Housing for Complex Needs

Developing streamlined and effective housing solutions to support people with learning disabilities and complex needs, including those with behaviour perceived as challenging

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NHSGGC	National Health Service Greater Glasgow & Clyde
PWCN	People with Complex Needs
RSL	Registered Social Landlord(s)
SLDS	Specialist Learning Disability Services

Executive Summary

Introduction

The findings within this research are intended to provide a tangible evidence-base for change and a mandate from Scottish Government for Housing and Health and Social Care planning to be integrated for people with complex needs (PWCN) if the aspirations of the Coming Home Implementation Report are to be delivered collectively and effectively. It is for this reason some key recommendations have been prioritised, which need to be considered and taken forward, to ensure real, lasting and meaningful change for those at the heart of this work. It is not always a comfortable read and highlights some of the persistent issues, however, if these are resolved, the reality of streamlined solutions for community-based housing for PWCN, including behaviours that may be perceived as challenging, will come to fruition. We also need to remember that we can do this, but we are not doing this consistently and continually for people.

If you are in a senior leadership position or a decision maker within government, housing, commissioning, advocacy, or health and social care this challenge sits with you so please take the time to read this report and consider how you can influence and contribute to the change going forward.

Context

The most recent Scottish Government policy for people with learning disabilities is the *Coming Home* agenda and its *Implementation Plan*. This agenda, however, is not new.

In the 1990s the closure of long stay institutional hospitals for people with learning disabilities was given priority, with hospitals to be closed by 2005. This included well-known Victorian institutions like Lennox Castle near Glasgow, which closed in 2002 and resettled people, many of whom had complex needs, into community accommodation.

The Same as You?[1] reinforced the policy that people with learning disabilities should be enabled to live in suitable, homely accommodation in areas of their choosing. As the policy struggled to be fully implemented, the Scottish Government's *The Keys to Life*[2] in 2013 reiterated the same message, promoting the creation of a framework to support local and national government to meet their policy commitments to people with learning disabilities incorporating their human rights: recognising housing as a basic human right.

Despite these key documents and intentions, today, we know, through the dynamic support register data, around 1,300 people with learning disabilities, including those with behaviour that may be perceived as challenging, are at risk of being admitted to, or remaining in, hospital or in placements away from their homes and families. Therefore, despite over 20 years of work on the same policy, not everyone is experiencing the positive change needed to enable those people with learning disabilities to live in suitable homes in their local community with the support they need. Without the type of planning that we outline here more people will find themselves at risk as the housing crisis deepens.

This research demonstrates that the willingness to collaborate to find solutions is often there, however, structures and processes create barriers and, in addition, resources are stretched or not aligned to maximise outcomes. The landscape across Scotland is varied; funding models differ, the understanding, interpretation and implementation of key legislation is mixed, and not always helpful, routes to commissioning can be slow and cumbersome, with contracts short-term in nature, and individuals' and their families' experiences long and frustrating. So much seems to depend on the commitment and collaboration of a few, local policy in relation to funding, the availability of new or existing housing stock and the fact that the language used by, and the governance of, housing and health and social care is very different.

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[1] The same as you? 2000-2012: Consultation - Easy Read - gov.scot (www.gov.scot)
[2] The keys to life - Improving Quality of Life for People with Learning Disabilities - gov.scot (www.gov.scot)

Executive Summary

Rationale

Four partners: **NHS Greater Glasgow & Clyde (NHSGGC) Specialist Learning Disability Services (SLDS) representing six Health and Social Care Partnerships**, **the Scottish Commission for People with Learning Disabilities, Horizon Housing Association**, and **Key Housing Association,** in collaboration with **Heriot-Watt University,** investigated the ongoing reasons behind the housing challenges for people with learning disabilities and complex needs, including those with behaviours perceived as challenging, as described in the 'Coming Home' Implementation Report[3]. These included those:

a) delayed in hospital

b) in inappropriate out-of-area placements

c) or at risk of placement breakdown

Recommendations

To address these, we outline recommendations at both a national and local level and, to action these, three key enablers have been identified:

1 Ensure all stakeholders are mandated, via an appropriate mechanism, to be involved in the assessment of local need even if the stakeholders sit separately in terms of reporting structure and resource.

2 Specific cross-agency implementation plans, involving all stakeholders, identify appropriate housing solutions within the locality or Board wide area.

3 (A) Greater recognition and improved practice in the appropriate interpretation of the legislation for those who lack capacity to support timely access to housing.

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[3] Coming Home Implementation: report from the Working Group on Complex Care and Delayed Discharge - gov.scot (www.gov.scot)

(B) Given the cost implications of poor planning and disparate funding housing and health and social care should find a way to bring together resources, which support the development of sustainable community-based housing solutions.

Clear communication and consistent collaboration are integral to embedding a strategic direction that promotes synergy to maximise the resources available.

Research Questions

This report refers to the above group as 'people'. To do this, the project partners worked with **Heriot-Watt University** to answer the following questions:

1. What are the key barriers and opportunities for people in Scotland to access housing in a timely manner such as awareness, resources, legislation.
2. Describe some effective pathway model(s)/routes which would support appropriate housing to deliver positive outcomes for people.
3. What, if anything, is preventing your organisation from engaging in this area of work? For example, risk of voids, anti-social behaviour, stringent regulatory and inspection frameworks.

Approach and methods

The work consisted of three phases:

Phase 1: Mapping policy and practice in Scotland to understand current regulations and practices in the allocation of social housing for PWCN, including behaviours perceived as challenging.

