recommends that actions are taken to improve throughput opportunities, thus making vacancies available for new people to live in supported accommodation. The dragons tail service is currently commissioned as a long term service and there is a need to review this at the end of the contract term to identify if a service specification of short term provision would encourage additional throughput.

This strategy does not recommend the commissioning of additional supported housing units, as the Supporting People team recognises that support should be flexible to meet the needs of people and thus the recommendation is for appropriate floating support to be commissioned that can be delivered at the right time and of the right amount to meet the needs of individuals. This strategy acknowledges that supported accommodation provides a beneficial stepping stone in the move-on process and as such the current resource

should be best utilised. Further to this, through the procurement process and in line with the Supporting People procurement timetable, accommodation based services should be reconfigured to enable more effective move-on.

6.3.6. Independent living options

The model shows a range of support within the independent living section. It is critical that a range of supports are available to assist independent living and to maintain it.

In terms of adaptations and community equipment, the barriers identified in section 5 should be noted. It is essential that the need for adaptations is identified as soon as possible through the planning process to ensure enough time for works to be undertaken so that independent living is not prevented. The model does not show the prioritisation of the DFG and awareness about this should be increased and reviewed if the housing group view it as required.

Assistive technology provides an opportunity for people to have support delivered in their own homes Assistive technology, also known as Telecare, is the use of any form of technology to enhance a person's ability to live independently. This can range from automatic lights that turn on when a person gets up at night to make sure that people don't fall, to complicated communications and sensing technologies to provide a way of manually or automatically signalling a need to a remote service centre, which can then deliver or arrange an appropriate response to the service user. As with adaptations, it is essential that the need for assistive technology is identified as soon as possible through the planning process so that independent living is facilitated and not restricted. Further to this, there may be the potential to allow Supporting People support workers to become accredited to become Telecare assessors. This would enable a far greater number of people to access Telecare as a fundamental part of being supported. As with all housing and support options there is a need to increase knowledge and awareness about assistive technology.

The model shows that floating support / enabling is available for people living in independent accommodation. Bearing in mind data from section 4, the capacity of these provisions needs to be reviewed to ensure capacity can meet demand.

In terms of enabling support, the strategy recommends a commissioning review by the Care Trust to better understand the services being delivered and if these should be funded by Supporting People (as discussed in section 4).

6.4. What the model doesn't show

6.4.1. Barriers

The model does not show the barriers that prevent fluidity of move on through the service model or barriers to accessing service; these have previously been explored in section 5, and therefore it should be noted that the model of service options will only meet the needs of people if barriers are reduced and thus each option is actually realistically viable.

6.4.2. Temporary accommodation

The model does not show that people present as homeless and thus need to access emergency accommodation because there is a lack of support to access secure housing options and / or a lack of effective planning for move on. Reasons for requiring emergency accommodation can be due to a persons homeless status on leaving health / social care funded placements or because they have lost their secure housing. There is a need to ensure effective case management that will result in no people presenting as homeless when their previous accommodation has been funded by health or social care. Where there are difficulties in securing move-on accommodation from these placements there needs to be a joint working protocol to manage people case by case.

Where people are at risk of losing their home there is a need for preventative floating support to secure current accommodation or source appropriate move-on housing.

When placement in emergency accommodation is unavoidable, the placement must meet the needs of people and therefore be accessible. Currently housing services have limited access to emergency housing for wheelchair users and the solutions are not part of the mainstream provision. It is recommended that emergency and temporary accommodation solutions meet the needs of disabled people and that a review is undertaken to identify what alterations can be made to current arrangements. In addition, when commissioning of future provision occurs, data from section 4 and further analysed data on need should be used to determine the number of units that should be accessible. As a starting point, this strategy recommends that the housing services target for new build housing is used (currently 5% or minimum of 1 unit).

6.4.3. Use of mainstream services

The model does not show that disabled people are (in principle) able to access all Supporting People services, including accommodation based and floating support. This use is encouraged by the housing group to ensure full inclusion of people in the community. Data included in section 4 showed that people were using services effectively where no specialist service was available. However, it should be recognised in addition to barriers outlined in section 5, that mainstream services are not always accessible to all people; for example, deaf people are not able to access other Supporting People services because of the language barrier.

