PREPARE

Informing Policy with Evidence

Housing and Technology Capital Fund:
Scoping study

Authors
Mark Bevan
Ana Cristina Castro
Katherine Graham
Karen Bloor

12 /11 / 2018

The King's Fund

UNIVERSITY of York

PREPARE — **P**artnership for **RE**sponsive **P**olicy **A**nalysis and **RE**search

Contents:

Summary

Background

The Department of Health and Social Care (DHSC) and NHS England are supporting transforming care partnerships with local housing providers and other stakeholders to develop, remodel and adapt accommodation for people with a learning disability, autism or both. This includes a substantial investment in capital grants to support housing delivery. In 2016, the Department established a £25m capital fund for housing and technology to support people with a learning disability to live as independently as possible with the right care and support. DHSC commissioned this rapid scoping study to draw learning from the projects during their implementation, to inform future housing and accommodation interventions; to identify best practice and disseminate it rapidly. Sharing this learning is key to achieving the ambition of supporting people with a learning disability to live as independently as possible.

Methods

A documentary review was undertaken of each Memorandum of Understanding (MOU) between local authorities and the DHSC. All local authorities who had requested capital funds (n=42) were then invited to participate in a semi-structured qualitative telephone interview. Interviews were conducted with 27 authorities between May and June 2018. The interviews included authorities at a range of stages in terms of meeting their initial objectives, and included nine projects where authorities had requested extensions to the timeframe for spending the grant. This study does not include the views of service users and their families or carers, which was not feasible in the timescale of the project. Most of the projects were ongoing and had not yet undertaken final reviews of outcomes or reported total numbers of beneficiaries. Anticipated outcomes and benefits are thus self-reported views of respondents.

Findings

The snapshot of emerging outcomes and beneficiaries across the projects demonstrated the potential value of the Programme in making a difference for people's lives. Participating local authorities noted a range of outcomes for individuals including moves from inpatient facilities, residential care settings and shared living arrangements to settled accommodation, as well as moves back into their locality for people who had had to move as part of out of area placements. Authorities also noted situations where people had moved into settled accommodation where they had previously been living with parents or carers.

The projects reported in this study were grouped according to the type of approach undertaken, including remodelling or new build; financial instruments, assistive technologies and 'others' (such as keyring schemes or respite facilities). As would be expected, the different types of project undertaken by authorities produced different actual outcomes or anticipated outcomes.

Accommodation-based projects had a direct impact in enabling moves from high-risk settings, and these included remodelling or refurbishing existing properties, new build developments, and the use of financial instruments to acquire properties, often as part of enabling home ownership. Projects using assistive technologies aimed to achieve a different range of outcomes, with more of a focus on prevention, and minimising the risks of individuals moving to inpatient settings. This is part of a wider objective of facilitating independence. There was also a stronger focus on achieving a culture change in working practices both within authorities and across partner organisations.

Respondents in many authorities were working through similar barriers and challenges, without mechanisms for shared learning. Many of the issues faced were common difficulties of delivering a time-limited programme within the requirements of administrative processes of local authorities and the statutory sector. For example, there may be a need for generic protocols with local authority procurement teams for engaging new project partners within the timeframe of bidding rounds. Another issue was the limited time available for project teams at the bidding stage to engage with colleagues from planning. Planners have a wider enabling function in addition to having to respond purely in their regulatory capacities with regard to assessing specific applications against planning policy and development control. As such, there is room for a discussion on the role of planning in enabling the delivery of accommodation options for people with learning disabilities and their families/carers. Such discussions ideally need to take place outside of the pressure to deliver against specific programmes. Respondents also highlighted the value of drawing on wider expertise, including experts by experience and agencies with specialist knowledge of the needs and aspirations of people with learning disabilities. Considerable experience at national and local level is already evident (see for example the resources identified by Swan (2016), and the Learning and Improvement Network: www.housinglin.org.uk/Topics/browse/HousingLearningDisabilities/).

Key lessons

Respondents highlighted a range of factors that either helped to support the implementation of projects, or hindered their ability to carry forward projects as originally planned:

- Authorities that developed accommodation options drawing on affordable housing stressed that the timeframes for the Capital Programme (for both bidding and delivery) were such that key aspects of schemes needed to be already in place, or at least pre-planned.

- A significant factor for projects using assistive technologies was taking the time to embed a culture change leading to new working practices across the authority and project partners. This engagement was viewed as essential to embed the objectives of the projects within other teams across the authority or with wider agencies and organisations involved (and embedded right through organisations to frontline staff). Delays could result where time and resources had not been sufficiently factored into the process of achieving changes in working practices, or where referral processes for projects were not embedded at grassroots level.

- Projects enabling home ownership required, in addition to the financial challenge of competing for accommodation in the market, time to work through key processes of buying a home, such as conveyancing, going to the Court of Protection, credit referencing and legal charges on properties. These practical issues were also relevant for people taking up Shared Ownership options via Registered Providers, as well as signing tenancies.

Key learning to support activities in the future might include:

- A longer timeframe to respond to invitations to tender bids. One possibility might be parallel funding streams for different types of project. For example, one stream could enable smaller scale responses to emerging opportunities, and another longer-term stream could operate where the timeframes for funding accommodation-based projects were aligned with the planning cycles of housing providers.

- Flexibility in approach: linked with the timeframe, responding to changing circumstances at local level (as well as national policy), in addition to working with service users and their families/carers, requires considerable flexibility of approach. A number of projects were working to deliver bespoke solutions with specific individuals with complex needs. The timelines for achieving outcomes should be led by service users, and not by the deadlines of top down programmes.

- Ensuring that resources are available as part of programmes to enable dedicated project management, or proportional FTE for smaller projects. One large project that was implemented as proposed employed a consultant with dedicated oversight of the project and who could coordinate across project partners.

- There would be value in creating opportunities and mechanisms for project teams to engage in networking with other authorities participating in this programme, as well as wider forums, to share learning and experiences.

1. Background

The Transforming Care programme aims to ensure that more people with a learning disability, autism or both can live in the community, with the right support, and close to home. It sets out a programme of action across the health and care system to transform care for people with learning disabilities and/or autism, particularly those who have a mental illness or whose behaviour challenges services.. Improvements to housing and accommodation options for people with learning disabilities (delivered through targeted projects) to develop community infrastructure and reduce the need for inpatient facilities are central to delivering Transforming Care.

Recent reports have highlighted how the housing options of people with learning disabilities can be taken forwards (NICE 2018), building on earlier work that set out a variety of approaches that highlight practice examples at local level (NDTi, 2010), as well as guidance to ensure that accommodation options meet the independent living needs of service users (Wood et al, 2010). These developments have taken place against the backdrop of reports that have highlighted the challenges that people have faced in meeting their housing needs (Mencap, 2012), and some of the continued barriers to progress (House of Commons Committee of Public Accounts (2017).

