



**Building Community Strategies  
Working Paper No. 2**

**Southwark  
Consortium  
1984-1987**

Organisation and Action in the  
Local Development of Services  
for People with Learning  
Difficulties

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## **SOUTHWARK CONSORTIUM 1984-1987**

Organisation and action in the  
local development of services for  
people with learning difficulties

**COLIN ROCHESTER**

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## **PREFACE**

One Saturday early in 1984 I went to Peckham to participate in a day conference for local people interested in the King's Fund. 'An Ordinary Life' initiative. It was a very encouraging day in which authority members, local professionals, parents and other community members came together to commit themselves to develop new opportunities for people with learning difficulties in their borough — a significant number of whom had been sent away to live at Darenth Park Hospital, which was scheduled for closure (and is indeed now closed).

Preceded by much careful preparation, this conference proved to be the launching pad for the Southwark Consortium — one of the most interesting examples of the creation of new forms of welfare organisation, outside the statutory sector but closely linked to it, able to bring together in a variety of agency contributions in managing the rapid development of community-based opportunities and services.

Colin Rochester, who himself had an influential role in the work of the Consortium over the period, has written this account of its evolution. He described the vision which motivated its leaders, the detailed decisions taken to create an effective inter-agency initiative and the strength's and weaknesses in what has been achieved over the first four years.

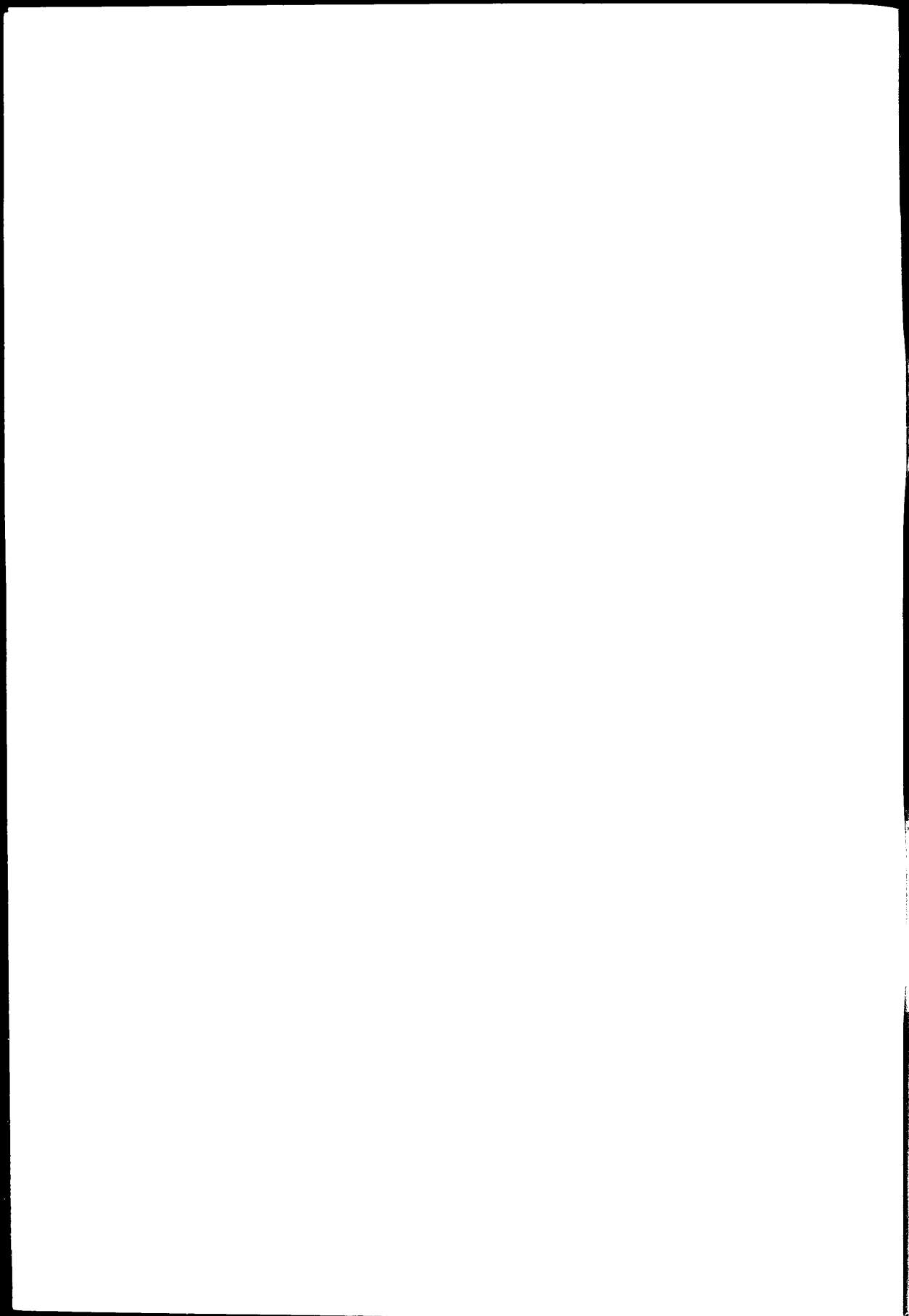
At a time when pluralism in provision is being encouraged and statutory agencies are themselves promoting the proliferation of new kinds of 'independent' organisations to deliver services, there is much to be learnt from the Southwark experience. Through it's 'Building Community Strategies Working Papers' the College is therefore making this report more widely available.

March 1989

**David Towell**

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## FOREWORD

Founded as the Cambridge University Settlement almost a century ago, Cambridge House has, throughout its history, pioneered imaginative and innovative schemes and projects aimed at improving the quality of life for the people of South London.

Some of these initiatives — like the first professionally staffed free legal service and the original adult literacy scheme — have become part of the settlement's continuing activities. Many others, however, have been conceived and developed by Cambridge House with a view to their becoming separate and independent projects.

During the 1970s the settlement became particularly concerned with the needs of people with mental handicaps and their families. This concern led to a series of projects concerned with play; youth work; holidays away; community work; and advocacy, with people who had learning difficulties. Perhaps the most significant of all was the establishment of the Southwark Consortium for People with Learning Difficulties and Cambridge House is proud of its role as the parent body for this important initiative in community care.

One of the settlement's aspirations is to share its experience through publishing accounts of its work, in the hope that this will help to inform good practice and influence the making of social policy.

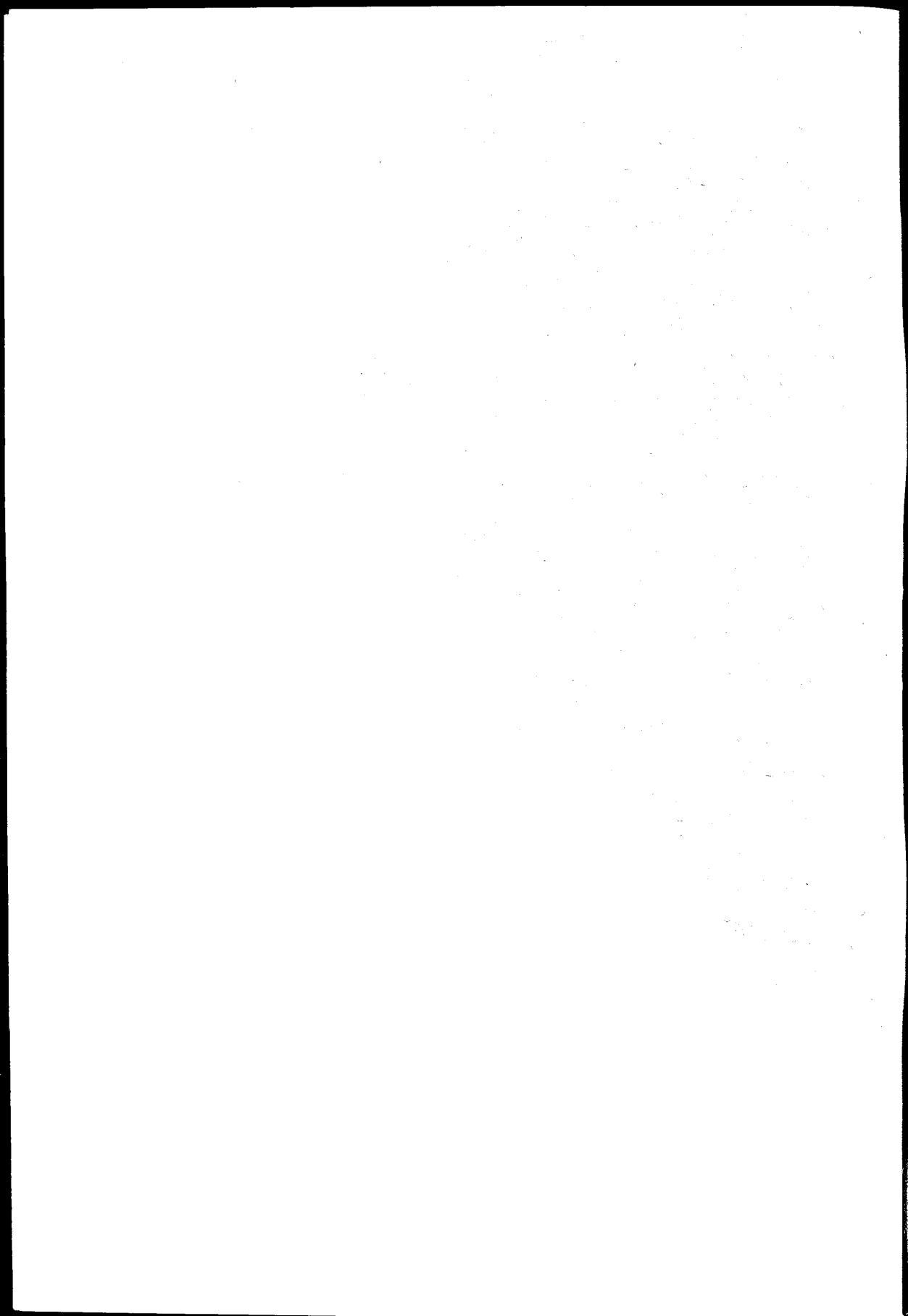
This brief narrative account of the Consortium's origins and first three years has been written by Colin Rochester who, as Head of Cambridge House from 1978-87, was one of the small group of people who conceived the idea of Southwark Consortium and worked with such effect to bring it into being. He was a member of its management committee until May 1987 and for much of that time its Treasurer.