6.4.3. Capacity of floating support / enabling

As stated in 6.3.6 the model does not show the capacity of specialist floating support in relation to demand. Future commissioning decisions need to ensure that where appropriate, mainstream services meet the needs of this sector and specialist services are commissioned only when there is no other solution. Where mainstream floating support services are utilised by this sector, the specification of that service needs to be informed by the housing

group. Where specialist services are required, an exploration of joint commissioning opportunities to best utilise resources should be undertaken.

The model does not show that floating support is currently commissioned as a short term service (up to 2 years) and therefore support for people after this time is not available as a specialist service.

The current SPLASH service is piloting a dormancy process for service users exiting the service to provide the opportunity for people to re-access floating support through a priority system. The SPLASH service has identified a process for maintaining contact with service users who leave and for the referral hub to prioritise people for support if required (appendix x provides more detail on the dormancy process). The findings of the dormancy process pilot should be monitored for effectiveness and good practice used to inform future commissioning decisions.

The housing group has anecdotally identified that people require support for a longer term than 2 years, and this information should be used to inform future service models and commissioning decisions.

6.4.4. Difficulties with independent living options

The model does not show the difficulties with accessing independent living options, but these have been explored in section 5.

6.4.5. Family home

The model does not show people living in the family home. People in this housing option need to be included in future service models to ensure they are not over-looked or identified as appropriately housed.

6.5. Recommendations for future service provision

This part of section 6 seeks to inform the planning processes and the design of future services, both in terms of access and delivery to housing and support. Recommendations stated are inclusive of those made previously and / or additions to those made throughout the strategy. Where multiple

options are provided to achieve an outcome / improve service delivery, it is recommended that all of the options are considered and the most effective taken forward.

The proposals seek to ensure the gaps identified in service provision within this strategy are addressed and thus provide the opportunity for more people to live independently and contribute towards achievement of the national performance indicators as outlined in section 2.

The proposed sector model for the future will not differ greatly from that in 6.2, recommendations for changes are outlined below and will inform strategic priorities and resource implications for commissioning in section 7.

6.5.1. Housing Advice Service

- Increased training for housing staff on needs of people, including cognition issues and communication.
- Housing staff undertake deaf awareness training.
- Front line staffs, including reception staff are able to use basic British Sign Language to (at least) greet people and explain that additional translation is required.
- Housing advice staff should find out the preferred communication method of service users.
- Housing staff to ensure a record of advice is provided to people at the interview so they can take it away with them. This information should be provided to people in their preferred method.

6.5.2. Emergency / temporary housing

- Accessible emergency / temporary housing units should be commissioned as part of mainstream provision.
- Joint working arrangements to be improved to ensure no emergency placements are made for people leaving health / social care funded housing (i.e. hospital, residential care or rehabilitation).

- Assistive technology should be incorporated into emergency / temporary accommodation where appropriate.

6.5.3. Hospital discharge

- Increase speed of move-on process from hospital.
- Process to ensure housing is included in discharge process from outset and effective working processes are in place to facilitate this.
- Nominated worker to provide housing options information and advice to hospital staff.
- Independent living should be the first option for hospital discharge and effective working processes are in place to facilitate this.
- Where residential care or rehabilitation is not required, but people are not able to return to their old accommodation, or there is nowhere for people to return to, a step down³⁵ unit of accommodation is required. This service would be short term and the service specification would clearly outline move on processes and have agreement from all relevant stakeholders about how move-on would be achieved.

6.5.4. Residential care

- Active case management to ensure move on from short term residential care placements where appropriate.
- Dedicated worker with housing specialism to provide information and guidance on move-on options and support people to move on.
- Supporting People service that can deliver services in residential care.
- Contractual requirement that residential care services actively support move on.
- Independent living unit available within residential care setting for people to have independent living assessment and learn skills for independent living.

³⁵ A step down unit would provide a short term housing solution for people so they do not need to experience homelessness or be inappropriately housed in care settings.

6.5.5. Rehabilitation

- Dedicated worker with housing specialism to provide information and guidance on move-on options and support people to move on.
- Jointly commissioned solution to support move-on;
 - Housing related support to be incorporated into rehabilitation service
 - Independent living unit to be available for use as additional / alternative rehabilitation service where specialist support can be delivered along with housing related support.