Within this wider context, the Transforming Care programme set out a range of housing principles that underpins ambitions in relation to accommodation options, as well as a selection of service models of settled and short-term accommodation (Swan, 2016). The Department of Health and Social Care (DHSC) and NHS England are supporting transforming care partnerships with local housing providers and other stakeholders to develop, remodel and adapt accommodation for people with a learning disability, autism or both. This includes a substantial investment in capital grants to support housing delivery. In 2016, the Department established a £25m Capital Fund for Housing and Technology to support people with a learning disability to live as independently as possible with the right care and support. Funding was awarded to 52 separate projects in 42 local authorities in 2016/17 and 2017/18. The projects varied in scale in terms of funding from £7,140 to £2,415,000[1].

DHSC commissioned this rapid scoping study to draw learning from the projects during their implementation, to inform future housing and accommodation interventions, and to identify and disseminate best practice. Sharing learning is key to achieving the ambition of supporting people with a learning disability to live as independently as possible.

---

[1] Further information about the Programme and the participating local authorities can be found at: www.gov.uk/government/news/funds-to-improve-housing-for-people-with-learning-disabilities

2. Purpose

The overall objectives of this study were to explore the factors associated with a successful project, and identify evidence on what has worked well/less well.

The rapid scoping study addressed the following specific questions:

- Has the £25m capital grant that the Department has invested in Housing and Technology for people with learning disabilities made a difference?
- Has it allowed people to move from hospital into the community?
- What has worked well/less well and has the initial investment resulted in additional funding being made available to support people with a learning disability to live as independently as possible?
- What were the factors that led to schemes being implemented as proposed and with the anticipated outcomes?
- What factors meant that schemes could not be taken forward as proposed and required modification? Why?

3. Methods

A documentary review was undertaken of each Memorandum of Understanding (MOU) between local authorities and the DHSC. All local authorities who had requested capital funds (n=42) were then invited to participate in a semi-structured qualitative telephone interview. The interviews explored the following issues (see topic guide in Appendix 1):

- How far the scheme has enabled a shift from inpatient facilities to settled accommodation

- Whether the scheme has resulted in a reduction in the need for out of area moves and/or operationalised the national service model principles;

- How far each scheme has met its internal goals set out in the MOUs in relation to outcomes for the individuals.

- The process of implementation – including practicalities of delivering the schemes, facilitators, barriers and challenges.

Interviews were undertaken with 27 authorities between May and June 2018. The interviews included authorities at a range of stages in terms of meeting their initial objectives, and included nine projects where authorities had requested extensions to the timeframe for spending the grant. Nevertheless, the perspectives of the non-participating authorities may differ from the views captured by this study. The table below gives an indication of the type of projects that authorities who participated in the study were undertaking, in comparison with authorities that did not take part.

This study does not include the views of service users and their families or carers, which was not feasible in the timescale of the project. Most of the projects were ongoing and have not yet undertaken final reviews of outcomes or reported total numbers of beneficiaries. Potential outcomes and benefits are thus anticipated rather than realised, and self-reported by respondents.

4. Findings

A wide range of activities were undertaken, and these were classified into four main approaches (table 1). A number of projects had multiple aspects in their MOUs, and the total number of approaches (n=82) is thus higher than the total number of projects funded (n=52). The median number of projects per local authority was 2 (minimum 1, maximum 6). Details of reasons for not participating and number of local authorities per type of projects are shown in Figure 1.

Table 1 Type of project implemented for respondents and non-respondents.

Type of Approach	Projects in participating authorities (n=27)	Projects in non-participating authorities (n=16)
Assistive technology	16 (19.5%)	6 (7.3%)
Remodelling/adaptations/new build	31 (37.8%)	14 (17.1%)
Financial instruments - property acquired by provider or investor; HOLD (or other home ownership arrangement)	8 (9.7%)	1 (1.2%)
Other (keyring, respite, showroom)	4 (5%)	2 (2.4%)
Total	59 (72%)	23 (28%)

Section 4.1 describes how far the projects were implemented as proposed in the MOUs, as well as whether and how far the initial investment has resulted in additional funding to meet the housing and support needs of this group of people. This section also describes the barriers and challenges reported by authorities, which affected progress as well as causing variations between intended objectives and actual outcomes. Section 4.3 outlines respondents' assessments of the impact of the projects to date, and discusses opportunities for wider learning based on respondents' experiences of the Programme. This section also identifies factors for success, based on the views of respondents. Section 5 summarises the conclusions of the study.

Figure 1: Flowchart of eligible local authorities with reasons for not participating and number of LAs per type of project.
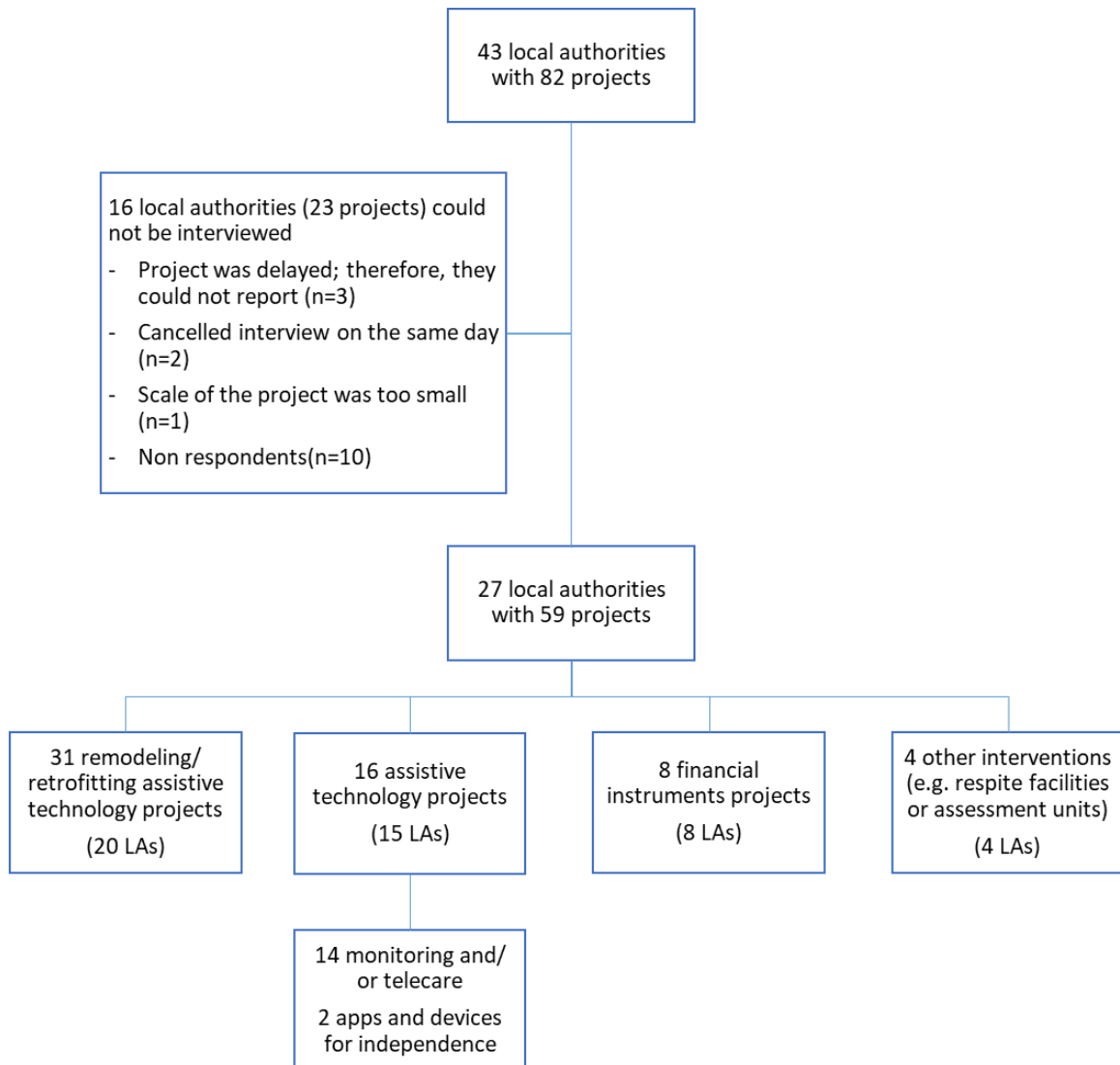
4.1. Implementation

