

All Wales Community Living Network Learning Disability Wales

Accommodation – Quality Checklist

1. Introduction

This checklist has been produced by members of the Network of voluntary sector service providers in Wales in order to assist local authorities in developing positive options for housing people with learning disabilities. The Welsh Assembly Government 'Statement on Policy and Practice for Adults with a Learning Disability' provides the policy framework in which this advice has been developed.

The Policy Statement sets out a vision based on The United Nations (1975) Declaration on the Rights of Disabled Persons

'Disabled people, whatever the origin, nature and seriousness of their handicaps and disabilities, have the same fundamental rights as their fellow citizens of the same age, which implies first and foremost the right to enjoy a decent life, as normal and full as possible.'

The Policy Statement goes on to say: "The Welsh Assembly Government's vision for the future is based on the following statement of principles:

All people with a learning disability are full citizens, equal in status and value to other citizens of the same age. They have the same rights to :

- live healthy, productive and independent lives with appropriate and responsive treatment and support to develop their maximum potential
- be individuals and decide everyday issues and life-defining matters for themselves joining in all decision-making which affects their lives, with appropriate and responsive advice and support where necessary
- live their lives within their community, maintaining the social and family ties and connections which are important to them
- have the support of the communities of which they are a part and access to general and specialist services that are responsive to their individual needs, circumstances and preferences. "

The Policy Statement endorses the objectives set out in the 1994 Revised Guidance. In terms of accommodation the 1994 Guidance objective was to ensure the:

- *Provision of a range of accommodation so that people with learning disabilities have as much freedom as anyone else to choose where they live and with whom they live, and a level of support which enables them to continue to live in the community.*

The Policy statement goes on to state

The Welsh Assembly Government continues to endorse these aims and objectives. Individuals with learning disabilities are citizens and should contribute to the life of their local communities, have opportunities to benefit from their communities and be seen in a positive light.

Thus the core values and principles espoused by the policy statement involve

1. Age appropriate rights & citizenship
2. Community presence
3. Status & respect
4. Individuality, choice & decision making
5. Maximised personal potential
6. Relationships and community networks
7. Health & wellbeing

The LDW Community Living Network recognises that there are a wide variety of housing options that could be considered when assessing an individual's housing need. In developing a 'quality checklist' the Network has not attempted to analyse the pros and cons of any particular housing option/model but rather sets out a framework in which **ALL housing options** can be analysed in relation to:

- (1) What a person wants their accommodation to achieve for them?
- (2) How the accommodation option supports the achievement of the key principles and values set out in the Welsh Assembly Government's 'Statement on Policy and Practice for Adults with a Learning Disability'? as set out above

2. Overview of the Quality Checklist

The checklist establishes a set of outcomes that the majority of people would expect from their own homes. The outcomes are organised around the 7 core values/principles identified in the Policy Statement (column A).

Column B sets out some example components that a particular housing option would need to have in order to deliver the stated outcome.

Column C describes some of the negative consequences that are likely to be experienced by the person if a housing option is chosen that does not deliver a valued outcome.

It is recognised that some housing options may offer both positive and negative outcomes / consequences for an individual; however, being fully aware of potential negative outcomes/consequences will enable compensatory responses to be developed and built into the individual's support plan. Some of these considerations are set out in column D

3. Example

The complexity of an individual's needs may mean that significant restrictions to a person's freedom of movement around his/her accommodation have to be built into the support plan. This could mean that the person is unlikely to be able to fully benefit from, or exercise their rights in relation to, a tenancy and a residential placement is the preferred option.

The consequences of this choice will be that the person has no legal right of tenure, can be moved at any time, is 'in **a** home' not '**their** home' and will only be able to have control of the 'pocket money' element of the Residential Care Allowance. Clearly this situation does nothing to enhance a person's dignity or status.

It is important, therefore, that when considering a residential placement option decision makers assess whether a particular option is able to meet the majority of other outcomes set out in the check list.

To this end it is likely that a small residential home, in a normal residential area is more likely to promote a positive social image for the individual and is less likely to be a barrier to developing positive community relationships than a large 15 – 20 bed 'institution' which would exacerbate the person's reduced status.

In relation to residential care options it is important to note that Welsh Office Circular 1/91 is still in force and that this means that people must be able to exercise choice (taking into account resources) in relation to residential care options being considered for them.

