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RADIO 4

TRANSCRIPT OF “FILE ON 4” – “NO PLACE LIKE HOME – THE INSIDE STORY  
OF SUPPORTED LIVING”

CURRENT AFFAIRS GROUP

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REPORTER:	Claire Bolderson
PRODUCER:	Rob Cave
EDITOR:	Gail Champion

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THE ATTACHED TRANSCRIPT WAS TYPED FROM A RECORDING AND NOT COPIED FROM AN ORIGINAL SCRIPT. BECAUSE OF THE RISK OF MISHEARING AND THE DIFFICULTY IN SOME CASES OF IDENTIFYING INDIVIDUAL SPEAKERS, THE BBC CANNOT VOUCH FOR ITS COMPLETE ACCURACY.

“FILE ON 4”

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## MUSIC

**BOLDERSON:** There's a push to get people with learning disabilities out of institutions and living in the community. That's led to a big growth in supported living - where people live as independently as possible, in shared flats and houses, with carers coming in to help them. But is this model safe enough? We've obtained new figures that indicate a steep rise in reports of unexpected deaths and serious injuries for adults in these settings. The increase in serious injuries is particularly striking - up almost 300% in the last eight years.

**KNIGHT:** I was really shocked when I saw those figures. We could be exposing people to really unsafe environments.

**BOLDERSON:** So is supported living safe or are economic pressures, coupled with a lack of robust inspection, leaving some vulnerable adults without proper care?

## ACTUALITY AT CHOICE SUPPORT

**BOLDERSON:** This is?

TOMMY: Our laundry room.

BOLDERSON: The laundry room?

TOMMY: Yes.

BOLDERSON: Do you do your own laundry?

TOMMY: Yes, I do it.

BOLDERSON: Do you?

TOMMY: I do it on Tuesday and Thursday.

BOLDERSON: Tommy is showing me around his home in South London.  
Are you in room number one?

TOMMY: Yes.

BOLDERSON: May I come in?

TOMMY: Yes.

BOLDERSON: Thank you very much. It's very nice.  
We start with a tour of his bedroom, with its giant photograph of an elephant – his favourite animal – on the wall above the bed.  
I like the fact you've got a lovely big elephant.

TOMMY: Yes.

BOLDERSON: Why do you like elephants, Tommy?

TOMMY: Because I like elephants, they're my favourite friends.

BOLDERSON: Your favourite friends.

TOMMY: Yes.

BOLDERSON: Tommy, a middle aged man with greying hair and glasses, has autism and learning disabilities, and for years he lived in a residential care home. Now he's in what's known as supported living - this flat down a side street near a bustling row of shops and a market. He shares it with three other learning disabled people. Tommy, how long have you lived here?

TOMMY: A long time ago now.

BOLDERSON: And do you like it?

TOMMY: Yes.

BOLDERSON: What do you like about living here?

TOMMY: I like it more better.

BOLDERSON: And does it feel like home to you?

TOMMY: Yes, it is.

BOLDERSON: The people living here each have their own room and bathroom, and there's a living room and a big kitchen downstairs, pretty much like any ordinary flat share.

Thank you.

TOMMY: That's Michael's bedroom.

BOLDERSON: Michael's bedroom?

TOMMY: Yes.

BOLDERSON: Yeah? So he's, is he your friend?

TOMMY: Yes.

BOLDERSON: Yeah? Do you do things together?

TOMMY: Yes.

BOLDERSON: This feels like a proper home, but one where the residents are being supported by carers who come in to help them lead active, independent lives. And that fits with the Government's plans to get people with learning disabilities and those with mental health problems out of hospitals and other long-stay institutions under the policy known as Transforming Care. For Tommy, the arrangement means a chance to indulge his passions, including music, something Toni Roscoe, leader of the team of carers here, helps him with. She works for Choice Support, the charity which has the contract to supply the support workers.

TOMMY: I went to see Chas and Dave, right, on my birthday.