4.1.1. Implementation as proposed

Respondents discussed how far their projects had been delivered as originally proposed (Table 2). As is discussed below, many respondents encountered various challenges or barriers that affected the implementation of their projects. Consequences included delays to timescales and, in some cases, changes to projects and their expected outcomes.

Table 2 Level of implementation reported by participating local authorities.

Type of project	Implemented as proposed			Implemented with changes	Delayed/ cancelled	Total
	Completed	Part way through	Mostly delivered, some delays			
Remodelling	6 (22%)	4 (15%)	7 (26%)	2 (7%)	8 (30%)	27 (100%)
Financial instruments	0	2 (25%)	3 (37.5%)	1 (12.5%)	2 (25%)	8 (100%)
Assistive technology	2 (14.3%)	4 (28.55%)	2 (14.3%)	4 (28.55%)	2 (14.3%)	14 (100%)
Others	3 (75%)	0	0	0	1 (25%)	4 (100%)
Total	11 (22%)	8 (16%)	12 (23%)	7 (14%)	13 (25%)	51 (100%)

A number of respondents reported that flexibility within the Programme was an important factor in enabling authorities either to switch resources to more successful aspects of other projects they were undertaking, or to respond to emerging opportunities where original plans were hindered. Projects using assistive technologies had greater flexibility, for example by switching between types of technology. Accommodation-based projects tied to specific sites were naturally much more restricted in how they could respond to challenges, and often required delays to completion. Cancellations were very rare (two respondents discussed elements of their projects that had been cancelled), but are included in the discussion below. One of these respondents noted that they were able to redirect the funding to another part of their project that was being successfully implemented.

Matched funding

The majority of respondents reported matched funding as part of the wider context of the projects. A wide variety of other sources of funding were used across the authorities. This included:

- Capital funding from within local authorities (such as Disabled Facilities Grants; social care capital grant, council-owned properties);
- Capital funding from partners and other agencies (Registered Providers, Homes England, private investment companies, NHS properties not in use);
- In-kind support (training, staff time),
- Revenue funding

Several authorities noted that a significant role for the funding from the DHSC Capital Programme was to complement wider housing investment (both new build and refurbishments). The Capital Programme funding added to the specification and covered the additional costs of providing

adaptations and assistive technologies that could be tailored to the needs of people with learning disabilities, whilst helping to keep the overall cost of accommodation at an affordable level.

4.1.2. Implementation process

Respondents were asked to reflect on the process of delivering the projects, and to highlight factors that enabled or assisted them to achieve their objectives, as well as barriers or challenges that adversely affected delivery.

Issues raised were clustered into key themes: time (aligning activities with the timescales available), housing markets, working practices, changes to support for home ownership, administrative processes, sustainability of outcomes, and developing KeyRing schemes (supported living networks).[2] A significant issue was the amount of forewarning of the fund for local authorities, and time to prepare for the bidding process.

Time, cultural change and trust

A number of respondents discussed the time taken to work with service users and families/carers to build trust in proposed changes to accommodation options, services and the use of assistive technologies. Respondents reported a wide range of reactions by service users and their families to planned changes as a direct result of the Capital Programme or also where changes under the Capital Programme were also linked with wider changes under the Transforming Care Programme. In some instances, service users and families were very keen to pursue the new options that were available, but in others families of service users, in particular, were wary of perceived risks posed by new accommodation options. In these situations there was a process of building trust with individuals and families to take a risk with new housing options (such as self-contained accommodation) compared with established options (residential or shared living). A benefit for authorities in working with people in this way was that as experts by experience, service users were able to discuss living in new accommodation options within their area with other individuals and their families.

One respondent highlighted that considerable time had been required to re-establish and build trust with an individual and family where they had been let down by statutory organisations in the past. Whilst the opportunities afforded by the Capital Programme opened up new possibilities for this family to meet their own needs, taking a user-led approach needs to work at the pace set by users, which does not necessarily align with deadlines and timescales set by time-limited programmes.

There were also a number of comments on the time required to reassure service users and their families that the introduction of assistive technologies was not just a cost saving opportunity, and

---

[2] See the following for an example of how KeyRing schemes work:
http://www.keyring.org/uploaded_files/1101/images/Updated%20Case%20for%20KR%202017%20web.pdf

that it would not pose new risks. For example, two respondents discussed anxieties about the introduction of sensors and monitoring to replace night cover within specific schemes.

Respondents also discussed the time needed to engage in a process of cultural change within their own and partner organisations in terms of working practices of formal carers and support staff, especially in relation to the acceptance on new technologies. For example, one respondent noted that they were surprised at the amount of time required to support the providers and care teams in how the assistive technology can be used. Another respondent noted that there were two aspects to training: staff training in using the new technologies, and also a cultural change in the role of social workers to show service users how new technologies can help to sustain or foster activities that they can do for themselves. In part, this reflected an ongoing discussion about developing independence amongst service users rather than reinforcing dependencies, but also about reassuring staff that their jobs were not under threat from the introduction of assistive technologies. One respondent highlighted the importance of making time and space to enable this dialogue around training and culture change to take place. This respondent championed the task of embedding culture change by working with providers and the individuals who represented providers within their operational group as part of the implementation process of their project. Another respondent noted that their authority had a dedicated champion to take forwards the potential of assistive technologies right across the authority (not just for people with learning disabilities).