4. Strategic Implications

The checklist has implications for the strategic planning of accommodation needs of people with a learning disability. The emphasis is on a clear assessment of which accommodation options are most likely to achieve the majority, if not all, of the positive outcomes expressed above, and which options are most likely to have negative consequences for people.

Such an outcome focused approach has clear implications for a 'value for money' analysis. If a desired outcome is to get from point 'A' to point 'B', then spending money on a vehicle that gets you to point 'Z', a place you did not want to be, may not be seen as value for money regardless of the cost difference between purchasing a vehicle that does get you to point 'B'.

It is to be hoped that purchasing authorities will use to checklist for the evaluation of existing provision and the commissioning of new provision, with a view to ensuring that public money is spent on service models that justify their cost by demonstrating their ability to meet the values and aspirations set out in the Welsh Assembly Government 'Statement on Policy and Practice for Adults with a Learning Disability'.

5. Sources

The Quality checklist draws heavily on the Standards Matrix developed by Blunden, R., Evans, G. & Humphreys, S., (1987). Planning with individuals: an outline guide. Cardiff: Mental Handicap in Wales Applied Research Unit, and SRV/PASSING 3 developed by Wolf Wolfensberger and Susan Thomas

Note: This checklist is meant as a 'quick reference' for service planners or assessors. More comprehensive assessment tools are available such as REACH 2 and PASSING 3 to name but two.

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Housing Options – Quality Checklist.

(A) Values / Principles/ positive outcomes	(B) Key service components / examples (not exhaustive)	(C) Consequences not meeting desired outcomes	(D) Issues to be considered
<p>1) Rights – (A) Security of tenure:</p> <p>The person has a legal right live in their 'own home'. They can not be moved from their home a result of a service/commissioning decision or requirement</p>	<ul style="list-style-type: none"> • The person owns or co-owns their own home • The person has a legal tenancy with a Landlord that cannot be interfered by any other 3rd party (apart from a demonstrable assessment that identifies a change of housing need) • If not in work, the person can access housing and other benefits 	<ul style="list-style-type: none"> • The person has no 'rights' in relation to where they live. • They can be moved for no reason • The housing option is in effect a 'care placement' the person is in 'A Home' not in 'Their home' • The person is receiving 'pocket money' as part of a residential care allowance • This is a devaluing situation that does not promote status, respect or citizenship. 	<p>If a housing option is chosen that has the consequences set out in column (C) Then consideration should be given to:</p> <ol style="list-style-type: none"> 1. Is this a short term, planned situation that can help the person move onto a more valued housing situation? 2. Is this a temporary (emergency) situation that has a clear move-on plan)? 3. There are clear and measurable benefits of this option and further outcomes in column A can be identified

(A) Values / Principles/ positive outcomes	(B) Key service components / examples (not exhaustive)	(C) Consequences of not meeting desired outcomes	(D) Issues to be considered
<p>1. Rights (b) Access & Control</p> <p>The person is able to, or is supported to, decide who enters their home and/or private space</p> <p>(this also links to the core values of status & respect)</p>	<ul style="list-style-type: none"> The person's rights as a home owner / tenant are recognised and support staff understand their status as a <i>'person invited into the home to provide support'</i>. Where possible the person answers the door / telephone. Where possible the person 'invites' people into his/her home. In a 'group living' and/or residential care environment the persons private space (e.g. bedroom) is respected and if possible permission is always sought before entering 	<ul style="list-style-type: none"> The person's 'home' is seen as a place of work by staff Service personnel and others come and go without permission Staff members effectively control access to the accommodation without reference to the people who live there Personal space is violated and the person has little or no privacy. The person's has little or no control over their home environment This is situation that other, 'valued' citizens would find intolerable 	<ol style="list-style-type: none"> The greater the number of people living together the greater the potential for infringing personal space and privacy and the presence of uninvited people in the home. Does the service specification clearly define expectations with regards personal control and access to the accommodation and a persons right to privacy/private space? If so, is there a clear monitoring process to check if this is being adhered to?

