



Sonya Chowdhury
Chief executive, Action for M.E.

Making the non-visible more visible



For many of us, getting online is a given. The services we provide, the business we conduct and the connections we make rely, in no small part, on our ability to connect digitally.

At Action for M.E., digital plays an essential role in peer support services for children and adults isolated by the serious neurological condition myalgic encephalomyelitis (M.E.). They tell us our online forums and social media support are a lifeline.

Isolation

So, when I read about Labour's election pledge to extend free, full-fibre broadband to the UK by 2030, I was surprised to find myself thinking: so what? Of course, there's much to admire about this ambition, especially for those, for example, cut off because of where they live or their financial circumstances, but there is simply not enough being done for people isolated because they live with a chronic, invisible illness like M.E.

One in four children and adults



Some people with M.E. may be unable to connect with digital services because of heightened sensitivity to phone and tablet screens

"There is simply not enough being done for people isolated because they live with a chronic, invisible illness like M.E."

with M.E. – which affects more people in the UK than Parkinson's disease and MS combined – are so severely ill that they aren't able to sit up in bed, or, worse still, be hugged by a loved one because of hypersensitivity to touch. Heightened sensitivities mean that use of phone or tablet screens is, for some, minimal or even impossible.

It is absolutely right that we use the social model of disability when considering policy and supporting people to be better connected. But for those whose physical functioning is so minimal, who truly are disabled by life-changing symptoms, it feels irrelevant at best.

In our recent Big Survey of more than 4,000 people with the
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Welcome to CT Brief – Health, Care & Support

Welcome to the latest CT Brief focusing on health, care and support. While the country waits to see what the future holds, this edition focuses on the issues we can do something about now. We have features on adapting services by taking a holistic approach to people's needs, suggestions for improving tenant wellbeing, and reducing the impact of bad housing – and much more besides.

For further information, email senior consultant, Liz Zacharias liz.zacharias@campbelltickell.com

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illness, 92% of adults and 97% of children and young people said they felt isolated and left behind by the people in their lives who just don't "get it". Young people with M.E. often tell us that feeling forgotten, and the isolation that comes with M.E., can be worse than the debilitating physical symptoms themselves.

People with M.E. need another solution. Before we can even start to effectively plan that, we have to better understand the complexity of M.E. and other non-visible conditions more effectively. How can we better see conditions that are often hidden?

Take post-exertional malaise – the increase in debility brought on by any physical or mental activity – a hallmark symptom of M.E. This may be delayed by hours or even days and is likely to fluctuate, too. What impact might this have on your ability to connect with services you are offered? What about those who are too ill to advocate for themselves?

Getting the basics right

Action for M.E.'s regional advocacy service recently supported an adult who had been discharged from hospital with visits from a paid care service twice during the day to assist with getting to the bathroom, because they were unable to get out of bed without help. However, no one had considered this individual's needs overnight. The consequence: they were left, on several occasions, in soiled sheets. Our advocate had



92% of adults and 97% of children and young people said they felt isolated and left behind by the people in their lives who just don't "get it"

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For some people, the isolation that comes with M.E., can be worse than the debilitating physical symptoms themselves

"M.E. affects more people in the UK than Parkinson's disease and MS combined"

to work incredibly hard just to get the basics in place before the complex needs could even start to be considered.

This is not because health and social care staff are indifferent – quite the opposite. Despite the considerable strain on the NHS and our fragile social care system, my team receives referrals from committed staff determined to get their patients and clients the best possible care.

Holistic approach

M.E. is a non-visible disability in so many ways. Some can't see it, because they haven't had the right training or information. Some won't see it, because we don't have the biomedical research to dispel lingering doubt and stigma.

Only when we understand the complexity of M.E. and other non-visible conditions and take a holistic approach to those living their lives in the face of these challenges, can we start to adapt services and support to meet their needs.

To discuss this article, contact Liz Zacharias

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THE DIARY

Northern Ireland Federation of Housing Associations Finance Conference

12 December | Belfast

CT are bronze sponsors of this year's event addressing key issues facing housing finance teams in Northern Ireland. CT partner, Dave Williams, will be speaking and associate consultants, Nicola McCrudden and Eddie Magowan, attending.

Civil Society – State of the sector: race to the top

13 February | London

This event is for those who are prepared to take action to work towards race equality in the charity sector. CT partners Radojka Miljevic and Gera Patel will be speaking about making our leadership teams more diverse and inclusive.

Northern Housing Consortium Housing Strategy Seminar

13 February | Huddersfield

CT director Maggie Rafalowicz will chair the event, which looks at key challenges and opportunities in relation to a variety of strategic housing priorities – from development to bringing existing homes up to modern standards.

Find out more about all of these events by clicking here: www.campbelltickell.com



Suzanne Jacob OBE
CEO, SafeLives

Domestic abuse: seeing the whole picture



Nearly one in five people will experience domestic abuse in their lifetime. At SafeLives we work on the principle of ‘what would you want for your best friend?’ in terms of support. You might hope they are seen as a whole person, with their mental health or other needs taken into account. You might expect services to look at the whole family, considering the effect on children, and holding the perpetrator to account. And you would hope they receive consistent messages and a coordinated intervention, with a dedicated, specialist to advocate for them.