Phase 2: Co-designing questions and data collection instruments with the project partners to clarify the purpose for research participants.

Phase 3: Semi-structured interviews (total of 17) and focus groups discussions (total of 4) with 8 commissioners, 2 policy experts, 3 Registered Social Landlords (RSLs), 3 care providers and 1 care provider/RSL. Those were to detect key barriers for people with complex needs accessing a home

within the community and to support the evidence-base in order to identify good practice and recommend actions to deliver improvements.
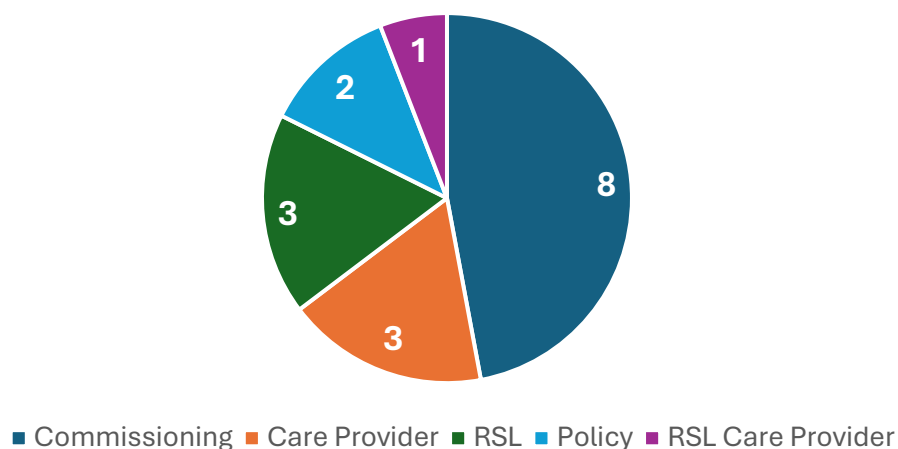

■ Commissioning ■ Care Provider ■ RSL ■ Policy ■ RSL Care Provider

Figure 1: Research participants and their roles

Results

We identified three broad areas for action to address the barriers for PWCN, including behaviours perceived as challenging, accessing social housing in Scotland:

1. **Structural factors:** the social housing market and lack of supply; appropriate integration of planning and strategic frameworks to support PWCN transition into housing and the understanding, interpretation and implementation of tenancy agreements for those who lack capacity.
2. **Resources:** funding to maximise options, time constraints and staffing challenges.
3. **Collaborative working:** issues of data collection and sharing of information and resources to improve co-ordinated housing pathways for those outlined in this report.

Areas for Action

Our research identifies the need to develop 'actionable' interventions in three key interconnected areas to allow a smooth transition of people with behaviour perceived as challenging into appropriate long-term housing. These areas are drawn together in the framework for action below. Detailed recommendations for each area of action are presented in the second part of this report:
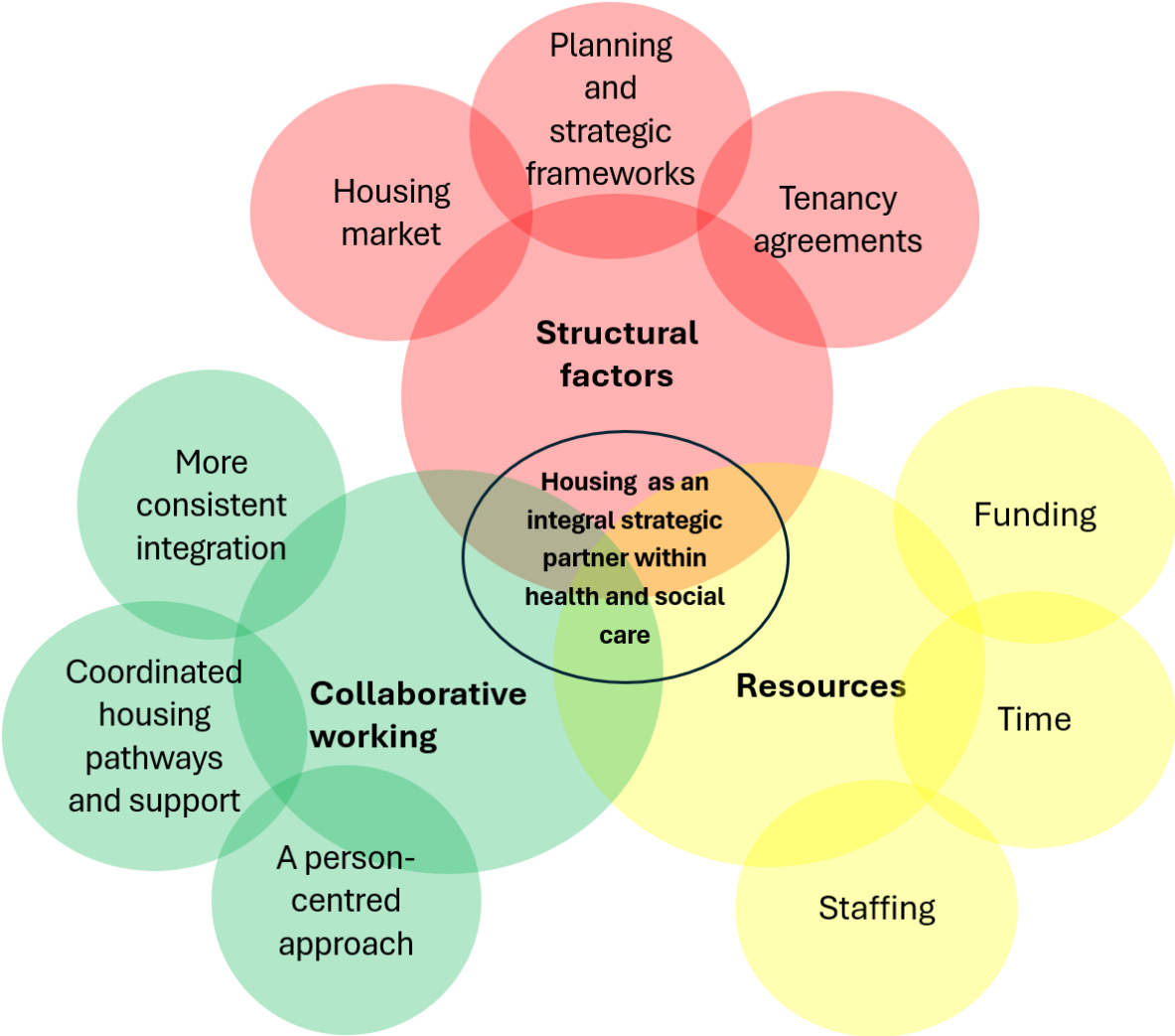

