

Appendix 1 – Client Group Analysis

Analysis broken down into client groups

Older People with support needs

SP funded accommodation based services

Number of household Units	Number of services	Average gross unit cost (£)
1348	45	9.10

There has been a 12.5% increase in the number of household units from 31.03.2003 (1198 in 2003) and a 4.5% increase in the average gross unit cost.

(Future - Anchor extra care scheme; Hardwick extra care scheme – H/C funded. Older Persons Housing Needs study results will inform further future demand)

Analysis

Household units: - Almshouses x 53; Sheltered Housing for older people x 1012; Supported Housing (shared or self contained) x 283 units

Services: - Alms Houses x 3; Sheltered Housing for older people x 28; Supported Housing (shared or self contained) x 14

Average gross unit cost (£ per unit): - Almshouses 6.2; Sheltered Housing for older people 10.87; Supported Housing (shared or self contained) x 3.32

Support Provision type: -

Household Units: - Alarm/on call system x 327; Warden support on site x 1008; unknown x 18

Services: - Alarm/On call system x 16; Warden Support on site x 28; Unknown x 1

SP funded non accommodation services

Floating Support

Number of household Units	Number of services	Average gross unit cost (£)
34	1	63.55

Target Client Group: OLDER PEOPLE**National Picture**

- 75+ long-term population projections nationally show a steady increase in numbers from 7.51% in 2006 to 8.61% in 2021.
- 60 - 75 long-term population projections also show a rise from 13.56% in 2006 to 16.88% in 2021.
- These projections mean that in 2021 the national population over 60 could stand at 25.5%.
- The National Service Framework for Older People sets new national standards of care for all older people
 - High quality care and treatment, regardless of age
 - Older people are treated as individuals, with respect and dignity
 - Fair resources for conditions which most affect older people
 - Easing of the financial burden of long term care residential care
- Key Government target is to improve the quality of life and independence of vulnerable older people by supporting them to live in their own homes where possible, by:
 - Increasing the proportion of older people being supported to live in their own home by 1% annually in 2007 and 2008: and
- Increasing, by 2009, the proportion of those supported intensively to live at home to 34% of the total of those being supported at home or in residential care.
- More older men are living longer
- There are more likely to be older couples.
- There will be fewer family carers in the future, resulting in greater pressure on neighbours and on formal health and social care support systems.

Local Picture

- Current total older population 69,449.
- Similar older population to England – slightly higher 45-74 and lower 75+; projected to grow up to 2021 (awaiting new projection)
- Lower BME older population
- Stockton less healthy than nationally
- Higher level of unpaid care than nationally
- High level of home ownership
- Current tenure findings
 - 56% Owner Occupier
 - 28% Council
 - 8% RSL
 - 8% Private Tenants
- Low level of housing without central heating and/or use of bath/shower

	<ul style="list-style-type: none"> • No formal Home Improvement Agency within Borough. • Limited number of leasehold or shared ownership properties • Stockton chosen by ODPM to pilot in Local Area Agreement (LAA) for health and older people. • North Tees Primary Care Trust and Stockton Health and Social Care – Draft Joint Commissioning Strategy identified the need to: <ul style="list-style-type: none"> ○ Re-focus independent sector provision away from residential and nursing care and towards care at home (including links to Supporting People) • Draft Council Plan 2005/06 identified the need to promote the independence of vulnerable older people by: - <ul style="list-style-type: none"> ○ Undertaking a stock options appraisal of sheltered housing within the Borough and develop a long term housing strategy based on these results ○ Develop the use of “tele-assistance” by piloting in Stockton Borough Council homes currently linked to the Care Call System. • The geography of Stockton is critical to a strategy for older people, as Stockton is a rural as well as urban authority. • SP Shadow Strategy identified targets for Extra Care – 98 units planned by 2006. • Issue of older people homelessness - SP currently fund a short term homeless hostel for 25+ and have identified approximately a third of service users at any one time over 50+
Black and Minority Ethnic Groups	<ul style="list-style-type: none"> • Low BME older population – 2.8% • Majority of ethnic population Pakistani 1.1%
Needs Indicators	<ul style="list-style-type: none"> • Primary housing concerns of older people are around managing to do things for themselves, long term costs and affordability. • High percentage of older owner-occupiers. There is a need to address this by providing care to older people consistent with Government policy to support desire of users to stay in their own homes and their rights to choice and dignity as outlined in NSF for Older People. • Need to ensure practical support is provided especially amongst owner-occupiers. • Need to ensure support is given to frailer older people living at home through the provision of appropriate adaptations • Need to ensure fair access of BME groups who are eligible for SP services.

<p>Headline Conclusions</p>	<ul style="list-style-type: none"> • Initial findings of accommodation strategy for older people ¹ suggest SP budget unbalanced – shortage of support for people with a dementia; extra care and floating support. • Recommended ¹ to develop a 10-year plan to reposition the sheltered housing stock and services to support “ageing in place”. • Commissioning of new Extra Care housing as an alternative to residential care is a top priority with services already in the process of being commissioned. • Need to consider developing additional Extra Care services in existing sheltered housing schemes. • Recommended ¹ to develop up to 220 places of Extra Care housing for rent to broaden choice in future and shift the stock and resource balance away from institutional care. • Recommended ¹ to stimulate the private market to develop assisted living with Extra Care housing schemes for outright sale and shared ownership. It is proposed to commence with one or two pilots providing up to 100 units, then build on that experience. • Need to grow the provision of floating support for older people (particularly home owners and older people with dementia) who want to stay in general needs housing. It is recommended ¹ that we develop 200 units of floating support over a 3-year period. • Electronic assistive technology undeveloped – need to explore the potential of using Care Call as flexible housing support across all tenures and types of stock to address high levels of home ownership in the Borough. • Recommended ¹ to establish a Home Improvement Agency to complement the statutory service provided by Stockton Borough Council, developing opportunities for owner-occupiers to access loans and equity release products. • There are a small but significant number of older homeless men (50+) living in accommodation classed as short stay who need more appropriate permanent accommodation. • SP need to make sure that we are consulted and included in agenda relating to the Local Area Agreement (LAA) for health and older people • Need to ensure needs of older BME residents are linked to BME housing strategy priorities. • All existing services need to have in place a fair access policy regarding BME Groups.
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¹ Older People’s Accommodation Strategy, Peter Fletcher Associates, Feb 2005

Key Reference Point	<ul style="list-style-type: none"> • National Service Framework for Older People • Coming of Age: opportunities for older homeless people under Supporting People: Homeless Link – www.homeless.org.uk • Housing, Care and Support Strategy for Older People in Stockton - Initial findings and recommendations: Peter Fletcher Associates Feb 2005. • North Tees Primary Care Trust & Stockton Health and Social Care Draft Joint Commissioning Strategy – Services for Older People in Stockton-on-Tees. • Council Plan 2005/06 draft objectives and outcomes.
Future Plans	<ul style="list-style-type: none"> • To explore opportunities to develop additional Extra Care services in existing sheltered housing schemes – up to 220 units of rented accommodation along with an additional 100 units for outright sale or shared ownership. • To explore opportunities to develop 200 units of floating support over a 3-year period. • To explore opportunities to develop a Home Improvement Agency. • To monitor the impact of quality of life upon older people in the existing Extra Care schemes as well as meeting the NSF target of easing the financial burden of long-term residential care • To explore electronic assistive technological advances in partnership with the Community Safety agenda in order to enhance service provision across all tenures and types of stock. • Further needs mapping for older people within BME groups • To address the needs of older homeless men by exploring the possibility of long-stay supported housing as an option.

Homeless families with support needs

SP funded accommodation based services excluding pipeline, HIA, community alarm services and leasehold schemes

Number of household Units	Number of services	Average gross unit cost (£)
18	1	125.50

No change from position 31.03.2003

Analysis

Household units: - homeless hostels x 18 household units.

Services: - homeless hostel x 1

Average gross unit cost (£ per unit): - homeless hostel £125.50

Support Provision type: -

Household Units: - 24 hour cover with sleep in staff x 18

Number of Services: - 24 hour cover with sleep in staff x 1

Single homeless with support needs

SP funded accommodation based services excluding pipeline, HIA, community alarm services and leasehold schemes

Number of household Units	Number of services	Average gross unit cost (£)
49	3	82.40

No change to the number of household units or the number of services provided. 10.6% increase in average gross unit costs.

Analysis

Household Units: – Supported Housing (shared or self contained) x 79

Services: - Supported Housing (shared or self contained) x 4

Average gross unit cost (£ per unit): - Supported Housing (shared or self contained) £82.40

Support Provision type: -

Household Units: - 24 hour cover with waking night staff x 49; Floating/visiting support x 30

Services: -24 hour cover with waking night staff x 3; Floating/visiting support x 1

Target Client Group: SINGLE HOMELESS WITH SUPPORT NEEDS AND HOMELESS FAMILIES WITH SUPPORT NEEDS

<p>National Picture</p>	<ul style="list-style-type: none"> • Homeless households with children account for 44 per cent of all homeless households in 2003/2004 and 84 per cent of these are one-parent households. • In 2002/03 of the 6,910 homeless households accommodated in the North East, the majority of households (6,600 or 95.5 per cent) included children. • The majority of homeless households have only one adult. • The Government set guidelines for local authorities dictating that no households with children (or pregnant women) are to be placed in bed and breakfast accommodation unless it is an emergency and even then, not for more than 6 weeks. • The Children’s National Service Framework sets out universal and targeted promotion strategies address inequalities. This includes providing support for children, and those who are homeless or living in temporary accommodation, and those who have fragile social networks. • There is also a group of younger children whom, because they are part of a family where a woman is fleeing domestic violence or they may be part of a homeless family, would also reside in services where Supporting People pay for support. Supporting People have a duty to these children as well as adults regarding adhering to the standards as laid out in the Quality Assessment Framework. <p>N.B. Supporting People can only fund services for young people over the age of 16.</p>
<p>Local Picture</p>	<ul style="list-style-type: none"> • Provision for Single Homeless with Support Needs currently stands at: <ul style="list-style-type: none"> ○ Stockton Borough Council as an internal service provides 10 units of accommodation. Plans are underway to remodel this service and refurbish the accommodation. ○ 32 units are for single homeless men (over 25 years) - negotiations are currently underway to re-classify this service to a scheme for men with alcohol problems as the majority of the client groups using the hostel have alcohol issues. • Young people in the category of “at risk” also use the single homeless service provision. • Provision for Homeless Families with Support Needs currently stands at: <ul style="list-style-type: none"> ○ 18 units of this support provided by a specialist housing support provider. ○ 7 units of support provided by Stockton Borough Council. (Due to close February 2005)

- Stockton Borough Council are developing a new homeless hostel for families and single people which will come on line in February 2005. This will add 37 units of supported accommodation at no additional cost to the Supporting People budget.
- There is growing concern locally of the numbers of families with children in temporary accommodation and especially using bed and breakfast accommodation.
- Current housing shortages within the Borough are due to:
 - Stock rationalization – decanting of major housing regeneration schemes at Mandale and Hardwick has led to shortage of suitable council properties for homeless people.
 - Right to Buy take up 300% increase in 2003/04
 - Modernisation works have increased tenant satisfaction and therefore reduced tenancy turnover.
 - Private landlords are selling up to release equity – making families homeless.
- **The Homelessness Strategy 2003-2008** recognises and acknowledges that the current facilities available to accommodate homeless people on a temporary basis are inadequate and often inappropriate in responding to the complex needs of the majority of the people accessing services. Strategic Objective 3 sets out to:
 - Minimise the use of bed and breakfast as temporary accommodation across all client groups.
- **Homelessness in Stockton is increasing:** A report to the Supporting People Commissioning & Strategy Group April 2004 identified:
 - 2002/03 – 1276 (76% increase over last 2 years)
 - 2003/04 1461 est. 1550 for full year – 21% increase from 02/03)
- Recent data from Homelessness for 2003/2004 shows that 675 people were accepted as having a priority need by the Local Authority. Of these 97 were classified as fleeing domestic violence and 57 had a mental health problem.
- **The Repeat Homeless Report 2004/05** produced by Stockton Homelessness has estimated
 - The cost of 50 cases of repeat homelessness to be £135,311.80.
 - The lack of opportunities for permanent housing may mean that supported housing units are ‘blocked’ by people who have nowhere to move onto, which may in turn result in others being denied access to the accommodation.
 - The importance of the availability of different types of support services in response to the wide spectrum of support needed by many homeless people.
 - A recognition of the need to address the issues surrounding temporary accommodation for priority need

	<p>groups, developing further preventative floating support services and also the need to develop specialist services for homeless people with problems such as drug and alcohol dependencies.</p> <ul style="list-style-type: none"> Information collated from homeless applications for 2003/04 and 2004/05 (adapted for full year) shows: <table border="1" data-bbox="534 416 1399 815"> <thead> <tr> <th>Total No.</th> <th>2003-04</th> <th>2004-05</th> <th>% Increase</th> </tr> </thead> <tbody> <tr> <td>Decisions</td> <td>1,490</td> <td>1,921</td> <td>22.4%</td> </tr> <tr> <td>Priority needs</td> <td>675</td> <td>736</td> <td>8.3%</td> </tr> <tr> <td>Domestic Violence</td> <td>97</td> <td>132</td> <td>26.5%</td> </tr> <tr> <td>Mental Health</td> <td>57</td> <td>65</td> <td>12.3%</td> </tr> <tr> <td>Alcohol Dependency</td> <td>0</td> <td>4</td> <td>Not recorded in 2003-04</td> </tr> </tbody> </table> 	Total No.	2003-04	2004-05	% Increase	Decisions	1,490	1,921	22.4%	Priority needs	675	736	8.3%	Domestic Violence	97	132	26.5%	Mental Health	57	65	12.3%	Alcohol Dependency	0	4	Not recorded in 2003-04
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<p>Black and Minority Ethnic Groups</p>	<ul style="list-style-type: none"> Shelter has identified that BME households are over-represented in Administering Authority homelessness acceptance figures. (20 per cent in 2003/04, while comprising only 7 per cent of the general population – [Shelter: The Black and Minority Ethnic Housing Crisis, September 2004] and research conducted by the University of Teesside highlights general agreement with this trend. In addition, BME communities are more likely to: <ul style="list-style-type: none"> Live in deprived areas; Be poor; Be unemployed, (compared with white people with similar qualifications); Suffer ill health; Live in overcrowded and unpopular housing; Be over-represented throughout the criminal justice system, from stop and search to prison as well as experiencing wide spread racial harassment and racist crime. (However, it is important to note that there is much variation within and between different ethnic groups in all of these areas.) Supporting People Client Records Summary Statistics April 2003 – March 2004 identified that from 82 new clients taking up single homeless services 5 were from BME groups. Supporting People Client Records Summary Statistics April 2003 – March 2004 identified that out of 47 new homeless families with support needs 4 were from BME groups. 																								
<p>Needs Indicators</p>	<ul style="list-style-type: none"> Under the new Government proposal Every Child Matters the needs of children whom are living in B&B accommodation must also be service mapped so a cohesive programme can be implemented as part of service provision. 																								
<p>Headline</p>	<ul style="list-style-type: none"> There is currently a crisis in the demand for permanent and 																								

<p>Conclusions</p>	<p>temporary accommodation due to factors such as:</p> <ul style="list-style-type: none"> ○ Stock rationalization – decanting of major regeneration schemes at Hardwick and Mandale areas within the Borough has led to shortage of suitable council properties. ○ Right to Buy take up 300% increase in 2003/04 ○ Modernisation works have increased tenant satisfaction and therefore reduced tenancy turnover. ○ Landlords are selling up to release equity – making families homeless. ○ Changes in Homeless legislation in July 2002 placed responsibility on local authorities to provide help to additional groups of people. This means we are to provide assistance to more people. <ul style="list-style-type: none"> ● The consequences of these factors means that people have to stay in accommodation for longer periods of time, as there are fewer properties to move into permanently. The over-spill has led to people being accommodated in bed and breakfast. ● Currently one scheme accounts for 32 places for single homeless. This provision is for men only and the majority of this client group have an alcohol problem. ● Remodel existing in-house service – the move to new accommodation to house up to 37 families and single people will increase the available number of units by 20. ● We also need to: <ul style="list-style-type: none"> ○ Encourage the availability of permanent housing options for single homeless people currently in short term supported housing schemes ○ Encourage the availability of preventative floating support services for families before they become homeless ○ Tackle the barriers that are put in place by service provider exclusion policies and the ‘silting up’ of accommodation based services through shortages of move on accommodation ○ Research into the support needs of BME groups that are homeless and how they can be met ○ Research into the specific needs of rough sleepers and hidden homeless and how they can be met ○ Consider the development of specialist dual diagnosis services for homeless people around substance misuse and mental health
<p>Key Reference Points</p>	<ul style="list-style-type: none"> ● Supporting People Client Records Summary Statistics April 2003 – March 2004 Review December 2004 ● National Service Framework for Children, Young People and Maternity Services – Executive Summary. September 2004 email:dh@prolog.uk.com ● Homelessness Strategy 2003-2008 Stockton-on-Tees Borough Council

Future Plans

- Remodel existing in-house service – to monitor the move to new accommodation house up to 37 families and single people. The model of support being provided will be monitored and good practice encouraged.
- Remodel / re-classify the homeless hostel for single homeless to accurately reflect the fact that it accommodates single homeless men over the age of 25 whom have an alcohol problem.
- Under Supporting People contractual obligations ensure that all staff in contact with children have a full vetting procedure (CRB check) and that all staff are trained to recognise Child Protection issues.
- Encourage the availability of permanent housing options for single homeless people currently in short term supported housing schemes
- Encourage the availability of preventative floating support services for families before they become homeless
- Consider the development of specialist dual diagnosis services for homeless people around substance misuse and mental health

People with substance misuse problems

SP funded accommodation based services excluding pipeline, HIA, community alarm services and leasehold schemes

Number of household Units	Number of services	Average gross unit cost (£)
15	1	149.32

15.6% increase in average gross unit cost; no change to household units and number of services.