We know an early intervention, and one that is effective, can save lives. But too often this is not the case. Agencies frequently work in silos, not recognising that people’s vulnerabilities interconnect. This can result in addressing one person, one issue at a time, offering short-term solutions, trapping them in a trauma cycle.

People can be missed

On average families live with abuse for nearly three years before they get effective help, and in the final year, 85% will be in touch with professionals at least five times (see box). This could be their GP, mental health staff or in A&E, or through children’s social care or substance abuse teams. They may even be the one in five who contacts the police. But time after time, these people are missed because services fail to see the bigger picture. Why is this and what can be done to improve the situation?

Ofsted’s annual report highlighted domestic abuse as “the most common factor in the lives of children who need social care services”. In fact, 67% of people accessing support from an Independent Domestic Violence Advisor and identified as being

In numbers: domestic abuse

one in five
people will experience domestic abuse in their lifetime

three years
is the amount of time families live with abuse on average before they receive effective help

85%
of domestic abuse victims will be in touch with professionals at least five times before they receive effective help

Housing providers are in a unique position to be able to see behind closed doors

at high risk of serious harm or murder, have children in the household at the time. It is therefore imperative that schools and children’s social care understand the dynamics of domestic abuse and how it intersects with other safeguarding concerns.

Domestic abuse training

There is one sector in which domestic abuse training has already proved to be particularly effective. Housing providers are in a unique position to see behind closed doors. Peabody experienced a 1425% increase in the reporting of abuse following training, and SafeLives’ research found tenants at Gentoo accessed support from the housing association’s specialist domestic abuse team one year earlier than the national average. SafeLives has also recently finished a training programme with Wheatley Housing Group, Scotland’s largest housing association.

In addition to equipping professionals with knowledge and resources, we need to ensure they operate within a system that supports multi-agency working.

In a move towards this, SafeLives set up One Front Door; a project across seven local authorities in England, in which families are first assessed by the One Front Door team who will coordinate the subsequent response. One site saw a 25% increase in the number of cases that were not closed with a ‘no further action’ outcome. This means a 25% increase in the number of families receiving support.

Professionals from all sectors need to understand abuse and know how to respond appropriately. If this occurs in a system in which agencies collaborate and share information, we can see the whole picture and make long-term, effective changes. All agencies have a part to play in ensuring every victim and their children are safe and that we end domestic abuse for everyone and for good.

For information on domestic abuse training, email training@safelives.org.uk or call 0117 4033224.

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Tim Gray
Associate consultant, Campbell Tickell

Has the Homelessness Reduction Act reduced homelessness?

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The Homelessness Reduction Act (HRA) came into force in April 2018 and was welcomed as a step change for the better. The National Housing Federation called it: “[The biggest change to homelessness legislation in 40 years.](#)” (See box: HRA requirements.) So, 18 months on, to what extent is the HRA actually reducing homelessness?

Many English local authorities had already been working hard to prevent homelessness for at least 15 years, with clear government support. Often, however, their resources were focused on households they would have to accommodate if prevention was not successful – that is households deemed to be in priority need because they include dependent children or single people with significant vulnerabilities.

The real hope for improvement under the HRA is for better assistance to those households whom the local authority would not previously have been obliged to accommodate, other than by providing advice and assistance.

Crucially, however, even under the HRA, local authorities do not actually have to find a solution for single homeless households. They are merely required to take loosely defined “reasonable steps” to do so. These steps may or may not succeed.

Single people

So, perhaps the most important question about the HRA is whether it has led to more single people having their homelessness prevented or relieved? This is in the context of continued problems around housing affordability, the impact of universal credit, the shortage of social housing and deep reductions in funding for supported housing – none of which have been changed by the Act.

Homelessness assistance

Quarter	Preventions	Reliefs	Main Duties	Total
Q4 2017/18	52,340	4,220	25,750	82,310
Q4 2018/19	18,220	12,960	13,020	44,200

Source: MHCLG homelessness live tables



Homelessness preventions appear to have dropped since the introduction of the HRA

Official statistics are now available from the new [H-Click](#) system recording the first year of the HRA. In the last quarter before the HRA, between January and March 2018, 82,310 households were reported as being assisted through a homelessness prevention, relief or main duty acceptance. Between January and March 2019, 44,200 households were similarly helped – a large apparent drop in preventions (see table: Homelessness assistance).

This may be due to a combination of H-Click teething problems and a higher standard of evidence

required to report a successful prevention, rather than a true reflection of change.

What is already clear, is that the HRA has brought positive changes in local authority practice in dealing with homeless households and greater assurance that single people in difficulty are not merely fobbed off. The Act has also brought an increase in bureaucracy, however, and louder complaints that the funding required to achieve a real change in single homelessness outcomes has not been provided.