Figure 2: Action Framework for PWCN Transition

Conclusion

This report and associated recommendations focus on three key areas for action to allow a timely and smooth transition of people with complex needs (PWCN), with behaviour that may be perceived as challenging, into long-term adequate housing within inclusive communities. Based on the recommendations, the report identifies the urgent need to extend the specific remit of the Dynamic Support Register (DSR) to include housing and to change processes and structures to maximise resources (both capital and revenue) to provide streamlined and effective housing solutions for this group. Initially, this requires support and action at a national level with strategic direction from an appropriate mechanism, backed up by cross-agency operational processes, to deliver community-based housing solutions for PWCN. This alignment should ensure a brighter future landscape for PWCN with clear, streamlined, best practice, community based, housing solutions at its heart.

This research (as outlined in more depth in the following pages of this report) shows there is still quite a way to go, and the issues highlighted form a key part of the recommendations.

Full Report with Research Findings

Coming Home

A key action from the Coming Home Implementation Report (February 2022) is the establishment of a Dynamic Support Register (DSR) to report on those delayed in hospital, inappropriately placed out of area or at imminent risk of placement breakdown to ensure focused planning and early intervention to deliver timely solutions.

The DSR is meant to be a tool to support local planning and decision making; it is applied and maintained locally and owned and collated nationally for consistent and uniform data to be recorded across all areas. This has helped to inform the context, as well as capturing the current challenges, for this cohort nationally; it is intended to help local areas overcome the challenges, however, an issue with people's housing needs is often the difference between success and failure.

The DSR does not currently include a reporting mechanism for social housing stakeholders, namely local authority housing services or housing associations; their involvement in individual cases tends to be on an ad hoc, informal basis depending on existing relationships; this gap sits at the heart of the barriers to implementing this agenda successfully. This report highlights the need for the chasm to be bridged, particularly in relation to funding and governance. Addressing this will streamline community-based solutions for those with the most complex needs.

Expansion of the DSR, if implemented, would resolve many of the issues raised in this research and, where appropriate, these are referenced. The DSR is an important first step in understanding the level of need nationally, however, this should then inform strategic housing investment plans (SHIPs) in a much more specific and co-ordinated way than exists today. Currently, as far as this research has been able to ascertain, only a few RSLs nationally are committed to working with those identified through the DSR, with only a small number understanding and interpreting Adults with Incapacity (AwI) legislation in line with Mental Welfare Commission (MWC) best practice guidelines. With funding restrictions, RSL successes are generally in new-build mainstream developments where planning has started several years in advance. The national landscape is patchy

and the outcomes somewhat of a postcode lottery depending on the location of the committed RSL, the structures regarding housing within Local Authority and Health and Social Care Partnerships (HSCPs) and the willingness to collaborate and innovate.

While local HSCPs gather data for the DSR, agreed actions with other stakeholders, who are not required to report through the DSR, are needed to allow a quicker, yet planned transition into housing that meets PWCN care and housing needs, and this research makes recommendations about this.

In terms of suitable housing the current situation demonstrates a lack of effective pathways/routes for many and some ways of working pose barriers to people accessing adequate housing rather than supporting it. It may be that too few housing providers know about this agenda and so are not involved in the DSR process.

In addition, some tenancy agreements have had a detrimental impact on people accessing new agreements, especially in cases of geographical relocation or death of a tenant. Interviewees suggested that this relates to changes in 2018 to legislation around tenancy agreements and a lack of understanding by some housing associations on the interpretation of this.

Case Example:

A housing association property was identified for an individual who was delayed in hospital and a care provider was secured. The housing association would not agree to the person signing their own tenancy[4] and they were keen on the provider signing the tenancy and leasing the property to the individual. This led to several months of meetings between senior leads from the provider, their Board and the housing association. There was the additional challenge that the accommodation may be lost as the housing association did not want the property to remain void. After several months of high-level meetings and delays the situation progressed, however, even after initial issues were addressed further delays followed as the funding had to be secured.