(Future supply – purpose built substance misuse scheme – ADP funded – number of units = 12, provider to be decided)

Analysis

Household Units: - Supported Housing (shared or self contained) x 15

Services: - Supported Housing (shared or self contained) x 1

Average gross unit cost (£ per unit): - Supported Housing (shared or self contained) £149.32

Support Provision type: -

Household Units: - 24 hour cover with waking night staff x 15

Services: - 24 hour cover with waking night staff x 1

SP funded non accommodation services excluding pipeline, HIA, community alarm services and leasehold schemes

Floating Support

Number of household Units	Number of services	Average gross unit cost (£)
16	1	215.16

Target Client Group: SUBSTANCES MISUSERS – DRUG AND ALCOHOL

National Picture

- National statistics on substances misuse are sparse and when information is available it is often patchy. People coming into contact with services often deny drug and alcohol abuse problems in order to gain access. It is acknowledged in the Drug Strategy Directorate that the process of seeking help reaches the most chaotic, the youngest and most excluded last.
- Research suggests signs that new heroin users will include young people from more conventional “adequate” backgrounds. The current policy focus on vulnerable “at risk” young people may need broadening slightly

	<p>(DrugScope, 2001)</p> <ul style="list-style-type: none"> • Drug problems also show a strong correlation with offending behaviour. Key Government Targets are: <ul style="list-style-type: none"> • Increasing the participation of problem drug users in drug treatment by 100% by 31 March 2008 and increase year on year the proportion of users successfully sustaining or completing treatment programmes. • ODPM expects the Supporting People Programme to create the largest potential area of exchequer benefits for substance misusers specifically in the area of homelessness and crime reduction. Other benefits which could not yet be quantified or valued were: <ul style="list-style-type: none"> ○ Improved quality of life ○ Decreased anti-social behaviour ○ Improved prospects for employment ○ Increased likelihood of completing treatment programme ○ Decreased suicide levels. • Alcohol abuse is, numerically, at least, a bigger problem than drug use among homeless people. Health Surveys published in March 2004 looking at alcohol consumption across England found that in Strategic Health Authority Areas in the North East, alcohol consumption in both men and women was higher than the national average and male consumption exceeded the national average by over 15% i.e.: by more than 5 units of alcohol per week (North East Crime and Community Safety Forum 2004) • Alcohol Concern 2000 (Britain's Ruin: Meeting Governments Objectives via a National Alcohol Strategy identified: <ul style="list-style-type: none"> ○ Drug misuse: almost half of those being treated in drug services are also drinking at excessive levels ○ Homelessness – it is estimated that 50% of rough sleepers are alcohol reliant (as opposed to 20% who are drug users) and between 30% and 50% of rough sleepers have serious mental health problems ○ Older people – among the over 65s 15% of men and 5% of women drink over the recommended limits. Late onset drinking is often associated with retirement, bereavement and/or mental illness. ○ Mental illness – heavy drinking is closely linked with psychiatric morbidity including clinical depression. ○ Alcohol abuse is currently thought to be rising, especially among young people and women.
<p>Local Picture</p>	<ul style="list-style-type: none"> • Linkage to Health & Social Care – Performance Improvement Plan (PIP) Theme 5: Delivery of drug

	<p>priority improvements</p> <ul style="list-style-type: none"> • Linkage to Homelessness Strategy – Strategic Objective 7: improve and develop services for homeless people who are substance, alcohol or drug users. • Linkage to Stockton-on-Tees Drug Action Team – Adult drug treatment plan 2005/2006: Assessment of services, provision and standards (underserved groups) has identified that provision is in place and/or good progress is being made against assessed need and required standards. This target has already been partially met in 2004 by the introduction of the intensive tenancy support scheme for 23 people. • The findings of the Supporting People Needs Analysis recommend that a minimum of 40 units of supported accommodation and 3 floating support places are needed in Stockton. • Current provision is: <ul style="list-style-type: none"> ○ 15 units of accommodation based support ○ 23 units of intensive floating support • Planned future services: <ul style="list-style-type: none"> ○ 12 units of accommodation based specialised support for ex-drug users. <p>This would bring Stockton up to current recommended supported housing provision.</p>
<p>Black and Minority Ethnic Groups</p>	<ul style="list-style-type: none"> • The SP Client Records data (April 2003 to March 2004) which collates information on new clients entering supporting people services has identified that, out of 16 new service users with drug problems, there were no new service users who identified themselves as coming from the BME groups.
<p>Needs Indicators</p>	<ul style="list-style-type: none"> • Supporting People: Needs Analysis Report from Centre for Social and Policy Research University of Teesside 2003 identified: <ul style="list-style-type: none"> ○ Census data indicates that during the next 5 years Stockton will see an increase of 13.5% in the population aged between 16-24 years, this is almost three times the national average. This may have a follow on effect in terms of drug user numbers rising.
<p>Headline Conclusions</p>	<ul style="list-style-type: none"> • When the proposed 12 bedded unit goes ahead, Stockton will have met the supported housing requirements for drug users (as identified through the Supporting People Needs Analysis and based on the 23 units of intensive floating support classed as accommodation based due to the intensive nature of the support. • A predicted 13.5% increase in the 16-24 age group over

	<p>the next 5 years may have an effect in terms of potential new drug users.</p> <ul style="list-style-type: none"> • Need to link to BME Housing Strategy. • Identification through SP Review process that all services have in place a fair access policy regarding BME Groups.
<p>Key Reference Points</p>	<ul style="list-style-type: none"> • Supporting People Client Records Summary Statistics April 2003 – March 2004 Review; December 2004 • Supporting People: Needs Analysis Report from Centre for Social and Policy Research; University of Teesside 2003 • ODPM Benefits Realisation of the Supporting People Programme; 2004
<p>Future Plans</p>	<ul style="list-style-type: none"> • Given the proposed 12 bedded unit goes ahead this will meet target goal for drug users as identified by the Supporting People Needs Analysis for Stockton. • Need to maintain close links with Key Agencies such as DAT to monitor future need. • Set up monitoring system with Homelessness Department to identify number of homeless people with drug and alcohol problems. • Set up long term monitoring of schemes so as to assess the success rate of differing housing provision. • Need to link to BME Housing Strategy. • Identification through SP Review process that all services have in place a fair access policy regarding Black and Minority Ethnic Groups. • Need to link into Alcohol Strategy to identify and research unmet needs. • Re-negotiate existing contract to reflect service user grouping for Bridge House Hostel, currently supporting single homeless men and look to link into related strategies that tackle the issue of alcoholism in older people.

People with learning disabilities

SP funded accommodation based services excluding pipeline, HIA, community alarm services and leasehold schemes

Number of household Units	Number of services	Average gross unit cost (£)
28	5	343.29

86.7% increase in the number of household units, due to the completion of the purpose built RSL scheme providing accommodation for those with learning disabilities; 66.7% increase in number of services and a 52.4% reduction in average gross unit costs

Analysis

Household Units: – Residential care home x 6 units; Supported Housing (shared or self contained) x 22

Services: - Residential care home x 1; Supported Housing (shared or self contained) x 4

Average gross unit cost (£ per unit): -Residential care home £67.76; Supported Housing (shared or self contained) £418.44

Support Provision type: -

Household Units: - 24 hour cover with sleep in staff x 24; day time staff on site with emergency call out x 4

Services: - 24 hour cover with sleep in staff x 4; Day time staff on site with Emergency Call Out x 1

Target Client Group: PEOPLE WITH LEARNING DISABILITIES	
National Picture	<p>The World Health Organisation defines learning disabilities as:</p> <ul style="list-style-type: none"> • 'A state of arrested or incomplete development of mind' and • 'Significant impairment of intellectual functioning' and • 'Significant impairment of adaptive/social functioning' <p>In short the person has difficulties understanding, learning and remembering new things, and in generalising any learning to new situations. Impairments that cause or contribute to learning disability can happen before, during or after birth. Due to these difficulties with learning, the person may have difficulties with a number of social tasks, for example communication, self-care, awareness of health and safety.</p> <ul style="list-style-type: none"> • The provision of housing related support services to this client group can enable people with a learning disability to

	<p>live independently or with a degree of independence, exercise choice in their living arrangements and overall have a better quality of life.</p> <ul style="list-style-type: none"> • People with Autistic Spectrum Disorders <ul style="list-style-type: none"> ▪ Autism was first identified in 1943 and is still a relatively unknown disability. It occurs in differing degrees of severity and in a variety of forms, the term ‘autistic spectrum disorders’ is used to reflect the variances. ▪ Asperger’s syndrome describes people at the higher functioning end of the autistic spectrum. Autistic spectrum disorders are estimated to affect the lives of over 500,000 families in the UK. People with autism are not physically disabled and look just like anyone without the disability. Due to its invisible nature it can be much harder to create awareness and understanding of the condition. ▪ People with autism can often have accompanying learning disabilities but everyone with the condition shares a difficulty in making sense of the world. Autism impairs a person’s ability to interact socially and communicate, and affects their imagination. ▪ Structured support can make a huge difference to people with the this disability; it can enable people to lead an independent life within the community. • Valuing People; a new strategy for Learning Disability for the 21st Century highlights the problems facing Learning Disability Services with regard to Social Exclusion. Despite the efforts of some highly committed staff, public services have failed to make consistent progress in overcoming the social exclusion of people with learning disabilities. • Housing can be the key to achieving social inclusion, but the number of people with a learning disability supported to live independently in the community remains small. Many have no real choice and receive little advice about possible housing options. The Government expects local councils to give people with learning disabilities a genuine opportunity to choose between housing, care and support options. • Department of Health research has shown that supported living is associated with people having greater overall choice and a wider range of community activities.
<p>Local Picture</p>	<ul style="list-style-type: none"> • County Durham and Tees Valley Strategic Health Authority – Specialist Mental Health and Specialist Learning Disability Review, December 2004, identified that the key local driver was to provide facilities closer to people homes, communities and families that would entail developing alternatives to hospital eg. Embracing

	<p>the principles of Supporting People in the provision of housing.</p> <ul style="list-style-type: none"> • A key aim of the local Health Improvement and Modernisation Programme is to sustain and improve the health of residents of the Borough in line with the UK average. This includes making life better for people with learning disabilities. • Currently there are 28 units of supported housing in the Borough
<p>Black and Minority Ethnic Groups</p>	<ul style="list-style-type: none"> • People with learning disability from BME group need to have fair and equitable access to all housing services, advice and accommodation. • Need to link needs of people with a learning disability with BME Housing Strategy • No statistics currently compiled of BME people with a learning disability to give an indication of overall numbers or number of service users who take up supported housing services • Out of 6 new clients taking up services in past 12 months, none were from BME groups.
<p>Needs Indicators</p>	<ul style="list-style-type: none"> • Supporting People research² identified required provision needed to be 90 units of supported housing and provision for 9 floating support users. However, current indications are that the number of units of floating support required is much higher than this as people and their families/carers become more familiar with the range of options available and the vision of increasing and promoting peoples independence is implemented. Floating support is still considered an essential area for development for people with a learning disability in Stockton as the range of services and support increases to prevent a placement/family breakdown and the need for people to be admitted into assessment and treatment units. • Current provision stands at 28 units of supported housing. • All people in a residential home have been individually considered as to the suitability and potential for a move to supported living. This includes people currently placed out of the 'Borough. • Additional qualitative data indicators through Care Management have been introduced through a 'balanced scorecard' method. • Protocols are being developed between the Care Management Team and Housing Services to ensure that information and communication is shared, particularly when people are homeless or potentially homeless.

² Needs Analysis Report, Centre for Social and Policy Research, University of Teesside 2003

	<p>Recording systems will be set up around this as will awareness training for front line housing staff.</p> <ul style="list-style-type: none"> • Data information will be shared routinely with Housing Strategy Development Teams to ensure that the housing needs of people with a learning disability are captured in the housing development plans for Stockton.
Headline Conclusions	<ul style="list-style-type: none"> • There are gaps in data collection around this service group particularly in relation to other support services. Collection of data from Housing Services would start to provide an emerging picture of any people in need of housing but in order to follow the preventative agenda it is proposed that a detailed needs analysis is undertaken of this service group in order to identify any gaps in provision. This should be undertaken in consultation with Learning Disability Partnership System. • Work on developing a housing strategy for people with learning disabilities is ongoing and will be published in summer 2005. This will inform the number and type of supported housing required. • Need to link to BME Housing Strategy • Identification through SP Review process that all services have in place a fair access policy regarding BME Groups. • There is the potential for an increase in the number of people with learning disabilities who have elderly carers that are no longer able to support them • Greater life expectancy has also meant that there are increasing numbers of older people with a learning disability that have quite high levels of need • Funding options include the 'Learning Disability Development Fund', that can provide capital and revenue funding for services, it is currently utilized for those who challenge services, including those with autism, and to identify the support needs of the BME community
Key Reference Points	<ul style="list-style-type: none"> • Supporting People Client Records Summary Statistics April 2003 – March 2004 Review; December 2004 email • Supporting People: Needs Analysis Report from Centre for Social and Policy Research University of Teesside 2003 • County Durham and Tees Valley Strategic Health Authority – Specialist Mental Health and Specialist Learning Disability Review; December 2004 • Older People's Accommodation Strategy, Peter Fletcher Associates, Feb 2005.
Future Plans	<ul style="list-style-type: none"> • To identify data through needs analysis in order to start planning for housing related support services. • To support the development of the housing strategy for people with learning disabilities

	<ul style="list-style-type: none">• Use the data from Homelessness Department to start identifying those people with learning disabilities who need supported accommodation.• To work in partnership with both the Learning Disability Commissioning Team and the Homelessness Team in order to provide service for people with complex needs and people at risk of homelessness.• Develop short term floating support specifically to address the needs of people living within the community with a learning disability and/or complex needs.
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People with mental health problems

SP funded accommodation based services excluding pipeline, HIA, community alarm services and leasehold schemes

Number of household Units	Number of services	Average gross unit cost (£)
26	4	106.14

No change to the number of household units or number of services provided.
11.5% reduction in gross average unit costs.

Analysis

Household Units: - Supported Housing (shared or self contained) x 46

Services: - Supported Housing (shared or self contained) x 7

Average gross unit cost (£ per unit): -Supported Housing (shared or self contained) £106.14

Support Provision type: -

Household Units: - Day time staff on site with Emergency call out x 25;
Floating/visiting support x 19

Services: - Day time staff on site with emergency call out x 2; Floating/visiting support x 4

SP funded non accommodation services excluding pipeline, HIA, community alarm services and leasehold schemes

Floating Support Service

Number of household Units	Number of services	Average gross unit cost (£)
19	1	39.76

Target Client Group: PEOPLE WITH MENTAL HEALTH PROBLEMS

National Picture

- 1 in 4 people will experience some kind of mental health problem in the course of a year.
- 1 in 6 people will have depression at some point in their life.
- Depression is most common in people aged 25-44 years.
- 1 in 10 people are likely to have a 'disabling anxiety disorder' at some stage in their life. For manic depression and schizophrenia this figure is 1 in 100.
- 20 per cent of women and 14 per cent of men in England have some form of mental illness.

	<ul style="list-style-type: none"> • ODPM Mental Health and Social Exclusion Report June 2004 - Action Plan – Point 16 identified: <ul style="list-style-type: none"> ○ Getting the basics right – access to decent homes, financial advice and transport. There is little prospect of accessing work or community activities for people whose housing is unstable. The action plan addresses these issues through:- <ul style="list-style-type: none"> ○ new guidance to housing authorities on letting and stability for adults with mental health problems. • Action Plan – Point 27 identified: <ul style="list-style-type: none"> ○ Making it happen. To ensure that the action plan is implemented through: <ul style="list-style-type: none"> ○ A cross-government team tasked with driving implementation, with progress overseen by Ministers; ○ An independent advisory group to advise the Government on progress; ○ Local implementation led jointly by primary care trusts and local authorities, supported by the National Institute for Mental health in England; and ○ Better use of the expertise in the voluntary and community sector.
<p>Local Picture</p>	<ul style="list-style-type: none"> • Stockton-on-Tees scores relatively high on the Government's index of multiple deprivation. This level of deprivation will be associated with relatively high levels of psychiatric morbidity. • Key Aims of the local Health Improvement and Modernisation Programme is to sustain and improve the health and residents of the borough in line with the UK average. Links to SP include: <ul style="list-style-type: none"> ○ Making life better for people with mental health problems. • County Durham and Tees Valley Strategic Health Authority – Specialist Mental Health and Specialist Learning Disability Review; December 2004 identified that the key local driver was to provide facilities closer to people homes, communities and families which would entail: <ul style="list-style-type: none"> ○ Developing alternatives to hospital e.g. embracing the principles of Supporting People in the provision of housing. ○ An assessment of existing services and gap analysis identified the need for local services to develop focused definitions of Dual Diagnosis. • The Dual Diagnosis Steering Group are required to develop a draft action plan by April 2005 with clear timetabled achievable outcomes, agreed across a range of relevant agencies and to include accommodation issues.