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<p>2. Community presence.</p> <p>The accommodation comprises of an ordinary house / flat within natural centres of population. Its location and setting makes a positive contribution to enabling community participation</p> <p>(if the person has actively chosen to live in an isolated rural environment or one that is a barrier to community access in other ways and is fully aware of the consequences then this would be a positive choice outcome (4 below))</p>	<ul style="list-style-type: none"> • Community resources are easily accessible. (distance) • Transport/public transport networks are good. • The person has their own transport • There are adequate staff resources to support the person to access community facilities as & when required • The area is safe. • The physical nature of the location is not a barrier in respect of a person's health/physical needs • There are few, if any, other services settings for 'devalued groups' in the near vicinity 	<ul style="list-style-type: none"> • The location of the accommodation is a significant drawback to the person accessing the community. (distance) • Public transport is limited, and/or the person's physical disability prevents him/her from using public transport. • The person does not have access to their own personal transport • The neighbourhood may unsafe. The person is at risk of intimidation and has to wait for staff to be present in order to go out. • There are a significant number of other services for devalued groups in the vicinity. This is a barrier to acceptance and inclusion 	<ol style="list-style-type: none"> 1. If people are not physically part of their community they are unlikely, or at least less likely, to fully take part in the life of that community. 2. Has funding been explored to provide the person with their own transport? 3. Are there adequate staff resources built into the budget to ensure that the person is able to access the community or do resource limitations seriously curtail community activity and participation? 4. Is there a need to co-ordinate service provision with other SSD/Health colleagues to avoid the development of 'service ghettos' in certain areas?

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<p>3. Status & respect</p> <p>The location and appearance of the accommodation enhances the person's image as a citizen within their community.</p> <p>(also linked to Individuality and choice)</p>	<ul style="list-style-type: none"> • The accommodation is located in 'valued' area (desirable postcode!) • The external appearance of the accommodation, including grounds, 'fits' the style of the area. • The building & grounds are well maintained. It would be a property that other people would aspire to live in • There are no external feature that mark the accommodation as a 'service setting' • The internal décor is age and cultural appropriate. It looks and 'feels' like someone's home 	<ul style="list-style-type: none"> • The person is forced to live in a rundown and dangerous location that further devalues them and increases their reliance on staff support, if only for protection • The property is rundown and badly maintained, drawing negative attention to occupants • The building does not 'fit' the local area. Its is 'strange' and stands out in a negative way as do the occupants • Internally the service feels 'cold' and clinical it a service not a home 	<ol style="list-style-type: none"> 1. If the service does not meet or mirror those standards expressed in column B. is there a justifiable reason for not planning a move for the person? 2. If the reason is based on resources has there been a clear 'value for money' assessment based on the service expectations set out in the WAG policy Statement? 3. Are there compensatory strategies than can be applied in the short to medium term?

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3.Status & respect (b) The support and interactions of staff and other professionals respect the status of the person as a 'valued' adult.	<ul style="list-style-type: none"> • The person's private space & personal privacy is respected • There are no use of language or labels that describe the person as a 'service recipient' • Support and interactions respect the person's age, gender, culture & ethnicity • There are no 'artificial' restrictions on the persons freedom of movement (taking into account of the rights of others who share the accommodation) 	<ul style="list-style-type: none"> • The person has no privacy and as a result is likely to deprived of a basic human right • Service interactions and labels reinforce the person's devalued status of being 'in care' • The person is likely to be imaged as a child without personal identity or uniqueness • Institutionalised rules dominate the person's life reinforcing a devalued status and/or reinforcing labels of dangerous or incompetent. 	<ul style="list-style-type: none"> • Service manager need to understand that whilst physical characteristics of a person's accommodation may reflect those described in 3(a) above, staff interactions can lead to a situation in which even small scale, community based, services become mini institutions that devalues and disrespect those who live in them.

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<p>4. Individuality, Choice and decision making</p> <p>An individual's home should reflect their own personal identity. Services should strive to support tenants to express their individuality within their own homes. Personal preferences in terms of décor, style, music etc should be promoted and personal effects should reflect the persons taste, individuality and history.</p> <p>Everyone should be supported in making major decisions e.g. where to live, whom to live with. Similarly in day-to-day decisions, e.g. when to rise, when to bath.</p>	<p>With support, or as advocated on their behalf:-</p> <ul style="list-style-type: none"> • The person has made an informed choice as to the location and type of their accommodation. • The person has chosen who to live with • The person has been involved in choosing their support provider and staff • The décor reflects personal preferences/style (particularly private space) • The person's unique talents and identity are recognised and are supported to be expressed 	<ul style="list-style-type: none"> • The person ends up living where it is convenient for others • The person lives with people they haven't chosen to live with • The person has had no say as to who provides them with support • The accommodation is more like a service setting. • Personal patterns of activities are decided by staff • The person is denied an individual identity, is controlled by others, is disempowered and as a result devalued by the service 	<ol style="list-style-type: none"> 1. The larger the setting and the more people who share the accommodation then greater the likelihood that the individual is 'lost' 2. Are PCP approaches being used to empower service user decision making? 3. Is there a need for staff training? 4. Is the pattern of activity driven by the staff rota?