ROSCOE: And it just so happened that Chas and Dave were playing at Potters, and the day they were performing was actually on Tommy's birthday. So what did I do for you? Can you remember, because it was a few years ago?

TOMMY: You made my special for me, going to see Chas and Dave in the orchard.

MUSIC

ROSCOE: I managed to email Chas & Dave. They were able to do a song for him, which they did. They called out your name and played a song for you, didn't they?

TOMMY: Yes.

**BOLDERSON:** That's a great birthday treat.

Toni organises a lot of outings and activities for Tommy and the others here, but how is this arrangement different to a traditional care home?

**ROSCOE:** There is really no difference. They are tenants, they have a tenancy in supported living, hence they get, they're able to put in for housing benefit, so that's the main difference.

**BOLDERSON:** That's actually quite a big difference, having a tenancy - not least for cash strapped local authorities. Because in a residential care home, the local authority usually pays for the whole thing - the accommodation costs as well as the care. In supported living, the tenant's rent is covered by housing benefit and that comes from central government funds. The tenants also get disability and other benefits and that pays a lot of their bills. So that makes supported living popular with a lot of councils, and families have told us that when it came to finding new care arrangements for their relatives, they felt considerable pressure to opt for this.

#### ACTUALITY WITH PHOTOGRAPHS

**BOLDERSON:** So what am I looking at here? You've got photos of what you found when you cleared out his room. Oh my goodness.

**MICHAEL:** This is the mattress that was in our son's room. That's the underside, showing that the mould had come all the way through to the bottom of the mattress from the top. It's inconceivable that people could have changed the sheets and not observed this, but nobody reported anything.

**BOLDERSON:** Michael and Mary are showing me photographs they took of their son's mattress after five and a half months in supported living. They don't want us to use their real names or mention the local authority involved, because it's still responsible for their son's care. We'll call him John. He's in his late twenties, has autism and severe learning disabilities. He's unable to communicate verbally and he relies on specialist sign language. John's parents say that back in 2016, his placement in a residential care home effectively broke down, and so they looked for an alternative. And they say the

BOLDERSON cont: council channelled them towards supported living.  
Mary remembers how the idea was sold to them.

MARY: We've got a very good setup of supported living going on in our area, and seeing as you and your husband are getting older, it'll probably be a lot nicer for you to have your son living on your doorstep, so how about we make an arrangement to go and view some of these properties? My husband straightaway was a bit suspicious of this, because he thought this was more for much more able people, not ones with such high support needs as our son. But the social worker was keen to emphasise that supported living was now a very different model that was very flexible and could give our son a lot more choice and lead a better life.

MICHAEL: That's all they offered, we weren't offered another care home at all, it was supported living or supported living.

BOLDERSON: After viewing a number of properties, they agreed to move John to a room in a small house for four people, all with learning disabilities. Michael and Mary signed a tenancy on their son's behalf. The carers, who looked after everyone in the house, came from a company called Voyage Care. But the couple say there were problems from the start.

MARY: Well, we were flabbergasted actually, because instead of the smooth running, experienced support workers we'd been led to believe would come in and support our son on a daily basis, these were untrained people. Some of them had only just been recruited. It seemed they were paid the minimum wage, so they were usually clockwatching.

BOLDERSON: What kind of impact did that have on him?

MARY: It must have been terrifying for him. In the five and a half months he stayed in that environment, he received support from between 25 and 30 different support workers. So I can't begin to imagine what he felt. They didn't know how to engage with him, so most of the time he ended up being left just watching the television.

**BOLDERSON:** The carers didn't know John's sign language, so they couldn't communicate with him. His parents worried about the quality and quantity of the food he was getting. John lost so much weight they had to buy him trousers in a smaller size. And they noticed other things - his laundered clothes put away in the drawer still damp, furniture damaged but never removed or repaired. And after making numerous complaints but seeing no real improvements, John's parents decided to move him elsewhere.