A further issue in relation to staff time was the costs of using experienced social workers to undertake assessments with service users who live with low levels of need. Instead, it was suggested that there would be separate mechanism assessing how assistive technology could make a difference in people's lives where they did not require a full assessment. In another instance a respondent reported that they had changed the frequency of their care and treatment reviews, so that the benefits of using assistive technology could be aligned more closely with the needs of individuals.

Another respondent reflected on ambitious aspirations for their pilot where they had a range of new technologies they aimed to embed with the same cohort of service users, providers and social workers. This respondent commented on the scale of learning required simultaneously, and thought this perhaps hampered the speed of adoption of the technologies. In contrast, a further respondent noted that they had used a staggered approach where different elements of assistive technology had been introduced over time.

One respondent also commented on the time available to respond to the original bid. They noted that short deadlines meant that they could only engage with organisational partners rather than discuss possible opportunities with service users and carers groups. The lack of time for preparing the bid also affected the details of proposals that could be worked up. Unless authorities had existing plans as part of ongoing discussions that pre-dated the bid timetable, it was only possible to bring forward generic proposals instead of bespoke solutions for known users.

Aligning new accommodation developments within the time frame of the programme

Several respondents commented that the timeframe for the Programme was too constrained to be able to plan new housing developments from scratch. In two instances respondents noted that there was an 'element of luck' about the timing of the Programme in that they already had some schemes underway that could be utilised to meet the specific needs of people with learning disabilities. The experiences of many respondents reinforced the crucial role of social rented housing or land owned by public sector agencies, because they could not only quickly respond to the programme opportunities, but also have greater confidence that planned accommodation targets within bid submissions could be met.

Housing market costs and constraints

A further issue was not just the generic costs of competing for housing in the wider housing market, but the high costs of the market for housing and support aimed specifically at people with learning disabilities. One respondent alluded to the charging policies of some providers and alleged that some providers were overcharging for housing services. Another respondent, however, noted that their authority had a specific housing and support pathway for people with learning disabilities as part of their procurement policies where they will pay higher rates, but have found that this policy has not been over-used as they feared it might.

Respondents also discussed challenges of sustaining accommodation options and remaining within Local Housing Allowance limits for Housing Benefit (HB). A wider problem was delays to projects as a consequence of the uncertainty created by national policy proposals for HB and supported housing, which meant that investors were not willing to commit to a development until they were sure the project was sustainable financially.

Administrative process and procedures

Respondents reflected on the process of working with DHSC throughout the course of the Programme. One issue related to communication with DHSC, and respondents reported diverse experiences. Whilst one group of authorities highlighted effective communication with DHSC with regard to queries and the timing of receiving funding, others discussed delays in identifying a named contact within DHSC to respond to queries. Other respondents highlighted delays in receiving some of the funding, or that the funding schedule was altered so that all of the funding was received in one go rather than in staged payments that reflected the timetable for the project activities.

There also appeared to be wide variations between respondents in their perceptions of legitimate costs that could be included within the projects. Flexibility on spend was crucial in enabling authorities to respond quickly to changing circumstances at local level that might adversely affect

planned objectives, and the ability to switch funding to cover alternative approaches. One respondent noted the relative flexibility of this particular Programme in comparison with other DHSC funded programmes, which was important in fostering a positive approach to achieving successful outcomes.

Respondents highlighted challenges arising at local level, either within authorities or with local project partners. These often related to short timeframes for submitting bids, as well as achieving objectives within the timeframe of the subsequent project, particularly where there was a poor alignment with the timeframes of wider regulatory requirements and processes. For example, one difficulty highlighted by several respondents was putting together a team of specialists across organisations within the timeframe of the bidding process, whilst meeting their authority's procurement regulations and requirements. One issue related to new partnership working with organisations who were not already listed as part of procurement frameworks. A second was the time it sometimes took to convince procurement teams of the efficacy of new and innovative technologies.

Another challenge discussed by several respondents related to planning. In some ways this was unavoidable as taking a specific site through the planning process could only occur as opportunities became available. In one instance unavoidable delays were caused by the discovery of a protected species on site. Nevertheless, there was evident frustration where objectives for achieving positive outcomes for service users and their families conflicted with other objectives across authorities. One respondent discussed delays in obtaining planning approval for a site where objectives for meeting local housing and support needs conflicted with maintaining business use of sites for tourism. Another respondent discussed an opportunity for a family to live together on one site being refused planning permission as the site would be split between units of accommodation for the parents and adult children. In a further instance, delays resulted from the listed status of a building on site, and the impact of this status on progress for rebuilding and refurbishment. Again, this issue relates to the limited time available for project teams at the bidding stage to engage with planning colleagues as part of their wider enabling function in relation to spatial planning, rather than planners having to respond purely in their regulatory capacities with regard to assessing specific applications against planning policy and development control.

Respondents also highlighted other factors with regard to administrative processes that hampered or delayed progress. For instance, one respondent noted that credit checks as part of achieving home ownership options could significantly delay progress, especially in cases where service users had been the victims of financial abuse in the past. Another complexity that triggered delays in securing agreements on property acquisitions or transfers (especially with investors) was where a legal charge was required to secure public funds on potential resale.

Speed of delivery and the Court of Protection

Several respondents discussed the time it took to progress positive outcomes for service users where the Court of Protection needed to be involved, such as signing legal documents to progress home ownership schemes or tenancies. Two respondents highlighted that pragmatic decisions had been taken to achieve positive impacts for people within the timeframe of the programme by engaging with service users who did not require the intervention of the Court of Protection.

Embedded working practices

Two respondents highlighted challenges to partnership working and the extent to which strategic level planning may not necessarily be embedded within frontline working practices. Respondents highlighted two examples. The first related to delays in dowry payments at local level where a service user moved from NHS settings to local authority services, which was also an issue highlighted by the House of Commons Committee of Public Accounts (2017). A respondent noted that this created difficulties where authorities had been proactive and moved people, and where delays in the transfer of funding had resulted in significant implications for local authority revenues. A further problem was the level of funding available, as funding that will cover the cost of care within the NHS was not necessarily enough to cover the costs of providing care in the community. The second example was referral and assessment routes at local level. One respondent discussed a disconnect between an anticipated referral route that was set out at the bidding stage, and the time and effort that was required in practice to ensure that colleagues in social care understood the project and were able to deliver assessments and referrals.