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<p>5. Maximised Personal potential</p> <p>Everyone should be given the opportunity to learn and grow and experience increasing capability</p> <p>In particular, the home should be used as a place where domestic skills are gained. It may also be used as a base from which other skills are acquired.</p> <p>Support in the person's home should promote independence not create dependence on services</p>	<ul style="list-style-type: none"> • The physical design of the accommodation and any associated rules/policies should promote risk taking and learning • Detailed skills assessment are in place • Teaching plans and methods are designed around the individuals needs • Staff are trained in skills teaching methods • There is a clear focus on supporting people to carry out, or participate in, domestic activities • People around the person are imaginative & creative in identifying the person's talents & in helping them express them 	<ul style="list-style-type: none"> • The service design is risk averse, it does not promote or encourage learning / skills development • The person remains dependent on staff support • Personal growth is restricted • The person continues to be seen as 'incompetent' • The person learns to be 'incompetent' • The person is unlikely to be seen as needing new accommodation options 	<ol style="list-style-type: none"> 1. Do decision makers believe that all people with a learning disability learn and grow throughout their lives? 2. Will the accommodation give the person greater control, independence and self esteem and contribute to her/his ability to take on valued roles and to be seen as 'valued' in the eyes of others? 3. The greater the number of people congregated together in one setting the greater the difficulty in developing individual skill development plans

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<p>6. Relationships & community networks</p> <p>Everyone should be part of a community with a network of friends and family. Peoples home should provide the focus for some of the closest relationships. It will also be the basis for other relationships e.g. neighbours and the wider community</p>	<ul style="list-style-type: none"> • The person has a close personal relationship and/or friendship with others that she/he shares their accommodation with • Friends and family are able to visit • The person has positive relationships with neighbours and others in the local area • The person uses local facilities and is known to others (positively) who work there or use the facilities • The persons home positively contributes to the development of relationships & community networks 	<ul style="list-style-type: none"> • The person has had no personal or historical connection to the people she/he lives with • The person has few or no visitors apart from professionals • The person has no real relationship with neighbours of others in the local area • The person is either 'unknown' in the locality or is seen as negatively different – an alien 	<ol style="list-style-type: none"> 1. Does the type and location of the accommodation put the person at risk of rejection and exclusion by and from the community? 2. The greater the number of 'devalued people' living together under one roof, or in one neighbourhood the greater the barrier to inclusion & positive relationship building 3. The greater the difference in type and style of accommodation to the immediate surroundings greater the barrier to inclusion & positive relationship building

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<p>7. Health & Wellbeing</p> <p>The person is able to access primary, secondary and specialist health care services and routine national health screening programmes in the same way as any other citizen and is therefore able to continue to live in their accommodation regardless of changing health or personal care needs</p>	<ul style="list-style-type: none"> • The physical location of the accommodation enables easy access to health care resources • Staff are trained to meet health care needs without resorting to unnecessary stays in hospital or nursing environments • The design of the accommodation has taken into account future health needs of the individual • The person has access to information, support and advice so as to make informed choices with regards a healthy lifestyle • The person is supported to, as far as possible, meet their own personal care needs. 	<ul style="list-style-type: none"> • The person doesn't use health care resources regularly enough • Changing or deteriorating health care needs results in the person having to leave their home • The person has an unhealthy lifestyle that further exacerbates ill health and the potential risk of losing their home • The person remains dependent on staff support for personal care needs <p>Overall the consequences are that the person is more likely to lose their home and the friends and he/she is more likely to die prematurely because of poor life style or inappropriate and inadequate health care.</p>	<ol style="list-style-type: none"> 1. Does strategic planning take into account the 'home for life' approach? 2. Does strategic planning take into account the needs of health care services in relation to meeting the health care needs of people with a learning disability? 3. Are the training needs of support staff fully understood and resourced so they can effectively meet and support a person's health care needs? 4. Does continuing health care have to involve a hospital/nursing home response or can these needs be met in the person's home?