6.5.6. Supported housing

- Better use of existing mainstream accommodation based services.
- Newly commissioned accommodation based services (across all sectors) to include accessible housing units (e.g. Women's refuge, hostel)
- Specialist training for staff within mainstream services about disability
- Remodelling of accommodation based services in the sector to become short term services at procurement stage (year 2010).
- No additional accommodation based services to be solely commissioned by Supporting People within this sector.

6.6.6. Independent living options

- Accessible housing specification should meet the needs of people with sensory disabilities as well as physical disabilities
- Disabled people should be involved in design of new build independent living options from strategic planning stage through to design of each housing unit
- One stop shop for people to find out impartial advice about independent living options and to 'try before they buy' specialist equipment, e.g. independent living centre.
- On-call services to have disability awareness (particularly deaf / hearing impairment awareness).

6.6.7. Floating support

- Social inclusion³⁶ floating support should be utilised by disabled people and promoted to them.
- Staff working within social inclusion services should be well trained in the needs of disabled people and should include outcome of people accessing training / work.
- Existing floating support contract to be reviewed towards the end of contract term to identify extension and / or need for procurement of additional resource.
- Future service models should allow for long term support to be delivered at a level³⁶ appropriate to individuals needs; consideration should be given to commissioning long term services that include charging people.
- A service should be commissioned to meet the needs of deaf people as the number of staffs able to use of British Sign Language is limited.
- Jointly commissioned floating support for people with ABI to encompass housing support and enabling and to meet the needs of people with complex ABI.
- Findings from the dormancy pilot should be incorporated into future service specifications.

6.6.8. Family home

- Dedicated worker with housing specialism to provide information and guidance to people and their families about move-on options and support people to move on.
- Floating support should be promoted to people living with families.
- Housing should be discussed as part of a transitions plan at school.
- Housing unit to be available for people to experience living independently.

6.6.9. Adaptations

³⁶Current generic floating support services will be re-commissioned within a social inclusion sector in 2008 to provide focus to the outcome of the service delivery

- Implement the recommendations from the review of Disabled Facilities Grant.
- Increase the handyperson scheme to include people aged under 55.
- Provide emergency accommodation for people who have to move out of their homes whilst adaptation works are undertaken.

6.6.10. Information, awareness and skills

- Co-ordinated approach to raising awareness about housing and support options.
- Dedicated worker with housing knowledge to be a resource for finding out information.
- Increased number of people able to use British Sign Language and easier access to translation services.
- Myth busting – development of a housing handbook.

6.7. Conclusion

Current service options have been explored and gaps in provision identified. Along with recommendations included throughout the strategy, section 6.6 has outlined future housing and support services in terms of access, process and delivery. Section 7 demonstrates how these services inform and contribute to the strategic priorities for this sector.

Section 7 – Commissioning and Monitoring

In this section we will be working towards objectives 7 and 8

OBJECTIVE 7

Identify the type of housing and support that will be commissioned and when, and opportunities for joint commissioning.

OBJECTIVE 8

Identify a process for monitoring the quality of services commissioned to deliver housing and support and identify how service users will be involved in the development and monitoring of their services.

7.1. Introduction

“Good local commissioning will help local people keep well and stay independent, and will provide real choices for their populations.”

(Our Health, Our Care, Our Say 2006)

Section 7 seeks to identify the support services required in this sector to ensure people are able to live independently. This section will outline the principles for commissioning best value services in a joined up way. In addition, the utilisation of limited resources will be explored in terms of commissioning and monitoring services. The involvement of service users will be critical throughout all processes to ensure service delivery is fit for purpose.

7.2. Funding Services

7.2.1. Financial resources

Supporting People is a Government funded Programme and grant funding is given to each local authority to spend on commissioning housing related support services to support vulnerable people to live independently. The total

programme grant provided to Torbay is set to decrease over the next 3 years. Indeed, the Programme grant for Torbay is reducing from £5,600,245 in 2008/09 to £5,054,221 in 2010/11. Further to this, the Administration Grant will reduce from £118,551 in 2008/09 to £93,593 in 2010/11. In addition, from 2008/09 the Administration Grant will be paid through the Area Based Grant. The modest reduction in the administration grant reflects the intention of DCLG³⁷ that the provision of housing support should now be a mainstreamed activity for Local Authorities.