**MARY:** Once we'd settled him in and we could see that he was fine, my husband and I went back to the supported living house in order to empty his room and clear all his belongings. At this point, I started to dismantle the bed and remove all the bedding. I was shocked to see that the mattress, despite having a complete waterproof cover, the cover had been ripped in several places. It was a tough cover and that had been ripped in several places. The mattress beneath, I could see sodden with urine, and I turned the mattress over and saw the huge patch of mould.

**BOLDERSON:** Because this told you that something had been going on for a long time, if it was that sodden and there was mould, your son must have been wetting the bed and no one had noticed?

**MARY:** Absolutely. That didn't happen overnight and I cannot believe that someone could have changed the sheets and not noticed that was the case. I was angry, sad, I was upset. I was already very upset. I'd spent the previous six months in tears most weeks because of the poor care that my son was getting and the miserable life he was leading.

**BOLDERSON:** Mary and Michael complained about their son's care to the Local Government Ombudsman. The investigation revealed a catalogue of concerns, including a failure to provide appropriate care, a failure to properly report incidents, and a failure to provide appropriate training and supervision. The conclusion was that all these failures would have caused John significant distress. The council was told to apologise and pay compensation. In a statement issued at the time, it said it was regrettable that the issues in the supported living accommodation had not been identified and acted upon sooner. It had investigated, an action plan had been put in place and the council was satisfied the care provider was following that plan. Voyage Care carried out its own investigation and also

**BOLDERSON cont:** apologised. They told us that they were ‘deeply sorry for failing John’ and thanked the family for helping them to understand what went wrong. They said they take the responsibility of supporting some of the most vulnerable people in society extremely seriously. But tellingly, they added:

**READER IN STUDIO:** We agree with the findings that this person’s needs were not suited to a supported living environment. Pressures on Local Authority and NHS budgets appear to be driving a commissioning preference towards community-based support. Voyage Care are mindful that whilst this can lead to positive outcomes for many, it is not suitable for all. As a result of this family’s experience, we are committed to working even more closely with commissioning partners to ensure the suitability of placements.

**BOLDERSON:** John is now happily settled back in a residential care home. It’s further away from his parents, but they visit regularly and are particularly pleased that he’s now doing lots of the outdoor activities that he loves. We don’t know whether financial considerations played a part in that particular council’s decision to suggest supported living for John, but economic pressures on local authorities are considerable. Since 2010, councils in England have had £7 billion cut from their budgets for adult social services, and although the Government has made emergency injections of funds into the system in recent years, there’s still a shortfall. Most local authorities are planning more savings for this year and next.

#### ACTUALITY IN OFFICE

**BOLDERSON:** So supported living allows councils to shift up to a third of their costs for a person receiving care onto the housing benefit bill. But many still need to reduce costs further, and some do that by cutting the fees that they pay to the care providers. We’ve been speaking to providers who’ve told us that some people commissioning care might squeeze the budget by assessing all learning disabled people as requiring only the most basic level of support. And even then, they sometimes offer a rate that makes it impossible to properly train and manage staff. As for those with high needs, like John for example, well, we’ve spoken to companies who say they’d need to charge at least £18 an hour to look after him properly. But we’ve heard of authorities who’ll offer just

**BOLDERSON cont:** £13 an hour at most. That's the fee paid by the council to the company, not the pay of the individual carers, who typically earn around minimum wage.

**GARROD:** Our number one priority is that services are safe and provide a personalised service. However, I accept that, given austerity, that it gets harder and harder for local councils to represent that ideal.

**BOLDERSON:** Glen Garrod is President of the Association of Directors of Adult Social Services. Does supported living then offer opportunities for savings when compared to residential care?

**GARROD:** The Care Act requires us to make an assessment of need, and where we've identified needs for care and support, we should meet them in full. What I've seen personally is people who have moved from residential settings into supported accommodation and they have, they've changed - they've thrived, they've engaged more, they've become more independent. And whilst I accept that some councils are, as it were, paying rates that are below the United Kingdom Homecare Guidance on how much they should pay, we are encouraging councils to make sure that however they're commissioning and at whatever level, that the quality is right.