Home ownership and recent changes to Support for Mortgage Interest (SMI)

Two respondents using Home Ownership for People with Long-term Disabilities (HOLD) highlighted issues with Support for Mortgage interest (SMI). Authorities discussed challenges in enabling people with a learning disability to utilise this type of support in helping to sustain their accommodation with regard to the recent change from April 2018 when this support moved from a benefit to a loan (see Wilson et al, 2018). One respondent noted that they had arrived at an agreement within their local authority to cap people's social care contributions in recognition of the additional financial burden this change imposed on homeowners. This policy decision reflected a wider objective to enable people with learning disabilities to live in their own home, with a package of support around them, in the expectation that this housing option may lead to a reduction in their overall support costs in future. Whilst this authority had taken a positive decision to support individuals in this way, it was nevertheless challenging to make a case to offset potential higher future costs against people's current personal, social care contributions. Any evidence from other authorities or organisations around the country that helped to demonstrate cost savings would certainly support policy decisions such as this.

A further difficulty highlighted by two other authorities was the restrictions on paid work that individuals were able to do whilst remaining eligible for SMI, including provisions for claiming SMI under Universal Credit (see Wilson et al, 2018). Both authorities noted that this issue made them very cautious about who they put forward for this particular approach, as they did not want to set people up to fail if SMI funding was cut. Indeed, one of these respondents highlighted that that this eligibility requirement conflicted with their wider objectives to enable people to take up employment opportunities and to develop and sustain their independence through work.

Developing design principles for partners

A number of respondents suggested that generic design guidance principles in providing accommodation for people with learning disabilities would be valuable in helping housing providers to consider how schemes might be configured.

Sustainability of outcomes beyond the Capital Funding Programme

One weakness with the programme was in achieving long term sustainability of outcomes. For example, one respondent discussed the ongoing costs of sustaining repairs and maintenance where damage was caused to a home through behaviours, and how these costs continue to be funded after the programme finished. This issue was also highlighted in the cases where local authorities have given smart devices to users to improve their independence, and where some had been damaged or broken. Another respondent highlighted some resistance amongst local housing providers to allow the installation of measures where there might be ongoing maintenance or replacement costs beyond the life of the Programme. Indeed, this respondent highlighted that in one instance permissions had not been granted. A further issue was the need to be able to make a convincing business case within their authority for funding people through local authority reserves where previously they had been funded by the NHS.

KeyRings and pilot schemes

Two respondents noted that they had not been successful in trying to establish KeyRing supported living network schemes as part of their programmes. These respondents noted that although keyrings worked well in other circumstances, the diversity of service users in their respective pilots— with very different needs, emotional circumstances and backgrounds— meant that there was not a natural grouping of potential participants within the pilot that would gel as a community network, certainly within the timeframe of the programme. The experience of these authorities suggests that the organic process of facilitating and enabling the development of KeyRing networks did not necessarily lend itself to a time-limited capital project. This observation is in no way a criticism of the scheme *per se*, but more of a reflection on how this type of programme works, or does not work, for achieving this type of outcome.

4.2. Assessment of impact

The assessment of impact of these projects was based on internal and external criteria. The internal criteria refer to what each local authority declared as potential impact. External criteria used were the accommodation impact guidelines extracted from the Health Equality Framework and Commissioning Guide. This section presents a snapshot of the current state of projects in terms of respondents' views of anticipated outcomes and the numbers of beneficiaries, where reporting was possible. Both outcomes and the number of beneficiaries will increase as projects conclude. Interviewees reported the impact of these projects during the implementation phase, and therefore, they are not necessarily based on any formal evaluation, given that 98% of evaluations are ongoing or have not yet been performed.

In the case of the internal assessment, the number of outcomes declared by each authority are presented in relation to the level of progress of the project, and grouped by type of intervention.

Assistive technology

For assistive technology, the most common outcomes reported were promoting independence in the community and reducing the level of support given (Table 3). This is in line with the aims of each of these interventions, where most of them involved using sensors inside the house to monitor activity and reduce the presence of staff 24/7. The other type of assistive technology used allows individuals to go out into the community with a "panic alarm" or a device that helps them decide the best course of action in situations that might cause anxiety or stress. Underpinning these outcomes was the rationale that promoting independence contributed towards minimising the risk of a move to inpatient settings.

Table 3 Outcomes reported by level of implementation (Assistive technology)

	Implemented as proposed	Implemented with changes	Total
It has promoted independence in the community	6 (43%)	2 (28.6%)	8 (38%)
It has reduced level of support given	5 (36%)	2 (28.6%)	7 (33%)
Increased confidence	1 (7%)	0	1 (5%)
Better quality of life	0	1 (14.2%)	1 (5%)
Level of progress prevent assessing impact	2 (14%)	2 (28.6%)	4 (19%)
Total	14 (100%)	7 (100%)	21 (100%)

* Tables 3-5 are based on an interview question 'What difference has the scheme made in terms of outcomes for users', so report respondents' impressions rather than results of formal evaluation.

Financial instruments

None of the projects using financial instruments fully completed their planned projects within anticipated timescales, although some were still ongoing (see Table 2). As mentioned in the previous section, the time required to buy a property, adapt it to the users' needs and move the individual into the new residence meant that most of the respondents reported that outcomes were not assessable or it was too early to be sure. In spite of delays due to the difficulties of acquiring properties, projects were going ahead in terms of delivery of accommodation. To this extent, projects were either going ahead as proposed, or with changes to overcome unforeseen barriers and challenges (Table 4). Respondents nevertheless felt that this approach was worth persisting with, as acquiring a property was expected to improve quality of life, independence, and choice for individuals.

Table 4 Outcomes reported by level of implementation (financial instruments)

	Implemented as proposed	Implemented with changes	Total
It has promoted independence in the community	2 (29%)	1 (50%)	3 (33.3%)
It has reduced level of support given	0	1 (50%)	1 (11.1%)
Improved choice	1 (14%)	0	1 (11.1%)
Better quality of life	1 (14%)	0	1 (11.1%)
Level of progress prevent assessing impact	3 (43%)	0	3 (33.4%)
Total	7 (100%)	2 (100%)	9 (100%)

Remodelling

Remodelling of properties comprised a heterogeneous group of projects, including remodelling properties in disuse, adapting the homes of individuals to make them fit for purpose, new builds with assistive technology embedded in the structure, and smaller bespoke adaptations (such as adapting a kitchen or making a property wheelchair-accessible). This variation in the scale of projects and subsequent timescales involved meant that progress with implementation varied considerably. Some respondents thus noted a difficulty in being able to discuss outcomes for users at this point in time.

The most commonly reported benefits were greater independence in the community, better quality of life and reduced level of support (Table 5). Several respondents mentioned that beneficiaries had not lived in the new or refurbished properties for enough time to perform a formal assessment of outcomes.