	<ul style="list-style-type: none"> • A Dual Diagnosis definition across the Strategic Health Authority needs to be agreed, based on an individual's needs and designed to simplify access to appropriate services, inclusive of people with learning disabilities and personality disorder. • Currently there are 46 places of supported housing provision.
Black and Minority Ethnic Groups	<ul style="list-style-type: none"> • The Supporting People Client Records Summary Statistics April 2003 – March 2004 identified out of 19 new services users with a mental health problem four (4) identified themselves as coming from a BME Group (21.2%). • BME groups tend to be disproportionately represented among Social Services mental health referrals
Needs Indicators	<ul style="list-style-type: none"> • Supporting People research³ identified that given the strong link between deprivation and mental health problems, and Stockton's position in the lower end of the third quartile of the ranking of unitary authorities on the index of multiple deprivation supported accommodation is likely to be: <ul style="list-style-type: none"> ○ 218 units of supported accommodation, and ○ 60 units of floating support. • Homelessness and mental health: Homeless people with mental health problems (particularly those in 25-29 age range) are also very likely to have problems with alcohol misuse, followed by drug problems and offending as common secondary issues. However, 96% of homeless clients with mental health problems leaving homeless sector services go on to situations in which they receive no additional support.
Headline Conclusions	<ul style="list-style-type: none"> • Stockton's provision of supported accommodation and floating support falls short of the Supply Needs Analysis. It is likely that a number of people currently in homelessness/drug and alcohol provision have a secondary diagnosis of mental illness. The 2004 patient census suggested that substance misuse is a secondary problem for around 25% of mental health inpatients. The Supporting People Team will take account of the Dual Diagnosis Steering Group draft action plan April 2005 in achieving outcomes around supported accommodation. • Supported accommodation is needed for those with the dual problems of mental illness and substance misuse. These are often, but not exclusively young people. Young people tend to want to live separately from older people with a mental health problem.

³ Needs Analysis Report, Centre for Social and Policy Research, University of Teesside 2003

	<ul style="list-style-type: none"> • Accommodation with intensive support for those leaving long-term rehabilitation. The lack of bed spaces within the rehabilitation unit delays discharge from acute hospital beds. Independent living with intensive support would alleviate this bed blocking. • Two new services have been developed recently in neighbouring authorities (Hartlepool & Middlesbrough). These are highly valued by local mental health and assertive outreach teams. • The Supporting People team will need to work collaboratively in order to facilitate a joint approach to needs analysis and service commissioning in partnership with the Mental Health Local Implementation Team, and the Drug Action Team. • Need to link to BME Housing Strategy. • Identification through SP Review process that all services have in place a fair access policy regarding BME Groups. • There is a need to design and promote new partnerships between private landlords and specialist support agencies (including landlords agreeing to provide and maintain accommodation in return for rent guarantees and management of support). • A range of housing options is required that allows for varying degrees of independent living – where possible people should live in their own homes.
<p>Key Reference Points</p>	<ul style="list-style-type: none"> • ODPM Mental Health and Social Exclusion Report; June 2004 • County Durham and Tees Valley Strategic Health Authority – Specialist Mental Health and Specialist Learning Disability • Supporting People Client Records Summary Statistics April 2003 – March 2004 Review; December 2004 email • Supporting People: Needs Analysis Report from Centre for Social and Policy Research; University of Teesside 2003
<p>Future Plans</p>	<ul style="list-style-type: none"> • Need to set up a working group in order to identify needs and undertake gap analysis to: <ul style="list-style-type: none"> ○ Explore possibilities for developing new services to cater for young people aged 16-25 years with mental health problems that are also able to support young people with dual diagnoses. ○ Explore possibilities for developing new intensive support services to cater for people leaving long-term rehabilitation units. ○ Investigate the need for culturally sensitive provision for people from BME communities. • Need for an agreed definition regarding dual diagnosis designed to simplify access to appropriate services.

	<ul style="list-style-type: none">• The Supporting People Team will be led by the Dual Diagnosis Steering Group draft action plan April 2005 in achieving outcomes around supported accommodation.
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People with a physical or sensory disability

SP funded accommodation based services excluding pipeline, HIA, community alarm services and leasehold schemes

Number of household Units	Number of services	Average gross unit cost (£)
50	3	19.30

13.6% increase in number of household units; 50% increase in number of services; 31.3% increase in average gross unit cost. This is due to completion of RSL scheme for accommodation for persons with a physical disability.

Analysis

Household Units: - Supported Housing (shared or self contained) x 50

Services: - Supported Housing (shared or self contained) x 3

Average gross unit cost (£ per unit): - Supported Housing (shared or self contained) £19.30

Support Provision type: -

Household Units: - Warden Support on site x 44; Floating/visiting support x 6;

Services: - Day time staff on site with emergency call out x 1; Warden Support on site x 2

Target Client Group: PEOPLE WITH PHYSICAL DISABILITIES AND SENSORY LOSS	
National Picture	<p><u>National Drivers for Change</u></p> <p>There are a number of national policies driving change in the way services for people with a physical disability are delivered:</p> <ul style="list-style-type: none"> ▪ Modernising Social Services⁴ emphasises protection of vulnerable people and promoting independence, and has informed the national and local social care agenda since 1998. The key themes of this White Paper also included: treating people with dignity and respect; supporting un-paid carers; providing with consistency; and developing convenient, user-centred services. ▪ National Service Framework for Older People, Standard 2 – Community Equipment, sets out specific milestones for improving and integrating equipment services.⁵

⁴ Department of Health (November 1998) *Modernising Social Services*

⁵ Department of Health '*National Service Framework for Older People*' March 2001

	<ul style="list-style-type: none"> ▪ Forthcoming National Service Framework for Long Term Conditions will set out further service standards for improving the care of people with a disability.⁶ ▪ Progress in Sight outlines national standards of social care for visually impaired adults. They provide a framework against which local authorities can benchmark services (both specialist and non-specialist)⁷ • It is estimated that almost 1 person in 60 in the UK is blind or partially sighted. The number of people with a visual impairment is expected to increase as people live longer, increasing prevalence of diabetes, etc. • Approximately 1 in every 1000 of the UK population is deaf, using British Sign Language as the preferred language. However, many more people experience a hearing impairment. • Approximately 23,000 people in the UK have a dual sensory impairment, but this figure does not account for the large number of older people losing both their hearing and sight. Thus the number of people with a combined sight and hearing loss could be as high as 250,000, with an estimation of 750 people within the Borough.
<p>Local Picture</p>	<ul style="list-style-type: none"> • Current supported housing provision is for 50 units and is provided by 2 Housing Associations, Habinteg and Endeavour. <ul style="list-style-type: none"> • Habinteg have 2 schemes for long term accommodation and support which are: <ul style="list-style-type: none"> • Dovecot Street Scheme: 26 units • Rigby House Scheme: 18 units • Endeavour provide short term move on accommodation and support: <ul style="list-style-type: none"> • Sycamore Way Scheme: 6 units • Physical Disability and Sensory Loss Needs Analysis <ul style="list-style-type: none"> • The true figure for the number of adults who have a physical disability or sensory loss living in the Borough is unclear. The Council may not know of people who live without any Local Authority involvement, whilst other people may be included on the database who were considered at the time of assessment to have a disability or impairment but have no further need of support. For example, there are people who have had short-term mobility difficulties and received occupational therapy equipment or rehabilitation after surgery or injury. • 35,250 people (19.9% of the population) have a 'limiting long term illness', although this may not be a

⁶ www.doh.gov.uk/nsf/longterm.htm

⁷ Association of Directors of Social Services (October 2002) *Progress in Sight: New Standards of Social Care for Visually Impaired Adults*

	<p>disability, ranking Stockton on Tees 98th out of the total 354 Local Authorities, putting it in the worst 3rd quartile nationally ⁸</p> <ul style="list-style-type: none"> • 18,481 adults aged 16-65 (16.1% of the population) have a 'limiting long term illness'⁹ This is defined as 'a health problem or disability which limits their daily activities or the work they can do', including chronic conditions such as diabetes, HIV or physical disability. • 397 adults aged 18-65 with a 'limiting long term illness' are black or minority ethnic (2.1% of 18,841; i.e. probably under-represented). • 1,977 adults aged 18-65 (1.1% of the population) are known to receive services from the Council in relation to their disability or impairment, to whom we provide 3,873 services ¹⁰ • 2,998 people receive a community based service (including OT with an on-going commitment of resources) • 9,786 people (of all ages) receive community based services, residential or nursing placement or items of equipment and adaptations (of which 1,317 have a sensory loss and 8,469 have a physical disability) <ul style="list-style-type: none"> • The Best Value Review of Services for Physical Disability and Sensory Losses – Stockton-on-Tees Borough Council Improvement Plan 2003-06 <ul style="list-style-type: none"> • actions reflect a commitment to promoting independence • needs were identified through various consultation processes that have taken place; in response to local and national targets; national policy developments; and in relation to local service development plans. Some actions in response to these issues have already been completed, or are ongoing; for others, milestones to be achieved have been agreed. • Developing support to enable people to live at home, including respite care and leisure/education/employment opportunities as well as care at home. • Creating more choice in residential care, by developing supported tenancies • Developing a planning forum for people with a physical disability, building on the consultation
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⁸ Management Information Unit - SBC

⁹ 2001 Census

¹⁰ Management Information Unit - SBC

	<p style="text-align: center;">process to date</p> <ul style="list-style-type: none"> The Supporting People Programme has successfully attained the target as set out in the Best Value Review Improvement Plan 2003-06 (2.2 – Needs Identified page 4) The target was to develop a supported housing scheme. To this end six supported tenancies were developed to enable people to move out from, or prevent admission to, long-term residential care. This is under the umbrella of the Supporting People Programme and in partnership with Endeavour Housing Association.
<p>Needs Indicators</p>	<ul style="list-style-type: none"> University of Teesside Supporting People: Needs Analysis 2003 have identified 120 places of supported housing are needed. These findings are based upon research which looked at the number of Disability Living Allowances claimants. Stockton's ranking with regard to DLA claimants compared with other unitary authorities suggested that the number of supported housing units for people with physical or sensory disabilities should cater for about 120 households. The current housing waiting list provides very little information about this group. Only 6% of housing applicants receive medical or social priority; most medical priority applicants request a bungalow or ground floor flat. Data on Disability Living Allowance claimants shows great variation by ward, Portrack/Tilery has the highest number of people in receipt of DLA (530) and Wolviston the lowest (65). Among existing supported housing users with a physical disability, support and care time received is high. Existing accommodation was generally reported as adequate. There is evidence of quite substantial unmet need among people with physical disabilities in Stockton who are not currently supported housing users.
<p>Black and Minority Ethnic Groups</p>	<ul style="list-style-type: none"> Supporting People Client Records Summary Statistics April 2003 – March 2004 identified that out of the 11 new clients taking up physical or sensory disability services none were from black or minority ethnic groups. Research undertaken by Habinteg Housing Association on their 44 units of provision has identified that: <ul style="list-style-type: none"> Dovecot Street Scheme caters for 2 Asian or Asian British. Rigby House – no BME.
<p>Headline Conclusions</p>	<ul style="list-style-type: none"> The Supporting People Programme has successfully attained the target as set out in the Best Value Review

	<p>attained the target as set out in the Best Value Review Improvement Plan 2003-06 (2.2 – Needs Identified page 4) The target was to develop a supported housing scheme. To this end six supported tenancies were developed to enable people to move out from, or prevent admission to, long-term residential care. This is under the umbrella of the Supporting People Programme</p> <ul style="list-style-type: none"> • Using University of Teesside Needs Analysis data there is currently an under provision of supported housing of 70 places.
<p>Key Reference Points</p>	<ul style="list-style-type: none"> • Best Value Review of Services for Physical Disability and Sensory Loss 2003/04 • Management Information Unit – SBC 2001 Census • Department of Health (November 1998) <i>Modernising Social Services</i> • ¹ Department of Health ‘<i>National Service Framework for Older People</i>’ March 2001 • ¹ www.doh.gov.uk/nsf/longterm.htm • ¹ Association of Directors of Social Services (October 2002) <i>Progress in Sight: New Standards of Social Care for Visually Impaired Adults</i> • Supporting People Client Records: Summary Statistics April 2003 to March 2004 email sphelp@st-sndrew.ac.uk
<p>Future Plans</p>	<ul style="list-style-type: none"> • The actual extent of unmet needs is difficult to ascertain. Evidently, there is a significant disabled population and consequently a need for well signposted comprehensive services to meet the varying needs of the people concerned, and adequate provision planned for the changing or growing needs in the future. • Using University of Teesside Needs Analysis data there is currently an under provision of supported housing of 70 places. However, as pointed out above, this is difficult to ascertain. • Supporting People to link into Physical Disability User Forum to research needs analysis of supported housing. • Supporting People to link into the Planning Forum for people with a physical disability, building on the consultation process to-date. • Further research to be undertaken into Black and Minority Ethnic Needs

Women at risk of domestic violence

SP funded accommodation based services excluding pipeline, HIA, community alarm services and leasehold schemes

Number of household Units	Number of services	Average gross unit cost (£)
7 (8)	1	340.36 (297.82)

No changes from the position 31.03.2003

Analysis

Household Units: - 7

Services: - Women's refuge x 1

Average gross unit cost (£ per unit): - £340.36

Support Provision type: -

Household Units: - Day time staff on site with Emergency Call Out x 7

Services: - Day time staff on site with emergency call out x 1

SP funded non accommodation services excluding pipeline, HIA, community alarm services and leasehold schemes

Floating Support

Number of household Units	Number of services	Average gross unit cost (£)
9 (11)	1	55.03 (45.03)

Target Client Group: Women at Risk of Domestic Violence

National Picture

- Domestic violence is defined by the Home Office as: *'Any violence between current and former partners in an intimate relationship, wherever and whenever the violence occurs. The violence may include physical, sexual, emotional and financial abuse.'*
- Domestic violence has a real and terrible impact on the children of women it affects - they often witness and overhear domestic violence, or can be directly targeted by the perpetrator.
- Also, the majority of refuges across the country are unable to accommodate male children over a certain age for very valid reasons. This is a real dilemma facing women fleeing domestic violence, in circumstances when a young male child is unable to stay in a refuge with his mother it leads

	<p>to the temporary break up of the remaining family unit.</p> <ul style="list-style-type: none"> • Supporting People Grant does not fund children’s services, which are provided in refuges across the country, but recognises that these types of services are extremely valuable. • 1 in 4 women will experience domestic violence at some point in their lives, and it accounts for 23 per cent of violent crime. • 23 per cent of women are at risk of domestic violence during pregnancy, 37 per cent of women physically assaulted are assaulted for the first time during pregnancy, with the abdomen being the main focus of the assault. • Many women fleeing domestic violence or in violent relationships may have additional support needs, or require specialised support services these can include: <ul style="list-style-type: none"> ○ Women from BME communities. ○ Women with a disability: physical, learning, mental health, sensory impairment or chronic ill health. ○ Older women. ○ Very young women. ○ Women who have worked in the sex industry. ○ Women with support needs associated with alcohol and drug misuse. ○ Women whose partners are in the armed forces. ○ Women who belong to the travelling community. ○ Women who are lesbian/trans-gender. • Government Targets include: <ul style="list-style-type: none"> ○ Tackling homelessness, working with local authorities and their partners to sustain reductions in the use of Bed and Breakfast hostels to accommodate families with children, increase supply and access to settled housing and reduce the use of temporary accommodation. ○ BV176 – renamed “Quality of domestic violence services” states that, “One refuge bed space per ten thousand-population represents the provision recommended by the Government Select Committee 1997 on domestic violence. All local authorities should be aiming to maximize the number of refuge spaces to meet local needs”.
<p>Local Picture</p>	<ul style="list-style-type: none"> • Stockton’s Homelessness Review 2003 identified that: <ul style="list-style-type: none"> ○ Over the last 3 years relationship breakdown for violent reasons has been the main reason for applicant households being eligible for assistance, unintentionally homeless and in priority need. ○ In 2002/03 this accounted for 21% of those eligible for assistance. ○ Current provision stands at 7 units of

	<p>accommodation with 9 places of floating support provided.</p>
<p>Black and Minority Ethnic Groups</p>	<ul style="list-style-type: none"> • The SP Client Records data (April 2003 to March 2004) which collates information on new clients entering supporting people services has identified that, out of 125 service users entering the Women’s Refuge, 12 users identified themselves from BME groups (9.7%). This is a higher proportion than the BME population in Stockton, which is 3.8%. <ul style="list-style-type: none"> ○ Pakistani - 4 clients ○ Chinese - 3 clients ○ White Irish – 2 clients ○ Indian – 1 client ○ Other Ethnic Group – 2 clients
<p>Needs Indicators</p>	<ul style="list-style-type: none"> • Supporting People: Needs Analysis identifies that Stockton requires 18 units of accommodation and 2 places for floating support. • The BME population has increased in Stockton by 75% over the last 12 years. It is recognized that domestic violence cuts across all cultures and this is reflected in the local statistics. • There is a housing crisis of suitable housing in Stockton due to factors such as decanting of major regeneration schemes, the lack of low cost ownership and the buoyant market encouraging landlords to sell properties. This means that there is a lack of suitable accommodation for women to move into once admitted into the Refuge. • In December 2004 there were 80 households in bed and breakfast accommodation, 157 people in all, of which 67 were children. Five of these households were expecting a child. It is safe to assume (give the high percentage of applicants who are unintentionally homeless through violent relationship breakdown) that approximately 20 of these households could be women fleeing domestic violence.
<p>Headline Conclusions</p>	<ul style="list-style-type: none"> • Violent relationship breakdown accounts for 21% of all Homelessness applicants whom are eligible for assistance, unintentionally homeless and in priority need. • BVPI set a target of one refuge bed space per ten thousand-population – for Stockton this equates to 18 units. Current provision stands at 7 units of accommodation with 9 floating support spaces. • There is a shortage of suitable housing for women to move onto once admitted into the Refuge. • In some instances general refuge provision may not always be able to appropriately support women with