I hope and trust that his description of the formative years of this important project will be of value not only to those who are responsible for implementing other community care initiatives but also for those whose decisions shape the environment in which the work is undertaken.

**John Posford**

Chairman

Cambridge House and Talbot





## 1. CONCEPTION

The Southwark Consortium for People with Learning Difficulties was the product of a rare combination of circumstances. A problem that needed an urgent response coincided with an opportunity to do something about it. And a group of people with the ideas, vision and energy to make the attempt found an organisation that could provide an appropriate means of achieving it.

The problem was caused by the decision to close the large hospital near Dartford which had for decades provided the great majority of residential places for people with learning difficulties from Southwark and other parts of South and South East London.

Closure of Darenth Park Hospital would have a two-fold effect. It means a halt to admissions and the need to provide alternative residential services for those who would otherwise have gone to Darenth. The more urgent problem, however, was the need to cope with the return of residents in the hospital to their health district of origin.

In the case of Southwark it was estimated that provision would have to be made within the space of a few years for some 150 people. The closure of Darenth Park Hospital was a symptom of two powerful shifts in social policy. On the one hand it was part of the move away from institutional care not only of people with learning difficulties (or mental handicaps as they were then described) but also for elderly people and people with mental health problems.

The second important feature of the changing climate has been the growing recognition of the "right of all mentally handicapped people to be treated as individuals, to live life to the full and to have access to the same services as the rest of the community."

This radical change in perceptions about the capabilities and potential of people with learning difficulties and the growing expectations of a better quality of life for them led to a philosophy of "normalisation" which was articulated in an influential King's Fund Centre paper. Published in 1980, **An Ordinary Life** offered a philosophy, a model of care, **and** practical guidance about how to organise a service based on those principles.

Against the then orthodox model of smaller, more local, and better resourced hospital units the authors offered a radical alternative replacement for the old "mental handicap hospital".

"Our goal is to see mentally handicapped people in the mainstream of life, living in ordinary houses in ordinary streets, with the same range of choices as any citizen, and mixing as equals with the other, and mostly not handicapped members of their own community."

Such was the impact of the publication that it was reprinted in 1982 and 1984. In a foreword to the 1982 edition, the King's Fund Centre's Assistant Director, David Towell, reported that, quite apart from meetings held elsewhere in the country, more than four hundred people had participated in conferences and workshops at the Centre in which the suggestions made in "An Ordinary Life" were explored.

Southwark is served by two District Health Authorities, Camberwell which serves the South, and Lewisham and North Southwark in the North of the Borough. By 1983 their approaches to the problem of meeting the need for residential accommodation for the returning residents from Darenth Park and those who would never go there, diverged radically.

Lewisham and North Southwark's predecessor authority, Guy's Health District, had set up a Development Group for Services for Mentally Handicapped people. Their brief was to ascertain the numbers requiring services; to evaluate existing services; and to outline the services needed to provide "a comprehensive mental handicap service for the District with the emphasis on Community Care". Their report, which was submitted to the District Management Team (who published it for consultation) in 1981 was imbued with the philosophy of **An Ordinary Life**.

In marked contrast, Camberwell planned to meet the need by providing a major development on a single site at Crystal Palace. The Bowley Close project was originally planned to provide 96 places, later reduced to 72. By 1983 this proposal had become the centre of a major controversy within Southwark. Opponents of the scheme enlisted the support of the Chair of the Borough's Social Services Committee who was reported to have threatened to ask her colleagues in the ruling Labour Group to refuse planning permission for the proposed development.

This caused consternation among the members of the local Society for Mentally Handicapped Children and Adults who represented a very significant proportion of the parents and relatives of people with learning difficulties in Darenth Park and in the community. Their concern was that, with the closure imminent, the risk of cancelling the known provision at Bowley Close in favour of some eleventh hour

alternative that was untested was unacceptably high. They wanted to be sure there would be enough provision to meet the unknown need. Moreover, they were worried about the logistics of a service based on scattered houses for two or four people. How could the level of supervision and care be maintained if staff fell ill or were absent for other reasons at short notice?

In the end, planning permission was not withheld from the Bowley Close development. But the need felt by its opponents both in Southwark **and** within the Camberwell Health Authority to find a means of developing an alternative service was one of the mainsprings of the creation of the Consortium.

The means they found was a multi-purpose community based charity. Cambridge House has provided advice, community work support, youth activities, education and legal services since the last century. During its long history it has also developed a number of innovative projects including — in the late 70's and 80's — schemes concerned with the welfare of people with learning difficulties and their families.

It was hardly surprising, therefore, that representatives of Lewisham and North Southwark District Health Authority and a local Housing Association should raise with Cambridge House the possibility of their acting as managers of a scheme they were developing as part of their new residential service in the North of the Borough. (A scheme of this kind needed to be managed by a voluntary organisation in order to qualify for capital and revenue grant aid from the Housing Corporation).

A meeting arranged to pursue this took place on 5th June 1983. This proved to be the occasion on which the Consortium was conceived. Instead of making arrangements for the management of a single scheme the four people present decided to take more far-reaching steps. They agreed to organise a one-day conference on ordinary housing and to explore the possibility of securing funding for a project worker who would develop a Southwark-wide Mental Handicap Consortium to co-ordinate the borough-wide provision of normal housing.

At its later meeting this planning group was enlarged to include officers of the Camberwell Health District and the Social Services Department. Arrangements for the Day Conference took shape rapidly. While this was to be held under the aegis of Cambridge House as a body which was neutral and independent, the cost was borne by the three agencies.

The conference was held on 28th January 1984 at the North Peckham Civic centre and attended by 120 people including officers of the health districts, the social services and housing departments, members of the health authorities and local councillors, representatives of housing associations, staff from voluntary organisations, people with learning difficulties and parents.

The programme had three components. Its central purpose was to foster co-operation and promote the sharing of experience. The method chosen was to devote much of the morning and afternoon sessions to workshops on the "nuts and bolts" of residential services — housing legislation, finance, staffing, and so on. Secondly, the organisers aimed to relate the mechanics of provision to the philosophy of normalisation and the **Ordinary Life** model care. To this end they invited Chris Heginbotham, Director of MIND and a member of the group that had produced the seminal King's Fund Centre paper, to chair the meeting and to open the proceedings with a statement of the basic principles of normalisation. Finally, the planning group sought endorsement for the establishment of the proposed Consortium.

In one sense this was the sub-text for the whole day but, formally, it was at the end of the Conference that the Consortium was brought centre stage and launched with the firm support of the Chair of Social Services.

## 2. THE GROWTH OF AN ORGANISATION

By the time of the official launch, much of the initial groundwork for establishing the Consortium had been completed; indeed the planning group had spent as much time discussing these preparations as it had devoted to the arrangements for the Conference.

The original notion of seeking funding for a project worker who would prepare the ground for a collaborative approach had been rapidly superseded by a proposal to establish an organisation with a three year development programme. This would be staffed by two development workers and was costed at a total for the three years of £120,000.

During the three year period the project would be managed by Cambridge House who, as with its other activities, would delegate much of the management of the scheme to a project committee. By the end of three years it was intended that the Consortium would establish itself as an independent organisation and secure long term funding for the future.

An approach to the Joseph Rowntree Memorial Trust for funding received an encouraging response. By the time of the Day Conference the planning group had grounds for optimism that part of the funding would be forthcoming.

The other need was to gather support locally for the idea of ordinary housing and for the Consortium as a means of achieving it. While the Conference had an important part to play there were other means available. Members of the planning group canvassed support in professional circles. The Chair of Social Services was approached. A hundred copies of **An Ordinary Life** (the largest single order received for it) were bought and circulated. And a special meeting of the Governing Body of Cambridge House was held in October 1983 at which the means of institutional and community provision were debated by a number of invited guests.

Following the launch Cambridge House formally constituted the planning group into a steering committee for the new project. By this time the group had again expanded slightly and comprised officers of both health districts and the social services department and representatives of housing associations, the adult education service and Cambridge House.

Backed by letters of support from the Directors of Social Services and of Housing and the Administrators of the two District Health

Authorities, the committee's application was considered by the Rowntree Trust in March 1984 and a grant that would cover approximately half the costs was agreed. Further successful applications to the King's Fund and the Mental Health Foundation followed, the steering committee became a management committee, an office in Cambridge House was allocated to the project, and advertisements were placed for staff. Interviews were held during the Summer of 1984 and the workers were in post on 1st October.

The original team of two people brought complementary experience and skills to the Consortium. While both posts were geared to developing the organisation and its work overall, each had specific responsibilities for, respectively, the housing and care aspects of the project. The former post was filled by someone with extensive experience of finance and of running voluntary organisations but without direct experience of working with people with learning difficulties: the latter was taken up by someone with a background in residential care for this particular group.

This level of staffing proved adequate and appropriate for the development tasks of the project. An organisation was created, patterns of collaboration in providing a residential service established, and a philosophy of care made explicit. But as houses started to come into management, the role of the Consortium's staff began to change.

In June 1986 the need to provide a centralised housing management service and financial systems was recognised with the appointment of a Housing Manager and a Finance Officer.