The SLDS inpatient service receives referrals for people who are at risk of placement breakdown, due to behaviours that are perceived as challenging, where it is becoming difficult to sustain their support either in the family home or in a social care setting. Experience shows that once people are admitted to hospital, because of social care breakdown, they are more likely to lose their tenancy and experience lengthy delays in hospital. The longer people are in hospital the more challenging it can be to identify suitable community-based accommodation as there is a perception the risks can only be managed in a hospital environment creating a further barrier to securing suitable accommodation and a timely discharge.

What is required is more widespread and effective partnership working with social housing providers to plan and monitor people's transition to adequate housing. This is regardless of a 26% reduction in Scottish Government funding for new build affordable housing and a Scottish Government funding system that sits

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[4] According to feedback received from Ark, the challenge is where a person with a learning disability and complex needs lacks capacity. Before allowing a tenancy agreement to be signed, there has to be a Guardianship order, with financial powers, or an Intervention order with financial powers. In most cases these aren't in place and as they can take 3 months + to be granted, this may add to void loss. In some situations, general needs RSL's may not want to bear this financial loss and may bypass this client group.

within individual departments, rather than cross-sector, to support key policy commitments.

Furthermore, significant differences in practice in terms of local authority housing, and housing associations, continues to have a significant impact on the availability of appropriate housing for those mentioned above across different localities/geographical areas. A key point of note is that there is no earmarked funding for people identified above so their access to appropriate housing is often difficult and different across the country.

Proposing a best-practice model would support a long-term planned housing transition for people that builds on clear and constant collaboration between different social housing providers in different geographical areas and partnerships between different stakeholders (HSCPs; housing providers; building regulators). The Scottish Government Collaborative Response and Assurance Group (CRAG) provides assurance and escalation for joint decisions on the deployment of options that support the resilience of health and social care. There is increased activity within the group to reduce delayed discharge and support improvements in performance and practice around discharge. A

recommendation from this research is that CRAG or another appropriate mechanism mandates a best practice pathway for housing solutions for those covered by the Coming Home Implementation Report, which would encompass information gathered through the DSR, by Public Health Scotland, on behalf of Scottish Government.

The overall focus of the Coming Home Implementation framework is to reduce hospital and out of area placements and support sustainable local community-based placements for people to mitigate breakdowns in community-based care and support. This requires a focus on planning and commissioning of services for those individuals. A focus on specialist multidisciplinary team working to augment sustainability of services in the community is encouraged as well as proactive efforts to develop appropriate housing options. The latter is arguably one of the most important aims of the Coming Home agenda, yet how many of these options are in place? One interviewee reminded the group of Housing Options Scotland Access Ownership programme[5] designed to address many of the issues raised in this research.

Achieving this requires a fundamental change in the way those services are planned and commissioned with input from housing, as well as health and social care, equally important. This requires focused integrated working where funding streams are aligned with a clear, defined reporting structure regionally and/or nationally. Often the budgets for these individuals are substantial, due to the level of assessed need, and a different and targeted approach is essential with powers to mandate Housing and Health and Social Care Partnerships to collaborate and coordinate funding to find a resolution to the ongoing barriers, which would lead to improved outcomes and best value in terms of resources. A radical shift may be necessary to create levers for change such as extended void periods, for those RSLs signed up to this agenda, to create increased capacity of housing options and a transfer of resources from acute (hospital in-patient beds) to community-based provision.

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[5] Access Ownership | Link Housing, Housing Options Scotland | Right Home, Right Place, HOS - Enquiry Form (housingoptionsscotland.org.uk)

Structural factors

Analysis of the interview data reveals significant structural barriers; the needs of this population are not always known, well understood or included in plans by RSLs and housing providers and this limits current housing solutions. These issues form part of this research and the subsequent recommendations.

Housing Market

Interviewees argued that the housing emergency in Scotland, declared by the Scottish Parliament in May 2024, disproportionately impacts people with learning disabilities, including those with behaviour which may be perceived as challenging, because of the chronic lack of suitable, accessible housing stock, reflecting broader systemic issues within the housing market. As a policy expert, succinctly states:

"There isn't sufficient housing with the right sort of care and support and the right sort of design for that group of people. Lots of people have been detained in hospital or in really inappropriate residential care settings for more years than they need to be. This is just because there aren't sufficient options for them in the communities." (Policy)

This observation is supported by other interview responses, which argue that the housing market often fails to provide adequate options for marginalised groups, particularly those requiring specialised accommodation. The shortage of fully accessible housing is further compounded by the broader housing crisis, as noted by another policy expert:

"There's a specific shortage of fully accessible housing in Scotland and we've also got to be really aware that we're talking at the time of a housing crisis." (Policy)

This critical shortage exacerbates the difficulties faced by people in securing appropriate housing, a challenge echoed by a commissioner in the West of Scotland:

"Our guys do need adapted housing. And that's in very short supply. So, if you could just live in an ordinary house, you know, that would be hard enough to get, but when you're actually requiring adaptations, then you know that needs to be planned by and large." (Commissioning)

This situation is consistent with the overall findings, which suggest that the lack of suitable housing options significantly contributes to the social exclusion of individuals with disabilities, let alone with the most complex needs. Adaptations

required are often specialist in nature and are not covered by the broader adaptations mandated to be available in 10% of any new housing development. For social housing the Scottish Government reduced the funding for adaptations for housing associations this financial year (2024/2025) by 25% and, across the country, housing associations have faced cuts from 15-65%, significantly impacting on their ability to adapt homes, notwithstanding, budgets have been static for a number of years prior to this. Regional disparities in housing provision further complicate access for people, as highlighted by another commissioner:

> "The difficulty when you look across Scotland is that your local authority context determines whether you are lucky or not." (Commissioning)

This relates to areas like East Renfrewshire, which has a high level of owner-occupier and fewer social housing providers. It is, therefore, more necessary for local housing and social care providers and commissioners to meet to discuss this agenda and share information. It may also be possible for housing associations to use Scottish Government funding for acquisitions to purchase suitable homes for individuals, as demonstrated by one interviewee.