New London School of Economics [research](#) for London Councils estimates the true cost of a homelessness prevention in London is more than £2,500, compared with £530 used by the government in calculating HRA New Burdens funding.

Has the Homelessness Reduction Act reduced homelessness? Will it do so in the future without an increase in funding? At this point it is hard to tell.

To discuss this article,
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HRA requirements

- an extension of the period ‘threatened with homelessness’ from 28 to 56 days
- new duties to try to prevent or relieve homelessness for all eligible applicants, regardless of ‘priority need’
- a duty to produce written ‘personal housing plans’
- a ‘duty to refer’ requiring designated public services to notify a local authority if they come into contact with someone they believe may be homeless or at risk of homelessness within 56 days



Patrick Ryan
CEO, Hestia

Survivors of modern slavery live in every London borough



The recent tragedy in Essex in which 39 Vietnamese people died has shone a spotlight on human trafficking and modern slavery. Official figures estimate that modern slavery in the UK affects 13,000 individuals. However, this is widely accepted as the tip of the iceberg and some estimates suggest the figure is 10 times as high (see box: In numbers).

These are incomprehensible numbers in 21st century Great Britain. Work is proceeding across a number of fronts to try to tackle the situation – and housing providers have a key role to play.

Supporting victims

Over the past decade, Hestia has partnered with The Salvation Army through the Home Office-commissioned Victim Care Contract (VCC) to support adult victims across every London local authority and also in Kent. This support is available to all victims accepted into the National Referral Mechanism (NRM).

Potential victims of modern slavery are entitled to safe accommodation if needed and access to financial, medical and legal assistance, as well other support to help them as they begin to rebuild their lives; such as counselling and help to secure their own home, employment or training.

To date, Hestia has supported 4,000 adults and dependent children and the numbers increase year-on-year. There are currently more than 1,400 adult survivors in our service. The people we support come from more than 70 different countries. Last year, the National Crime Agency reported that the top country of origin for all victims of modern slavery was the UK with nearly half of children exploited being from the United Kingdom. This completely debunks the

“The majority of the people we support are women. One in four are pregnant at the time they enter the service, and most are in the final trimester of their pregnancy without ever having seen a health professional”



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60% of survivors in Hestia's service in 2018 had escaped sexual exploitation

In numbers: modern slavery in Great Britain

13,000

individuals are affected by modern slavery

1,400

adult survivors currently in Hestia's service

90%

of modern slavery survivors suffer from mental health problems

10%

of London's rough sleepers are victims of modern slavery

misperception that victims come from somewhere else.

Exploitation and violence

In 2018, nearly 60% of survivors in our service escaped sexual exploitation. The second most common type of exploitation, among the people we support, is labour exploitation. People exploited in this way are often forced to work for more than 16 hours a day, every

day, with little or no pay.

The third most common type of exploitation is domestic servitude. This type of exploitation is the hardest to uncover, as victims are rarely allowed to leave the homes of their exploiters. Whether it is sexual exploitation, forced labour or domestic servitude, exploiters commonly use physical, sexual and psychological violence and often all three.

The majority of the people we support are women. One in four are pregnant at the time they enter the service, and most are in the final trimester of their pregnancy without ever having seen a health professional. Often, it is the desire to protect their unborn children that gives them the strength to escape.

Rough sleeping link

More than half of the men we support have experienced rough sleeping after escaping their captors. Hestia's recent research suggests that nearly one in 10 of London's rough sleepers are victims of slavery. Street homelessness is now recognised as a risk factor for slavery, because gangs target vulnerable people for exploitation. Hestia and Crisis are funded by

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the Department for Digital, Culture Media & Sport to support working with homelessness organisations to enhance their ability to identify and respond to modern slavery.

Survivors face a long journey to recovery. Most arrive destitute. More than 90% suffer from mental health problems including PTSD, depression, self-harming behaviour and suicidal thoughts. Many also suffer from long-term physical health problems, such as serious injuries sustained during their slavery or sexually transmitted diseases and HIV as a result of being raped.

Access to housing

Local authorities have a dual statutory duty of preventing homelessness and referring potential victims of modern slavery into the National Referral Mechanism as a first responder organisation.

Hestia is currently providing local authority training – funded by the Ministry of Housing, Communities and Local Government – on homelessness and modern slavery. The aim is to support councils in meeting these two

duties and ensuring the long-term protection of survivors.

At present, local authorities will often not offer accommodation to survivors. The risk of being refused accommodation is considerably higher for survivors who do not have access to advocacy, such as that provided through Hestia's Phoenix Project. This is a volunteer-led programme of long-term support after survivors have exited support provided through the VCC. With advocacy, survivors are better able to communicate their vulnerability to local authorities and so gain access to housing.

Critical to recovery

Longer-term secure housing for those formally recognised by the Home Office as victims of modern slavery is a critical provision to support their longer-term recovery. Although all are affected by their exploitation, survivors are also resilient and want to rebuild their lives. They want to study, volunteer, work and give back. Safe and secure housing is a critical and necessary platform for enabling this contribution.