By October 1987, the growth of the residential service and the shift of staff responsibility from development to management led to a further reassessment. It was agreed that the senior development worker should be redesignated Director and lead a team consisting of a Housing Manager and another Housing Officer, two Development/Management Support Workers, a Finance Officer, and an Administrator. In the Director's opinion another Housing Officer, an additional part-time Finance Assistant and further administrative support will be needed by April, 1988.

This expansion of the staff team has been made possible by the Consortium's transition from short-term trust grants to longer term funding from income generated via the housing service plus grants from joint finance and the main programmes of the Social Services Committee and the two Health Districts.

The appointment of a Finance Officer has enabled the Consortium increasingly to look after its own financial affairs. While it was a small scale development project it was simply another Cambridge House scheme. As it moved into housing management and the size and complexity of its financial administration grew (by 1987/8 budgeted expenditure had already reached £500,000) it needed its own (computerised) systems and its own bank accounts. Since April 1987 it has been self-sufficient in these respects.

By October 1987, its administrative self-sufficiency will be matched by its legal independence and separation from the parent body. Final arrangements have been made to establish the Consortium as a company limited by guarantee and a registered charity.

The Consortium's aims as defined in the funding submission were "to assist and co-ordinate" the provision of Housing and the employment of suitable trained people in sufficient numbers to staff the service; to offer advice and consultancy services to statutory and voluntary agencies in Southwark; and to communicate to individual members of the public and community groups the aims and objectives of the project and its purpose.

In January 1985, staff and management committee members devoted a day to clarifying and adopting those goals. As a result it was agreed that the Consortium existed to:

1. Help achieve enough appropriate accommodation to meet the housing and related need of people with a mental handicap in Southwark.
2. Establish a coherent programme of development for the borough and ensure that targets are met and timetables adhered to.
3. Ensure collaboration between its member agencies in the planning and delivery of services and influence those members towards the adoption of common goals and consistent policies and standards.
4. Foster for its members a network of communication which allows information, experience and expertise to be accumulated and shared.
5. Improve services for mentally handicapped people by helping to evolve the principles that should inform these services;

establishing good standards of practice and ensuring that services are evaluated and reviewed.

6. Maximise the use of resources available for services. (This is expected to include monitoring the effectiveness of services, pooling resources and avoiding duplication).
7. Encourage and develop appropriate and effective management arrangements for housing projects.

Two years later they met to review the progress made towards those goals and to discuss whether the statement needed revision in the light of experience. While the goals remained intact the passage of time led to a reassessment of priorities. In 1985 the need to achieve enough accommodation of the right kind and to ensure that it was provided on schedule had been paramount. Two years later and with the programme under way the focus was not exclusively on housing nor was the main emphasis on maintaining timetables. Participants were concerned that adequate opportunities for day-time activities were created and laid stress on the principles that should inform the services, achieving good standards of practice and developing systems of evaluation. They also emphasised the importance of collaboration in order to promote common standards. And they felt strongly that some way had to be found for people with learning difficulties to be heard and involved in the management of the services.



### 3. THE DEVELOPMENT OF THE HOUSING PROGRAMME

The Consortium's funding submission of May 1984 set objectives for the housing programme. In the short-term the aim was to assist the development of more than a hundred places in normal housing: this would be accomplished, it was suggested, in 2-3 years. In the medium term — 3-6 years — the task would be to double that provision to about two hundred places.

These targets were always unrealistic. In the first place they were unduly optimistic about the number of places already planned. While some of these places have been provided outside of the Consortium programme (by the Social Services Department and two voluntary organisations) the fact remains that, by the end of 1984, property had been found that would provide little more than half the initial objective of more than a hundred places. And they did not take account of the delays inherent in the development process.

In fact the Consortium's achievement is remarkable. By the end of 1988 it will have developed and have in management accommodation for 97 people. This figure does not include the houses, flats and bungalows developed by Camberwell Health Authority on the Bowley Close site which Consortium agreed in the Summer of 1987 to take into management.

The accommodation will be on twenty-one different sites and comprises:-

1 x 10 person house	1 x 4 person maisonette
1 x 5 person house	2 x 3 person flats
6 x 4 person houses	13 x 2 person flats
4 x 3 person houses	4 x 1 person flats

By October 1987 — three years after the Consortium office opened — the organisation had in management:-

<b>Occupied</b>	
1 x 10 person house	1 x 3 person flat
1 x 4 person house	6 x 2 person flats
1 x 3 person house	(3 vacancies)
1 x 5 person house	3 x 1 person flats
(1 vacancy)	<b>42 residents</b>
2 x 3 person bungalows	<b>4 vacancies</b>

**Ready for Occupation**

1 x 4 person house  
1 x 4 person maisonette  
1 x 2 person flat  
1 x 1 person flat

**additional accommodation for  
11 people**

There were some initial difficulties of the kind experienced by all house buyers. By the time finance had been agreed for some properties another buyer had clinched the deal or the asking price had risen with the market beyond the capital agreed. In one case structural defects stopped the purchase. Nonetheless sixteen of the twenty-one sites or properties for development had been found by September 1986, ten of them in 1984. This suggests that rather more places should have been occupied two or more years later.

There are a number of reasons for delays in the programme. Finance is perhaps the most common. Those funded by the Housing Corporation through Housing Association grant (the majority) have been subject to delay because of the way money is allocated in two blocks. The allocation of money to purchase the property to be acquired is not followed speedily as a matter of course by the allocation of the money necessary to pay for the refurbishment and conversion of the house. Instead, the project has to compete with all the other schemes in the Housing Association's programme and will take its place in the queue according to the Association's assessment of its priorities.

Rather different problems have arisen where the capital costs of the projects are funded by the National Health Service. The advantage of this source of capital is that approval is given at one and the same time for the costs of acquisition and conversion. The disadvantage is that the costs limits used by the Regional Health Authority have not been increased for some eighteen months, a period during which the equivalent measurements used by the Housing Corporation have risen by forty per cent. This has led to delays while additional funding is sought to bridge the gap between the grant allocated and the actual cost of the development.

These delays have been exacerbated by problems that occur after the house has been handed over as ready for occupation. The biggest cause of further delay has been a failure to recruit and deploy sufficient numbers of suitable staff in time. It is, after all, a formidable task to recruit more or less simultaneously a large number of people and train

them to form almost overnight a new profession or occupation. The difficulty is heightened by funding problems and short-comings in design. In some cases major structural alterations have been found necessary after handover because the design work had to be done before the residents were identified. Together with delays in handing over houses this kind of problem has made accurate recruitment practically impossible, while the Regional Health Authority's funding policies create major difficulties in employing staff before handover.

Design failures can be attributed to a lack of experience in the specific field of normal housing for people with learning difficulties and to the absence at an early stage of information about the particular group of people — those returning from Darenth Park — for whom the housing was intended. One consequence has been that the amount of ground floor provision for people with restricted mobility is insufficient. In one case, where the intention was to provide a place suitable for a wheelchair user the conversion was designed to the usual standards which assume a level of fitness, suppleness or youth which none of the Darenth Park residents could match.

Other delays could be to do with the needs of individual residents. One man, for example, had to wait for his discharge from hospital until the Health Authority opened the outpatients clinic he needed to attend.

Despite these delays, some of which might have been avoided, the Consortium's housing programme is an impressive achievement. Few organisations are responsible for such a large provision of "special needs" housing and it is unlikely that any of these are working in a single borough. As well as its size, the speed with which the programme has been carried out is remarkable. According to one Housing Association worker the Consortium has attempted to achieve in two years what elsewhere would take at least seven or eight. Inevitably the haste has meant that there are shortcomings in the provision and these will be discussed later.

A note about Bowley Close is, however, needed at this stage. The once so controversial development has been progressively scaled down until the maximum number of people accommodated on the site will be forty-two, although it is planned that fewer people will live there eventually in order to avoid shared bedrooms.

The Health Authority's decision to ask Consortium to manage the development is both a curious turn of the wheel and also a significant expression of confidence in the organisation.

Bowley Close is not, even in its attenuated form, an example of normal housing. It is on the other hand a valuable resource in that it provides much-needed wheelchair-accessible accommodation. Some improvements have been put in hand so that the institutional style of fittings have been replaced with domestic items. And, in the long run, it may well be possible to "disperse" the residents by exchanging some of the houses for properties developed by Housing Associations elsewhere in the Borough.

#### 4. FUNDING AND MANAGEMENT OF THE RESIDENTIAL SERVICE

The motives of those who founded the Consortium were mixed. They proceeded in part from the vision of a radical model of community care and from a conviction that the co-ordination of planning would provide more effective services. There were, however, more pragmatic considerations: better services depended on adequate resources and this meant taking advantage of all the available sources of finance. One cost-effective means of achieving some of the required provision had been identified: the new Consortium would develop housing in collaboration with Housing Associations.

The decision to work with Housing Associations was almost inevitable. Government policy means that the associations had capital and revenue resources for development and local authorities did not. With the exception of the development at Bowley Close — a scaled-down version of an institutional model — the Health Districts were not likely to build their own houses and their Works Departments were inexperienced and ill equipped for the task of converting existing houses. While a minority of the Consortium's houses are newly built, most are older houses which have been acquired and renovated: nearly all of them are owned by Housing Associations. The capital costs of Consortium schemes have been met from three different sources: Housing Corporation funds, National Health Service funds, and Southwark's Housing Investment Programme.

This has proved an effective means of providing a large number of places in a comparatively short time, but it represents only one form of provision. At its 1987 Goals Review Day the management committee and staff expressed the feeling that a greater variety of tenure and provision was needed. One major problem is the lack of interest shown by Southwark's Housing Department in working with the Consortium to provide Council accommodation for people with learning difficulties. On the other hand a number of people **have** been helped by the Consortium to become municipal and housing association tenants, take up places in sheltered housing and old people's homes, and become members of housing co-operatives. And one of the Consortium's own projects is being set up with the intention that it may develop into a co-operative.