Adequate funding and a consistent approach to commissioning services is essential. This invites the key recommendation of promoting 'Access Ownership'[6], facilitated through Housing Options Scotland.

Additionally, the interview data points to the impact of market-driven housing policies that have slowed the development of supported accommodation. A commissioning officer, notes:

> "It probably came due to a change in the government funding rules. They took a decision, more than 10 years ago, for the Council not to invest its own money in support of accommodation anymore. And to wait for the market to do it. And the market's been really slow." (Commissioning)

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[6] HOS - Enquiry Form (housingoptionsscotland.org.uk)

This refers to changes to housing benefits, which means that only registered social landlords are able to access Discretionary Housing Payments for individuals, so care providers offering accommodation are not able to access this payment to support costs.

On a wider level the urgent need for housing policies that anticipate, and respond, to demographic changes has been highlighted. As one RSL points out:

"A lot of our other demand will come from ageing carers...they're getting health conditions and they're struggling to manage." (RSL)

This highlights the urgent need for housing to be an integral strategic partner within health and social care partnerships.

Planning and Strategic Frameworks

The data also reveals significant shortcomings in planning and strategic frameworks that hinder housing access for people. A policy expert identifies a critical failure in long-term, integrated planning:

"There is a failure to plan long term and on an integrated basis. We know the people who have learning disabilities from birth. We should be working alongside them to realise their lives on an ongoing basis." (Policy)

This failure in planning reflects broader systemic issues identified in the literature, where short-term political, and organisational, cultures impede the development of sustainable solutions for complex social issues. Another interviewee highlights the lengthy timelines required for planning and commissioning services:

"You may well need five years to see it come to fruition, and I think...our short-term culture, both politically and also organisationally, means that that is beyond the number of organisations' capacity in terms of engaging with it meaningfully." (Commissioning)

This delay mirrors findings in broader literature, which suggest that long-term planning is often sacrificed for short-term gains. The interview data also highlights

the negative impact of delayed housing adaptations, which result in prolonged hospital stays and decreased confidence among PWCN. As one policy expert notes:

"We have people in hospital that sometimes, are a delayed discharge, because we have to wait for adaptations to be completed. It means that [they are] in hospital longer." (Policy)

The disconnect between housing providers, and other essential support agencies, as described by Paul, an RSL representative, further complicates housing solutions for PWCN:

"There seems to be a gap somewhere between housing and the rest of the support services and we really need to be working hard to bridge that gap because we as landlords, we can't do [it alone]." (RSL)

This observation aligns with broader issues of service fragmentation, identified in the literature, which we will be discussing in more detail in the section on collaborative working. It also relates to comments about the need for a clearer strategic framework that promotes this agenda across agencies - not just health and social care. Too many housing providers do not know of its existence, so further communication from the Scottish Government and local health and social care partnerships would be helpful.

Finally, the interview data suggests that competing pressures within the housing system, such as the requirement to allocate housing to homeless individuals[7], further strain the availability of appropriate housing for PWCN. A commissioner, notes:

"65% of all housing in Glasgow has to be offered to homeless people. So, there are other pressures and that's to do with the housing crisis and housing emergency." (Commissioning)

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[7] However, pressure is also caused by the chronic lack of accessible and flexible homes.

The type of housing available, however, may not necessarily be suitable for the people described in this research. This pressure exacerbates the challenges faced by PWCN; a situation consistent with broader concerns about the strain on housing resources in crisis-affected areas[8].

Tenancy Arrangements

Tenancy arrangements present additional challenges for PWCN, particularly because of the legal and procedural complexities involved. A commissioning officer, notes:

> *"Tenancy agreements and the housing associations' positions on them have tightened over the years...the delays that we then encounter by trying to get people to sign tenancy agreements are quite unacceptable."* *(Commissioning)*

> *"2019 legislation changes.... so that people keen to share... and if someone leaves, any person who wishes to share and become tenants wouldn't have rights and access to HB for 12 months – issue of joint tenancies and unintended consequences." (RSL)*

> *"Delays for TA maybe be due to guardianship order to be renewed and intervention orders can take months. Very long delays.*
> *Can get round it by splitting properties – flat 1 and flat 2 with slightly different tenancies, but still shared accommodation." (RSL)*

A commissioner, notes:

> *"Each [housing association] interprets the law in a different way, in many different ways, and each of them requires a different approach."* *(Commissioning)*

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[8] This is also due to the unsuitable housing that may be available as it's not necessarily accessible.

This variability creates a highly complex and often restrictive legal landscape for securing stable housing for PWCN, reflecting broader concerns about decentralisation in housing governance.

The interview data underscores the profound and persistent structural barriers despite a lot of goodwill; insufficient effective collaboration and joint working with housing services and care providers, lack of accessible homes, limited funding for accessible homes within the housing market, planning frameworks, and tenancy arrangements that impede housing access for PWCN. These barriers, deeply rooted in systemic issues, reflect the broader challenges faced by vulnerable populations in accessing adequate housing. Addressing these challenges requires a coordinated, long-term approach that prioritises the unique needs of PWCN and ensures that housing as a service is involved at the right time and is working closely with social care providers in order to be responsive to the complexities of this population. The need for systemic reform in housing provision is urgent, as evidenced in the interview data. While we have gathered several recommendations, we have highlighted three top priorities to improve housing solutions across this landscape now.