	<p>extremely complex needs and may not be the best option.</p> <ul style="list-style-type: none"> • Women fleeing domestic violence are not a homogenous group, and that many women suffer mental illness and/or develop addictions to alcohol/drugs as a result of the violence they endure. • The needs of male victims of domestic violence need to be considered. • Studies have shown that men who are violent towards their partners are often violent towards and sexually abuse their children. • The needs of young people experiencing domestic violence (16 and 17 year olds) after leaving family home and moving in with partners need to be considered. • The SP Client Records data shows that, of all the Supporting People services, this service is used the most frequently by BME groups with Pakistani women most frequently using the service. There are also a high percentage of Chinese women using the service compared to ethnic population in Stockton. The current Refuge is able to manage BME clients as they have gained experience especially around the provision of food. They also have Asian women volunteers able to provide assistance and advice. • 12 users identified themselves from BME groups (9.7%) this is higher in proportion to the BME population in Stockton which is 3.8%. N.B. Women access the Stockton refuge from all over the UK. • Need to link to BME Housing Strategy. • Identification through SP Review process that all services have in place a fair access policy regarding BME Groups. • Need to increase number of available refuge spaces to meet Government targets. Stockton needs to provide an additional two units.
<p>Key Reference Points</p>	<ul style="list-style-type: none"> • BVPI – The number of domestic violence refuge places per 10,000 population, which are provided or supported by the authority. • Report to the Head of Housing, Julie Allport to the Developing Primary and Community Services Committee, 2nd December 2004 – “The Health Needs of Homeless People in Stockton-on-Tees” • Supporting People: Needs Analysis 2003 – University of Teesside • Supporting People Client Records Summary Statistics April 2003 to March 2004
<p>Future Plans</p>	<ul style="list-style-type: none"> • Consider the need for specialist BME domestic violence worker for Pakistani/ethnic minorities? • Need to negotiate increase in number of places available

	<p>within existing refuge and floating support provision.</p> <ul style="list-style-type: none">• Need to identify from Homelessness Department how many families in B&B are fleeing domestic violence and therefore identify any shortfall in provision.• Need to link in with Domestic Violence Forum and identify current issues.
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Young people at risk or leaving care

SP funded non accommodation based services excluding pipeline, HIA, community alarm services and leasehold schemes

Floating Support

Number of household Units	Number of services	Average gross unit cost (£)
36 (43)	3	76.40

No change from 31.03.2003

Young people at risk or leaving care

SP funded accommodation based services excluding pipeline, HIA, community alarm services and leasehold schemes

Accommodation based

Number of household Units	Number of services	Average gross unit cost (£)
36	2	114.08

No change from 31.03.2003

Analysis

Household Units: – Supported Housing (shared or self contained) x 36

Services: - Supported Housing (shared or self contained) x 2

Average gross unit cost (£ per unit): - Supported Housing (shared or self contained) £114.08

Support Provision type: -

Household Units: - 24 hour cover with sleep in staff x 6
As required support x 30

Services: - 24 hour cover with sleep in staff x 1
As required support x 1

Target Client Group: YOUNG PEOPLE AT RISK OR LEAVING CARE / TEENAGE PARENTS

National Picture	<ul style="list-style-type: none"> • Every Child Matters is the new Government framework to ensuring that services for children are planned in a comprehensive and cohesive manner. Supporting People covers young people from 16+. • The Children’s National Service Framework sets out in
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	<p>Standard 1 that there is universal and targeted promotion strategies address inequalities. This includes providing support for children, and those who are homeless or living in temporary accommodation, and those who have fragile social networks.</p> <ul style="list-style-type: none"> • National Leaving Care Benchmarking Forum have set service standards that accommodation for young people leaving care is included in the local authority Supporting People Strategy and Plan • National Targets have been set for Teenage Pregnancy and Parenthood: <ul style="list-style-type: none"> ○ To reduce the rates of conception amongst under 18 years old by: <ul style="list-style-type: none"> ▪ 15% by 2004; ○ To establish a downward trend in conception rates for under 16s by 2010. ○ Achieve a reduction in the risk of long-term exclusion for teenage parents and their children by ensuring 60% of young mothers are in education, training and employment by 2010. • England's teenage birth rates are the highest in Western Europe – treble those in France and six times those in the Netherlands. In 1998 there were around 41,000 conceptions to under 18's in England resulting in 23,600 live births.
<p>Local Picture</p>	<ul style="list-style-type: none"> • Current provision of supported housing for Young People at risk or leaving care funded through Supporting People stands at: <ul style="list-style-type: none"> ○ 36 accommodation based units ○ 36 floating support units • Stockton has appointed an Accommodation Development Officer in order to take the Youth Accommodation Strategy forward. • Homelessness Strategy 2003 – 2008 Implementation Action Plan Strategic Objective 5 sets out certain actions to develop a variety of accommodation for care leavers <ul style="list-style-type: none"> ○ Establish a supported accommodation unit. ○ Explore the viability of satellite accommodation. ○ Develop floating support scheme via Supporting People for young people at risk and care leavers aged 18+. • Current identified provision for teenage parents stands at 2 floating support places. Quantitative research undertaken by Supporting People indicates there are other schemes catering for teenage parents under the provision of single homeless. This needs to be reflected in contracts and discussions are currently underway to reflect this change. • The Supporting People Team has a place on the Teenage

	<p>Pregnancy Partnership Board and work in partnership to highlight housing issues.</p> <ul style="list-style-type: none"> • Stockton has joint commissioning arrangements for children and young people's services – these are moving from the Service Development Team to the newly formed Children's strategic partnership.
Black and Minority Ethnic Groups	<ul style="list-style-type: none"> • Young People Leaving Care / Young People at Risk: the SP Client Records data (April 2003 to March 2004) which collates information on new clients entering supporting people services has identified that, out of the 10 new clients using services for Young People Leaving Care and 24 new clients using services for Young People at Risk, none were from BME backgrounds.
Needs Indicators	<ul style="list-style-type: none"> • The supported housing needs of Young People Leaving Care (identified through the Homelessness Strategy priorities) are provided for through the Fairway accommodation and Floating support service managed by Tees Valley Housing Association. However it is unclear whether this is sufficient provision. • Further analysis should be undertaken in order to identify whether there is adequate supported accommodation and floating support to meet the needs of Young People at Risk or Leaving Care. This should link in with the Children and Young People's service mapping exercise. • There is a need for accommodation and support services for 16-18 year olds, some of whom have high support needs.
Headline Conclusions	<ul style="list-style-type: none"> • The local provision of all services for children and young people is currently being needs mapped by the Children and Young Peoples Strategy Team. The Supporting People Team is contributing to this needs-mapping exercise. When this is completed we will have a clearer picture of gaps in service provision to Young People at Risk or Leaving Care. • The Homelessness Strategy 2003-2008 Implementation Action Plan has identified a number of objectives that are currently underway. The priorities that link with Supporting People and have been accomplished are: <ul style="list-style-type: none"> ○ Young People leaving Care are catered for by the provision of a 6 bedded accommodation unit ○ There is floating support provision for 17 young people living in independent accommodation • There is a general need for developing additional supported housing services for younger people

	<ul style="list-style-type: none"> • We need to monitor the use of supported housing services by teenage parents and ascertain if these services can adequately meet their needs • The absence of support around issues related to substance abuse, relationship breakdown, moving home etc. can mean young people are unable to remain in employment, training or education. • Security is of paramount importance rather than location, with sheltered housing being a potential model for future service development for young people. • The ability to exercise choice in where young people live (in order to be accommodated in familiar areas, near family and friends) is seen as essential. • Waiting times are seen as prohibitive to securing accommodation, as alternative accommodation is often not available - Direct Access accommodation may be necessary. • Young people should be given the same priority as other client groups. • More information needs to be made available for young people as they prepare for independence. • Support is needed to develop life skills such as budgeting and managing a home.
<p>Key Reference Points</p>	<ul style="list-style-type: none"> • Supporting People Client Records Summary Statistics April 2003 – March 2004 Review, December 2004 • National Leaving Care Benchmarking Forum September 03/Standards/Accommodation • National Service Framework for Children, Young People and Maternity Services – Executive Summary. September 2004 email:dh@prolog.uk.com • Homelessness Strategy 2003-2008 Stockton-on-Tees Borough Council
<p>Future Plans</p>	<ul style="list-style-type: none"> • All supported housing services for Young People at Risk or Leaving Care will be reviewed under Supporting Services in order to identify which services are strategically relevant and providing good quality and value for money • In accordance with quantitative data compiled by the Supporting People Team and in conjunction with the Teenage Pregnancy Partnership Board and Providers involved, we will look to re-modelling specific services to more accurately reflect the needs of teenage parents using the service. • In order to identify future need the Supporting People Team will link in with strategically relevant partnerships including: <ul style="list-style-type: none"> ○ Homelessness Strategy

	<ul style="list-style-type: none">○ Children & Young Peoples Strategy○ Teenage Pregnancy Partnership Board● Encourage the availability of permanent housing options for young people at risk / leaving care currently in short term supported housing schemes● Improve access into generic services for young people leaving care.● Develop supported lodgings scheme to incorporate young people at risk as well as care leavers.● Pathways planning information of children in care that are nearing age of independence, to be shared with the Housing Department to identify suitable supported accommodation. Each agency to support the young person by identifying a 'named officer'.● As part of future need the Supporting People Team will, in conjunction with relevant partners, develop a monitoring/needs analysis of provision of supported housing for BME groups.
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Offenders or People at Risk of Offending

Currently there are no Supporting People services for this client group in Stockton-on-Tees

Target Client Group: Offenders or People at Risk of Offending	
National Picture	<ul style="list-style-type: none"> • Those at risk of offending or re-offending following a period in prison are defined as: <ul style="list-style-type: none"> ○ “All those aged between 16 and 60 whose primary reason for support is related to offending behaviour or a risk of re-offending”. • This could include: people who are currently probation clients including those with multiple needs (mental health problems, drug/alcohol misuse) people who are homeless on release from prison or other offender institutions; people moving to supported housing or general needs housing with support/resettlement services; people currently in supported housing through probation; and offenders who are unable to leave NHS secure units or special hospitals due to a lack of suitable facilities. • Reducing Re-offending – The National Action Plan identified that “appropriate and accessible accommodation is the foundation of successful rehabilitation and management of risk of harm to others. It is crucial to sustaining employment, treatment, family support and finances and is a major resettlement need for many women leaving prison. Research suggests that addressing severe accommodation problems can make a difference of up to 20 per cent in terms of a reduction in re-offending”(page 9). It also went on to identify a concern within Youth Justice of “the lack of provision of appropriate housing for young people” (page 5).
Local Picture	<ul style="list-style-type: none"> • Currently there is no specialist provision primarily for offenders although one supported housing organisation whom provide support to people with drug problems have included offenders as their secondary target client group. The homeless hostels also provide support to offenders within their remit of providing housing support. The Homelessness Strategy 2003-08 identified in Strategic Objective 5: <ul style="list-style-type: none"> ○ Improve and develop services for homeless people leaving prison and offender institutions and people leaving hospital who have mental health issues. • Their long term goals 2005-08 were: <ul style="list-style-type: none"> ○ Young Offenders, Ex-offenders and Mental Health ○ Develop supported temporary accommodation

	<p>facilities for substance/drug misusers.</p> <ul style="list-style-type: none"> • Working towards this goal the Supporting Team have, since 2003, commissioned the setting up of 2 schemes; a 16 place intensive floating support service for drug users (3 of which are for people with alcohol problems as their primary problem) and a floating support service for 12 young people at risk. There are also future plans in 2005 to develop an accommodation based hostel for drug users with 12 places. • The National Probation Services, Teesside (Stockton Reintegration data) conducted a Housing Needs analysis of a 7 month period 1 June 2004 to 31 December 2004 and on that basis projected figures for 2005/06 which are: <ul style="list-style-type: none"> ○ 52 clients would be homeless. ○ 84 clients would require support ○ 72 clients would have a drug/alcohol problem. ○ 92 clients would have a mental health problem. • A research based assessment tool, Offender Assessment System (OASys) developed by the prison and probation services have also compiled data which suggests that out of 98 offenders whom were assessed as having an accommodation need at the start of an Order, 28 were still assessed as having an accommodation need on termination of the Order.
<p>Black and Minority Ethnic Groups</p>	<ul style="list-style-type: none"> • Presently have no specific data on ratio of client group who are from BME groups. • The housing organisation who support offenders as their secondary client group identified that they had received two BME referrals over a 2 year period which constituted 1.2% of all referrals to their service. This compares with the overall BME population within Stockton of 2.6%.
<p>Headline Conclusions</p>	<ul style="list-style-type: none"> • Based on information provided by the Probation Service it would suggest that currently offenders or those at risk of offending have a shortfall in provision. A majority of this client group will access supported housing for people with drug problems and homeless hostel provision. Therefore careful analysis of the data and type of provision provided is necessary in order to scope out how to plan for identified unmet need. This must be done in partnership with agencies such as: <ul style="list-style-type: none"> ○ Probation Service ○ Drug Action Team ○ Homelessness Department ○ Mental Health Service ○ Youth Justice Team • The link between drugs and offending is well established and is bridged by services such as the national Drugs Interventions Programme which works towards getting offenders who misuse drugs out of crime and into

	<p>treatment. Supported housing within this context should be viewed as part of a holistic treatment aim, and we will work alongside services such as the Drugs Interventions Programme in order to complement the aim of reducing re-offending by providing supported housing.</p> <ul style="list-style-type: none"> • It is acknowledged that this particular client group will at times be represented within other Supporting People target groups such as people with drug problems/mental health problems.
<p>Key Reference Points</p>	<ul style="list-style-type: none"> • Information to Support SP Strategy – 4 February 2005 – Teesside Probation Service – Sandra Sam-Drysdale • Stonham Draft Best Value Review – Stockton Intensive Support Service. • Homelessness Strategy 2003-2008 Stockton-on-Tees Borough Council email caroline.wood@stockton.gov.uk • Reducing Re-offending National Action Plan – Home Office, Rehabilitation of Offenders policy Team, 50 Queen Anne’s Gate, London, email vivien.brandon@homeoffice.gsi.gov.uk www.homeoffice.gov.uk • The Drug Interventions Programme visit www.drugs.gov.uk email dipinfo@coi.gsi.gov.uk
<p>Future Plans</p>	<ul style="list-style-type: none"> • There is a need to scope out services that are required with the relevant agencies based on available data. Offenders will currently be accessing services such as homeless hostels and drug related housing support. Therefore we need to know what type of provision is required to support this client group – do we need more of the same or should we be providing a specialist service that only offenders or those at risk of offending can access? Agencies to be involved: <ul style="list-style-type: none"> • Probation Service • Drug Action Team • Homelessness Department • Mental Health Service • Youth Offending Team • Currently all these agencies (apart from YOT) are representative agencies on our Commissioning and Strategy Group. • The link between drugs and offending is well established and is bridged by services such as the national Drugs Interventions Programme which works towards getting offenders who misuse drugs out of crime and into treatment. Supported housing within this context should be viewed as part of a holistic treatment aim, and we will work alongside services such as the Drugs Interventions Programme in order to complement the aim of reducing

	<p>re-offending by providing supported housing.</p> <ul style="list-style-type: none">• Need to put in place a monitoring system for BME groups and identify if their needs are being met. This to be done by linking in with Probation Service/Homelessness Section
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Gypsies and Travellers

Currently there are no Supporting People funded services for this client group in Stockton-on-Tees.

Target Client Group: GYPSIES AND TRAVELLERS	
National Picture	<ul style="list-style-type: none"> • Gypsies and other Travellers make up a small proportion of the population and have distinctive cultures, characteristics and accommodation needs. The legal definition is 'persons who wander or travel for the purpose of making or seeking their livelihood (not persons who move from place to place without any connection between their movements and their means of livelihood.)'. The legal definition is concerned with habitual lifestyle rather than ethnicity but we should also consider an ethnic definition of a gipsy or traveller in order to gain a better understanding. • Romany Gypsies were accepted as an ethnic group for 'race relations' legislation in 1989. Ethnic gypsies include English Romany Gypsies and members of the Welsh Kale and Scottish Travellers groups. • It is also accepted that Irish Travellers have a distinct indigenous origin. Irish Travellers were accepted as an ethnic group for 'British race relations' legislation in August 2000.
Local Picture	<ul style="list-style-type: none"> • The Stockton Gypsy and Travellers Site is managed by the Local Authority. The site has 27 plots of which 26 are currently in use. • Most of the residents stay on the site on a permanent basis. • Currently the Housing Options Initiatives Officer has submitted a bid to ODPM for funding for 12 stables for horses. Planning permission is being sought and subject to ODPM approval this action will go ahead • The residents on the site are not from one specific ethnic group. Older residents tend to refer to themselves as Romany Gypsies whereas the younger people tend to call themselves Travellers. • Currently Sure Start staff have contact with some residents of the site in connection with the younger children and parents. • A Gypsy and Traveller Network meeting was held in February 2005. The membership was made up of various support services and discussion focused around issues relating to children in connection with Home Education.