Hestia is looking to develop new partnerships with housing

"The top country of origin for all victims of modern slavery was the UK with nearly half of children exploited being from the United Kingdom"



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4,000 adults and dependent children have so far been helped by Hestia

providers to better meet this need. We are also looking for premises where we can provide outreach services in a discreet and confidential setting.

Please contact Abigail Ampofo at abigail.ampofo@hestia.org if you or your organisation would like to support Hestia's work with survivors of modern slavery.

If you are concerned about someone, please call The Salvation Army's confidential Referral Helpline on 0300 3038151.

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Henry Terefenko
CEO, ForHousing

It's time for tenant wellbeing to move from the margins



A home is the first building block on the journey to a better life. It creates new possibilities and improves a person's health, self-worth and life outcomes.

The Health Foundation reports that every £1 invested in housing delivers nearly £2 of savings to public services including care, health and crime costs.

The impact we can make is huge. But if we are serious about improving lives in the long term, wellbeing must be a strategic priority for housing providers – not something we deliver in the margins. Easy to say, but how best to approach making this a reality?

At ForHousing we've developed a vision that ensures tenant wellbeing is as important as the quality of our housing management services.

Impact

Our Community Impact Strategy has given us clear direction in this area. The strategy is about working with partners to ensure people can contribute to vibrant and safe neighbourhoods, improve their health, education and employment prospects, and make a real difference to their lives and futures.

Looking at the person is just as important as looking at the home they live in. It also means projects focused on health and wellbeing are never delivered in isolation. We're not interested in 'quick wins' or projects that grab a headline. Our Impact Hub measures the outcomes for each project we run.

Innovation

Last year, ForHousing was one of the first housing providers in the country to pilot a new social prescribing project called Passport to Wellbeing (see box). The project is run in partnership with Cheshire West and Chester Council, and enables tenants to access non-



In the first year of the Passport to Wellbeing project, 88% of people who received a social prescription said their wellbeing had improved

clinical support services via their GP. This ranges from money advice support to Nordic walking, healthy eating sessions, coffee mornings, and much more.

In 2020, we will be launching the Making Connections project – working with the government's Changing Lives Together programme, Healthbox CIC, the Mersey Forest and the National Lottery's Reaching Communities programme – to reduce loneliness and isolation in Ellesmere Port.

In addition, our community development team is working with tenants and community groups to fund and deliver activities that address their needs. All these projects are focused on tackling the root cause of health challenges facing communities.

Alternative tenancy models

Addressing health challenges also involves revising our development programme and building the right kind of homes. We need to respond to local need and this has led to us looking at different tenancy models.

We're building a series of developments in Salford that will create up to 39 new homes to address a shortage of low-cost supported accommodation available to people facing homelessness. The new homes will be let at sub-social rent and will also include all associated utility bills and service charges and wrap-around support to each tenant for two years to link them into employment and training opportunities, and long-term accommodation.

We are in conversations with other local authorities to replicate this model.

Future-focused

Our Ageing in Place policy addresses the disconnect between supply and demand for specialist housing. Our aim is to ensure new build homes can be adapted if a tenant's circumstances change, and include smart technology so effective remote care is a real option.

If we are serious about addressing the challenges of housing an ageing population, this approach should be adopted as part of the National Planning Policy Framework.

It is true that big issues around funding, skills and our relationship with the NHS, need to be addressed in order to fully deliver on tenant wellbeing. But we have found that with a strategic approach, based on partnership building and a commitment to innovation, there is much that can be achieved.

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Liz Zacharias
Senior consultant, Campbell Tickell

Youth homelessness reduction strategy

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The Combined Homelessness and Information Network (CHAIN) data for Greater London for the first two quarters of this financial year (to 30 September 2019) shows the number of new rough sleepers recorded during this period was 50% higher than the same period last year.

CHAIN data also shows 2,069 people in London sleeping rough for the first time between July and September 2019. And there were 438 people recorded who were deemed to be living on the streets of London – 7% higher than the same period last year.

So, despite the launch of the government's rough sleeping strategy in 2018, the problem of rough sleeping does not appear to be improving significantly.

Youth homelessness

One figure that is particularly disturbing is that 6% of those seen by outreach services are 18-25 years old – that is 248 young people who are recorded as rough sleeping in Greater London. Research shows that, if left unsupported, those who experience homelessness at a young age are at greater risk of becoming homeless and developing complex problems in later life. To address this, is there a need for a specifically youth-focused homelessness and rough sleeping strategy?

While we may be doing lots of good work (for example with the development of PIE, Housing First, embedding of clinical psychology into hostel services, etc) to address complex needs brought about by early years trauma and adverse childhood experiences (ACE) among adult rough sleepers, I think we also need to focus on stopping the longer term impact of ACE on the new generation of young adults.