While there are several variations on the way in which revenue costs are funded, the most usual model may involve three elements: charges to residents, hostel deficit grant, and, sometimes, grants from the local authority or one of the health districts. As a matter of policy and in

order to maximise income and thus provide more services, charges to residents are normally inclusive and therefore set at a high level. The rent paid includes payment for the provision of some care and support as well as housing management and landlord services including accommodation, heat and light, and associated costs. It also includes the cost of food but this is usually returned to the residents so that they can buy their own provisions. Residents who are unable to meet the charge from their own resources claim supplementary benefit from the Department of Health and Social Security.

Hostel deficit grant in respect of eligible expenditure is claimed from the Department of the Environment by the registered Housing Association which owns the house and passed on to the Consortium. As the name implies, its purpose is to fund the inevitable gap between income and the full cost of certain items of housing expenditure. Unfortunately, a deficit on these items is accompanied by a similar shortfall on other costs not eligible for hostel deficit grant. It is this gap which is bridged by grants from the District Health Authorities or Social Services Department —or from the Consortium's extra care pool.

A high proportion of the residents in the Consortium's houses are on supplementary benefit. Changes in the benefit system have become commonplace under the present government and it is possible that the levels of benefit for people in this position might be cut. The arrangements for Hostel Deficit Grant are currently under review and this may result in changes in this source of revenue. In the longer term the Consortium hopes that residents in some of the houses may need less support and it may, as a result, want to terminate their registration under the Registered Homes Act of 1984. If this happens, residents on benefits would be entitled to less and charges would be reduced. A reduced rent is already charged to working residents who are ineligible for supplementary benefit.

These three factors make it clear that the funding of the service is not secure. That is why the Consortium tries to organise the funding for each project so that these potential reductions in income can be accommodated. This means that grants or other forms of help (guaranteed domiciliary support, for example) are sought from the statutory bodies to ensure that the Consortium will remain able to provide staff. If in the process a surplus is generated on a project this goes into the extra care pool which funds deficits on some projects; additional services; some central costs; and other direct assistance to residents.

The arrangements for the management of the service are no less complicated to describe than its financial aspects. Again there are variants but the main model involves three contracts into which the Consortium enters.

The first of these is a management agreement between the Housing Association which owns the property and the Consortium. This takes the normal form of such arrangements, defining the terms on which the Housing Association appoints the Consortium as its managing agent for the service and specifying the responsibilities which this involves. These include the payment of charges to the Housing Association in respect of maintenance, management, insurance and fire protection costs; the presentation of quarterly management accounts and annual audited figures; responsibility generally for the welfare of the residents and specifically "that staff are employed and paid as required to fulfil the project's aims". In other words, the Housing Association has not only delegated to the Consortium its legal responsibility to manage the housing provided but also to provide the care services that might be necessary.

The second contract — between the Consortium and the appropriate caring agency (district health authority or social services department) — is more original. It has the effect of guaranteeing to the Consortium the means of providing the care it has contracted to supply. Typically the caring agency undertakes to ensure that the care staff receive day to day support, supervision and training so that they implement the Consortium's policies and procedures and work to the plan set by the project committee. It may also agree to provide additional staff to support residents on a domiciliary basis where necessary, and a grant to the Consortium to help meet the costs of the project. And it will agree to make a major input into the project management committee.

This contract also has the effect of clarifying the responsibility of the Consortium's central office staff. For most projects the office provides housing management and financial and other administrative services. In a few cases housing management and/or administration is undertaken by the Housing Association. For one project the Borough Treasurer's Department was asked to deal with the book keeping but it was found that the systems and practices of a large, bureaucratic organisation were ill adapted to the needs of a small, local project.

The final contract at the heart of the arrangements is the licence or tenancy agreement between the Consortium and each of the residents. Through this the right to occupy the accommodation which has been

granted to the Consortium by the Housing Association is in turn passed on to the individual resident. Clearly, there are problems for people with learning difficulties in understanding the meaning of this contract. The Consortium has tried to make the document accessible so that residents can understand what it is they are signing and a great deal of time is spent explaining what it means. The agreement is with the individual: it was felt that it was unreasonable to expect residents to take on a great deal of responsibility for one another through a joint agreement for shared accommodation.

The Consortium sets up a project committee to manage the service for each house or group of residents and this will also be described in the agreement with the caring agency. Established as a sub-committee of the Consortium's management committee, each project committee consists of nominees of the caring agency and of the Consortium. In practice a body of this kind will be in existence for some time before the agreements are drawn up and signed. As a steering committee it will be concerned with the design of the unit and the drafting of an operational policy which will describe how the house will be run and define the numbers of staff required.

The operational policy becomes part of the agreement between the Consortium and the caring agency. Once the house is in management the project committee sets the policy and manages the service. And it becomes the principal means of monitoring the quality of what is provided and of taking action to improve it. As a sub-committee it must report regularly to the management committee of the Consortium.

The system of providing a committee for each individual house may well be a unique feature of the Consortium. It does not, of course, make for a streamlined administrative system and it can mean that some key figures (like the Consortium's central office staff) spend a great deal of time in meetings. On the other hand it has positive advantages. It means that each project will receive individual attention and that the provision both of housing services and of care will be scrutinised at close quarters. And there is evidence that some at least of the support staff welcome the opportunity to develop their thinking about the service they are providing in a forum which is wider than a group of representatives of their employers or managers.

Most important of all, it is the means of providing the opportunity for resident involvement in management. It is unreasonable to expect people with learning difficulties to get to grips with decisions that affect a large-scale service but they can aspire to involvement in decisions about their own house, as a first stage.



Project committees also have the scope to involve in the management of the service a wider range of people than those who are professionally concerned with the welfare of people with learning difficulties. Members of the local community in which the house is situated and people with a variety of relevant skills and interests can be drawn into the development of a community service of the highest quality.

Among those who have been approached are community workers who know the local social networks, people with personal knowledge of using a wheelchair, a pensioners' organisation in relation to an older resident, an expert on mental health problems and someone whose ethnic origin is similar to that of one of the residents.

At this stage of its development the Consortium feels that the system of individual project committees has great virtues. Whether it will become a permanent arrangement remains to be seen. Apart from anything else it is a question of logistics: it may prove too cumbersome to maintain more than twenty sub-committees when the current programme is complete, let alone for any future developments.

One early model for the development of the service was that the Consortium's role would be essentially that of a co-ordinator. Housing management would be a function of the Housing Association while care staff would be employed by the statutory caring bodies. In the event the Consortium has found itself providing a housing management service **and** employing support staff.

An added complication is that it is not always in a position to employ directly all the support staff needed for a particular group of residents or house. The Consortium sets its charges to residents at a level that enables it to provide as many staff as possible but without raising them to a point which residents cannot afford. If that income is insufficient to pay for all the staff needed, the Consortium contracts with one of the statutory organisations to provide domiciliary staff as necessary.

The difficulty of having staff working with residents, some of whom are employed by one body and the rest by another, is usually addressed by placing the responsibility for the day to day line management of **all** staff in a particular project with one person. Overall, of course, the staff are accountable to the project committee and the nominated line manager will be a member of the committee.

For many of the projects the committee will have at its disposal — and under its management — housing management services and financial

administration provided by staff employed in the Consortium's central office.

The decision to appoint a Housing Manager was the outcome of a clear choice not to expect the support staff to act also as housing managers nor to return the responsibility to the Housing Associations. In the first place the choice was to treat separately two functions of the Consortium, the supply of housing and the provision of support to enable people with learning difficulties to live in it. Secondly, it represented a preference for a centralised "in-house" set of housing management and financial services.

The Consortium's Director has drawn attention in a recent article to the "new breed of generic support worker" who will increasingly staff community care provision. "The focus of their work is on enabling as well as 'looking after' clients, on assisting people to develop their skills and competence as well as ensuring that their needs are met." This role of supporter, adviser and sometimes advocate for the client can lead to "significant role conflicts for staff and confusion for clients where housing matters are concerned." Landlords' and tenants' interests are not identical and it is sometimes impossible for one person to assist the resident to promote his or her interests while playing a similar role on behalf of the landlord. Hence the decision to locate the housing management function separately from the support role.

The "in-house" plan was preferred to the alternative of asking the Housing Associations to provide housing management for a number of reasons. A centralised service could be built up quickly and efficiently with expertise concentrated in one place. It would enable the Consortium to maintain consistent standards of housing management. And a Consortium housing service offered an additional route through which residents could voice their grievances and influence policy.

The decision to set up a central financial service was altogether more pragmatic. It did, of course, add emphasis to the Consortium's role as landlord if the rents and out-goings were accounted for in the Consortium office. But the main reasons were the difficulty of finding administrative resources for the projects within the caring agencies; a concern to manage properly the large sums of money for which the Consortium was responsible; the cost-effectiveness of a centralised system, (especially with the use of new technology) and — most importantly of all — the desire for central control and deployment of income generated by the housing service.

## 5. NON-HOUSING SERVICES

While the original impetus behind the creation of the Consortium was the urgent need to provide housing, it rapidly became clear that the implications of a radical change from institutional care to care in the community were far reaching.

Widespread concern about the need for adequate day services brought more than thirty representatives of a wide range of agencies to a meeting convened by the Consortium in June 1985. They came together to exchange information about existing provision, share thoughts about the scale of the need, and to identify together the main gaps in existing provision. Among the deficiencies were the unsuitability of much of the existing service for the older people who would be returning from Darenth Park; inadequate provision for young adults; the lack of alternative to the adult training centre (which had a waiting list); and the absence of any significant programme of training for employment.

The meeting concluded that "what is needed is more provision, more imaginative provision, and a much wider range of alternative provision."

A second meeting which followed in July 1985 addressed the question of how to develop strategies to tackle these needs. The main outcome was to distribute tasks among three ongoing working groups who would look respectively at employment, education and leisure issues. Each group would produce a position statement about the particular service area covered which would include information about current provision and identify service gaps. Each group would also be expected to support or initiate specific pieces of new work. And each of them would report back to a further full meeting in February 1986.