**BOLDERSON:** But the difference with supported living is that the housing element is paid by central Government, it's paid by housing benefit and not out of the local authority's budget.

**GARROD:** Indeed, and that does help. However, the people coming out of in-patient facilities, for example, people coming through Children's Services in transitions to adulthood typically represent people with very profound disabilities, so their care needs are considerable. And it's also one of the reasons why it's so important that we get this right, because people deserve a chance at an ordinary life, and that means options that are housing options that you or I might consider.

**BOLDERSON:** But are they getting it right? Well, that's hard to really assess properly, because of the way supported living is regulated in England, by the Care Quality Commission, the CQC. Residential care homes have to be registered with the CQC and can be inspected unannounced at any time. But people in supported living are tenants, the property is their own home, so the regulator has no right to just walk in. Any company providing personal care – help with bathing or going to the toilet, for example - does have to register with the CQC and it is inspected, but at the place where it's registered, which is usually its head office. Inspectors can ask to see a particular supported living house where care is taking place, but as Jayne Knight, an independent advocate for adults using social care says, that can be very hit and miss.

**KNIGHT:** My experience of that is that Care Quality Commission actually come in and they randomly select some people that they would actually like to go and see, and then it isn't always that those people would actually want the person from the Care Quality Commission to visit them.

**BOLDERSON:** But it also means that the person who they're asking, the tenant they're saying can we come to your home, they have to have the capacity to understand the request and agree to it.

**KNIGHT:** Absolutely. I went to a situation where I was introduced to a man who was so profoundly disabled and blind and he had absolutely profound learning disabilities, and that man was in a room where he was actually at that particular point using his shower - the shower was actually in the room - as his toilet. I don't want to go into too much detail about that, but it was a totally, totally unsatisfactory environment. The care staff at that scheme told me they had never ever been inspected by the Care Quality Commission. They'd been there eight or nine years and they'd never had anybody from the Care Quality Commission around to actually see what was happening in that bungalow.

**BOLDERSON:** The CQC have told us they have no rights of entry into people's homes. More from them later.

## ACTUALITY WITH LAUREN AND FAMILY

BOLDERSON: What are you doing, Lauren? How are you today?

LAUREN: Mmm.

BOLDERSON: Yeah? Are you all right?

LAUREN: Yeah.

BOLDERSON: Yeah? What are you doing today? Are you going to have lunch here?

FRANCIS: Lauren is nearly 30. She has Downs Syndrome as well as a number of other complex needs. We also believe that she's on the autism spectrum as well and a number of other complex physical needs as well, but she gives a lot to our family.

BOLDERSON: Emma Francis is describing her sister, Lauren. We met the family at Emma's home in Stevenage. Lauren, who loves having her finger nails painted and wore them shiny blue for our visit, came in and out of the living room as we talked, looking for cuddles with her mum, Linda, or with big sister, Emma, who she clearly adores. Lauren lived with her parents until her dad's ill health prompted the family to look for an alternative. They were thinking of a care home, but the council told them about a supported living provider and, after hearing about it, initially they had high hopes.

FRANCIS: We were quite heavily directed towards the care provider. We were told that they were the gold standard within the borough and that moving away from the traditional way of residential care would give Lauren more inclusion into the community, so it was what we wanted for her. We met with the care provider, along with representatives from the local authority, and we were presented with a very glossy marketing pack. Numbers of promises made and we were invited to view a property that was currently under renovation, which we accepted. And as a family, we decided that the supported living ethos was really what we were looking for for Lauren.

**BOLDERSON:** The care provider, called Marcus and Marcus, found Lauren a room in a house for three people in Enfield, North London. Lauren was the first tenant to move in.