If we were to look at developing such a strategy we would need to address both the blockers and



Of the rough sleepers seen by outreach services in London, 6% were aged 18-25, meaning 248 young people are sleeping on the capital's streets

enablers of youth homelessness. Reasons leading to youth homelessness are diverse, but often the trigger is a consequence of unresolved common problems such as relationship, financial, housing and educational issues.

Structural barriers

There are also structural barriers in the housing market, whether private sector or social housing. For example, the critical shortage of all forms of housing, high private sector rents, and affordability checks in social housing that disproportionately affect young people, who naturally have lower income levels. If they are on benefits, there is the pernicious social welfare system that disadvantages young people until the age of 35. There are also 'no second chance'-type policies adopted by some social landlords, which prevent young people who have had rent arrears or have committed anti-social behaviour from obtaining a social housing tenancy.

To disrupt this cycle perhaps we need some of the following:

- clear duties on councils and



"If left unsupported, those who experience homelessness at a young age are at greater risk of becoming homeless and developing complex problems in later life"

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housing associations to prioritise young people for access to housing;

- a programme of tenancy training – maybe even embedded into the school curriculum – alongside training on money management, and information on their housing rights and welfare benefit rights;
- a commitment to provide even a short period of intensive support for all new tenants under 25;
- a commitment from housing providers to identify, promote and develop specific models of housing supply that can support young people to establish a stable foundation in early adulthood – no matter if they've had a shaky start.

Some organisations may already be working on these types of initiatives and I am sure there are many examples. What is missing, however, is a co-ordinated strategic and policy-level focus on addressing the issues that create youth homelessness and promoting the initiatives that can address it. The time to do so is now.

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Mia Rafalowicz-Campbell
Consultant researcher, Campbell Tickell

Healthy New Towns: a collaborative work in progress

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Healthy New Towns is a programme that emphasises the role of the social and physical factors in the health of its populations. Following a 10-site pilot, we take a look at the learnings so far, with a focus on the role of councils and housing developers.

The [Healthy New Towns](#) programme, an NHS England initiative launched in 2015, is premised on the notion that our options for health lie far beyond the health system, and consequently good health outcomes can be designed into the built environment and our neighbourhoods.

The programme has explored how development and placemaking can be harnessed to create healthy communities with the participation of 10 demonstrator sites of various sizes across the country. Working with the NHS, Public Health England, the Town and Country Planning Association, The King's Fund, PA Consulting and The Young Foundation, the sites have drawn out the key lessons for the Putting Health into Place publications. These lessons take the form of 10 principles of healthy placemaking (see box).

'Whole systems' approach

In addition to the 10 principles, the lessons learned executive summary points to the roles of various actors in the creation of a collaborative 'whole systems' approach to creating healthier places. Councils are the natural leaders of healthy places projects across planning, design and management. The report further recommends that councils:

- involve councillors, who have unique insight into local health and care issues, in the championing of community co-creation;
- translate evidence provided by NHS and public health colleagues into masterplans,

10 principles of healthy placemaking

Plan, assess and involve

- 1 Plan ahead collectively
- 2 Assess local health and care needs and assets
- 3 Connect, involve and empower people and communities

Design, deliver and manage

- 4 Create compact neighbourhoods
- 5 Maximise active travel
- 6 Inspire and enable healthy eating
- 7 Foster health in homes and buildings
- 8 Enable healthy play and leisure

Develop and provide health care services

- 9 Develop health services that help people stay well
- 10 Create integrated health and wellbeing centres



Barking Riverside, in east London, is one of the largest Healthy New Towns under construction with 10,800 homes in the pipeline

Local Plans and policies;

- prioritise ease and convenience for walking and cycling, then public transport, followed by car travel in the transport planning aspects (paying attention to provision for disabilities).

Health and wellbeing

When it comes to housing developers and housing associations, the emphasis is on co-creation of places with communities that prioritises health and wellbeing. The report recommends developers:

- engage communities from day one in how they want the place to support health and wellbeing;
- engage early with NHS leadership to understand local provision and future needs;
- benchmark plans against existing policy, evidence and standards; reducing health

inequalities (see Building for Life and Spatial Planning for Health);

- require architects, planners, urban designers and other private practitioners to use the latest evidence and policy.

In a climate of increased housebuilding and an ageing population, the programme capitalises on the opportunity for a multi-pronged approach to reducing health inequalities. Though it is still early days in terms of evaluating the programme, certain messages are clear: creating healthier places requires much closer working between local authorities, the NHS, developers and communities themselves.

"Our options for health lie far beyond the health system"

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Annie Field
Consultant researcher, Campbell Tickell

Creating homes for people with autism and learning disabilities

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Stereotypes of people with autism fall into two categories: the ‘savants’, high-functioning but socially awkward individuals with an innate particular skill (think Rain Man or Sheldon Cooper); or non-verbal, low-functioning children, prone to violent meltdowns. While both have aspects of truth, these examples do not help us understand what is after all a spectrum, with myriad variations. As Dr Stephen Shore said: “If you’ve met one person with autism, you’ve met one person with autism.” We cannot understand people’s experiences through stereotypes.