For a number of reasons this recall meeting was held rather later — in July. Reports were received from all three groups but recommendations for action were made by only two of them. The exception was the group looking at educational provision. They had conducted a survey which had identified a number of needs, chief among which were the need for a greater range and volume of provision for clients returning to the community and greater opportunities for movement between different kinds of provision. As a result of these findings a worker had been appointed to develop opportunities for integration and a summer project organised by the Adult Education Institute. The group had, however, failed to gain active support across the educational agencies and voluntary bodies for

effective joint action. The Summer project had no input from the Further Education Service and the Borough's two special schools had not even returned their questionnaires.

This is symptomatic of the fragmentation of the various educational services. There is a marked lack of co-ordination between the schools and post-school provision which is matched by that between the different elements of post-school education — the Further Education College, Adult Education Institute and the day centre provision. Given these unpropitious circumstances it is hardly surprising that for the time being the Consortium has taken the realistic approach of concentrating its attention on education as it affects leisure activities and employment services.

The leisure services group reported that there was "sizeable set of resources" in Southwark. These took the form of clubs and classes specifically for people with learning difficulties; community facilities (like swimming pools and libraries) open to everyone; and the "people resources" needed to assist the potential consumers to get to and to take advantage of the facilities. There were, however, gaps and inadequacies in the service as experienced by the consumer.

One problem was that no single individual or agency was aware of all the special activities that were available. The task of compiling a comprehensive list or directory was undertaken by the local Elfrida Rathbone Society. The main thrust of the group's strategy, however, was to open up a wider range of mainstream leisure activities to a larger number of people with learning difficulties.

This was intended to take the form of a two-pronged attack. The first element involved trying to secure more resources in the shape of befrienders of support workers who would help individual people to gain access to activities and classes. To date this has been comparatively unsuccessful: funding has not been found for a scheme of the size needed. The second element was to change the practice of the providers. In the first place people with learning difficulties should be given opportunities to sample the activities on offer. Next, if they found the taste to their liking, there should be additional skills training to help them to cope with the demands of the activity. Finally, the staff conducting the classes and activities should be made aware of the needs and the abilities of people with learning difficulties.

The group recommended that a borough committee of the United Kingdom Sports Association for People with Mental Handicap should be established as the principal means of promoting such a strategy.

The first meeting of this group took place in November 1986. Drawing on the existing expertise within the Adult Education Institute and Southwark Council's new Recreation and Leisure Department, it has proved an effective forum for developing the relationship between those who provide generic leisure services and people with learning difficulties. "Taster" classes and skills building courses have been provided in a wide range of activities and disability awareness training organised for Recreation and Leisure Department staff.

For their part the employment group circulated a detailed report based on interviews with "people with a mental handicap, their parents and carers, and professionals in the field of employment." Written by a social work student on placement with the Cambridge House Project for the Mentally Handicapped, it recommended that the Consortium should look at ways of bringing into existence a "continuum of services for people with a mental handicap seeking employment." These would include preparation for employment, job finding, job keeping and development, information giving, and facilities for people who became unemployed or who wanted to change jobs. It suggested that significant contributions to this continuum of services would be made by setting up an employment preparation unit and an employment unit.

The meeting accepted this report as the basis on which an employment service for people with learning difficulties should be established. A working group convened by the Consortium's development worker was given the task of translating ideas into action. The outcome was a successful bid for funding under the Inner Area Programme to establish an employment project from April 1987.

The project is intended to enable people with learning difficulties to take advantage of their right "to meaningful employment of their choice in settings which do not separate them physically or socially from their fellow citizens." It has been jointly established by the two Health Districts and the Social Services Department. It will be staffed initially by a team of five, three employed by Social Services and two by Lewisham and North Southwark District Health Authority but seconded to Social Services. Camberwell District Health Authority is currently seeking funds to enable it to employ further staff who will also be seconded to Southwark. The project is to be managed by an advisory committee, convened by a member of the Consortium's staff and made up of people with learning difficulties, representatives of the three employing bodies, and other appropriate individuals involved in employment services and provision for people with learning difficulties.

Like the leisure services group the working group on employment set

out to draw into its work those who ran employment services as much as those who were responsible for the welfare of people with learning difficulties. The group's initial task was to establish what resources already existed and to discover what was still needed if a comprehensive service for people with learning difficulties was to be achieved.

Their task was carried out in circumstances rather different from those facing the leisure services group. For a start, employers did not see themselves as providing a service: the group was tackling part of the issue at one remove. Secondly, there was a lack of expertise: "mainstream" employment services knew little about the needs of people with learning difficulties. Indeed, the role of the Disablement Resettlement Officers — seen to be the appropriate part of the service — was not immediately relevant to their particular needs. Nor was there expertise within the world of learning difficulties about employment matters. One of the Health District's officers commented that the Consortium's initiative on employment services was particularly valuable because "none of us had expertise" in this field.

The product of these different circumstances was an active intervention in the form of a specialised unit. In the long run, it is hoped, this special provision may be absorbed into the generic services for those seeking employment. At present, however, it is not even located with other employment services under the auspices of the Jobs and Industry Committee of the local authority. Part of the reason it has become the responsibility of Social Services Department — in collaboration with the Health — is pragmatic: an opportunity to make an application for funding on the coat-tails of a new day centre was too good to be missed. But it is also a measure of the failure of the "mainstream" employment services to take initiatives for the benefit of people with learning difficulties: changes, it is believed, will have to come from outside.

The July 1986 meeting had noted that the role of day centres was an issue for further consideration. By May 1987 it was receiving attention of the most urgent kind. As a consequence of rate-capping the Social Services Committee was required to find savings of three million pounds. Predictably they decided they could not afford to open the newly built day centre at Queen's Road, Peckham. And to make matters worse, it was discovered that the larger of the two existing centres needed structural repairs costing at half a million pounds.

Considerable concern about the future of day centre provision was voiced by Southwark Mencap and many others interested in the

welfare of people with learning difficulties. A lively public meeting held in August 1987 was attended by several hundred people. Because of this level of public concern the Social Services Committee deferred a decision to enable a consultative group of interested parties time to look at both the immediate crisis and longer term strategies.

A member of the Consortium's staff has taken part in these meetings and, among other contributions, sought to remind members of the principles agreed at the Consortium's day services meetings in the hope that these will inform their decisions. It remains to be seen whether this crisis has created a real opportunity for a transition away from the provision of segregated centres and towards day-time services which use the full range of community resources.

There is a striking difference between the way in which the Consortium has gone about the task of developing its residential service and its approach to non-housing services.

In the first case the organisation has interpreted its original brief "to assist and co-ordinate the housing provision required" in such a way as to enable it to enter into contractual relationships with the housing associations and the statutory agencies. In this way it has taken on significant responsibilities for the direct management of the service it has developed.

In the non-housing field it has carefully avoided the acquisition of direct responsibility for the provision of services. Instead it has played a role that is analogous to that of the community worker. It has brought together groups of interested parties to pool their knowledge of existing service areas and the inadequacies of present provision; helped them clarify appropriate strategies for better services; and with them, looked for appropriate agencies and funding bodies through which to seek their provision.

There are several reasons for this dichotomy. In the first place the whole "raison d'être" for the establishment of the Consortium was the urgent need to ensure that the residential service was developed: it was not expected to make a major direct managerial contribution to other services. Secondly, the area of housing provision was largely a clear field so that a new service could be built from the beginning. By contrast day services were already in existence and present provision could not be ignored. Finally, there has been a marked reluctance on the part of both staff and management committee members to create another large bureaucracy or, worse still, a monolith or monopoly.

Essentially the Consortium has been developed as a means of facilitating transactions between organisations. In the housing field the creation of a whole new service required a formal definition of each party's obligations while legislation and funding mechanisms meant that the Consortium could not avoid management responsibilities. In other areas there was no such necessity.



## 6. JOINT PLANNING

The original short-term aim of those who founded the Consortium was for it to "co-ordinate and assist" the development of the housing programme: that is, they aimed for rather less than joint planning of the service. On the other hand, the long-term project was more ambitious: "over ten years we would expect that the various agencies would become so used to working together on an agreed strategy and to combining to achieve particular objectives that a special organisation will no longer be necessary." It is therefore interesting to consider the extent to which co-ordination and collaboration between agencies has developed and the prospects for joint planning.

We need to begin by making it clear that the residential service has not been developed as a single entity: it is basically an aggregation of three development programmes which the Consortium has undertaken with the three statutory agencies. Joint planning implies that resources have been deployed to meet the overall need for a service: in fact, each agency has allocated resources to the Consortium programme according to its own organisational priorities.

This is not surprising. Health Districts and Social Services Departments have statutory responsibilities to fulfil and operate under a number of constraints. And the planning of the response to the closure of Darenth Park and other hospitals was in hand before the Consortium was set up. The pressure to provide new homes for people leaving hospitals as a matter for urgency has also meant that there has been no real attempt to grapple with the task of planning — jointly or otherwise — for provision for people with learning difficulties already in the community. There is a critical shortage of appropriate placements for people whose parents die or become ill or infirm and are therefore no longer able to take care of them.

The first steps towards addressing these issues have been taken. In August 1986 the Consortium initiated discussions about a joint placement panel which would involve representatives of the health authorities, Social Services and voluntary organisations in a joint attempt to allocate scarce housing resources more fairly and more rationally. Vacancies will begin to occur naturally as the population of ex Darenth Park residents ages and as some people choose to move, and the authorities are anxious to establish sensible ground rules in preparation for that situation.

Two models for the way in which this service might operate have been canvassed. The first is for there to be one central panel made up of

representatives from the interested parties who would have the power to allocate all the available accommodation. The other is for the joint service to be aimed at giving people with learning difficulties full information about the places available so that they can compete fairly for accommodation and support.