Originally the Administration Grant was provided to help authorities implement Supporting People and then to enable authorities to carry out the review of all their Supporting People Services. Now that stage of the programme is complete the focus going forward is on the continued drive for efficiencies and improved quality and value for money.

Therefore effective use of resources is required that ensures good quality, value for money services are delivered as well as resource allocation for mainstreamed processes for administering services.

Currently within Torbay, annually £132,893.70 of the Supporting People grant is spent on services for people with physical disability, sensory disability, acquired brain injury and long term conditions. The sector has until recently been under resourced and has had little attention. Historically the Home Improvement Agency (who administer DFG's), Community Alarm and Telecare services were not migrated into Torbay Supporting People network of services. This indicates that the sector has been under resourced to date in all areas. It should be noted that in addition to specialist services, disabled people are able to access all Supporting People services that meet their needs, however there is a need to ensure these services are able to delivery a service that people want. It is therefore clear that to meet the needs of the overall Supporting People programme with quality and value for money parameters, a far stronger focus needs to be placed on:

³⁷ Department for Communities and Local Government

- having services with the right skills to support all disabled people
- having the services to provide effective housing infrastructure and security provisions to allow people to live independently
- establishing delivery mechanisms that are funded to deliver services to all age groups based on need.

This strategy has identified the need for additional financial resources from the Supporting People budget to ensure disabled people living in Torbay have their housing needs met. Bearing in mind the financial climate, there is a need for best use of resources across Council departments and partner agencies, including Torbay Care Trust. Effective provision to people with physical disabilities is seen as a long term saving to the overall cost of services. In particular, provision of the appropriate housing infrastructure through the Home Improvement Agency and Handypersons services can significantly improve the quality of life of people and simultaneously reduce the level of ongoing care that is required to ensure the person is able to live independently and with dignity.

7.2.2. Procurement Process

Torbay Supporting People team has developed a procurement timetable which outlines that disability services will be re-commissioned in 2009-2010. The timescale provides sufficient time for the development of service specifications and for agreement of funding from other Partners where appropriate. In addition, the housing group will provide other sectors with guidance on requirements for procurement of accommodation based services as well as floating support services that could also be utilised by disabled people. This will enhance choice to individuals and provide a foundation for the development of mainstream services that meet the needs of disabled people.

7.2.3. Individual budgets

The Government demonstrated its commitment to giving people who use services more control over decisions around the way they want to live their lives in the White Paper, 'Our Health, Our Care, Our Say' (2006). Individual

budgets are part of the self directed support agenda which include direct payments. The following statement was included that directly affects the work the housing group needs to undertake;

“In social care, we will increase the take-up of direct payments by introducing new legislation to extend their availability to currently excluded groups and will pilot the introduction of individual budgets, bringing together several income streams from social care, community equipment, Access to Work, Independent Living Funds, Disability Facilities Grants and Supporting People”.

In Torbay, Supporting People individual budgets are being piloted in the learning disability sector to identify processes for allocation of funds as well as monitoring processes. Torbay Care Trust is implementing in Control³⁸ for allocation of social care funds for people with a learning disability and it is expected that other people receiving social care will be able to utilise this process in the future. The Supporting People pilot should be completed in the financial year 2009-2010 and therefore it is expected that as part of the commissioning process for this sector, spend allocation of financial resource will include funds for use through the individual budgets model as well as block commissioned services.

Torbay Supporting People are committed to the individual budget agenda and will ensure government recommendations are implemented along with local processes. Individual budgets provide an opportunity to ensure people have more control over the services they receive, as well as joining up resources so they can be utilised most effectively. The housing group needs to ensure joint working with Torbay Care Trust to ensure that housing related support and Supporting People funds are incorporated into the resource allocation.