Recommendations

1. **Enhance inter-authority coordination/cross agency collaboration**: Maintain a holistic Dynamic Support Register to include a shared database, or platform, for tracking allocation processes, housing availability, and support services across localities. Implement workforce initiatives across stakeholder groups to ensure a collaborative shared understanding of the skill mix required for effective pathways for this group.

2. **Implement integrated planning for housing and ensure housing leaders are formally part of Integration Joint Boards for strategic planning purposes to streamline effective housing solutions for PWCN**: develop and promote an integrated planning framework that housing and health and social care can adopt to ensure successful coordination of effort. Showcase integrated service delivery models that combine housing and care support tailored to individual needs for those identified in this report; highlight those that are working then focus on scaling these up to inform a national benchmark for good practice. Borders Health and Social Care Partnership and Eildon Housing Association have been doing some good work in this area.

3. **Align local government actions with national health and social care priorities through CRAG or another appropriate mechanism**: mandate the adoption of integrated policy frameworks that link housing initiatives with national health and social care goals to promote action and change. Bring together local government officials and national policymakers to align strategies and priorities for accessible housing.

Resources

The provision of housing for PWCN is significantly influenced by resource constraints, particularly in the areas of funding, time, and staffing. These constraints create systemic barriers that complicate the availability, accessibility, and sustainability of appropriate housing solutions for this vulnerable population.

Funding

Cohesive funding is a critical barrier in the development and maintenance of suitable housing for PWCN. The interviews highlight inefficiencies in how existing funds are allocated and utilised. As one policy expert pointed out, there is a need to *"think about the money that we do have and how we spend it" (Policy)*. This indicates that beyond the need for additional funding, there is a significant challenge in optimising the use of available resources to achieve better outcomes.

The division between NHS and social care finance further complicates funding issues. A *care provider* highlighted the persistent problem where *"health will say it's not a health need, so we're not paying for it." (Care provider)* leaving individuals and housing providers caught in a financial limbo. This fragmentation not only delays housing solutions but also imposes additional costs due to the lack of appropriate community-based housing.
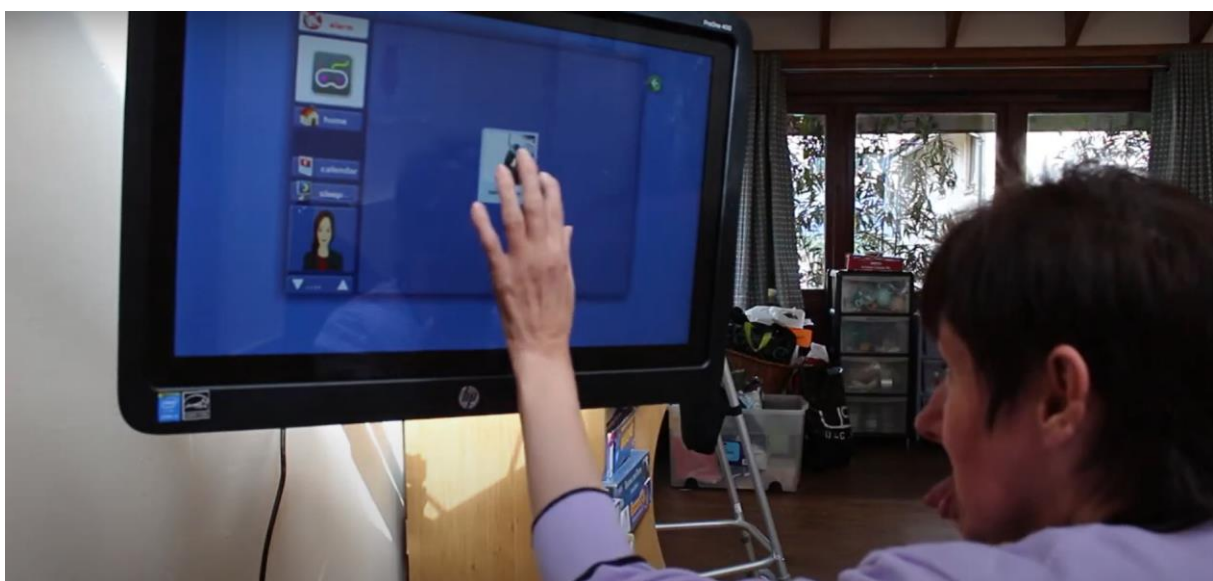
Additionally, the high costs associated with adapting existing housing, or developing bespoke solutions, are prohibitive. For instance, a commissioner noted that *"adapting current housing stock"* is expensive, and there is a persistent question of *"who pays for it?" (Commissioning)*. This financial uncertainty deters investment in necessary adaptations, leading to inadequate housing options for PWCN.

Time

Time constraints are another significant barrier, particularly in the planning and delivery of housing solutions for PWCN. Participants spoke to the length of time that planning takes when commissioning a service for individual tenancies. Additionally, the process of securing, adapting, and moving into appropriate housing is often lengthy, with timelines extending far beyond what is practical for the needs of individuals. A commissioner observed that the time required for someone with complex needs to move into supported accommodation can be *"6 to 12 months or longer" (Commissioning)*. This protracted timeline often results in delayed discharges from hospitals and extended stays in inappropriate temporary accommodations, exacerbating the challenges faced by PWCN.