Planning future accommodation for clients from the community raises another difficulty, that of knowing enough about the needs of potential residents to get the design right. The rather easier task of designing for a definite group of known individuals already in the care of the Health Service proved difficult enough. As a result, as we have seen, there is a shortage of accommodation which is accessible to people whose mobility is restricted. And the natural groupings of people into pairs, trios or quartets who would share a house or flat sometimes do not match the units of accommodation that have been developed.

What the Consortium has achieved is the joint planning of the housing policies which govern the service in action. The management structure, licence agreement, and procedures where residents fall into arrears have been jointly agreed and uniformly applied to houses in management. Care practice policies appear less uniform because of the pre-existing approaches of the different caring agencies but the underlying philosophy is shared and policies are broadly consistent. In any case, each project's operational policy and staffing levels have to be approved by the Consortium's management committee and this helps to ensure consistency.

It is in this area of care policies that new emphasis was placed in April 1987 on two of the Consortium's original goals. Two priorities were "to influence members towards the adoption of common goals and consistent policies and standards" and "establishing good standards of practice and ensuring that services are evaluated and reviewed". Evaluation of the quality of the service is seen by many of the management committee members and staff to be a vital next task. The commitment to developing common standards strongly implies that evaluation needs to be jointly planned.

During the past two or three years there seems to have been a marked convergence of official philosophies on the part of the statutory agencies. Camberwell Health District has concluded that the Bowley Close model is not desirable while the Social Services Department has shown an increasing interest in smaller scale provision. It is, of course, impossible to demonstrate that this would not have happened without the existence of the Consortium. There are strong reasons why people who work in services for people with learning difficulties should meet

and share experiences and perceptions. They are setting out to provide a radical new service in which there can be few if any comfortable certainties. They must have a good deal of anxiety in common: insecurity can be a powerful motive for conversation.

What is clear is that the Consortium has provided an appropriate means of facilitating the exchange of ideas and experience and generating shared perceptions of the goals and methods of the new service. Part of its success is due to the fact that it is "neutral" territory: if the Consortium did not exist it would be necessary for one of the statutory agencies to take the lead by convening a meeting. There would then be a sense in which participants would feel that the event "belonged" to that organisation and that it would proceed according to their rules. A Consortium event is seen to be jointly owned and its rules agreed among the participants.

The importance of this process of networking has been increasingly emphasised — notably in June 1986 when one of the original development workers left and his job description was reviewed and again at the formal review of goals in 1987. It now seems that the instinctive reaction of any of the three statutory bodies to a suggestion that inter-agency discussions would be valuable is to ask the Consortium office to arrange it.

A great deal of thought has gone into the creation of clear and appropriate structures for discussion and decision-making within the organisation. This is exemplified by the project committees at local level and the day services pattern of consultative meetings and working groups. Important as these are, it is perhaps the general climate in which they operate and the spirit in which discussions are conducted that are the outstanding features of the Consortium at work. Members of the management committee feel sufficient confidence and trust in one another that they are able to challenge other people's views. The goal-setting days are seen as major opportunities (but not the only ones) for exploring values as well as ordering priorities.

To move from the general to the specific, it is worth looking briefly at several examples of attempts to promote joint activity through inter-agency discussions. One of these focusses on the needs of people with challenging behaviours. The Consortium was asked to convene and service a multi-agency group who would develop a model for a service for people with these special needs. The acid test of the work of this group will come when its findings are fed into the machinery of resource allocation in the statutory bodies.

A lower key initiative with a more concrete outcome has been a similar multi-agency discussion about joint training for the substantial body of staff recruited for the new service. The need for joint action has been agreed and the first harvest of this approach is a short course for staff who have not worked before with people with learning difficulties or who are new to Southwark.

The establishment of the employment project for people with learning difficulties is perhaps the most developed piece of joint planning that has been achieved to date. The need for new services was surveyed by the agencies together and resources have been found by the three statutory bodies and are to be brought under a single management structure and informed by a jointly agreed operational policy.

A major factor in the success of the joint planning approach to employment services is the absence of existing provision. It is clearly easier to work together to bring into being new provision than it is to bring together, harmonise and rationalise a range of existing services. The problem of collaboration over day centre provision would be a hard one in any circumstances: in a situation where the need to consult has been recognised largely because the present service is under threat it is particularly difficult.

Joint planning of the residential service falls between those two extremes. While the services created by the housing programme are new and different, the agencies' individual programmes were taking shape before the Consortium began its work. The federal body has been for much of the time a step behind its members in some respects. This may account to some extent for both the considerable degree of movement towards common standards and the limitations to joint planning we have noted.

The need to develop the capacity of the agencies to plan future developments together has led to proposals for the formation of a new body — the Southwark Joint Planning Group. Terms of reference were agreed by senior officers of the mental handicap services in the Social Services Department and District Health Authority and the Consortium's Director in June 1987: they have now been put forward for formal approval by the authorities.

According to these the purpose of the group is "to provide a formal structure between health and social services that will enable people (adults) considered mentally handicapped or as having learning difficulties to experience a co-ordinated service." In particular it will have the job of planning a coherent response to current and future

needs, and co-ordinating the development of future policy and provision. And it will recommend to each agency how resources might be deployed to meet people's needs better. Its efforts will therefore be directed not only to plan future developments in the service but also to consider the deployment of existing resources.

The proposed group will consist of senior officers from the participating organisations who will have the power to make decisions or recommendations about the use of resources. They will be drawn from the Social Services Department (Adult Care Manager, Team Leader of the Specialist Mental Handicap Team, and Head of Planning and Development), the two Health Districts (Director of Mental Handicap Services and Staffed Housing Service Manager or their equivalent from each of them), and the Consortium office (Director). Other officers and representatives of other organisations will be invited to join the Group or attend meetings as and when appropriate. It will be convened by and serviced from the Consortium office. The intention is that it will report annually to the Joint Consultative Committees and to the Social Services Committee as well as presenting recommendations when it feels it appropriate to do so.

The extent to which this serious attempt to devise an instrument for the joint planning of services for people with learning difficulties will be able to justify the hopes of its creators will be tested only by experience. What can be said at this stage, however, is that the Consortium has played a crucial role not only in the design of the mechanism but also and more importantly in creating the climate in which the need for such a group has been recognised by those with the power to set one up.

## 7. WHOSE CONSORTIUM?

As we have seen, the Consortium has provided both a mechanism for developing housing provision and a convenient neutral and expert means of enabling the statutory agencies to discuss common problems between themselves and with other bodies. It is, however, a good deal more than a convenience and more than a talking shop.

Management of the housing projects rests with the Consortium and is exercised by the project committees who report to and are responsible to the Consortium's management committee. In order to benefit from membership of the organisation, statutory bodies give up to it a substantial measure of power. The legal contract between the Consortium and the sponsoring body is clear on this point. "Project staff shall administrate and operate the Project in accordance with the operational policy document and the policies and priorities determined by the Project Committee."

At the same time they retain a considerable amount of influence. The statutory agencies are strongly represented on project management committees and may well have line management responsibility for all the support staff for a house — regardless of whether they are employed by the agency or by the Consortium. And, while the Consortium generates some resources through charges to residents and hostel deficit grant it has to negotiate with the agencies for the rest, whether in terms of additional staff or grants. But, crucially, the statutory agencies have agreed to share power.

The Consortium has not developed into a single agency contracting with authorities to provide for them a housing service: the authorities remain intimately involved with and responsible for the service. Nor has it been set up as a purely convenient "front organisation" to enable statutory bodies to benefit from working through an apparently voluntary organisation: the federative body has acquired real power and responsibility for the service. What we have instead is an organisation in which there is a constant process of negotiation between the Consortium and its member agencies.

This is an effective but not altogether comfortable way of trying to build a decent, coherent service. It means balancing the organisation's collective interests and the individual needs of the major providers. The advantage of the arrangement is that the statutory agencies are required to share but not shed responsibility for providing the service.

It means that the way in which that responsibility is discharged is subject not only to scrutiny but also to a measure of control by people from outside the closed circle of the particular bureaucracy concerned. And it offers the service the benefit of a range of expertise that otherwise is spread across different organisations.

The disadvantages or difficulties stem from the unusual nature of the arrangement. Large bureaucratic organisations like Health Authorities find power-sharing alien or unnatural. A constant effort of clarifying and policing the agreed arrangements is necessary to prevent officers of the caring agencies slipping into the habit of treating as their own property a service which is in fact managed by the federative body. New health service staff often do not know about or understand the special nature of the service. As a result the Consortium's staff have become involved in the induction process for new staff and have also taken care to ensure that the managers of support workers themselves understand the arrangements.

Another possible advantage is that this model obliges the Consortium to live in the same "real world", with all its constraints and problems, inhabited by the agencies who are its members. It has to recognise that any formal agreements it makes with the statutory bodies about levels of staffing are not absolute or guaranteed for all time: they depend on the availability of resources. At the start of the housing programme the Consortium could stand out for higher levels of staffing: towards the final stages when the bottom of the barrel is in sight the need for compromise will be pressing. It may not be feasible to specify the best services but only to negotiate the best possible service within the real limitations of the resources that can be made available. At the least, however, negotiations will take place and the outcome will be open to debate. Furthermore, if the resources made available to the Consortium by the statutory agencies are cut at any stage, those who make the decisions will not escape the consequences because they are themselves part of the Consortium's management structure.

What — apart from access to sources of finance otherwise not available to them — do the member organisations gain? Officers in the authorities with responsibility for services for people with learning difficulties feel that the Consortium provides an important safeguard. Their authorities have committed themselves to a series of contractual obligations which define a level of resource for the provision which is well judged. While the authorities can, of course, extract themselves from those agreements it is a good deal more difficult for them to do so than it is to cut back on services which are entirely within their ambit. As the health service is increasingly pressed to reduce its expenditure

and as the strong emphasis on priority for people with learning difficulties fades, the need for defences of this kind becomes acute.