**FRANCIS:** Lauren was joined by another service user - again, a lady who had complex needs, much like Lauren. They were not appropriately matched, however they did live with each other reasonably comfortably. And then a third lady was introduced into the property at the insistence of the local authority. This service user had very, very complex mental health needs and a number of incidences ensued.

**BOLDERSON:** So what happened?

**FRANCIS:** My sister Lauren and the other lady in the property were subjected to a number of violent attacks, theft of money, theft of food. Staff were injured with physical assaults. They would retreat to Lauren's bedroom, which was on the ground floor, and lock the door. Lauren's bedroom door was ripped from the hinges by the service user. And one evening, it was, it was quite bad and myself and my mum made the decision to phone the police for some help.

**BOLDERSON:** The police came and eventually the woman was calmed. She was later moved elsewhere, but by then, Emma and her family say they had other, serious worries about Lauren's care. She had become very withdrawn and started to self-harm, bashing herself in the head. Her hair began to fall out in what her doctor said was probably stress induced alopecia. And then:

**FRANCIS:** She suffered with a number of skin infections and abscesses while she was a resident there. Lauren's GP began questioning who was doing her personal care and that it was likely that this attributed to that.

**BOLDERSON:** Because Lauren needs help with going to the toilet, with all her washing, everything like that?

FRANCIS: She does, yeah. Lauren needs help with all personal care, including toileting, washing, dressing, drying - all of these things were not being carried out correctly. Lauren was admitted to Barnet General Hospital twice in fifteen months. The first was an abscess under her arm, which had resulted from a fungal infection, and the doctor at the time said, it will not get better because her personal care is inadequate. So Lauren was admitted with a severe abscess under her arm and it had to be removed under general anaesthetic. Lauren unfortunately doesn't have the capacity to understand what that means and she also has an extreme fear of needles. She had to be forcibly restrained by medical staff, with the assistance of myself and my father, for her to be able to go under general anaesthetic, which was horrendous. The same thing happened again about fifteen months later, almost a repeat scenario, and this time Lauren was admitted the same day for the same emergency operation to remove the abscess.

BOLDERSON: In all the time she lived at home, had she ever had anything like this?

FRANCIS: No, not in 25 years. No, she'd never had anything and her medical reports support that.

BOLDERSON: We asked Marcus and Marcus to comment on what the family say happened to Lauren while in their care. They said they'd thoroughly investigated and addressed every complaint raised. They went on to say they take complaints seriously and view this as an opportunity to learn and improve. 'We place service users' welfare and well-being at the centre of everything we do,' they said, and they pointed out that they're accredited by the National Autistic Society. Enfield Council, responsible for Lauren's care, told us the safety and wellbeing of everyone receiving care in Enfield is a priority for the council and that they robustly investigate all complaints. They said they'd looked into each of the complaints made by Lauren's family and made efforts to address their concerns, and they described Marcus and Marcus as a well-respected care provider. Last summer, after four years in the house, the family moved Lauren to a different supported living arrangement. They say she is now getting the care that she needs and she's happy there. But they believe where she had been living should have been more thoroughly overseen by the CQC. At its last inspection in 2017, Marcus and Marcus was rated Good in all areas. But that inspection was limited in scope because the company's registered as a homecare agency, providing

**BOLDERSON cont:** support workers to eighty people in supported living. That means the inspection mostly took place at the head office with visits to two properties where care was being delivered. Emma Francis believes the CQC needs to do much more than that.

**FRANCIS:** I would suggest if they are the regulators of care, that they begin to regulate. Care providers are inspected but at their head office. Well, no care takes place at the head office. Care takes place in private homes, in small flats, in bedsits, in family homes - that is where they need to be looking. I'm not interested in them having hot cups of coffee and poring over shiny files. They need to be hands on, they need to be where the care is happening.

**BOLDERSON:** The CQC confirmed to us that they had not been to the house where Lauren was living during their inspection of Marcus and Marcus. They said, we use the provider's office address as the location for inspection – that is what the law tells us to do. But that's not good enough for independent advocate, Jayne Knight. She co-wrote the REACH standards, which the CQC says care providers must follow. They cover a number of important rights for people in supported living - including the right to good support in a place where they have chosen to live, with support workers - also, of their choice.