<p>Black and Minority Ethnic Groups</p>	<ul style="list-style-type: none"> • “Counting Gypsies and Travellers: A Review of the Gypsy Caravan Count System” makes reference to Social inclusion and provision of services for Gypsies/Travellers (page 2) – “Assessments of need for health, education and other services (e.g. number of school-age and pre-school-age children, health status); monitoring of service provision and uptake (e.g. children in local schools, site residents registered with GP)”. • The recently formed Network Group is addressing this need for social inclusion and Supporting People will link into this group. • Tees Valley Living Black and Minority Ethnic (BME) housing needs and aspirations study is also presently undertaking research among BME communities. The study has a number of distinct stages including: a review of existing information about BME communities in the study area and an associated mapping exercise highlighting the geographical dispersion of such communities; research with services, statutory, voluntary and community, to gauge their appreciation of the housing needs facing BME people; and interviews with 800 BME households distributed across the study area. Supporting People will incorporate the findings of the study into the 5 year strategy as and when these are published,
<p>Headline Conclusions</p>	<ul style="list-style-type: none"> • Supporting People do not at present fund a support service to the Gypsies and Travellers who stay at the caravan site. • It is proposed that a representative of the Supporting People Team attend the recently formed Gypsy and Traveller Network meeting so as to interact with both the support services and any representative from the Gypsy and Traveller Network Meeting to ascertain if any support services are required. • Supporting People will incorporate the findings of the Tees Valley Living Black and Minority Ethnic (BME) housing needs and aspirations study into the 5-year strategy as and when these are published and work to achieve any actions that may arise from this piece of research.
<p>Key Reference Points</p>	<ul style="list-style-type: none"> • Local Authority Gypsy/Traveller Sites in England: Pat Niner. Centre for Urban and Regional Studies, University of Birmingham, Office of the Deputy Prime Minister: London: July 2003 • Counting Gypsies & Travellers: A Review of the Gypsy Caravan Counting System: Office of Deputy Prime Minister • Stockton Borough Council: Site Warden for Travellers Site.

Asylum Seekers and Refugees

Currently there are no Supporting People funded services for this client group in Stockton-on-Tees.

Target Client Group: ASYLUM SEEKERS AND REFUGEES	
National Picture	<ul style="list-style-type: none">• The UK has signed the 1951 Convention on Refugees, which means that anyone has the legal right to come here, apply for asylum and remain in the UK until the government makes a final decision on their asylum application. Therefore an asylum seeker is somebody who is waiting for their application for 'refugee status' to be assessed by the government. A refugee is defined as somebody who:<ul style="list-style-type: none">○ Has a well-grounded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinion;○ Is outside the country they belong to or normally live in;○ Is unable or unwilling to return home through fear of persecution (1951 Convention on Refugees)• In 2002 the Government published "Reflecting the Needs and Concerns of Black and Minority Ethnic Communities in Supporting People". Advice was given as to the objectives of local authorities in meeting black and minority ethnic needs through Supporting People - a summary of the issues affecting refugees and asylum seekers was:<ul style="list-style-type: none">• Isolation, insecurity and fear• Reluctance to approach service providers• Poor access to language support• Lack of acknowledgement of physical and emotional scars• A study for the Joseph Rowntree Foundation of refugees from Somalia and Eritrea found that the respondents expressed "a deep sense of isolation, insecurity and fear". They also found that recent refugees had little knowledge of the services available and were, in any event, reluctant to approach them. Most had only a basic grasp of English and interpretation services were not normally available, nor was information about services available in community languages.• Long-term support with learning English was difficult to access and "provision was patchy". Professionals had little understanding of the difference between refugees and migrants and therefore "did not recognise the particular physical and mental problems resulting from

	<p>their experience as refugees”. These conclusions would apply in very large measure to all groups of asylum seekers and refugees.</p>
Local Picture	<ul style="list-style-type: none"> • The Local Authority have an asylum support team which is a multi-agency team and works in the following way:- <ul style="list-style-type: none"> • 4 Support Workers – support those asylum seekers who are in local authority accommodation. • 2 Health Visitors – support families with young children who have refugee status or are asylum seekers. • 1 Community Nurse – supports refugees and asylum seekers (mainly adults) also provides support to failed asylum seekers. • 1 Childrens Officer – provides out of school activities for children from asylum seeking families and refugee families living within Stockton. • Move-on Officer – this post is funded for one year and is due to run out at the end of 2005/06. The service provides support for those asylum seekers who have received a positive decision and who want to continue to live in the Stockton area. They help the person to access benefits, housing, and seeking employment and training once they are in accommodation. The individual will be helped for up to six months and since inception this role has assisted 30 individuals to settle in Stockton.
Needs Indicators	<ul style="list-style-type: none"> • Approximately 293 people were seeking asylum and living in Stockton-on-Tees in March 2005. • On a previous study “Busting the Myth in Stockton” it was found that: <ul style="list-style-type: none"> ○ 86% were male ○ 14% were female
Key Reference Points	<ul style="list-style-type: none"> • “Reflecting the Needs and Concerns of Black and Minority Ethnic Communities in Supporting People” DTLT May 2002. • “Valuing Difference – Busting the Myth in Stockton – Stockton-on-Tees Borough Council contact satnam.singh@stockton.gov.uk
Future Plans	<ul style="list-style-type: none"> • Currently Supporting People do not fund a service for asylum seekers or/and refugees. • It is proposed that Supporting Team link in with the Asylum Seekers / Refugees Forum, which will need to undertake a needs mapping exercise to indicate if there is a need for support provision. • The funding runs out for the Council’s Move-on Officer at

	<p>the end of 2005/06. The Supporting People Commissioning & Strategy Group need look to see if any funds are available to assist in the continuation of this post.</p> <ul style="list-style-type: none">• There may be a need for flexible advice services providing both initial practical advice and longer-term low-level support for clients who have moved on from accommodation-based services.
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HIV / Aids

Currently there are no Supporting People funded services for this client group in Stockton-on-Tees.

Target Client Group: HIV / AIDS	
National Picture	<p>The provision and commissioning of services to people with HIV and AIDS is essential in terms of the overall philosophy of Supporting People. According to the recent ODPM briefing note: "This is a client group that has suffered from stigma, prejudice and ignorance in the early 1980's that led to many misconceptions as to cause and effect as well as morbidity.... Whilst the Supporting People programme can provide services to any vulnerable person who can benefit from housing related-support, people with HIV/AIDS have been identified as one group for whom support should be made available."</p> <p>Government policy on HIV/AIDS In July 2001, the Department of Health published the National Strategy for Sexual Health and HIV. The principle objectives of the strategy are:</p> <ul style="list-style-type: none">• Better Prevention• Better Services• Better sexual health• Reduction in inequalities in access to and provision of treatment• Improved availability of testing. <p>Direct treatment of the primary condition lies with health professionals. The provision of appropriate housing related support will, in most cases, sit alongside this to provide a stable platform for independent living and, through that, a supportive basis for health treatment.</p> <p>Housing related support for people with HIV/AIDS Appropriate examples of housing-related support for people with HIV/AIDS might include:</p> <ul style="list-style-type: none">• Help with developing life skills, such as cooking or budgeting, which are an integral part of living independently in accommodation• Floating support services - especially relevant to those just coming out from a long and intensive hospital stay.• General support, such as wardens or community alarms, to provide confidence that assistance can be called when required. This applies in particular to those in relapse or during periods of high anti-body count.

	<p>Although these services can be accessed and provided for to all vulnerable groups supported by the programme it is important to ensure that service provision is linked to and complements health and broader service provision when dealing with people with HIV or AIDS. The starting point for consideration of such delivery links should be through discussions with PCTs and broader health partners through the Commissioning and Strategy Group.</p> <p>Terrence Higgins Trust Policy Guidance on Integrating HIV Health and Social Care Services (November 2002) also point to a number of potential benefits for people with HIV, which should result from the establishment of integrated HIV health and social care services. One of the benefits would be an increase in access to services and improvement in the efficiency with which services are coordinated and delivered.</p>
Local Picture	<ul style="list-style-type: none"> • The main source for information and statistics relating to HIV/AIDS is to be found through the Health Protection Agency. • The Regional Data for 2003 – Survey of Prevalent HIV Infections Diagnosed (SOPHID) showed a 17% increase in the number of individuals seen for HIV related care in England, Wales and Northern Ireland. A total of 35,428 individuals were seen for HIV related care in 2003, compared to 30,281 in 2002 (15% increase). • Regionally in the North East there were 542 diagnosed HIV infected patients in 2003. However, it is still unclear how many of those people are living in the Stockton-on-Tees area. It is difficult to assess the level of need within the area
Black and Minority Ethnic Groups	<ul style="list-style-type: none"> • Black and minority ethnic groups, refugees and asylum seekers – a high percentage of new infections are acquired abroad, especially in Sub-Saharan Africa (DH, National Strategy for Sexual Health). Authorities need to be aware and respond to sudden pressures, especially regional ones, and need to react quickly in terms of housing support as the 28 day period comes into effect in relation to Asylum Seekers legal position status changing. Some groups may be reluctant to access support services for fears of deportation, refusal of asylum, etc.
Key Reference Points	<ul style="list-style-type: none"> • Supporting People Briefing Note: Housing Related Support for people with HIV/AIDS –Office of Deputy Prime Minister: email www.spkweb.org.uk • Survey of Prevalent HIV Infections Diagnosed (SOPHID) regional Data for 2003 – HIV/STI Division CDSC Health

	<p>Protection Agency Centre for Infection CDR Weekly Vol 15 no 8:HIV/STIs email www.hpa.org.uk/cdr/pages/hiv_STIs.htm</p> <ul style="list-style-type: none"> • Effective Commissioning of Sexual Health and HIV Services: A Sexual health and HIV Commissioning Toolkit for Primary Care Trusts and Local Authorities 2003: Department of Health: Jane Mezzone Sexual Health Programme Manager: email sexual-health-&HIV@doh.gsi.gov.uk • Terrence Higgins Trust, Policy, Campaigns and Research Division: November 2002 email: campaigns@tth.org.uk
<p>Future Plans</p>	<ul style="list-style-type: none"> • Our first priority is to needs map and assess the level of service needed in Stockton-on-Tees. • Adhering to government guidelines it is important to ensure that service provision is linked to and complements health and broader service provision. The starting point for consideration of such delivery links will be through discussions with PCTs and broader health partners through the Supporting People Commissioning and Strategy Group.

Provider Organisation Type by service provision

SP funded **non-accommodation based services** excluding pipeline, HIA, community alarm services and leasehold schemes

Floating Support

Household Units

Charitable Organisations	5 Household Units
RSL	2 Household Units
Voluntary not for profit organisation	4 Household Units

(increase of 4.7% for charitable organisation and 55.6% for RSL's from 2003)

Services

Charitable organisations	services
RSL	services
Voluntary not for profit organisations	1 service

(50 % increase from 2003 for charitable organisation services)

Average Gross Unit Cost (£)

Charitable organisations	2.02
RSL	89.44
Voluntary not for profit organisation	118.12

Provider Organisation by Accommodation type

Charitable organisation 178 household units

SP funded **accommodation based services** excluding pipeline, HIA, community alarm services and leasehold schemes

Accommodation Type	Accommodation Units	Services	Ave. gross unit cost
Alms Houses	53	3	6.2
Residential Care Home	6	1	67.84
Homeless Hostel, B&B or other temporary accommodation	32	1	103.48
Sheltered Housing for older people	11	1	60.29
Supported Housing (shared or self contained)	69	7	
Women's Refuge	7	1	340.74
TOTAL	178	14	x

Local Authority – Housing Department

SP funded **accommodation based services** excluding pipeline, HIA, community alarm services and leasehold schemes

Accommodation Type	Accommodation Units	Services	Ave. gross unit cost
Homeless Hostel, B&B or other temporary accommodation	17	2	43.26
Sheltered Housing for older people	409	11	14.9
TOTAL	426	13	16.03

Private Company

SP funded accommodation based services excluding pipeline, HIA, community alarm services and leasehold schemes

Accommodation Type	Accommodation Units	Services	Ave. gross unit cost
Supported Housing (shared or self contained)	13	2	121.66
TOTAL	13	2	121.66

Private Individual

SP funded accommodation based services excluding pipeline, HIA, community alarm services and leasehold schemes

Accommodation Type	Accommodation Units	Services	Ave. gross unit cost
Supported Housing (shared or self contained)	13	1	#
TOTAL	13	1	#

RSL

SP funded accommodation based services excluding pipeline, HIA, community alarm services and leasehold schemes

Accommodation Type	Accommodation Units	Services	Ave. gross unit cost (£)
Homeless Hostel, B&B or other temporary accommodation	18	1	125.63
Sheltered Housing for older people	592	16	7.16
Supported Housing for older people	339	18	8.79
TOTAL	949	35	9.99

Voluntary not for profit organisation

SP funded accommodation based services excluding pipeline, HIA, community alarm services and leasehold schemes

Accommodation Type	Accommodation Units	Services	Ave. gross unit cost (£)
Supported Housing (shared or self contained)	16	1	166.99
TOTAL	16	1	166.99

Appendix 2 – Strategic Relevance

2.1 Corporate Context and Links to other Plans and Strategies

Many of our Supporting People objectives are corporate objectives delivered in conjunction with partner agencies through the **Community Strategy**, the overarching plan for the Borough. The Renaissance Partnership Board (the 'Local Strategic Partnership') is responsible for preparing the Community Strategy.

2.2 Stockton Renaissance Partnership Board

This a partnership, established in 1998, in anticipation of the Government's support for regeneration through partnership. Its strength has been recognised through accreditation by the Government Office for the North East. A network of interlinked geographic area boards and thematic partnerships sits beneath the Partnership Board. This comprehensive network of partnerships allows the widest possible representation, of the community, voluntary, public and business sectors on the thematic and area partnerships, whilst keeping the overarching Renaissance Board to a manageable size.

Each partnership has created a series of key objectives and an action plan. Achievement of these key objectives against stated targets form an ongoing performance indicator against which to measure the success of the delivery of the Community Strategy and, ultimately, the Local Area Agreement.

2.3 Tees Valley Vision / 2020 Vision¹¹

Stockton Renaissance Partnership Board has produced an "inspirational" vision for the Borough we want to be part of in 2020. Titled "Vision 2020", the document looks ahead in time, 15 years from now, when aspirations for the area have driven the Borough forward to become an attractive, safe and healthy place to live and work.

Complementing the plans being developed by the Tees Valley Partnership, the vision builds upon the strengths and unique role of the Borough to revitalise the area, whilst making a strong contribution towards plans for the region. Representing the positive and vibrant culture that Stockton Renaissance is working to encourage, the vision for the Borough is centred around four main goals:

- Aspiration and excellence
- An entrepreneurial society
- Well being for all
- Living in the Stockton Borough

The Board is working to promote this vision in the community. It is leading delivery of the vision through the overarching leadership of the

¹¹ Vision 2020 is available at www.stockton.gov.uk under "Plans and Strategies".

service focused “thematic” and “geographical” partnerships in the Borough.

2.4 Community Strategy¹²

The Community Strategy sets out the key priorities for the Borough of Stockton to be achieved over the next three years.

The context of the Strategy is “promoting achievement and tackling disadvantage”. The key priorities will be addressed through effective partnership working between public and private sector organisations, voluntary and community sector groups, local businesses and residents in the Borough. The Strategy is updated annually, and this year’s Strategy represents a rolling forward of the Strategy produced last year.

The Community Strategy sets out six policy themes, each with an achievable, yet ambitious, programme of objectives and measureable outputs. Achievement of these objectives will contribute significantly to the transformation of the Borough, which is already underway. The six key themes, set out below, reflect local priorities and have a close tie-in to the Government’s national agenda.

- Secure a safe and attractive **environment** for current and future generations
- Promote the **safety and well-being** of the community
- Improve the **health** of the local community
- Further **regenerate** the Borough and improve the local economy
- Improve opportunity and achievement in **education and lifelong learning**
- Extend the opportunities for people to experience the **arts and culture**

However, with the review of these themes was the introduction of new key issues:

- The acceptance of Stockton as a pilot for Local Area Agreements, with the focus on the central/local priority themes
- The emergence of new regional and sub-regional strategies, in particular the new Tees Valley Vision, the Northern Way and Stockton-Middlesbrough initiative.
- New requirements under the Children Bill for the development of a Children and Young People’s Strategy and improved partnership working in this area.
- The need to respond to the latest MORI public opinion survey results and issues raised in consultation with the LSP area boards and community and voluntary groups.

¹² Community Strategy 2003-06 is available at www.stockton.gov.uk under “Plans and Strategies”.

The new themes are shown below together with a comparison with the shared priorities.

Policy Themes from 2005	Comparison to Central-Local Priorities
Children and Young People	Children and Young People
Health	Healthy Communities
Community Safety	Safer and Stronger Communities
Economic Regeneration and Transport	Transport
Liveability (including Environment, Housing and Civic Renewal)	Sustainable Communities (including Environment, Housing, Regeneration).

2.5 Neighbourhood Renewal Plan¹³

The new Neighbourhood Renewal Plan for the Borough, “Neighbourhood Matters” was endorsed by Stockton Renaissance in summer 2002. The aim of this five year Plan is to set out an agreed vision and programme for positive change in local neighbourhoods in need of renewal. The Plan is structured around the four key aims of Vision 2020.

The plan focuses on the 11 most deprived wards in the Borough and aims to raise standards in these areas towards the Borough average. As the Plan is implemented, individual neighbourhood plans will be developed for the 17 neighbourhood renewal areas, using mainstream resources and new ways of working to tackle underlying local problems.

2.6 Community Cohesion Plan

The Community Cohesion Plan¹⁴ for the Borough is currently being drafted. The plan is aimed at tackling any issues that could cause misunderstanding, public disturbances and tensions between groups. It is being developed to promote understanding, respect and celebration of differences between racial, faith and inter-generational groups. The aim is to ensure that Stockton-on-Tees continues to function as a multi-cultural environment where people of any background, from any area have access to good quality services and can fully participate in the richness of community life and local democratic / governance structures.