7.3. Commissioning Framework

7.3.1. Process

³⁸ www.in-control.org.uk

The housing group will coordinate the development of a commissioning framework for housing related support services using recommendations from this strategy to inform an action plan of work. The action plan will outline work required, timescales for completion and people responsible. In terms of involvement of the housing group in commissioning, this will encompass the development of specialist service specifications, commissioning of provision and monitoring service delivery. Where Supporting People funds are the main finance resource, the Supporting People team will lead the commissioning process, but a partnership approach to all stages will be essential to ensure services meet the outcome expectations of people. The terms of reference for the housing group will be the basis for ensuring membership of the group is representative and accountable for decision making. It is recommended that the housing group terms of reference are reviewed at suitable intervals to ensure appropriate membership.

7.3.2. Service user involvement

Section 3 of the strategy outlines the feedback received by people who use services about current housing and support processes and services. People who use services must be supported to represent their views at the housing group and within other forums. This feedback must be used to inform the commissioning framework and should be incorporated into all decision making processes. Commissioning partners should ensure funding is made available to support people who use services to engage in the commissioning process. Torbay Supporting People team won regional champion status for service user involvement in 2006/07 and are currently developing good practice guidance on involvement processes. It is recommended that all good practice guidance developed in Torbay is followed by the housing group along with national recommendations.

7.3.3. Contracting arrangements

The proposed service model to be in place by 2011 is shown in 7.3.5. The service model does not differentiate between provision that will be block contracted and self directed services through individual budgets. Service provision identified is based on need. Contracting arrangements will be

designed at the procurement stage utilising findings from the individual budget pilot. Services that are required under a block contracting arrangement will be commissioned using Torbay Councils procurement process, involving competitive tendering.

Joint commissioning will be implemented as appropriate, with the main investor leading the process. The commissioning framework will identify where joint commissioning solutions will result in best outcomes for individuals and best utilisation of resources. It is recommended that the Supporting People team develops a joint commissioning protocol to ensure transparency and accountability in all processes.

Outcome focused commissioning³⁹ will be central to the delivery of new services. Outcomes focused commissioning moves the focus of service delivery away from quantity and price to commissioning for quality and outcomes, with payment linked to work done. Outcome-based commissioning focuses not on activities and processes, but on results. The key point is shifting thinking from how a service operates - what it does - to the good that it accomplishes - what it achieves.

DCLG developed an outcomes framework in 2007 and Torbay Supporting People providers currently work towards the 5 outcomes and are contractually required to report achievement in relation to these outcomes. The new Supporting People outcomes framework is based on the DfES⁴⁰ 'Every Child Matters' high level outcomes which are:

- Economic Wellbeing
- Enjoy and Achieve
- Be Healthy
- Stay Safe
- Make a Positive Contribution

³⁹ http://www.cat.csip.org.uk/_library/eBook/Chap9AKerslake.pdf

⁴⁰ Department for children, schools and families

Thus, all future contracting arrangements will be based at least on the achievement of Supporting People outcomes.