Table 5: Outcomes reported by level of implementation (remodelling)

	Implementation as proposed	Implemented with changes	Total
It has promoted independence in the community	5 (23%)	1 (33.3%)	6 (24%)
It has reduced level of support given	3 (14%)	1 (33.3%)	4 (16%)
Reduced risk of recall to hospital	2 (9%)	0	2 (8%)
Empowered service users	1 (4.5%)	0	1 (4%)
Improved choice	1 (4.5%)	0	1 (4%)
Better quality of life	2 (9%)	0	2 (8%)
Level of progress prevent assessing impact	8 (36%)	1 (33.4%)	9 (36%)
Total	22 (100%)	3 (100%)	25 (100%)

Other projects

These projects were not intended to produce changes for the users. They attempted to create respite facilities where there were intended wider impacts for families/carers, or to create assessment units to display all the assistive technology available. This is reflected in what the interviewees reported, where two said the impact was not assessable and two other mentioned that they were not expected to produce outcomes for users.

4.2.1. External criteria

As part of the interview, local authorities were asked to report on the conditions of the previous accommodation of the beneficiaries, and to assess to what extent these interventions had improved accommodation options, as well as highlighting instances where individuals could move from out-of-borough placements.

Assistive technology

Unlike the accommodation based projects that had a direct impact in enabling moves from high risk settings, the projects using assistive technologies aim to achieve a different range of outcomes, particularly focusing on prevention, and minimising the risk of an individual moving to inpatient settings as part of a wider objective of facilitating independence. Therefore, it was to be expected that many of the projects using assistive technologies did not report a change in the type of

accommodation that beneficiaries were living in. Fourteen schemes reported that they were not expecting to produce any change, while one reduced the risk of breakdown or recall from hospital but did not affect the accommodation risk rating. See Table 6 for projects where a change in accommodation was noted.

Table 6 Number of beneficiaries experiencing a change in accommodation (Assistive technology)

	Initial type of accommodation of beneficiaries	Type of accommodation provided with the funding
Residential care or specialist school	3 (30%)	
Assessment and treatment unit	2 (20%)	
Shared accommodation or living with parents	0	
Accommodation at risk of breakdown or inappropriate	5 (50%)	
Single accommodation with own tenancy	0	10 (100%)
Total	10 (100%)	10 (100%)

Financial instruments

The main goal of financial instruments was to provide settled accommodation owned by the beneficiary. This meant that this intervention had a significant role in improving accommodation risk (Table 7). Given that the implementation of these projects has largely been delayed, a group of 14 potential beneficiaries had not yet been identified.

Table 7 Number of beneficiaries experiencing a change in accommodation (financial instruments)

	Initial type of accommodation of beneficiaries	Type of accommodation provided with the funding
Hospital or high risk accommodation	6 (14.4%)	
Residential care or specialist school	0	
Assessment and treatment unit	0	
Shared accommodation or living with parents	4 (9.5%)	
Mix of accommodation risk between significant and minimal	14 (33.3%)	
Accommodation at risk of breakdown or inappropriate	4 (9.5%)	
Unknown	14 (33.3%)	
Single accommodation with own tenancy	0	42 (100%)
Total	42 (100%)	42 (100%)

Remodelling

This was the most common intervention implemented, delivering positive outcomes for the largest group of users (n=138) (Table 8). Local authorities targeted people with complex needs in hospital, individuals in the transition between young age and adulthood, those with older parents who were becoming less able to provide support, and individuals with complex behavioural and sensory needs. Remodelling also included new properties that were developed or adapted to a higher specification to accommodate the needs of people with learning disabilities, and this partially explains the success in reducing the accommodation risk of this group. As noted elsewhere in the report, the timeframe for the DHSC capital fund meant that authorities often drew upon housing developments that were already planned, but could add value through the DHSC funding to deliver solutions for people with learning disabilities.

Table 8 Number of beneficiaries experiencing a change in accommodation (remodelling)

	Initial type of accommodation of beneficiaries	Type of accommodation provided with the funding
Hospital or high risk accommodation	21 (15%)	
Residential care or specialist school	9 (6%)	
Assessment and treatment unit	4 (3%)	
Shared accommodation or living with parents	27 (19%)	
Mix of accommodation risk between significant and minimal	18 (13%)	
Accommodation at risk of breakdown or inappropriate	53 (37.6%)	
Unknown	7 (5%)	
Not expected to produce changes	2 (1.4%)	2 (1.4%)
Single accommodation with own tenancy	0	139 (98.6%)
Total	141 (100%)	141 (100%)

Other projects

No changes in the accommodation risk were reported, but this in line with what could be expected from these projects.

4.2.2. Shared learning and factors for success

Respondents were asked to reflect on opportunities for shared learning based on their experiences of the Programme. This section draws on respondents' views to identify factors for success in delivering outcomes for service users.

Building on current resources and existing plans

Authorities that developed accommodation options drawing on affordable housing stressed that the timeframes for the Capital Programme (for both bidding and delivery) were such that key aspects of schemes needed to be already in place, or at least pre-planned. Respondents cited examples where land or buildings were already in the authority's ownership, or with a partner who were in a position to respond rapidly. One respondent noted that they had a close working relationship with a Registered Provider who routinely worked up plans for schemes, and who could thus respond quickly

with these pre-prepared plans when opportunities for funding arose. Another respondent noted that they were in the fortunate position of having a property available at the time of the bid that could be used. Where authorities already had generic affordable housing schemes in the pipeline, or could otherwise respond quickly to the opportunity presented by the Capital Programme, a key success was in enabling a higher specification for properties as part of match funding that could meet the needs of service users with learning disabilities, whilst maintaining the financial viability of schemes. The range of projects highlighted the vital role of social housing, especially in areas of high demand.

Linked with this process was discussion of access to specialised guidance on accommodation options for people with learning disabilities, and being able to advise on current thinking around accommodation options and assistive technologies for housing providers. For example, one topic was the amount and type of infrastructure for Assistive Technologies that needed to be hard wired into schemes. Another respondent highlighted that their approach to design was not to have second bedrooms for night cover for carers, as assistive technology solutions could now often provide alternative cover. These issues related to the extent to which it was possible to arrive at general design guidance, or issues to consider around design, as opposed to bespoke solutions for specific individuals, such as types of furnishing and soundproofing. One authority was producing a checklist of issues to consider in the development of schemes, or for properties within schemes.

Projects working to enable home ownership options noted that in addition to the financial challenge of competing for accommodation in the market, it was important to recognise the time to work through key processes in buying a home, such as dealing with conveyancing fees, going to the Court of Protection, credit referencing and legal charges on properties. These practical issues were also relevant for people taking up Shared Ownership options via Registered Providers, as well as signing tenancies. The time taken to work through these various processes needed to be recognised and resourced, but could achieve very positive outcomes for service users who may live with complex needs.

Project management and support

For larger projects, respondents emphasised the importance of dedicated oversight of projects and building in resources to cover project management, either as part of the project proposal, or adequately resourced internally by authorities. Dedicated project managed was seen as a key asset to meet deadlines and keep track of the progress of the project. Regular meetings with all the stakeholders also allowed respondents to detect issues quickly and find solutions or alternative options.