2.7 The Council Planning Framework

Various internal plans are produced which support both the Community Strategy and Council Plan, all of which set out the key objectives, targets, and outcomes for the coming year. These are described in more detail below.

2.8 Council Plan¹⁵

¹³ Neighbourhood Renewal Plan is available at www.stockton.gov.uk under “Plans and Strategies”.

¹⁴ Community Cohesion Plan – Draft, Stockton Borough Council, February 2005

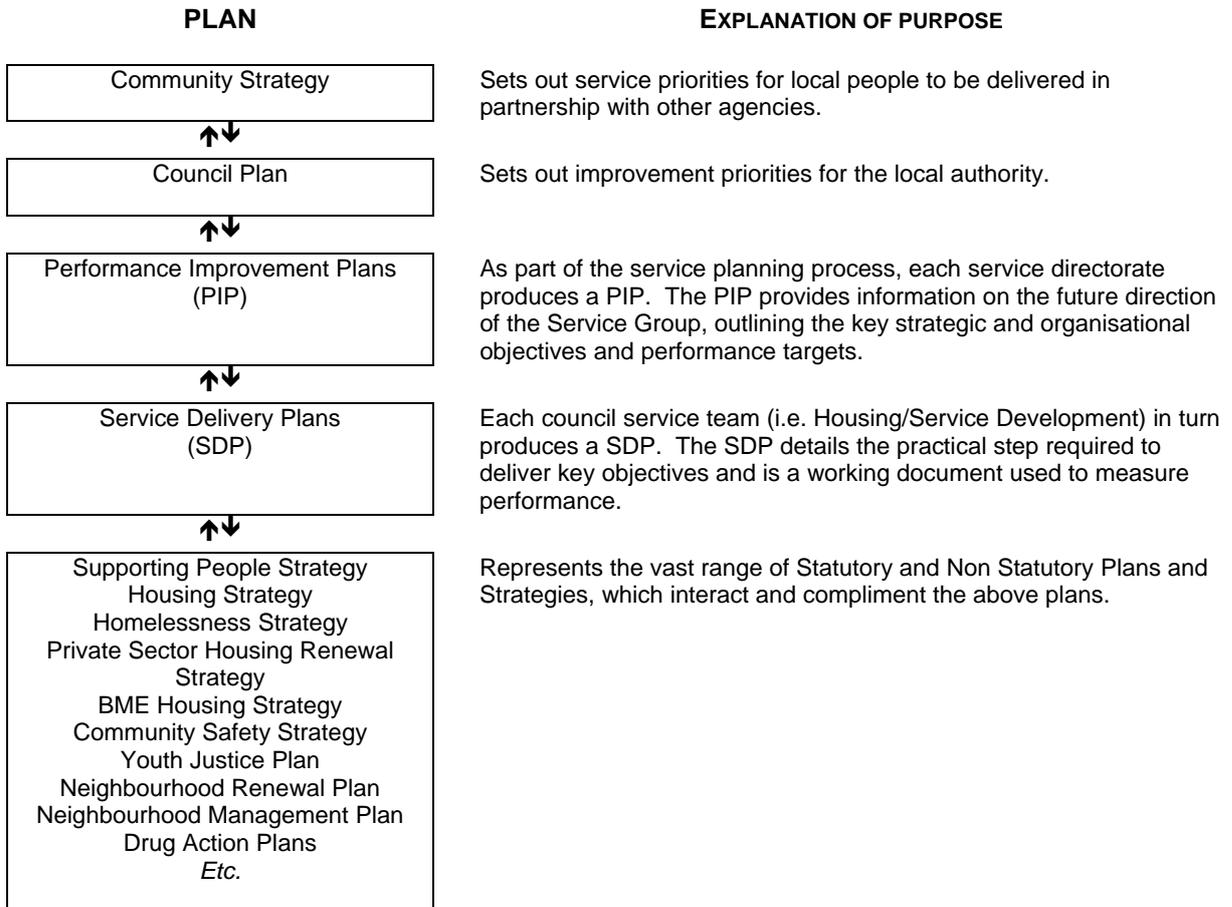
¹⁵ Council Plan is available at www.stockton.gov.uk under “Plans and Strategies”.

The Council Plan sets out the key objectives of the local authority for the next three years. It is a “living” document which is updated annually to reflect the changes in key service and organisational objectives. The current edition of the Council Plan covers the three years 2003 – 2006. It forms a business plan for achieving the Council’s contribution to the Borough Community Strategy. The Plan also forms the overarching framework for the delivery of individual service improvement and delivery plans, which set out in detail how the Council will provide key services and contribute to the six key Community Strategy themes described before.

The Council Plan also sets out four key organisational objectives, which are:

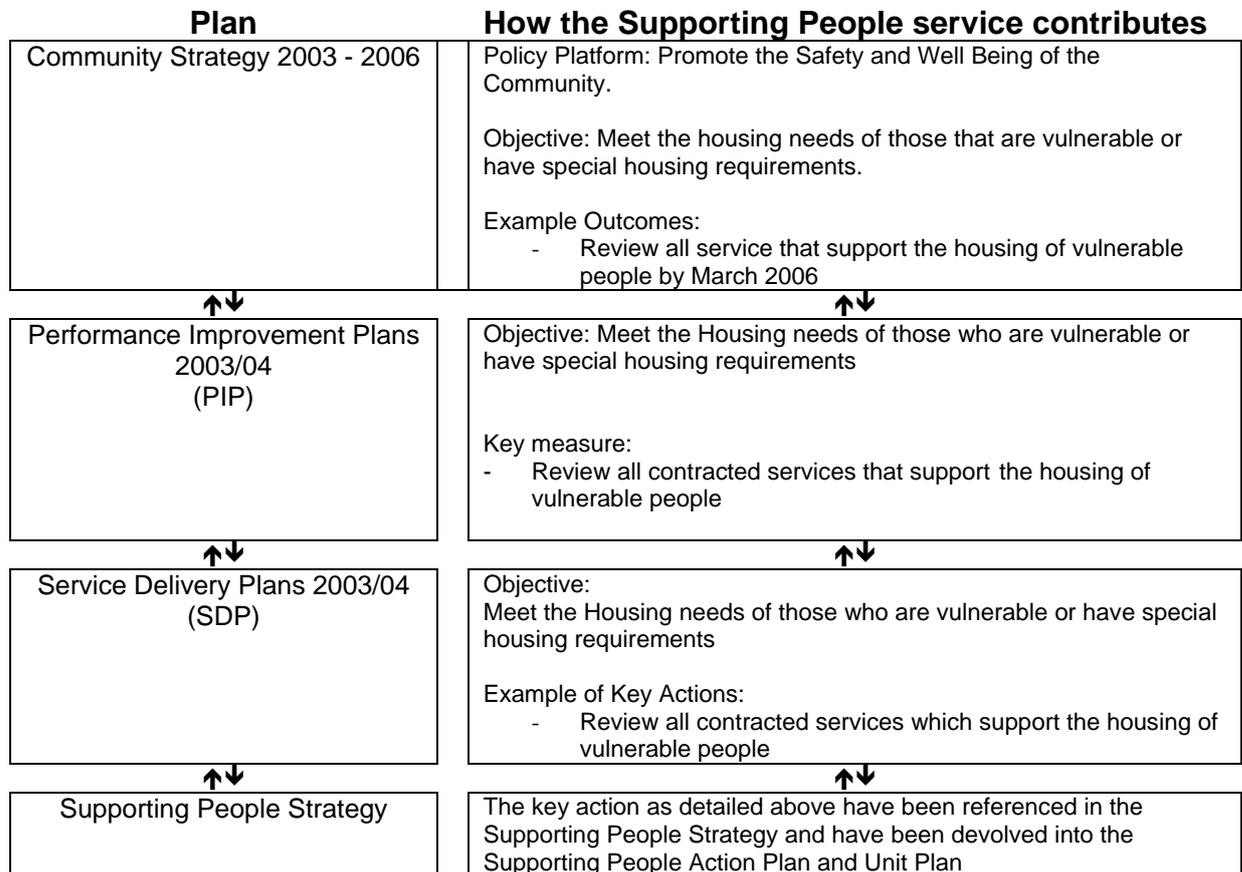
- People development
- Resource management
- Service delivery
- Operational efficiency

There is a clear connection between the Community Strategy, the Council Plan, the council’s service planning process and strategic and statutory plans. Details of how these plans interact are detailed below: - It is within this context that the Supporting People programme operates.



The Supporting People team lead on the implementation of the programme locally. Stockton Borough Council act as the Administering Authority for the Supporting People programme.

A practical example how Supporting People contributes and adds value to the achievement of the Community Strategy Objectives is detailed below: -



2.9 Performance Improvement Plans (PIP)

Performance Improvement Plans are part of the service planning approach, which supports the more strategic role of Corporate Directors, and the Head of Service role in leading operational delivery. Performance Improvement Plans sets out the key objectives and priorities for each service grouping for the coming year and medium term and includes more detailed actions for delivering the key priorities and targets. They summarise how each service grouping will support the delivery of the Community Strategy and Council Plan.

The PIP provides information on the future direction of the Service Group, outlining the key strategic and organisational objectives and performance targets. The Supporting People programme links into both the Service Stockton and Health & Social Care Service Group.

2.9.1 Service and Unit Delivery Plans

Service Delivery Plans are detailed action plans for each strategic area, whilst Unit Delivery Plans are the local team plan feeding into the Service

Plan. The Supporting People team produce a Unit Plan. This is a detailed action plan for the Supporting People team setting out, in an action plan format, key actions, completion dates, responsibility, resources and expected targets and outcomes.

2.10 Financial Planning

The Council operates through a medium term financial planning framework, with three-year indicative resource allocations for each service. However the Supporting People programme is currently financed through a ring-fenced grant from central government and as such we are only aware of the next years allocation. The ODPM are proposing that from 2006 the allocation will be over a three-year period. At this point it is likely the Supporting People budget will be fully incorporated into the Council's financial planning framework.

However budgetary management is devolved, with responsibility for spending with the Commissioning and Strategy Group and managed on a day to day basis through the Supporting People team. Since the programme started we have been able to carry forward any overspend or underspend into the following year of the programme.

Budgetary control is carried out using two methods. A detailed analysis quarterly and using exception reporting on all other months. Budgetary reports are received on a monthly basis and are an effective element in the management control process.

2.10.1 Links to Other Strategies

The links to other strategies can also be demonstrated in a different way:



The Supporting People programme works across two key service areas within the local authority services, Health and Social Care (adults social care)

and Service Stockton (housing). The key strategic themes within these service areas are detailed below:

2.10.2 Health & Social Care

Theme 2: Delivery of Older People Priority Improvements

Theme 3: Delivery of mental health and learning disability priority improvements

Theme 4: Delivery of physical and sensory disability priority improvements

Theme 5: Delivery of drug priority improvements

Theme 6: Delivery of supported housing priority improvements

2.10.3 Service Stockton

Improvement Priority 7: Meet the housing needs of those who are vulnerable or have special housing requirements.

2.11 Housing Strategy

Housing Services vision is 'to provide a quality housing and benefits service to both current and prospective residents of Stockton-on-Tees, irrespective of their housing tenure'. The housing strategy details how this will be achieved.

Key priorities include: -

- Deliver quality and choice in the housing market - to ensure a range of quality accommodation across all tenures, which meets the current and future housing needs and aspirations of all residents in the borough.
- Be proactive in reducing inequalities - to tackle inequalities and promote cultural diversity.

2.12 BME Housing Strategy

The BME Housing strategy is currently under review. It provides a framework for action which will help to ensure that BME households in the Borough receive appropriate housing and related services. Key priorities include: -

- The effective provision of services to refugees and asylum seekers
- Fair and equitable access to all housing services, advice and accommodation.

2.13 Corporate Equality Plan

Supporting People is committed to the values, principles and standards of the Council's equality policies and contributes to its Corporate Equality Plan. The Council's Community Cohesion and Diversity Group was established to co-ordinate, promote and take forward the Council's diversity agenda. At March 2004 the Council achieved Level 1 of the Local Government Equality Standard in 2003/04, but there has been a tremendous amount of work carried out by the CC&D Group since then, so much so that the Council and partners recently won a national ODPM award for its approach to community cohesion. Feedback from the ODPM and Home Office indicates that Stockton is now one of the leading authorities in community cohesion.

The work programme of the CC&D Group is linked to the **Customer First** initiative, which includes the requirements of the Equality Standard, Disability Discrimination Act, etc. Year 1 of Customer First focused on services for people from Black and Minority Ethnic (BME) communities.

2.14 Homelessness Strategy

The Homelessness strategy sets the overall strategic direction for the provision of a homeless service in the borough, and demonstrates compliance with the 1996 and 2002 Acts

The Supporting People programme promotes flexible housing related support services for vulnerable people. Links to the homelessness strategy are through direct provision of services to homeless people and also through development of supported accommodation and floating support services. The shadow strategy prioritised a number of new services, which will be taken forward in the 5 year strategy and are essential if the homeless prevention strategy is to be effective.

Strategic Objectives

- Improve services around the provision of temporary accommodation
- Minimise the use of bed and breakfast as temporary accommodation across all client groups
- Develop homeless prevention and support services for 16 – 25 year olds
- Improve and develop services for homeless people leaving prison and offenders institutes and people leaving hospital who have mental health issues
- Improve and develop services for those people who are seeking asylum or are refugees
- Improve and develop services for homeless people who are substance, alcohol or drug users.

2.15 Community Safety Plan 2002 - 2005

This three-year plan details how the targets in the reduction of crime will be achieved.

Key actions include: -

- Reduce the misuse of controlled drugs:- promote a range of supported housing options; provide a supported tenancy service to former drug misusers.
- Violent crime
maintain DOVES team; floating support to assist families who have moved to independent living.

2.16 Children & Young People Strategy 2004 - 2008

This multi agency strategy sets out a shared vision for children and young people living in the borough.

Key priorities include: -

- Improve the range and quality of services for young people leaving care,
- Improve the availability and quality of accommodation,
- Reduce the level of drug and substance misuse

- Reduce the level of youth offending
- Reduce the level of teenage pregnancy

2.17 Teenage Pregnancy and Parenthood Strategy

This strategy is led by the Teenage Pregnancy Partnership, formed of statutory and voluntary sector agencies, and aims to reduce the number of teenage conceptions by 50% by 2010 and provide support to young people who are parents to bring up their children well.

Key actions include: -

Develop and deliver supported housing services to teenage parents as appropriate: -

- identify appropriate housing stock and support
- make available appropriate housing to teenage parents in an accessible way.

2.18 Drug Prevention Strategy

This strategy aims to provide a multi agency approach to meeting key aims 1 and 2 of the National Drug Strategy ' Tackling Drugs to Build a Better Britain, within the Borough.

SP links to the Adult Drug Treatment Plan priorities for 2004/05 which include:-

- DAT will develop and commission an enhanced arrest referral scheme that relates to Stockton's local system of care co-ordination and CJIP requirements
- Develop social and family support and social reintegration as part of drug treatment.

The national target is to increase the participation of problem drug users in drug treatment programmes by 100% by 31 March 2008. The Government aims to reduce drug offending by using every opportunity in the criminal justice system to identify drug using offenders and engage and retain them in appropriate drug treatment programmes. Supporting People funding of £179,616 directly contributes to support the delivery of the DAT treatment plan.

2.19 Health and Social Care Partnerships

In July 2003 three new Partnerships were created between North Tees Primary Care Trust and Stockton-on-Tees Borough Council:

1. **Health Improvement Partnership**
- *to improve the health and well-being of the people of Stockton and identify their health and social care needs*
2. **Service Development Partnership**
- *to Jointly commission a range of health, social care and education services to meet the needs of the population served.*

3. **Service Provision Partnership**

- *to ensure the delivery of high quality direct services to patients/clients (e.g. DAT, Children and Young People's Partnership)*

Locally there have also been several initiatives to improve the involvement of local people in the planning and delivery of services. This developed into the Public Involvement Partnership. Supporting People services are covered within this partnership.

2.20 **Regional Strategic Framework**

At a regional level the Supporting People team represents Stockton-on-Tees on the Durham and Tees Valley Cross Authority Group (CAG). The CAG works together to address common issues related to service users who move across authority boundaries; it considers planning and funding of future service provision within the geographical area of Durham and the Tees Valley and responds to issues arising in the North East Region and nationally.

The ODPM has "designated" certain support services as cross authority services as they are deemed to be "of national importance or extremely specialist"¹.

Of particular importance to the development of this strategy has been joint working to: -

- Analyse need and supply at a cross-authority level;
- Identify existing cross authority schemes / services;
- Identify gaps in current services and the need for new services;
- Consider reports and advice on regional and national issues;
- Consider the data from Client Records reports, and
- Feed into the strategic planning of services.

This information has been developed into the Durham and Tees Valley Cross Authority Statement (see Chapter 8).

2.21 **North East Housing Strategy¹⁷**

This strategy sets out the North East Housing Board's strategic aims and priorities and provides a framework that encourages the development of appropriate housing solutions at regional, sub-regional and local levels. This updated strategy now makes links with the Supporting People programme and has a specific section on meeting specific community and social needs.

¹ ODPM criteria: -

- All accommodation based services that provide for women at risk of domestic violence as their primary client group¹⁶
- Services that provide for high risk offenders¹⁶
- Services that cater for a very specialist combination of needs - e.g., a service for sight and hearing impaired people.
- Services that offer national coverage – e.g. specialist brain injuries services, of which there are only one or two in England.