Failings of public institutions

Many of our country’s institutions either lack an understanding of autism and learning disabilities or have been prevented from acting on such an understanding. Funding for students with special educational needs has been cut by 17% since 2015, preventing young people with autism from realising their full potential.

Despite adults with autism being more likely to have a range of physical and mental health conditions, they are less likely to have their routine health needs met and often struggle to communicate effectively with medical professionals. Most concerning, a [Select Committee report](#) recently found serious failings in mental health hospitals in which young people with learning disabilities and autism are too often detained, resulting in breaches of human rights, “terrible suffering” for the young people detained and “anguish” for their families.

We need systemic change to create a safe, supportive and empowering

Designs for life

- Decorate with neutral tones and avoid bold patterns to prevent sensory overstimulation. Consider offering redecorating vouchers to people with sensory processing needs.
- Provide all documents for tenants in an easy-read format and train staff in Makaton sign language to enable more effective communication.
- Adapt external environments to make them more inclusive: add plants with different fragrances and textures to create a sensory garden and create private outside spaces.
- Ensure all fixtures and fittings are as secure as possible, with unnecessary components removed to limit the potential for damage.



environment for people with autism and learning disabilities. Social housing providers should challenge themselves to identify changes they could make in the provision of their services and the design of their buildings, in both general and specialist provision, to better support individuals with autism and learning disabilities.

Specialist design

There are some great examples of specialist design. A scheme delivered recently by Cherwell District Council and Oxfordshire County Council, identified as [good practice by Housing LIN](#), was designed specifically to meet the needs of residents with autism and learning disabilities.

Consideration was given to the fixtures and fittings, internal decorations and outside garden spaces. One particularly innovative feature is the design of an internal layout that allows tenants to safely move in a continuous figure of eight around the property with minimal visual

Cherwell District Council and Oxfordshire County Council have delivered a housing scheme (pictured) designed specifically for people with autism and learning difficulties

change between rooms. This allows safe freedom of movement, with limited disruption for other residents. The scheme is additionally forward-thinking, with wiring set up to allow for the addition of future assistive technologies.

Thinking practically, we cannot redesign all services from the ground up specifically to meet the needs of potential tenants with autism and learning disabilities. However, there are several steps housing providers can take, requiring limited levels of investment, that could help create more positive, inclusive environments (see box: Designs for life).

Most importantly: take the time to get to know your tenants with autism and learning disabilities. Each individual will have different needs – by understanding them, you may be able to make small changes that make a significant difference to their experiences.

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“If you’ve met one person with autism, you’ve met one person with autism”



Alastair Thorpe
Commercial director, Switchchee

Fitness for Human Habitation Law: challenges for housing providers



Landlords have been warned that they will have to upgrade homes which could fall foul of the new [Homes \(Fitness for Human Habitation\) Act 2018](#). Registered providers will need to rethink how they approach repairs and maintenance to their homes if they are to successfully navigate any future litigation from tenants for disrepair. Here are some of the key issues to consider.

The new law, which strengthens tenants' rights to bring action against landlords for homes considered unfit for human habitation, currently only applies to new tenancies of less than seven years. However, the law will apply to all tenancies as of 20 March 2020. James Bates, housing lawyer and barrister for Landmark Chambers, has stated he expects some providers to fall foul of the new laws – in some cases because of the sheer number of properties which need to be updated.

Disrepair exposure

Speaking on *Inside Housing's housing podcast* recently, Bates warned: "Housing associations are going to get sued. The size of their stock means it is inevitable that some will not pass this test [of the new Act]."

Recent figures suggest Bates may have a point. The 2017/18 English Housing survey noted that 243,780 social homes and 669,200 private rented homes may be classed as having a Category 1 hazard under the Housing Health and Safety Rating System (HHSRS)

Condensation and damp are among the most common problems tenants may claim for against their landlord

– this is defined as "serious and immediate risk to a person's health and safety".

This is not a new test with housing condition laws dating back originally to the 1800s – yet poor conditions are not yet a thing of the past. The new law came into the spotlight after a documentary by Channel 4's *Dispatches* showed tenants living in unfit conditions in homes owned by social and private landlords. The revelations from *Dispatches* showed that issues common to many registered providers, such as the prevalence of damp and mould, could see legal bills soaring as tenants claim their properties are unfit.

Rising damp

Condensation, damp and mould (CDM) has been identified as one of the most common problems tenants may claim for against their landlord. Many housing associations are looking to address the problem, including Peabody, which undertook a pilot project with Rickaby Thompson Associates to evaluate long-term solutions to CDM problems in their properties at Thamesmead in east London.

The subsequent report recommended that Peabody extends its risk assessments to identify homes at risk of CDM, carry out

CDM and ventilation surveys, and deploy monitors, such as the Switchchee energy monitor, as part of an intervention package for high-risk homes.