Specialist advice and support

Respondents highlighted the value of access to specialised advice and expertise as part of projects. In one instance a respondent highlighted linking with a third sector organisation that specialised in

assessments for people with learning disabilities, and could also advise on solutions. Other respondents noted the importance of drawing on Occupational Therapists to advise on personalised solutions. Also emphasised was the value of care and treatment reviews not only in admissions avoidance but also in identifying bespoke solutions such as where adaptations may work better for some people, and/or the use of assistive technology for others.

Achieving a culture change within authorities and partner organisations

A key factor for projects using assistive technologies was taking the time to embed a culture change leading to new working practices across the authority and project partners to address independence and well-being objectives as well as minimise the risk of accommodation breakdowns. This process included discussion of new roles for care and support staff and a change in priorities in terms of sustaining independence and traditional models of care delivery, including:

- Assistive technologies leading to changes in the type of care delivered;
- New roles for staff in providing guidance and training on the use of assistive technologies with service users,
- Re-prioritising traditional care roles so that they become part of a range of options, rather than a default response.

Respondents emphasised the importance of engaging early with all project partners. This engagement as viewed as essential to embed the objectives of the projects within other teams across the authority or with wider agencies and organisations involved (and embedded right through organisations to frontline staff). Two respondents discussed the value of individuals tasked with championing objectives that underpinned the projects across authorities and project partners. The aspiration was to embed learning from the projects into the mainstream working practices, making them 'business as usual', rather than pilots.

Building trust

Resourcing the time to build trust amongst service users and their families/carers so that they are reassured that accommodation options they are unfamiliar with can lead to positive outcomes.

Networking and opportunities for sharing experience

A couple of respondents suggested the value of linking with others authorities in the Programme who were undertaking similar projects to share experience and learning points. Many respondents highlighted the considerable learning that had taken place within their authority and also project partners that could be drawn upon the future in relation to further bids for funding from external sources, as well as mainstreaming expertise in future development of schemes or projects.

Respondents also discussed the value of practical demonstrations of particular approaches, as well as experts by experience. The discussion above noted the work required to give confidence to service users and their families that accommodation options and assistive technologies they are not familiar with can lead to positive, safe outcomes. One respondent discussed the perceived barriers to the affordability of home ownership and a belief amongst some families that this option 'was not for them'. In one instance, an authority had invited a project from another part of the country to discuss their approach, including a service user who could discuss their experiences. A potential positive outcome of the Programme, therefore, was to add to the development of 'demonstrators' that could show people what can be done – either examples of particular types of approach, or the use of show houses, where people could visit to see and try out various technologies.

4.2.3. Evaluation

The level of reported progress of the evaluation of these projects reflected the current state of the majority of projects, including those that had experienced delays in their implementation (Table 9). Most projects had not yet performed any evaluation of the process or impact. Reasons mentioned were that beneficiaries had not experienced the intervention for long enough to measure its effect or they had not yet received their new accommodation or assistive technology.

Table 9 Status of evaluations by type of project

	Completed	Not performed yet	Ongoing	Total
Assistive technology	1 (6.25%)	11 (68.75%)	4 (25%)	16 (100%)
Financial instrument	0	7 (87.5%)	1 (12.5%)	8 (100%)
Remodelling	0	29 (94%)	2 (6%)	31 (100%)
Other	0	3 (100%)	0	3 (100%)
Total	1 (2%)	50 (86%)	7(12%)	58 (100%)

Respondents all declared that they will collect data on indicators which are in line with their proposals and with the benefits they were already observing. The most commonly mentioned measures of effect were independence, level of support, quality of life, and avoidance of recalls to hospital (Table 10).

Table 10 Indicators of success by project

	Assistive technology	Financial instruments	Remodelling	Total
Independence	9 (19%)	6 (24%)	14 (19%)	29 (20%)
Level of support	9 (19%)	4 (16%)	12 (17%)	25 (17%)
Quality of life	7 (15%)	5 (20%)	11 (15%)	23 (16%)
Recalls to hospital	4 (8%)	4 (16%)	9 (13%)	17 (11.7%)
Cost reduction or cost savings	2 (4%)	1 (4%)	8 (11%)	11 (7.6%)
Skills to live in the community	6 (13%)	3 (12%)	1 (1%)	10 (6.9%)
Comparison of level of support needed for completing individually set tasks/objectives	5 (10%)	1 (4%)	2 (3%)	8 (5.5%)
Satisfaction (process, service or technology)	2 (4%)	1 (4%)	4 (6%)	7 (5%)
Qualitative evidence	1 (2%)	0	5 (7%)	6 (4%)
Use of telecare	1 (2%)	0	3 (4%)	4 (2.8%)
Wellbeing	1 (2%)	0	1 (1%)	2 (1.4%)
Sustainability	1 (2%)	0	0	1 (0.7%)
Reduction of care package	0	0	1 (1%)	1 (0.7%)
Quality of services	0	0	1 (1%)	1 (0.7%)
Total	48 (100%)	25 (100%)	72 (100%)	145 (100%)

In the case of projects delivering assistive technology, gaining skills to live in the community and improving independence during activities of daily living were also deemed important. It is noteworthy that remodelling, especially when it was combined with assistive technology, was seen as an intervention that could lead to cost savings. The lower cost of care in the community in the long run (compared to high-complex hospital care), and the potential reduction in the care packages of these individuals explains how local authorities could save money by improving the housing provision for people with learning disabilities or behaviour that challenges. In addition to evaluations of outcomes, some respondents also discussed the development of case studies to highlight specific individual experiences.

5. Conclusions

Programme impact

The snapshot of emerging outcomes and beneficiaries across the projects demonstrated the potential value of the Programme in making a difference to people's lives, in the opinion of the respondents. Participating local authorities noted a range of anticipated outcomes for individuals, including moves from inpatient facilities, residential care settings and shared living arrangements to settled accommodation, as well as moves back into their locality for people who had had to move as part of out of area placements. Authorities also noted situations where people had moved into settled accommodation where they had previously been living with parents or carers.

The projects reported in this study were grouped according to the type of approach undertaken, including remodelling or new build; financial instruments, assistive technologies and 'others' (such as keyring schemes or respite facilities). As would be expected, the different types of project undertaken by authorities produced different actual or anticipated outcomes. Accommodation based projects had a direct impact in enabling moves from high-risk settings, and these included remodelling or refurbishing existing properties, new build developments, and the use of financial instruments to acquire properties, often as part of enabling home ownership. Projects using assistive technologies were aiming to achieve a different range of outcomes, largely preventative, minimising the risk of a move to inpatient settings as part of a wider objective of facilitating independence. There was also a stronger focus on achieving a culture change in working practices both within authorities and across partner organisations.