The impact of time constraints is compounded by rising costs over the duration of projects. One case highlighted the escalation of adaptation costs from an estimated £90,000 to £180,000, which resulted in a property remaining vacant for two years (*Commissioning*). This example underscores how delays in planning and resource allocation not only waste valuable time, but also significantly increase financial burdens, further limiting the availability of suitable housing.

Staffing

Staffing shortages represent a critical challenge in providing housing and support for PWCN. Many housing and care providers are understaffed, with existing personnel often spread thin across various responsibilities.

The inability to *"recruit and retain staff" (RSL)* in the sector, as noted by an RSL respondent, significantly undermines the capacity to provide consistent and effective support to PWCN. Without sufficient, trained, and specialised staff, even

the best-designed housing solutions can fail, as the necessary support systems to maintain tenancies and address challenges in real-time are lacking.

Addressing these issues requires a holistic approach that not only seeks to combine resources but also to improve the efficiency and effectiveness of resource utilisation. By tackling these barriers, it is possible to create a more responsive and sustainable housing system that better meets the needs of PWCN.

Recommendations

1. **Optimise existing funding resources**: explore more efficient, flexible and creative ways to use available resources to maximise outcomes for people with learning disabilities and complex needs, including behaviours perceived as challenging. Ensure joined up funding and a centralised approach to commissioning for this cohort, aligned to the DSR, with RSLs and housing providers signed up to a framework to work nationally to deliver local solutions to those identified through the Coming Home Implementation Report.

2. **Invest in early-stage planning**, **increase financial support for adaptations** and **promote efficient use of time resources**: greater clarity in relation to roles and responsibilities to prevent delays and specify who does what, when.

3. **Develop and use digital opportunities**: adopt a centralised, inclusive and accessible digital platform and leverage technology and digital adaptations: provide grants to individuals and housing providers to adopt innovative technologies and adaptations that improve accessibility and independence. Offer training programmes for individuals with learning disabilities and their caregivers on how to use adaptive technologies effectively. Promote projects that explore new technologies and adaptations in real-world housing settings to assess their effectiveness and scalability. By incorporating digital aids within accessible housing, resources can be managed more efficiently leading to cost savings, reduced staffing pressures and improved outcomes for residents with learning disabilities and complex needs.

Collaborative working

Collaborative working and overarching/combined governance is essential to improve housing access and housing pathways for this cohort. Where an understanding of this agenda exists, the rhetoric demonstrates values that are aligned, a willingness to share data and a small number of stakeholders that are committed to finding long term community based solutions for individuals with complex needs, as defined within this report, despite current governance structures and funding streams that often inhibit the ability to deliver these in a streamlined way to ensure a person-centred approach.

The interview data reveals significant challenges in this area, particularly around timely data collection and information sharing that informs the housing route and then provides a mechanism for the preferred solution to become a reality. It is clear from the research that while informal collaboration is valuable it usually relies on goodwill and good relationships; simply relying on policy recommendations and geographically patchy networks is not enough. Those identified within this report require a nationally integrated specialist approach, involving both housing and health and social care. There needs to be a clear mandate, aligned to the goals of the Coming Home Implementation Report, to finally create a landscape fit for the future.

Lack of Integration

The current lack of integration in these processes is a major barrier. For instance, one RSL representative observed that:

> *"One HSCP department doesn't talk to the other... You don't get round the table to have a chat about what can we do and that probably needs to happen an awful lot more." (RSL)*

This disconnect highlights a systemic issue where crucial information about individuals' needs is siloed within different departments, leading to fragmented and inefficient service delivery.

Moreover, the evolving complexity of need of this group demands a more collaborative approach. As a commissioner noted:

> *"We need to work together more in terms of coming up with solutions to the big problems together...their needs are changing, and you know there's probably more complexity now than there ever was." (Commissioning)*

The complexity, and fluidity, of these needs necessitates a dynamic data-sharing framework that enables real-time, informed decision-making across agencies. The creation of the DSR has provided a way of capturing information about this group (if the data submitted is comprehensive and accurate), however, it is a framework that sits within health and social care partnerships and does not include housing as an equal partner (or at least those housing providers who have committed to this agenda and are willing to resource it appropriately). There are a few good examples of where this has been done such as Hanover's approach to one of its flagship projects in Moray, however, the positive outcomes relied heavily on informal networks, and this cannot be relied on as a measure of success.

The failure to engage in long-term, strategic planning exacerbates the problem. A commissioning expert emphasised the importance of forward-thinking:

> *"You need to get housing associations, local authorities...thinking 20 years ahead about who's sitting at age 5 and age 10, that we know in the next 10 or 20 years are going to require support" (Commissioning).*

This longer-term insight underscores the necessity for collaborative, anticipatory planning that is informed and directed by shared data, allowing for the proactive development of housing solutions and support services that can meet future demands. Strengthening links with education, as a partner through the child to adult life cycle of those with the most complex needs, including behaviours perceived as challenging, would enhance collaboration.