¹⁷ North East Housing Board – Updating the North East Regional Housing Strategy – consultation Document; December 2004.

Their strategy is to promote and support joint sub-regional work between Supporting People and Housing Strategy Teams to:

- Ensure that housing investment and management guidance priorities arising from Supporting People Strategies are properly identified and agreed.
- Align plans for housing capital investment with revenue funding through the Supporting People programme, and with investment through Health and Social Services
- Identify any major research or policy issues which need to be considered regionally.

The targets set out within the strategy are:

- To continue investment to provide housing to meet the priority needs of particular excluded groups identified in Supporting People Strategies and Older Persons' Housing Strategies. For the two years 2006/07 and 2007/08, a minimum of 250 units should be provided by new-build, conversion or major improvement works (in the North East).
- To sustain, and increase if possible, the level of provision for clients benefiting from housing adaptations, through Disabled Facilities Grant or similar.
- To encourage the implementation of the "Housing and Returned Prisoners" protocol across the region, asking all LA's, ALMO's and RSL's to sign up.

3.0 Durham and Tees Valley Cross Authority Group Cross Authority Statement 2004/05

Introduction

The *Supporting People* programme funds housing related support services for vulnerable people who require assistance in order to secure or maintain independent living. *Supporting People* came into effect on 1st April 2003. It creates the opportunity for the integrated local and regional strategic planning of services to reflect the needs of local populations, and for the funding of a more diverse range of high quality support services across different types of tenure.

3.1 Purpose

ODPM require that all administering authorities are members of a Cross Authority Group (CAG), and have identified groupings of neighbouring authorities, which they consider to have cross-boundary needs and issues. Cross Authority Groups are expected to work together to address common issues relating to the movement of service users across authority boundaries. In addition, ODPM have “designated” certain support services as cross authority services as they are deemed to be “of national importance or extremely specialist”. In the main, this includes services for women fleeing domestic violence, high- risk offenders, mentally disordered offenders, people with drug or alcohol problems or rough sleepers.

The Durham and Tees Valley CAG consists of the County of Durham and the five unitary local authorities, Darlington, Hartlepool, Middlesbrough, Redcar and Cleveland and Stockton-on-Tees. These authorities have formed a natural alliance to develop services within the Durham and Tees Valley area. The aim of the group is to address strategic objectives that could not be achieved without working in collaboration.

The purpose of the CAG is to address the planning and funding of future service provision within the geographical area of Durham and the Tees Valley.

It will also take on board issues arising in the North East Region and nationally in accordance with identified demand for future services.

3.2 Supporting People links to Regional Housing Strategy

Regeneration is the main theme of the NE Housing Strategy – authorities are facing severe housing market ‘failure’. This affects both private sector properties and social housing. The future capital funding of social housing will be decided through the Regional Housing Board and schemes will need to fit in with the regional and sub-regional strategies. An added complication for supported housing schemes is the uncertainty over revenue funding for schemes. The Housing Corporation is not processing funding bids that do not have committed revenue funding.

Given the overall reduction of Supporting People grant funding over the next few years for the majority of the authorities in the Durham and Tees Valley area, few authorities will be able to offer that commitment unless new money can be attracted.

Generally it is likely that the issues around Supporting People – the complexity and the uncertainty of funding – will prevent the identification and allocation of resources to supported housing schemes for the foreseeable future.

3.3 Tees Valley Cross Authority Statistics 2004/05

	Darlington (2003)	Hartlepool (2003)	Middlesbro' (2003)	Redcar and Cleveland (2003)	Stockton- on-Tees (2003)	Durham (2003)
Electorate (Dec 2002)	76,700	68,900	101,400	106,400	127,900	N/A
% Population Non-white	2.1	1.2	6.3	1.1	2.8	1.0%
Number of households	42,300	37,400	55,200	57,400	73,000	200,100
Number of household spaces	44,300	39,300	58,800	59,900	76,200	217,294
Resident Population						
1971 Census	98,100	99,700	158,000	148,100	164,300	509,300
1981 Census	98,700	94,900	151,100	151,000	173,400	508,700
1991 Census	98,900	91,400	144,400	146,400	175,300	494,500
2001 Census	97,800	88,600	134,900	139,100	183,800	493,470
Area (hectares)	19,747	9,386	5,387	24,490	20,390	222,608
Population density (persons per hectare)	5.0	9.4	25.0	5.7	8.8	2.18
Economically Inactive % including:	34.4	41.0	42.0	40.1	36.0	39.27
Retired	15.3	15.4	14.1	16.4	14.3	15.0
Student	2.8	3.7	6.1	3.5	4.0	4.6
Looking after home/family	6.5	7.2	8.2	7.7	7.0	6.3
Permanently sick/disabled	6.8	10.8	9.2	9.1	7.1	9.7
Other	3.0	3.9	4.4	3.4	3.6	3.6

3.3.1 The Index of Multiple Deprivation and the Tees Valley

Although the Index of Multiple Deprivation 2004 has been produced in a slightly different way, to that of 2002, these changes have had little effect of the overall position of the Durham and Tees Valley authorities, and the results are generally as expected. In summary:

- Results for income, employment and education are little changed;
- Results for the health domain show increased levels of deprivation;
- In relation to the new crime domain, the Tees Valley scored quite highly, but not significantly so;
- Local areas score poorly in the Barriers to Housing and Services domain. This may well be due to the indicators which make up the domain include not only overcrowding and applications, but also difficulty of access to owner occupation (affected by property prices)

3.3.2 Durham and Tees Valley Supporting People Budgets

The budget allocation for Supporting People for 2004/05 is outlined in the table below. These amounts are before any efficiency saving has been applied by ODPM. For 2004/05, the ODPM applied an efficiency saving of 2.5% on all administering authorities. At the time of drafting this statement, it is not yet known how ODPM will allocate funding for 2005/06. This information will not be available until the results of the Spending Review 2004 are announced and individual councils allocations published.

Authority	Supporting People Grant 2004-05	Supporting People Grant 2005-06	Reduction
Redcar and Cleveland	£2,218,296	£2,245,094	-£26,798
Stockton-on-Tees	£2,778,127	£2,753,375	-£24,752
Darlington	£4,073,739	£3,868,563	- £205,176
Hartlepool	£4,078,130	£3,902,468	-£175,662
Middlesbrough	£6,290,557	£5,973,730	-£316,827
Durham	£15,313,772	£14,615,606	-£698,166

3.4 Membership

The CAG was established in 2001 and has met bi-monthly since that date. The Chair is held on a rotating basis between the six lead officers and each authority takes a turn to host the meetings. The core membership of the CAG comprises the Supporting People lead officers from each of the unitary authorities within the area. In addition the CAG has also consulted with colleagues from the North Tees Primary Care Trust, Darlington Primary Care Trust, SITRA, the National Probation Service based in Teesside & County Durham, the Benefits Agency, and a provider representative from the National Housing Federation. Informal links have also been made with North Yorkshire Supporting People team, as there are services that this group delivers to clients from North Yorkshire.

3.5 Role of Members

The following are the key tasks of CAG members:

- Producing the cross authority statement
- Needs and Supply Analysis at a cross-authority level
- Identifying existing cross authority schemes / services
- Identifying gaps in current services and the need for new services

- Considering the results of relevant scheme / service reviews
- Identifying areas where joint protocols may be needed and establishing them via the Supporting People Core Strategy Groups
- Consider reports and advice on regional and national context.
- Relationship(s) with Commissioning Bodies
- Ensuring providers and users are properly engaged in the decision-making processes
- Consider the data from Client Records reports
- Feed into the strategic planning of services

The CAG will not be involved in implementing plans, as this will be the responsibility of local Commissioning Bodies.

Lead officers play a vital role in that ensuring there is co-ordination within the planning and administrative processes and synchronisation within the plans across authorities.

Whilst each administering authority is responsible for the reviewing of its own services, where the service is a designated service, then a lead officer from another authority will be a member of the review team.

3.6 Decision Making

Issues requiring decisions are considered by the CAG at the regular meetings. It is considered sensible to ensure all member authorities agree in principle the key issues requiring a decision. It is important each member authority shares responsibility for the overall success of the CAG and the process of decision-making. The following protocols apply.

- Decisions will normally be made by reaching consensus
- In the event of a disagreement, the majority view will prevail and issues will be resolved through discussion and debate.
- If this process identifies concerns for specific CAG members or their respective Commissioning Bodies, further discussion will take place.
- In the event of continued disagreement, the CAG will refer any issue that cannot be resolved to the ODPM.

3.7 Designated Services

Designated services are those that have been acknowledged by ODPM as being of national or regional importance. Once designated, the administering authority cannot terminate a service without the written consent of the Secretary of State (Supporting People Grant Conditions).

Services are designated on the basis of the following criteria:

- All accommodation based services which provide for women at risk of domestic violence as their primary client group
- *Services which provide for high risk offenders*
- Services which cater for a very specialist combination of needs - e.g. a service for Chinese elders with mental health problems

- Services that offer national coverage – e.g. specialist brain injuries services, of which there are only one or two in England.

Designation criteria have only been applied to accommodation-based services. This is because the provision of such services is typically dependent on the availability of suitable accommodation for the service user group.

Based upon the above criteria, the designated services for Durham and Tees Valley CAG are as follows:

3.8 Durham and Tees Valley Designated Services

* Both the Women's Refuge and services for Offenders have been designated by O.D.P.M as cross authority services in the recently published Supporting People designated service list.

Authority	Service	Client Group	No. of units	Contract value	Review Date
Darlington	Women's Refuge	*Domestic Violence	8	£93,621	Jan 2005
Darlington	Hostel	*Offenders	6	£80,493	April 2004
Darlington	Accomm service	Offenders	6	£59,260	April 2004
Durham	Women's Refuge	Domestic Violence	5	£55,137	July 2004
	Women's Refuge	Women's Refuge	6	£109,428	June 2004
	Women's Refuge	Women's Refuge	6	£210,694	April 2004
	Women's Refuge	Domestic Violence	6	£112,997	April 2004
Hartlepool	Women's Refuge	Domestic Violence	6	£126,619	December 2003
Middlesbrough	Women's Refuge	Domestic Violence	11	£98,449	Jan 2006
Redcar & Cleveland	Women's Refuge	Domestic Violence	8	£163,904	Jan 2004
Stockton	Women's Refuge	Domestic Violence	7	£124,368	Oct 2003
Totals			75	£1234.97	

Furthermore, there are several schemes that have been identified by the Durham and District Supporting People partnership as being appropriate for the cross authority pattern of access to services.

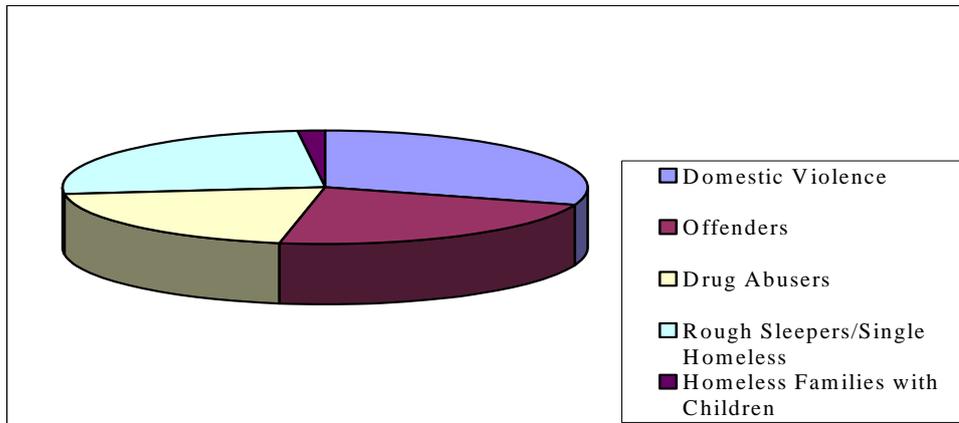
Provider	Client group	No of Units
Norcare	Ex -offenders	12
Norcare	Alcohol misuse	8
North East Direct Access	Homeless People	63

3.9 Client Record Data

The National Baseline Survey, carried out by ODPM, identified clients moving to other Commissioning Body areas (see Table 1 below). However, ODPM advise that the figures are “patchy” and therefore need to be viewed alongside the quarterly returns from the Client Record Office, which show a reduction in movement between authorities.

From April 2003, a Supporting People client record form was introduced. The Joint Centre for Scottish Housing Research (JCSHR) has been contracted by the ODPM to process the data collected from the client record forms. Providers are required to complete a form for all new service users who begin to use Supporting People services. The data from the Supporting People client record form provides information on a quarterly basis to Administering Authorities and the ODPM about who is accessing the services and by which routes. It also provides information on the characteristics of individuals who use *Supporting People* services. The information can then be used to monitor fair access to Supporting People services and to examine whether the range of support needs are being met locally.

Table 1 – Client Groups moving between local authority areas



3.10 Aggregated picture of performance within the Durham and Tees Valley CAG

In the whole of the North East, Newcastle has the highest total number of new clients (by a large margin), followed by Middlesbrough, Darlington and Durham. Durham and Darlington have about the same number of new clients, though Durham has slightly less than Darlington. All the authorities mentioned seem to have the highest number of new clients in Housing Association/ RSL, Housing Authority and Voluntary Organisation run accommodation. This matches the trend seen in the data for the whole of England. The total number of new clients for the North East represents 5.72% of the total number of new clients in England.

3.11 Supporting People 'Client Group Summary' Analysis

Supporting People 'Client Group Summary' information and Census 2001 population figures for the local authority areas of Darlington, Durham, Middlesbrough, Stockton-on-Tees, Redcar and Cleveland and Hartlepool has been analysed.

The key issues from this analysis are detailed below. The information analysed was correct at 31 March 2004 and should be interpreted in the light of local need data.

Older People

The analysis shows that the largest proportion of household units for all areas is for older people with support needs.

SP household units for older people with support needs

LA	% SP units for older people with support needs as a % of all SP units.	Household units for older people with support needs per 1,000 older population*.
Darlington	88%	159
Durham	93%	226
Hartlepool	80%	112
Middlesbrough	79%	60
Redcar/Cleveland	68%	21
Stockton	82%	45

* Older Population – at retirement age or over.

When compared with Census 2001 older population figures, the proportion of household units for older people with support needs compared to number of older people is highest in Durham and Darlington. Redcar and Cleveland and Stockton have the lowest provision when compared with older population figures.

There are no Supporting People supported household units within the Tees Valley or Durham for older people with mental health problems/dementia.

Learning Disabilities

The provision of household units for people with learning disabilities is highest in Darlington (1.19 units per 1,000 population) and lowest in Stockton (0.16 units per 1,000 population).

Homelessness

Darlington has the highest provision of household units for single homeless people, whilst it is lowest in Durham. Middlesbrough and Stockton have the highest provision for homeless families with support needs.

Domestic Violence

Although Durham has the highest number of household units for women at risk of domestic violence, the highest provision compared to population numbers is in Hartlepool (0.16 per 1,000 population). The second highest provision is in Redcar and Cleveland (0.10 per 1,000 population).

Young People

Durham has the highest provision for young people at risk. Darlington has the highest provision for young people leaving care.

Refugees

Only Middlesbrough has Supporting People supported household units for refugees. This might be a reflection of the higher number of asylum seekers dispersed to Middlesbrough, which are subsequently given refugee status compared to the other local authority areas.

People with Drug Problems

Only Middlesbrough and Stockton have SP supported household units for people with drug problems.

People with Alcohol Problems

Only Durham has Supporting People supported household units for people with alcohol problems.

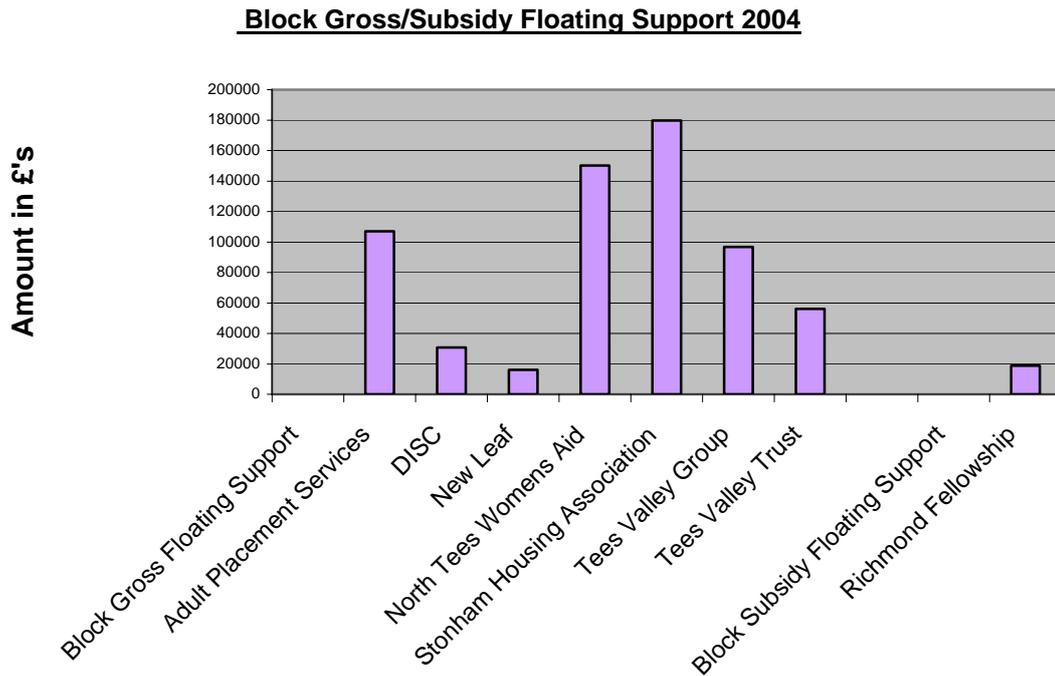
Other Groups

There are no Supporting People supported household units within the Durham and Tees Valley area for mentally disordered offenders, travellers, people with HIV/AIDS or rough sleepers.