**KNIGHT:** It really bothers me. We don't want to go to a situation where people are very heavily regulated and people can just come into your home and inspect what you're doing there. But what we can have is a very, very laissez-faire type of non-inspection that means that people are living poor quality lives with poor quality support, and that's dangerous.

**BOLDERSON:** How much do you think that is happening?

**KNIGHT:** From my perspective of where I actually see what's supposed to be supported living nationally, I would say a good 60-70% of that would go nowhere near the REACH standards, if we were actually looking at supported living. There's probably a very good 20-30% of supported living which is excellent, and then we start to see very, very big differences in the majority of it nationally.

**BOLDERSON:** It's difficult to say exactly what impact this relatively light-touch regulation is having on people in supported living. But along with the BBC's Breakfast programme, we've obtained figures showing a steep rise in the number of statutory notifications to the CQC about unexpected deaths and serious injuries in supported living properties that house learning disabled people. They show a total of 2,041 unexpected deaths of learning disabled adults of all ages between the years 2011 and 2018. Last year alone, there were 134. Still relatively low numbers overall, but a rise of almost 40% over eight years. We know there are more people now living in these settings and the increase could in part reflect that. But the injury figures are also concerning. These went up by a staggering 279% to more than 800 last year. In total, more than 3,700 injuries were recorded over the eight-year period - that's more than one serious injury to a learning disabled person per day.

**KNIGHT:** I was really shocked when I saw those figures. I accept that people are saying, well there's a lot more supported living and there's better reporting. What is happening is that there's very poor quality housing with very poor quality staffing because of the fact that a lot of care providers are being kept at a very minimal amount to actually do supported living, and with the lack of checking and the lack of safeguarding, we could be exposing people to really unsafe environments with care providers who are not given sufficient training, sufficient funds to have that training for people who are actually being employed on such low level wages, and I'm not surprised that those figures are a lot higher than people might have expected.

**BOLDERSON:** We put the figures to the Department of Health and Social Care. They didn't provide a specific response but did say, 'Abuse or neglect in any care setting is unacceptable. Councils have a clear duty to commission safe services' and they added that they're supporting councils to improve safeguarding and the quality of their services. It's been striking while making this programme how hard it's been to find anyone who can explain this trend in serious incidents. It's possible the numbers include some people with mental health or other needs. Nevertheless, for all the experts we've spoken to, the year on year increases raise important questions about the safety of learning disabled people in supported living. We wanted to ask the CQC about this, but they declined to be interviewed. And there's another problem with this housing and care model and that's the relationship between the care provider and the landlords of the properties in which the tenants live. This is where it gets complicated. Anyone can own one of these buildings, and

**BOLDERSON cont:** increasingly, big property companies are getting in on the act. It's a profitable business because there's a guaranteed income from housing benefit subsidised rent. What's more, because these are people with disabilities, that housing benefit isn't capped, as it is for most people under reforms to the welfare system. That's as long as the landlord collecting the rent is a housing association or some other kind of social housing provider. So the owner leases the property to a housing association, who then rents it to the person with learning disabilities – the tenant. But the housing associations need to be certain the rooms in the property will always be filled. If they're not, as landlords, they'll be out of pocket - because remember, they're having to pay those private owners leasing fees. Belinda Schwehr is a former barrister, now Chief Executive of CASCAIDr, a charity made up of volunteers who provide free advice on adult social care.

**SCHWEHR:** In my experience, what is happening now is that the landlords, who've got the 25 year lease of the building, but at quite a high cost, they're very anxious about the risk of what are called voids. Voids in the rental income coming in.