Similarly, there is concern that a transfer of services to the Social Services Department would not protect the interests of the users of the service in the way the Consortium has been able to do. Social Services Departments are having to operate in a climate of scarce resources becoming even scarcer and the ability of the producers of a particular area of service provision to protect their special concern will be limited by their status within the department and their political skills. One of the advantages of the Consortium model of collaborative provision is that the service is promoted by a wider range of people who tend to command as a result a greater number of skills and a larger area of experience.

And the decision of the Camberwell Health District to ask the Consortium to manage Bowley Close is in part based on the belief that it will be able to negotiate a higher standard of service than would be the case if it were left purely to the authority.

Some of the staff in the front-line of care and support have found the management arrangements valuable, too. While the project committees have yet to take on a truly local flavour and have only begun to develop a membership with the kind of wide knowledge and expertise it is hoped will eventually be attracted, they offer a different challenge and a wider group of critical supporters than the employing agency's hierarchy.

At the level of representation on the Consortium management committee membership also implies that officers will offer their thoughts on present and future provision in a forum whose manifest function is not to arrive at decisions which are administratively convenient but those which can be seen to contribute to the development of the most suitable services. This is a general process through which the philosophy of care which informed the establishment of the Consortium is tested and developed against the demands of making concrete decisions about actual services.

This is not to say that there is an orthodoxy or uniformity of view among members of the management committee. But one of the achievements of the organisation has been to give people the confidence and the opportunities to challenge one another's assumptions and values without risking damage to professional and personal relationships.



The fact that membership of the Consortium is wider than just the three statutory agencies is also important: more varied interests than those of the providing bodies are represented. On the other hand it has to be said that the original aim to bring into membership of the Consortium "all the statutory and voluntary organisations involved in service provision for mentally handicapped people" has not yet been realised. A conspicuous absentee on the statutory side is the Housing Department while among the voluntary bodies not yet in membership are the two who have made housing provision outside of the Consortium programme and the Southwark Society for Mentally Handicapped Children and Adults. Moreover, two of the Housing Associations with whom the Consortium works are not formally in membership.

The concentration of the programme on Housing Association properties has been discussed in chapter three: certainly there has been little evidence of interest from the Housing Department since the original letter of support from the Director of Housing for the proposal.

The position of the voluntary organisations is different. There is no reason to suppose they are not interested in joining the Consortium and the management committee has agreed to invite them to become members as soon as there is a formal organisation to join. Until October 1987 the Consortium has been a project within Cambridge House and those representatives of the member agencies who have participated in its management have been appointed by the Cambridge House Executive Committee: there has been no formal membership beyond them. With the adoption of its articles of association the Consortium will in future consist of a greater number of member organisations from whose representatives the committee will be drawn. Meanwhile the prospective members — with the exception of the Housing Department — have been involved in the Consortium's inter-agency working groups while members of their staff serve on some of the project committees where that has seemed appropriate.

There are also problems about the extent to which the representatives of those organisations who are in membership — and particularly the major providers — are acting with the informed consent and approval of their authorities. That is not to say that their employers are not fully aware of the action taken on their behalf: full reports are made through the appropriate channels. The difficulty is one of transmitting the message about just what the Consortium is and what it stands for to a wider audience than those with specific responsibility for managing services for people with learning difficulties. In particular the message

needs to reach the ears of members of the authorities on the one hand and of "front-line" staff on the other.

Meanwhile the Consortium's bureaucracy has grown and will continue to grow. That is, of course, largely because of the growth of the programme and the tasks associated with it. But it could become rather more than a group of people undertaking specific functions for the organisation. The Consortium staff may increasingly resemble the officials of a United Nations Agency whose national loyalties are set aside in favour of a commitment to the agency. A Consortium secretariat whose loyalties are to the organisation and its clients may offer a counterweight to the pull of agency commitments on members of the management committee. On the other hand present members of staff in the Consortium office are concerned to ensure that the members continue to feel that it is they — and not the central office staff — who "own" the organisation.

Some members of the management committee feel that further growth in the numbers and importance of the Consortium's staff is demanded by the need to monitor and evaluate the services that it provides. There should be, they argue, inspections by registration officers and other more formal methods of external evaluation but these are ways of checking on the quality of the monitoring and assessment carried out internally. There appears to be some disagreement at the time of writing about the extent to which the staff should be actively involved as "monitoring officers" or should have their role restricted to that of facilitating project committees to meet their commitment to monitor and assess each piece of work. But it is difficult to imagine a resolution of that disagreement that did not imply the need for more staff.

The one group of people who have not appeared in this account of what might loosely be called issues about the ownership of the Consortium and its services are the users. The distribution of powers and responsibility between the Consortium and its member organisations, the make-up of that membership, and the emerging role of the staff are key factors in understanding the development of the organisation up until the present. Its future may depend very much on the extent to which "ownership" can be vested in those for whom the services are provided. This is recognised by staff and management committee to be a central challenge for the next few years.

The key is seen to be the system of individual project committees and a number of efforts are being made to make the committees accessible to those who live in the houses for which they are responsible. A recent

discussion paper suggests a four stage approach; careful explanation of the committee's purpose, functions and workings to the licensee; reinforcement of the information in the day to day work of support staff; making links between committee members and residents on an individual basis; and assisting licencees to attend and participate in committee meetings.

One project committee holds two-part meetings, the first part "geared to the needs of the people in the house" and the second "concerned with the more structural parts of the committee's duties, e.g. considering the budget, how to negotiate a change in staffing levels." And one project has been set up on the explicit assumption that the residents, given support and help, will themselves form the project committee.

## 8. SOME INTERIM CONCLUSIONS

In its first three years the Consortium has come close to meeting the ambitious target set by its founders for the development of a housing programme for the returning residents of Darenth Park Hospital. This amounts to a very significant level of provision and it is a remarkable achievement that so much has been developed in so short a time.

The achievement is all the more remarkable because the need to make haste has not prevented the Consortium from clarifying and negotiating with its members well thought-out arrangements for the management of the service and the provision of support for the residents. The model of management that has emerged from these transactions has clear advantages over the other possible options.

It is comparatively easy to set up and run small scale pilot projects in ordinary housing for people with learning difficulties. To translate those principles into large scale provision and then maintain them is a very different matter: so far the Consortium has met this challenge successfully.

And it has gone beyond the confines of a purely residential service in providing a framework for collaboration and joint planning in other services for people with learning difficulties. An employment unit has been planned and will be managed through a partnership of the statutory agencies, facilitated by the consortium office. The need for a collective approach to future day centre provision is gaining recognition. And the proposed establishment of the Joint Planning Group, which would have been inconceivable without the experience of the Consortium's work, is a major step towards joint planning on a significant scale.

The importance of the Consortium's achievements in the area of collaborative working is underlined by the report published by the Audit Commission in 1986. One of their central findings was that effective community care was inhibited by organisational incoherence. A major thrust of the Consortium's development has been to address the problems of our highly complex and badly ordered welfare system.

That is not to say, however, that there are not clear limitations to the Consortium's achievements. In the first place the housing that has been developed is not as suitable as it might ideally have been. There is not yet enough ground floor accommodation for people with problems of mobility and the sizes of the units do not match the needs in an ideal way.

The location of the houses also leaves something to be desired. In the Camberwell Health District area a number of them are concentrated in one part of the Borough, simply because that is where houses could be acquired easily and quickly. For the same reason, it is an area with a heavy concentration of housing association property and other "special needs" provision. In the North of the borough property has been hard to find and the houses, while more satisfactorily dispersed, are not in ideal places: some are on busy roads, others effectively cut off from local facilities.

Collaboration and joint planning are still at an early stage and the scope so far has been limited. If the Consortium's work in this field does come to fruition it will be some time before the benefits are felt.

There are limits, too, on the size of the network that has been created. It involves, of course, more than the representatives of the Consortium's original members. Other organisations have taken part in the various working groups on day time provision and those with independent housing provision have been involved in inter agency discussions about issues of common concern. But the numbers involved in regular or systematic contact are both small and a low proportion of those who work in the various organisations. The growing mutual understanding of this small inner circle is of great value but it needs to be spread more widely.

Finally, and perhaps most crucially, the Consortium has experienced so far only limited success in giving the consumers a voice and involving them in decisions about the development and management of the service. A start has been made on increasing access to project committees.

There is also a considerable measure of devolution of decisions like choosing furnishings and determining priorities in financial matters and of responsibility for petty cash to residents. And the service is geared to promoting a high level of individual autonomy through planning for individual needs. But a great deal more remains to be done.

These shortcomings are recognised by the management committee and staff and are addressed in the restatement of aims and shorter term objectives agreed in 1987. And there are reasons for them. In the first place there has been so little time. The housing provision could not wait: it needed to be ready when Darenth Park closed and not at some undefined date in the future. Decisions had to be taken before full information was available about the exact nature of the specific group

of residents to be housed. And there was little room to learn from experience: by the time the first houses were in management, the rest of the programme was far advanced.

There have been other constraints, too. The resources needed to develop and run the housing programme had to be obtained from a variety of sources — the Housing Corporation, the Regional Health Authority, the Department of the Environment, and the Health Districts and Social Services Department. All of these were themselves constrained by the size of their budget and the extent of their statutory responsibilities and powers.

In the circumstances the Consortium's achievements have been significant. There are a number of factors which helped to ensure its overall success.

In the first place, the Consortium was not established by an act of expediency on the part of the statutory agencies. There was a genuine desire and a drive from the voluntary sector to make possible a service which, in their view, met the best interests of people with learning difficulties. The initial planning group had a real commitment both to a philosophy of care based on "normalisation" and to power-sharing as the desirable means of implementing it. Although it was driven by idealistic impulses the group also had a hard-headed pragmatism which had enabled them to identify the means of pursuing their aims.