Common barriers and facilitators

Respondents in many authorities were working through similar barriers and challenges, without mechanisms for shared learning. Many of the issues faced were common difficulties of delivering a time-limited programme within the requirements of administrative processes of local authorities and the statutory sector. For example, there may be a need for generic protocols with local authority procurement teams for engaging new project partners within the timeframe of bidding rounds, and for engaging with planning departments in enabling the delivery of accommodation options for people with learning disabilities and their families/carers. Respondents also highlighted the value of drawing on wider expertise, including experts by experience and agencies with specialist knowledge of the needs and aspirations of people with learning disabilities. Considerable experience at national and local level is already evident (see for example the resources identified by Swan (2016), and the Learning and Improvement Network: www.housinglin.org.uk/Topics/browse/HousingLearningDisabilities/).

Reflections on implementation

Respondents highlighted a range of factors that either helped to support the implementation of projects, or hindered their ability to carry forward projects as originally planned:

- Authorities that developed accommodation options drawing on affordable housing stressed that the timeframes for the Capital Programme (for both bidding and delivery) were such that key aspects of schemes needed to be already in place, or at least pre-planned.
- A key factor for projects using assistive technologies was taking the time to embed a culture change leading to new working practices across the authority and project partners. Respondents emphasised the importance of engaging early with all project partners. This engagement as viewed as essential to embed the objectives of the projects within other teams across the authority or with wider agencies and organisations involved (and embedded right through organisations to frontline staff). Delays could result where time and resources had not been sufficiently factored into the process of achieving changes in working practices, or where referral processes for projects were not necessarily embedded at grassroots level.
- Projects working to enable home ownership options noted that in addition to the financial challenge of competing for accommodation in the market, it was important to recognise the time to work through key processes in buying a home, such as dealing with conveyancing fees, going to the Court of Protection, credit referencing and legal charges on properties. These practical issues were also relevant for people taking up Shared Ownership options via Registered Providers, as well as signing tenancies. The time taken to work through these various processes needed to be recognised and resourced, as well as a recognition that some vendors may not be willing to wait for these processes to work through, necessitating time for multiple opportunities to source appropriate accommodation.
- Several respondents reflected on the importance of being realistic in their bids about the objectives that could be delivered within the timeframe of the Programme.

Factors that could help to support activities in the future might include:

- A longer timeframe to respond to invitations to tender bids. One possibility might be parallel funding streams for different types of project. For example, one stream to enable smaller scale responses to emerging opportunities, and another longer-term stream where the timeframes for funding accommodation based projects were aligned with the planning cycles of housing providers. One factor for success for accommodation-based projects was the opportunity to use the capital funding to alter the specification of a proportion of housing units on pre-planned schemes to meet the specific needs of people with learning disabilities, whilst ensuring that accommodation remained affordable. An alternative long-term approach might enable greater

opportunities for authorities to put together projects with DHSC capital funding as a starting point to lever in wider funding to kick-start new schemes.

- Flexibility in approach: linked with the timeframe, responding to changing circumstances at local level (as well as national policy), in addition to working with service users and their families/carers required considerable flexibility of approach. A number of projects were working to deliver bespoke solutions with specific individuals with complex needs. The timelines for achieving outcomes should be led by service users, and not by the deadlines of top down programmes.
- Resources available as part of programmes to enable dedicated project management, or proportional FTE for smaller projects. One large project that was implemented as proposed employed a consultant with dedicated oversight of the project and who could coordinate across project partners.
- There would be value in creating opportunities and mechanisms for project teams to engage in networking with other authorities participating in this programme, as well as wider forums, to share learning and experiences.

References

House of Commons Committee of Public Accounts (2017) Local support for people with a learning disability, Fifty-eighth Report of Session 2016–17. London: House of Commons.

NDTi (2010) Supported Living – Making the Move: Developing Supported Living options for people with learning disabilities. London: NDTi.

NICE (2018) Learning disabilities and behaviour that challenges: service design and delivery, nice.org.uk/guidance/ng93

Mencap (2012) Housing for people with a learning disability. London: Mencap

Swan, A. (2016) Building the right home: Guidance for commissioners of health and care services for children, young people and adults with learning disabilities and/or autism who display behaviour that challenges. London: NHS England, the LGA and ADASS.

Wilson, W., Kennedy, S. and Keen R. (2018) Support for Mortgage Interest (SMI) scheme, briefing paper Number 06618. London: House of Commons Library.

Wood, A., Greig, R., Strong, S. and Hall, C. (2010) The Real Tenancy Test - tenancy rights in supported living. London: NDTi.

Appendix: Topic Guide

Introduction

1. Could you describe your role with the scheme?

Scheme details

2. We've been able to read the MOU for your scheme - has the scheme developed as expected?
- Was the scheme implemented as proposed?
- Any changes or modifications?
- Unforeseen barriers or challenges?

3. Were there opportunities for match funding?
- How much match funding?
- Where from?
- Any challenges or difficulties with this? (e.g. timeframes/meeting requirements of other funders)

4. Specific outputs – what has been done/ongoing/planned?

5. What difference has the scheme made?
- Have the outcomes developed as anticipated in the original proposal?
o Outcomes for services?
▪ Partnership working
o Outcomes for users?
▪ Quality of life
▪ Independence
▪ Reducing risk of a move into residential care/out of area placement?

- The DH are particularly interested in whether the scheme has allowed people to move from hospital into the community, and to reduce the need for inpatient facilities.

- Are these differences measurable or quantifiable (or is it too early to say)?

o Any emerging data/evaluation

Shared learning and potential best practice

6. A key aim for our evaluation is to identify opportunities for shared learning around how to implement different schemes in the future, as well as to pass on advice based on the experiences of schemes

that received this funding? Is there anything that you would want to highlight for colleagues elsewhere about your experiences?

- Are there things that you think worked particularly well?
o Accommodation based
o Support
o Use of assistive technology
o The process of developing the scheme

- What makes this distinctive/an opportunity for shared learning?

- Were there things that didn't work so well/as expected?
o Issues about the scheme itself
o Wider context

- Working with the DHSC/bidding process

- Views on replicability of the scheme

- Meeting the specific needs of people with learning disabilities
o What about carers/support network?

- If you were doing this again, is there anything you would do differently?
o Opportunities for the future?
o Gaps in other services for people with learning disabilities (other groups)

- What advice would you give to another organisation/local authority undertaking this type of scheme?

Scheme documentation

7. Are there any reports/evaluations you have undertaken on the scheme?
- Please could you send these over?

Final comments

8. Anything else we have not covered that you would like to highlight?

9. Would it be OK to get back in touch if we need to follow up on any details?

THANK RESPONDENT

PREPARE

P E L R P R A E

Partnership for
REsponsive
Policy
Analysis and
REsearch