7.3.4. Service delivery model

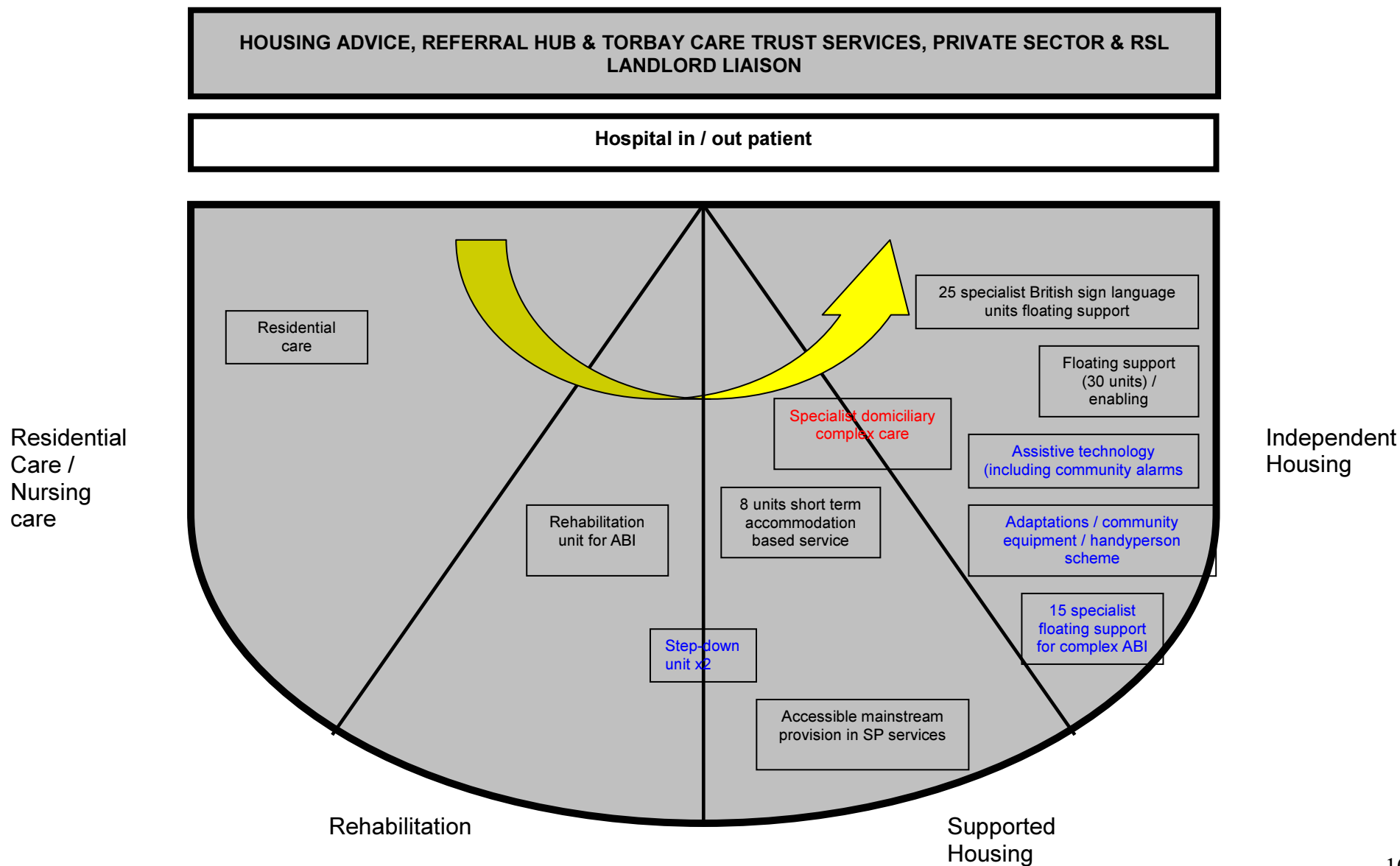
Section 6 has identified the main areas for service delivery to disabled people; in terms of support, this shows that the focus of support provision for disabled people should in fact be integrated into mainstream services. The housing group will ensure recommendations are made to other sector housing groups to increase access opportunities to these services.

However, there is a need for specialist services to ensure move-on provision enables people to achieve independent living. In addition, there is a need for on-going low level support to maintain independent living. Section 6 identified that the existing accommodation based provision should be sufficient to meet the needs of disabled people, and reconfiguration of the service through the procurement process in 2010 (current contract end date) combined with developments in housing provision as outlined in this strategy, should further facilitate move on.

Thus, the model below shows the service deliveries the housing group has identified as meeting the needs of the sector and it is envisaged that by 2011 all service provisions will be in place. Services highlighted in blue are potentially jointly commissioned solutions to service provision. Additional services required that are outside of a standard housing or support solution are increased awareness about housing and support options and processes and advocacy support to service users. Services highlighted in red are health and social care provision funded by Torbay Care Trust.

Further to the service model, all recommendations for action outlined throughout this strategy will be incorporated into the service design of all commissioned services to ensure a delivery model that facilitates independent living.

7.3.5. Proposed service model for year 2011



7.4. Monitoring Services

7.4.1. Contract management

Supporting People monitors commissioned services through an on-going contract management process. Failure to adhere to contracted targets can result in a performance review being undertaken. Services are contracted to achieve level C or level B of the Supporting People Quality Assessment Framework (QAF). Further to this, services are monitored in relation to their strategic relevance to the sector and their value for money. Since the introduction of the outcomes framework, services are also monitored in relation to achieving these.