That blend of commitment to ends and concern with practicable means has been maintained. At an early stage the Day Conference brought together a remarkable cross-section of those with power and those with a particular concern with the needs of people with learning difficulties. They were offered the tools with which to do the job as well as enthused with the philosophy of normalisation. The commitment this secured or encouraged has been maintained through the goal review days devoted to measuring achievement against principles, as well as less formally.

There are several other factors which contributed to the success of the Southwark Consortium. The establishment of a new organisation has its own difficulties. In this case they were minimised by the willingness of Cambridge House to act as parent body. An established organisation with a demonstrated interest both in people with learning difficulties and a community based approach was able to obtain funding for a new venture, underwrite its credibility and offer administrative and managerial support up to the point at which the Consortium could take off as a viable independent body.

Another important factor has been continuity. The people who set up the organisation and became members of its management committee and took part in consultative meetings and working groups have by and large remained in their posts and stayed with the Consortium. (And those who have changed jobs have stayed with the organisation). This has enabled them to develop an understanding of the organisation and a confidence in their colleagues in the enterprise which has been instrumental in developing the conditions for joint planning. The development of this "esprit de corps" has also been assisted by the retention of a clear focus on the original client group. Any temptation for the Consortium to evolve into a general "special needs" housing agency has been resisted and its responsibility remains restricted to people with learning difficulties.

Finally it has to be said that the Consortium has been exceptionally fortunate in the staff they have been able to recruit, and in particular in the Director. While the general climate and the specific situation in Southwark favoured success in launching the new venture, its achievements are the result of patient, thoughtful, clear-sighted and diplomatic work of the highest order.

The authors of **An Ordinary Life** wrote in 1980:

"It seems clear to us that alternative residential services are more likely to be developed where there is both close collaboration between statutory services, particularly health and social services, education and housing — and keen interest from voluntary groups. It also seems likely that real innovation depends on mutually supportive interest in services to mentally handicapped people among providers and planners, officers and members. It is when this interest exists that a network of key local people can be created to give weight to the new proposals and sustain ideas through the process of accommodation and attrition which commonly seem to arise as plans are developed and implemented."

The history of the Southwark Consortium for People with Learning Difficulties so far can be read as eloquent testimony to the accuracy of that analysis.

The way in which the Consortium has developed is in part a product of the specific circumstances of Southwark and in part due to choices more or less consciously made by its management committee.

Its context was that of an inner city London Borough whose limited resources were later further reduced by rate-capping. It was an area in

which the great majority of households were accommodated in municipal housing and typically in large-scale, high density housing estates. Officers of the Borough Housing Department showed little if any interest in the needs of people with learning difficulties but in any case much of the housing stock was unattractive and unsuitable for people with special needs. As a consequence the Consortium was predisposed to concentrate on Housing Association provision which brought with it central government finance of various kinds.

Its situation was that a substantial housing programme was urgently required; that the statutory agencies had already begun to plan their individual responses to the closure of Darenth Park Hospital before the Consortium was launched; and that there were significant differences of opinion between and within agencies about the kind of provision that was most desirable. As a result the housing programme was developed on insufficiently detailed knowledge of the needs of the potential users. Moreover, the creation of a fully fledged joint planning instrument will be an outcome of the Consortium's work: it was not a precursor for its establishment.

If the context and the situation presented limitations on the organisation's freedom of action, it also began life with some assets which were specific to Southwark. These included the existence of a strongly motivated group of practitioners and a vigorous voluntary sector which included an organisation well equipped to act as a parent body for the fledgling Consortium.

This firm location of the organisation in the voluntary sector influenced the choice of a development officer (and later Director) with a background in the voluntary sector and a clear philosophy of the strengths and limitations of voluntary organisations which involved themselves in the provision of services which were statutory responsibilities. As a result there was a strong representation within the Consortium of the view that it existed neither to relieve statutory agencies of their responsibilities nor to afford them a means of acquiring additional finance.

Instead the organisation followed the complicated path of continuous negotiation described earlier. This reflected the realities of the context on the one hand and the vision of those who led the Consortium on the other.

Similarly the Southwark Consortium chose to make a clear-cut distinction between the two roles of support for residents and housing



management **and** to take responsibility for both. It has restricted its activities to services for people with learning difficulties and made sure that its participation in planning non-housing services has not involved it in assuming management responsibilities for them.

Other initiatives will no doubt reach different conclusions based on other choices and varying circumstances. In Newham, for example, there has been sufficient time and a consensus wide enough to put in place a more elaborate management system with a policy-making Board of Directors drawn from **members** of the authorities and agencies concerned as well as a management committee made up of their **senior officers**. Their intention is to provide places for people who are mentally ill as well as those with learning difficulties. And they will restrict their role to the development of housing: the provision of care and support will be contracted out to statutory and voluntary agencies.

For its part, the Southwark Consortium seems destined to become larger. Apart from anything else, there is an acute shortage of provision for clients at present in the community. The staff in the central office will increase. But there is more than one view about the extent to which further growth is desirable. There seems to be general agreement that a monolithic agency with a monopoly of the service is to be avoided and any increase in staffing will be judged against that concern.

As well as developing systems of monitoring and evaluation it seems that the organisation will need to reassess its management arrangements. The present pattern of individual project committees may need rethinking. Attention will also have to be given to the ways in which residents can be "plugged into" the neighbourhood through community work methods. Above all, the way in which the consumers can participate in decision-making needs to be pursued.

The narrow membership base of the organisation will also need attention while the development of the Joint Planning Group and other instruments of collaboration and joint planning will be watched with great interest.

Above all it seems increasingly clear that the development of services for people with learning difficulties based on the principles of normalisation will be pursued in a general climate of financial difficulty. The Health Districts are short of funding for their mental handicap services while the Social Services Department is up against rate-capping measures of increasing severity. There is also a feeling that

the period of recognition that mental handicap services were due additional resources after years of neglect is coming to an end amid a clamour of other priorities.

Much will depend on the development of policies for community care at national level. Wherever appropriate, the Consortium has registered its projects under the Registration of Homes Act 1984 in order to benefit from the additional external scrutiny this would bring. It has had no difficulty in reconciling the principles of An Ordinary Life with the registration officer's requirements but is aware that this is a question of local interpretation: in other areas the Act might inhibit what the Consortium would see as good practice. The Registered Homes Officer — like the Environmental Health Department and Fire Authority — can turn a small 'ordinary' house into a mini institution.

In March 1988 Sir Roy Griffiths published the fruits of his review of the funding of community care he had been asked to carry out for the Secretary of State for Social Services. At the time of writing there seems very little sign that the Government will pay heed to its title, **Agenda for Action**. Nonetheless it is interesting to compare the Consortium's practice with the prescriptions of the review. In essence, it can be seen as one means of translating into action at least the spirit if not the letter of Sir Roy's recommendations at local level.

It has brought together the social services department, the health authorities, and voluntary organisations. It has clarified their respective roles in developing new services in the community to replace hospital beds. It has sought to identify the scale and type of provision required and to assess and meet individual needs. It has negotiated funding for this enterprise, has begun to meet the training needs for the new profession thus created, and is bringing into being an effective system of monitoring and evaluating the quality of service provided. Griffiths would place these responsibilities on the shoulders of the social services departments alone: in Southwark and in relation to people with learning difficulties they have been discharged by a federation of all the major interests.

Whatever the outcome of the review, the Consortium's agenda for the next few years is, to say the least, challenging. But the evidence of its first three years suggests that it has built strong foundations and will prove equal to the challenge.

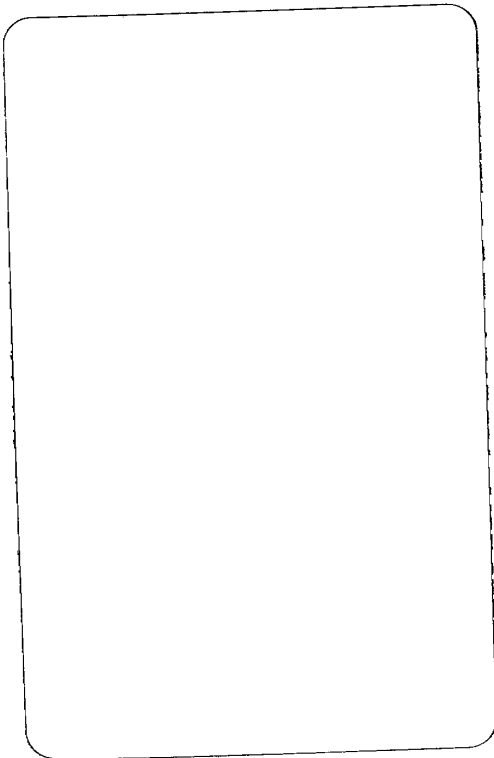
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Changes in British society pose major challenges to public and voluntary agencies with responsibilities for serving people and communities. The King's Fund Building Community Strategies Programme is designed to support members, managers, professional staff and community representatives in devising and implementing the strategies required to meet these challenges. A key priority is to promote large scale change in opportunities and services for people with learning difficulties. Starting from the framework set out in **An Ordinary Life In Practice** (edited by David Towell and published by the King's Fund in 1988) a series of Working Papers is planned to explore issues in the management of strategic change and report local experience.

The second paper in this series **Southwark Consortium 1984-1987 - Organisation and Action in the Local Development of Services for People with Learning Difficulties** provides a detailed account of the evolution of a carefully constructed and highly productive inter-agency initiative in part of London. Through the leadership of a local voluntary agency, a consortium of voluntary and public sector organisations has achieved rapid growth in decent quality housing and support services, and promoted complementary day-time opportunities. At a time when pluralism in provision is being encouraged and new organisational forms are proliferating, there is much to be learnt from the Southwark experience.

The author, Colin Rochester, was the Director of Cambridge House and Treasurer of the Southwark Consortium in its formative years.

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