Coordinated Housing Pathway and Support

This research highlights that housing for PWCN requires more than just physical accommodation; it demands ongoing, coordinated, specialist, support that ensures individuals' housing journey is seamless, streamlined and sustainable within a locality-based community setting. Current data reveals significant gaps in this area due to the lack of integrated planning and collaboration. A policy expert highlighted this need for ongoing engagement with individuals and their families:

> *"We should be working alongside them to realise their lives on an ongoing basis...that planning should be happening with all the agencies" (Policy).*

The DSR goes some way to providing a framework to track those individuals who need this type of support, however, as previously outlined, it needs to go further and requires to be matched with housing providers willing to work to provide the housing element of the solution. Unfortunately, the absence of such coordination often results in disjointed support systems that fail to address adequately the long-term needs of PWCN. This lack of coordination not only delays critical interventions, but also increases the risk of negative outcomes, such as prolonged hospital stays or tenancy breakdowns.

A Person-Centred Approach

The data indicates that financial concerns, in a financially challenged environment, may take precedence over person-centred outcomes, leading to conflicts that undermine the provision of cohesive support for PWCN. As one commissioner observed:

> *"Partnership working has become more difficult over the years because everybody's more concerned about money than they used to be." (Commissioning)*

This pressure on resources means it is ever more imperative that all funding streams, all stakeholders and all governance structures are held to account to coordinate planning, through an expanded version of the DSR, to deliver best value and the best solutions for individuals.

Additionally, the persistence of a medicalised model of understanding of disability further complicates collaborative efforts. A policy expert criticised this approach, stating that it is *"fully destructive and creates a whole range of barriers for people to overcome"*. There is a need for agencies to adopt a more individualised, human rights-based approach, which prioritises the unique needs of each person and this is particularly pertinent when thinking about those on the DSR and the importance of integrating support services with housing provision. Physical adaptations and digital technology can improve accessibility and the ability to live independently and with dignity, however, these are not a complete panacea. A care provider emphasised that *"without having a full understanding about what that person's needs are...you can't achieve much" (Care Provider/RSL)*.

The analysis reveals that the lack of effective and formal collaborative working is a significant barrier to housing access for people and the current landscape operates on an "ad-hoc" basis where positive solutions are "luck of the draw" impacted by a "postcode lottery". Systemic inefficiencies hinder development and delivery of appropriate housing solutions; central to improved outcomes is the fostering of a culture of structured collaboration where agencies have shared goals and are engaged in continuous and integrated planning enabled by an all-encompassing governance structure, with a human rights-based approach at its heart.

Recommendations

1. **Integrated strategic direction from housing and health and social care:** enable co-production of best practice housing solutions for PWCN; change structures and processes to align focus on, and funding in, streamlined community-based solutions for this cohort. Set up **a** Strategic Taskforce through CRAG or other appropriate mechanism to make recommendations to implement this by March 2026 using the DSR as a starting point.

2. **Create integrated support pathways**: co-design and implement these in line with the mandated recommendations of the Strategic Taskforce and, in the interim, promote joint strategic planning: engage all stakeholders in joint strategic planning sessions to raise awareness of the lack of progress in this area and the urgent need to align long-term goals, resource allocation and the development of housing and support services.

3. **Capture best practice 'lived experiences' through evidence-based solutions to map what success looks like to inform the work outlined in recommendations 1 and 2 and to ensure success at scale:** actively involve individuals with learning disabilities, their families and caregivers, in planning and decision-making processes to ensure that their voices are heard, and their needs are met. Promote integrated community-based resources and services (housing and health and social care) that enhance the quality of life for PWCN.

Examples of good practice

Structural factors

*"There are some national organisations that will provide housing and care, so there's a couple of them... I think 2 are private and one is charity based and they've got **a model of housing and care**. So that's what they see that they can provide housing support for people, but their model is housing market with care, and we have to balance that. Again, as I said again around the **social self-directed support legislation**, so we've **invited them into the meetings to see what they are looking to do in the future**. Do they have capital and resources? Can we negotiate with them around what our needs are?" (Commissioning)*

*"The Ship housing plan is about **long-term planning and integration,** and so this, absolutely **needs to be integrated with the learning disability strategy at local level**. I know of one example of that in Scotland. I don't know that it's been done anywhere else, but absolutely that kind of **planning integration** needs to happen." (Policy)*

*"Because we've got plenty of examples of where I think there's up to 1200 people who from the coming home cohort. Now those places can be costing between maybe one and £2 million a year for one person in institutional settings. So, **imagine what we could do at community level** in terms of house build if those hundreds of millions of pounds tied up and detaining people in housing were released. But the challenge is of course, that would mean resource transfer and we don't do that in Scotland. So, I do think there are some really specific good and bad examples, yeah." (Policy)*

Resources

*"From a Dundee point of view, **when they're looking at their housing, they work with every social landlord across the city**. So, they're not isolated to just themselves or their own housing. Actually, they probably work with their own housing least. So, when they're going into **planning meetings** to look at housing developments, **all social landlords are part of that group** to see who's got capacity to take on next builds. Or, you know, each social landlord might already have land identified as to where they're looking to build. So, when they're doing their planning, they'll take into account the meetings that they're having with Dundee Council to see what they are. Their need element is as well. So, you know, in terms of **partnership work** and I think they do that fairly well."* (Care Provider)

*"So, you need **somebody who is at the heart of the whole process** who makes sure that all the relevant parties are involved engaged and actively progressing their different actions. So, we do that by having a multidisciplinary process…Generally speaking, that would involve **a weekly meeting**, but it could happen more frequently for the individual. At the **multi-agency meeting** you've everybody discussing all the different actions that need to be taken, identifying who's responsible for it, putting a timescale against it. It's also your forum for identifying any barriers or challenges.… So that's how it's constructed. It's **a multi-agency multidisciplinary approach**. It's very structured and everything is time bound and so that there's accountability."* (Commissioning)

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