The latter action was recommended to give social landlords an in-depth review of data on property performance and inform any future estates strategy. If left unaddressed it is clear that issues covered in the new law – such as CDM, or excess heat or cold – could have far-reaching consequences for housing providers. Although providers have some time before claims under the new law can be applied to all existing tenancies, some, such as Notting Hill Genesis, are preparing to monitor their existing homes to pre-empt potential problems. Thomas Kearney, head of asset management at NHG, said: "It is likely that the Act and its amendments will continue the upward surge we have seen in the number of disrepair claims and we are expecting to receive more claims."

Housing providers can take action now to ensure disrepair claims are minimised. Doing so also means they are contributing to the health and wellbeing of their tenants.

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"If left unaddressed it is clear that issues covered in the new law could have far-reaching consequences for housing providers"



Mark Goldup
Associate consultant, Campbell Tickell

Councils and non-commissioned supported housing providers: untangling the relationship

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The Ministry of Housing, Communities and Local Government is putting the finishing touches to its strategic guidance on supported housing for local authorities. Yet there remains a common strategic challenge that local authorities are facing and mostly not dealing with proactively or successfully enough. This is the question of how to work effectively with non-commissioned supported housing providers using the exempt housing benefit regulations to develop new intensive housing management provision funded by high levels of rent. So what are the considerations for councils seeking answers?

Reduced funding and resources

Significant reductions to housing-related support expenditure by local authorities over recent years, allied with closer targeting of available resources on a limited number of projects, has led to a significant growth in non-commissioned supported housing using exempt housing benefit as a primary funding source.

Such provision sits outside the strategic ambit of local authorities and this is both a source of concern within

Local authorities must find a way to work more effectively with non-commissioned supported housing providers

the sector, but also a chronic missed opportunity in the context of the drive to develop more integrated local strategies.

Meanwhile, the Regulator of Social Housing has paid increased attention to the viability of registered provider business models built on increasing rent assumptions, specifically for residents with high-care needs. This encompasses a broad range of acute support needs, but this article focuses on the non-commissioned sector which is housing people who are homeless or at risk of homelessness.

Overcoming misinterpretation

Part of the difficulty facing local authorities is the lack of consistency or clarity in the interpretation and application of exempt housing benefit regulations. The rules can seem very cumbersome and subject to individual interpretation. However, there is an underlying logic to the regulations and consensus on how to apply the rules and include the provision within the broader local strategic framework should be possible.

First, recognition must be made for a range of local resources to act in an integrated way. There is a role for services, where most of the input comes from sensitive and informed – but more intensive than usual – housing management services. This could be at different points within the overall local pathway.

Second, even without any direct financial relationship, there is a basic case for a quid-pro-quo relationship between the non-

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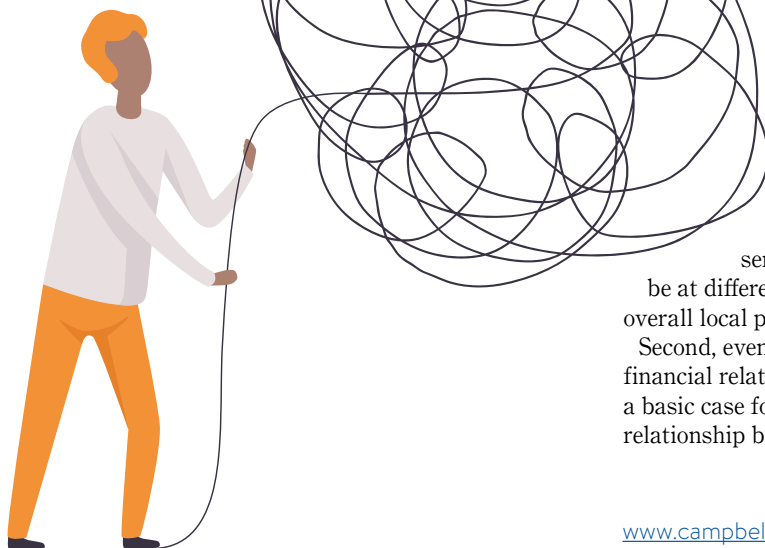
commissioned providers and the local authority commissioners. A service-level agreement could offer a guaranteed source of secure referrals to the provider. This goes to the heart of their business viability, but also allows the local authority to prioritise need. In return this could require the provider to sign up to a basic set of light-touch standards in relation to housing management, the physical environment and business viability.

Third, local authorities could work with housing benefit colleagues to ensure a more consistent framework is in place to interpret and apply the exempt-housing benefit regulations. This could, for example, involve sharing understanding and expertise as to what constitutes support needs that justify the rent being treated as exempt. Currently, individual housing benefit officers are frequently left on their own to apply rules of thumb to this, which are not informed by current thinking.

Previous government proposals, now dropped, would have given local authorities direct funding responsibility for this wider group of supported housing services. There are, however, several ways authorities can still ‘manage’ this market in a way that potentially benefits and nurtures the sector, but also ensures standards of provision and proper targeting of resources.