The framework for commissioning services in the future will need to include robust processes for monitoring achievement of outcomes. Ultimately, contract monitoring will need to understand the effect on the individual as a result of the support they have received. Commissioned services will continue to report against the 5 outcome areas identified in section 7.3.3.

Services commissioned through the procurement process will be strategically relevant at the time of implementation, however, due to the infancy of specialist delivery from Supporting People in this sector, on-going monitoring in this area will also be necessary. It is recommended that the housing group monitor performance of all services on a quarterly basis in line with contract requirements and expectations.

It is imperative that within the development of the service specification specific criteria are set for the service provision. Thus, a partnership approach to developing the specification is essential.

7.4.2. Service User involvement

Within current Supporting People contracts, the involvement of service users in service delivery and internal feedback mechanisms is a requirement of the QAF. The housing group recommends that involvement of service users in service delivery is specified as a requirement of future service specifications. The involvement of service user representatives as part of the housing group

provides an opportunity for the housing group to learn from the experiences of people who have previously used services and been part of an internal involvement process. These experiences can be used to identify service specification requirements that will result in effective involvement of service delivery.

Supporting People are currently undertaking a process to train members of the service user group to peer review. This will result in joint monitoring visits between a contract manager and peer reviewer. The peer reviewer will lead an interview process to ensure service users are satisfied with the service they are receiving. Anecdotal evidence from current members of the service user group has identified that this process will be more effective at identifying areas of concerns and areas of improvement in service delivery. The housing group recommends that peer reviewing is a standard procedure within the contract management process.

It can also be identified that people may need support to speak out if they are not happy with the service they are receiving. It is important that processes are put in place so that service users can make complaints about services at any time. The housing group recommends that advocacy service provision is in place for people to access at any time. There is potentially a role for the peer reviewers within this process also; and further exploration is required with the service user group.

7.4.3. Individual Budgets

With the introduction of individual budgets there will need to be changes to the contract management process, which will focus on achievement of individuals' outcomes. Supporting People will undertake monitoring as part of the pilot and the housing group will need to learn from this process.

7.4.4. Joint monitoring

The development of jointly commissioned services aligns itself with jointly contract managing services. Service specifications should include performance requirements and quality standards that meet the needs of all commissioners. Where quality standards differentiate between agencies, a

negotiated agreement must be made as to which standards the service provider will be accountable to deliver. Jointly monitoring services will ensure the best utilisation of commissioners' resources and ensure providers of services are able to concentrate more time to delivery of service as opposed to reporting to a variety of commissioners. The housing group recommends that joint monitoring of services is included in all service delivery models.

In addition to jointly monitoring services that have been jointly commissioned, there is additional value to contract management outcomes if stakeholders who do not directly commission a service are involved in review processes. The housing group recommends that members of the housing group agree to partake in contract management processes of partner agencies where appropriate.

7.5. Protection from abuse

In March 2000, the Department of Health and the Home Office published *No Secrets: Guidance on Developing Multi-agency Policies and Procedures to Protect Vulnerable Adults from Abuse*. Service delivery models are currently commissioned to incorporate protection of vulnerable adults. Torbay Council and all partner agencies are committed to ensuring people are safe in their homes and all services supporting people and families should be trained in understanding the effects of abuse, including protection from abuse, domestic abuse and child protection. The housing group recommends that service delivery models are contacted and monitored to ensure protection from abuse is understood and actively addressed.

7.6. Conclusion

Section 7 has outlined the aspirations of the housing group for the housing and support delivery model for disabled people for the next 3 years. Principally, the housing group recommends that provision should be mainstreamed and thus service delivery models should ensure they meet the needs of disabled people. Where a need for specialist services has been identified, these will be commissioned using a partnership approach to ensure the best utilisation of resources. The housing group will work together to

ensure service providers are contract managed in a joined up way. Further to this, people who use services will be central to the delivery of service provision at all levels.

The members of the housing group embrace the opportunity to redesign the housing and support sector for people with physical disability, sensory disability, acquired brain injury and long term conditions and expect that the forthcoming years will result in positive change for the people of Torbay.

Section 8 - Action Plan

To be completed within consultation phase.

Section 9 - Glossary

To be completed

Section 10 – Contacts for further information

If you would like further information about the housing group or this strategy please contact:

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