**BOLDERSON:** That means empty rooms?

**SCHWEHR:** Empty rooms. So what they look to is for some sort of comfort or guarantee that if a room remains vacant, then somebody somewhere will pay them the equivalent of the rent for that room. So the question is then, if you're that landlord, who do you get that guarantee from? In the past, it used to be from local authorities or the NHS, who needed to set up the availability of this form of housing in order to be able to funnel people towards it, in order to keep the cost of care as low as possible. And a new model has sprung up whereby the landlord takes a guarantee off of the care provider in return for giving the care provider nomination rights over the tenancies.

**BOLDERSON:** Nomination rights meaning that in exchange for a guarantee to cover the rent on any empty rooms, the care provider gets the right to nominate or introduce the client, the person with learning disabilities, to a particular property.

**SCHWEHR:** If you go to live in supported living, what is now happening, which is the very dangerous legal trend in my view, is that if the care provider is the keyholder to who gets into the property in the first place, so that you don't get nominated

SCHWEHR cont: to the tenancy unless the care provider has nailed the contract at the price they want for your care. If you don't get into that property unless you're having care from that care provider, that has tied the care arrangements inextricably to the accommodation arrangements, and that makes the place a potentially unregistered care home. And when I have tried to engage with CQC senior management about the danger of this trend, I have been blanked.

BOLDERSON: We asked the CQC about this link between care provider and accommodation. They said when a person must use a particular provider to remain in their home, then this would be considered accommodation with care - much as Belinda says (and that, of course, would require registration and full inspection). And the CQC adds that when they come across it, 'We have and do challenge these arrangements.' For care providers, there are obvious financial advantages to securing nomination rights to a property. If they're delivering care for everyone there, then crucially they can pool some of the care hours, and that's something Belinda Schwehr has also seen.

SCHWEHR: I hear accounts of people having care packages that have been cut by over 50% - care packages for them as individuals, and the rest of their time is now group time. I've even heard of a place where people have to go to their medical appointments with each other. And in one other place, if one person wants to go to church, then it is considered to be good for everybody else to go to church as well.

BOLDERSON: So that makes a mockery of the whole idea of the independence and choice that supposedly comes with supported living?

SCHWEHR: It does. But it happens because people's relatives have been encouraged to believe that life is inevitably better if you are in independent living. And also, parents feel very uncomfortable about arguing with a local authority that has managed to make this happen if their loved one has been in an institutional setting for the past, you know, three, five, seven, ten years.

GARROD: We would consider best practice to be a level of separation between the housing service and the care provision.

**BOLDERSON:** Glen Garrod of the Association of Directors of Adult Social Services.

**GARROD:** There are some providers in the country who do both, but there should be a level of separation between the two. And that allows the individual tenants the option to choose who is providing the care, which is so important.

**BOLDERSON:** But we're hearing that that just doesn't happen. That you're offered a place in a house, a room that you rent as a tenant, and with it comes the care provider, that they are the care provider for all three or four or up to six people in that house, and there is no choice.

**GARROD:** Again, we would consider best practice to be a level of separation between the housing service and the care provision. It may be provided under an umbrella contract, but there should be opportunities for people to buy care elsewhere. It is important that we make sure people have a choice and that their families are engaged in that process. And in a way, through that exercise, we are going to better meet people's needs.

**BOLDERSON:** We asked the Department for Health and Social Care for an interview. They declined but told us the Government wants people with learning disabilities to be able to live in their communities, and 'expect councils to offer a meaningful choice of suitable, high quality services.' Those are the laudable ideals of the Transforming Care agenda, but as Jayne Knight says, economic pressures and a lack of rigorous inspection mean too often they're being undermined.

**KNIGHT:** Lately - and quite rightly - people have been focusing on institutional care and death by indifference, and the fact that people have actually been dying in institutional care and we haven't taken any notice, so people have then focused a lot on institutional care and they need to do that, that's really, really important that people do that. But they've taken their eye off the ball in terms of what's being actually put up instead of institutional care. So what we have is that even a lot of the organisations that have been providing the institutional care in the first place are now very interested in supported living. Lots of very, very large organisations are involved in supported living, and the same