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Martin Hurst
Consultant, committee chair at BPHA

Achieving environmental sustainability: why and how?



It seems like every housing association board has sustainability on its strategy day agenda. Some have a long track record – often with a fuel poverty rationale. But many others are playing catch-up, responding to the 200-plus local councils which have declared a climate emergency. There is also the government's new ambition for the UK to achieve net zero carbon by 2050 and (where housing providers have spotted it) the proposed 'net gain' approach to biodiversity in land use planning.

It is understandable that social housing is considering its role carefully. After all, environment is not in our core social purpose and ambitious moves outside this purpose have not always worked well.

Furthermore, there is still uncertainty about where policy will go. How will a future government seek to 'decarbonise heat' – and if it does so, will this mean the end of domestic gas as a fuel? Will the proposed ban on new petrol and diesel cars in the 2030s really happen, and might it even be brought forward?

Why?

Despite myriad unanswered questions, there are several compelling reasons for focusing our attention now:

1 Greater sustainability can improve the quality of life for our tenants and wider customers. The people who face the largest impact of environmental issues, such as air pollution, are the poorest – 11 % of English households are in formal fuel poverty.

2 Key stakeholders (such as local authorities, Homes England, Local Economic Partnerships) are increasingly looking for evidence of sustainability when making

partnering, funding and planning decisions. So are big lenders.

3 Retrofitting properties to improve their energy efficiency is expensive. If housing associations are forced to rip out kitchens and boilers there will be a heavy price tag – even if there is some state funding available. Getting ahead of the game makes sense, particularly when there is so much refurbishment of tower blocks going on. Developing associations are building for the future. This future will be carbon-light and will see greater risk of drought, flooding and extreme heat. It may also see tougher building regulations and even higher taxation on landfill, use of virgin aggregates, fuel etc.

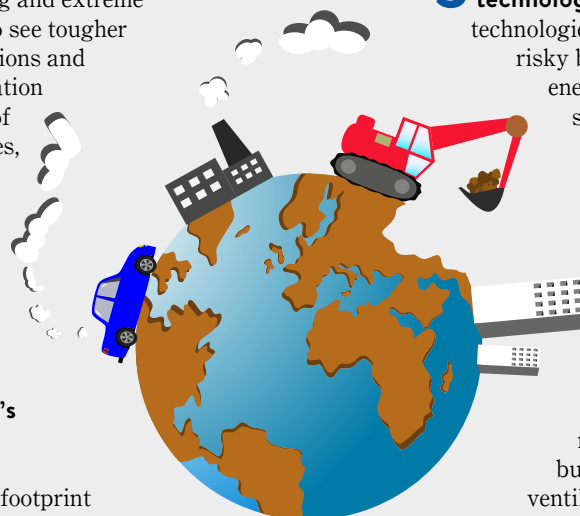
How?

So, what should housing associations do?

1 Map the organisation's environmental footprint. This includes carbon footprint – from housing stock, offices, vehicle fleet and construction. But it should also include waste (including construction waste), biodiversity, water use, damaging air pollutants, etc. And understand the supply chain's main environmental impact. Many organisations outside housing have found the UN's [Sustainable Development Goals](#) are a good way of organising this analysis.

2 Understand the basics of how the climate is likely to change over the next 50-100 years and what it means for existing and new stock. Even if the world holds temperature rises to 2 degrees, the

More than 200 local authorities have declared a climate emergency



“Sustainability is on our board agendas to stay – it’s time to ensure we get it right”

UK is likely to see 4 degree or more spikes in temperatures, particularly in cities, with prolonged periods of heat at levels with serious health effects, sea level rises of 50-100cms, and a large increase in drought and flood risk.

3 Understand existing technologies. Cutting-edge technologies may well be too risky but basic insulation, energy and water-saving technologies, sustainable drainage, recycling and reuse are not rocket science. Nor are community heat and arguably ground source heat pumps – both will grow over the next decade – or building for better ventilation/cooling.

4 Form a plan which works with the existing business cycle. Adopting an environmental approach to new build, retrofitting kitchens and bathrooms, and major refurbishment are the best places to start. Work with staff to improve the green performance of offices.

Sustainability is on our board agendas to stay – it's time to ensure we get it right.

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Optimising Health, Care & Support Services

Ensuring your offer meets client needs can mean rethinking your service model and business growth strategy. Your Board must also understand the risks you face and have assurance that you meet regulatory requirements on rent-setting and fire safety.

We also support commissioners to develop new social impact models, homelessness strategies, and supported housing needs assessments, as well as commissioning plans.

“CT reviewed Southwark’s homeless hostels sensitively and professionally, giving us detailed options for improving pathways for homeless people. By understanding the range of our stakeholder requirements, CT delivered a firstclass report and platform for going forward.”

*Paul Langford, Director
of Resident Services,
Southwark Council*

FIND OUT HOW WE CAN HELP:

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