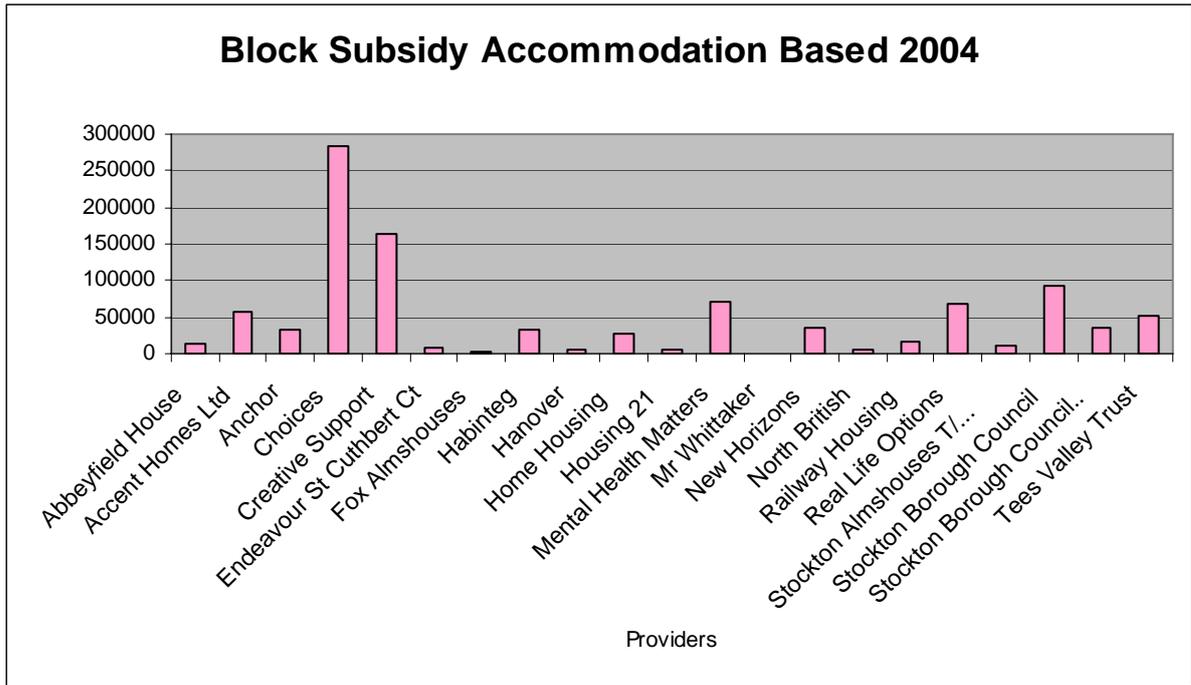
Appendix 4 – Charging & Finance

Graph One shows the allocations for all (Block Gross & Subsidy) floating support schemes. Graph Two shows the allocations for organisations with accommodation based schemes that have Subsidy contracts. Graph Three shows the allocations for organisations with accommodation based schemes that have Block Gross contracts.

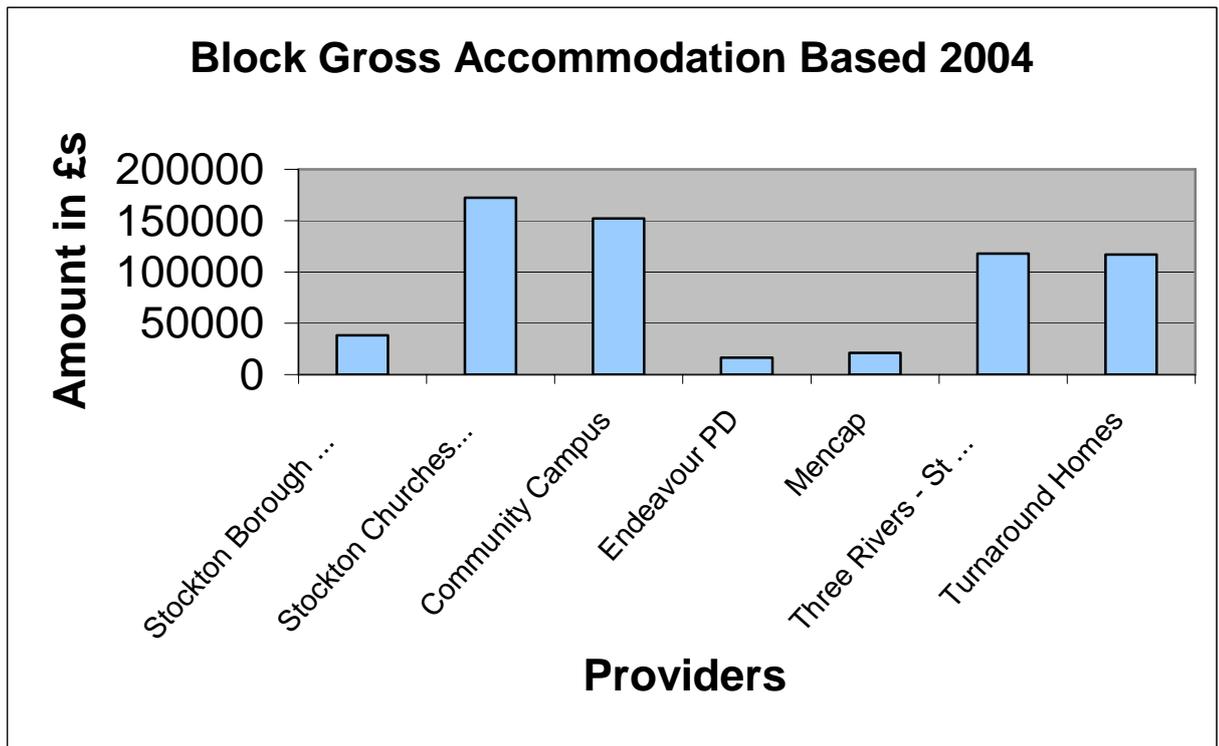
Graph One – Floating Support schemes (Block Gross & Subsidy schemes)



Graph Two – Accommodation based Subsidy schemes



Graph Three – Accommodation based Block Gross schemes



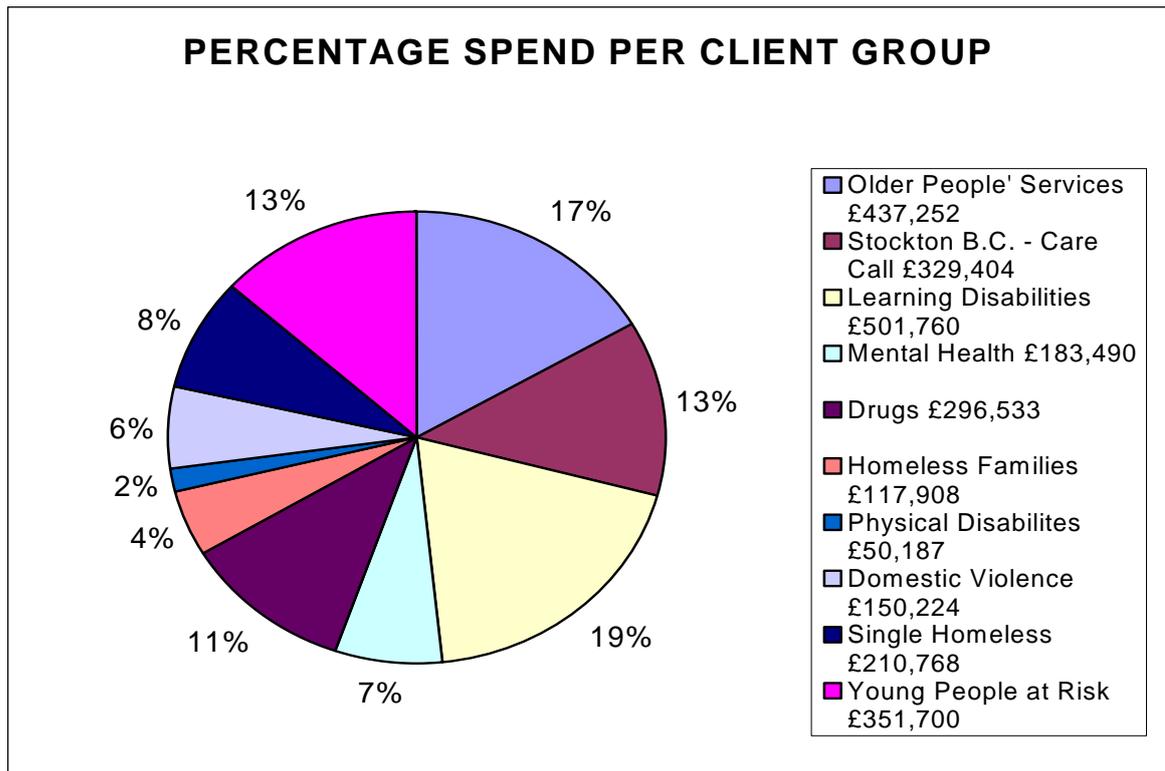
The following details and pie chart (Graph 4 & 5) illustrates the percentages of spend per client group during 2004/05 based on the estimated annual expenditure of £2,629,226. There is a relative even spread between services for people with learning disabilities (19%); older people's services (17%); young people at risk, including teenage parents (13%); community alarm services (Care Call) (13%); and drug services (11%). This is followed by services for single homeless people (8%);

mental health (7%); domestic violence (6%); homeless families (4%) and people with a physical disability (2%). There are no Supporting People funded services for offenders (or those at risk of offending), refugees and travellers.

Graph 4 – Client Group Expenditure (2004/05)

CLIENT GROUPS	£ (2004/05)	%
Learning Disabilities	£501,760	19%
Older People' Services	£437,252	17%
Young People at Risk	£351,700	13%
Community Alarm (Care Call)	£329,404	13%
Drugs	£296,533	11%
Single Homeless	£210,768	8%
Mental Health	£183,490	7%
Domestic Violence	£150,224	6%
Homeless Families	£117,908	4%
Physical Disabilities	£50,187	2%
TOTAL	£2,629,226	100%

Graph 5 – Client Group % Spend



Average unit costs

Given the information above and from information about the number of units of support provided within the Borough it is possible to calculate the average cost for each unit of support for each client group. This information is shown below in Table 6. The information clearly shows that the average cost of providing support to people with learning disabilities is £17,900 / unit, nearly twice as much as the next three

highest client groups – Young People at Risk (£9,769.44); Drugs (£9,565.58) and Domestic Violence (£9,389).

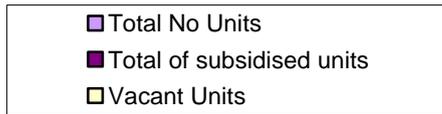
Table 6 – cost / unit per annum

SERVICES	£ (2004/05)	No. units	£ / unit / annum
Learning Disabilities	501,760	28	17,920.00
Young People at Risk	351,700	36	9,769.44
Drugs	296,533	31	9,565.58
Domestic Violence	150,224	16	9,389.00
Mental Health	183,490	48	3,822.71
Homeless Families	117,908	40	2,947.70
Single Homeless	210,768	87	2,422.62
Physical Disabilities	50,187	50	1,003.74
Older People' Services	437,252	1348	324.37
Community Alarm - Care Call	329,404	3500	94.12
TOTAL	2,629,226	5184	507.18

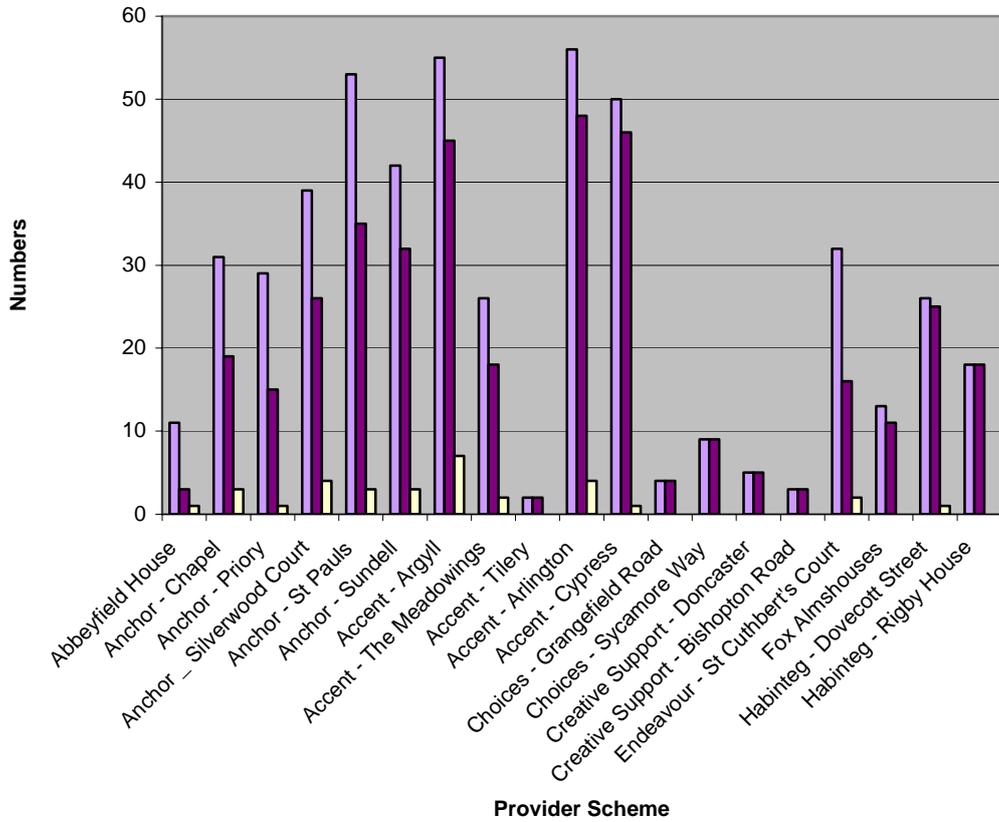
Subsidy Payments

Data from November 2004 showed that from a total of 1,420 units of accommodation in Supporting People schemes the number of subsidy payments totalled 1,052 (74%). The number of vacancies totalled 76 (5.3%). From this we can conclude there were 292 (20.7%) self funders. When we include the figures for Stockton Borough Council's community alarm service (Care Call) the number of subsidy payments decreases to 63.7% and the number of self funders increases to 36.3%. The three graphs below show the comparison for each scheme in November 2004 between total number of units, the number of subsidised units and the vacancies.

Graph 9 – Subsidy payments for schemes (A – Hab)

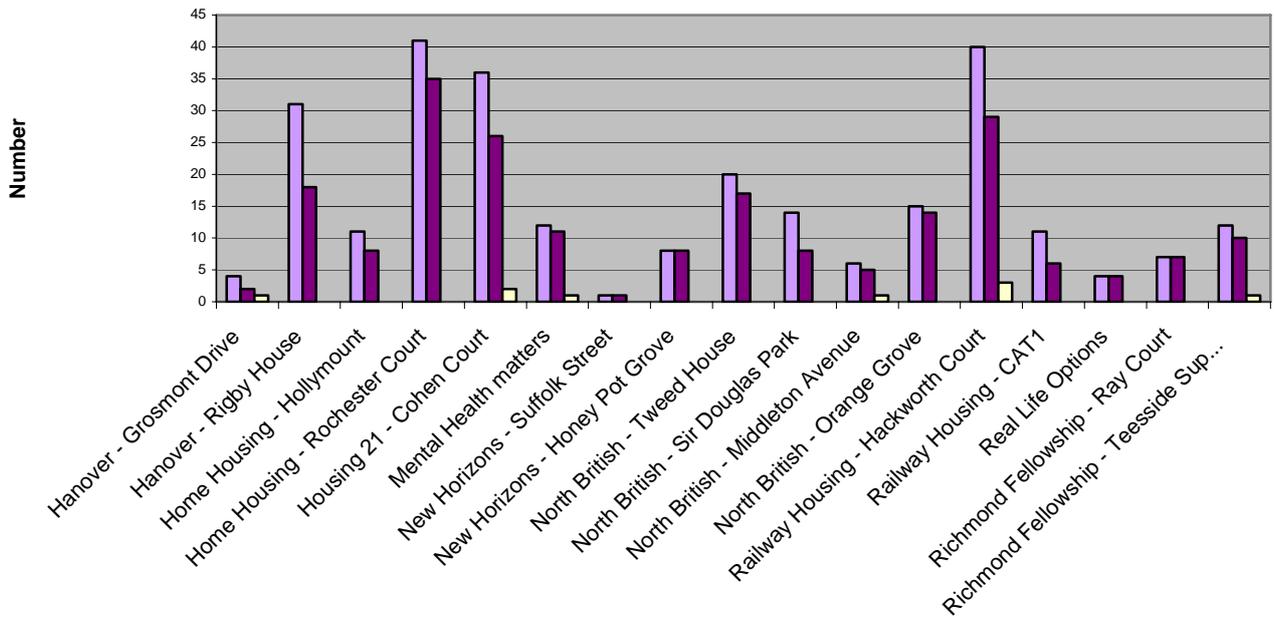


Subsidy Nos - Nov 04

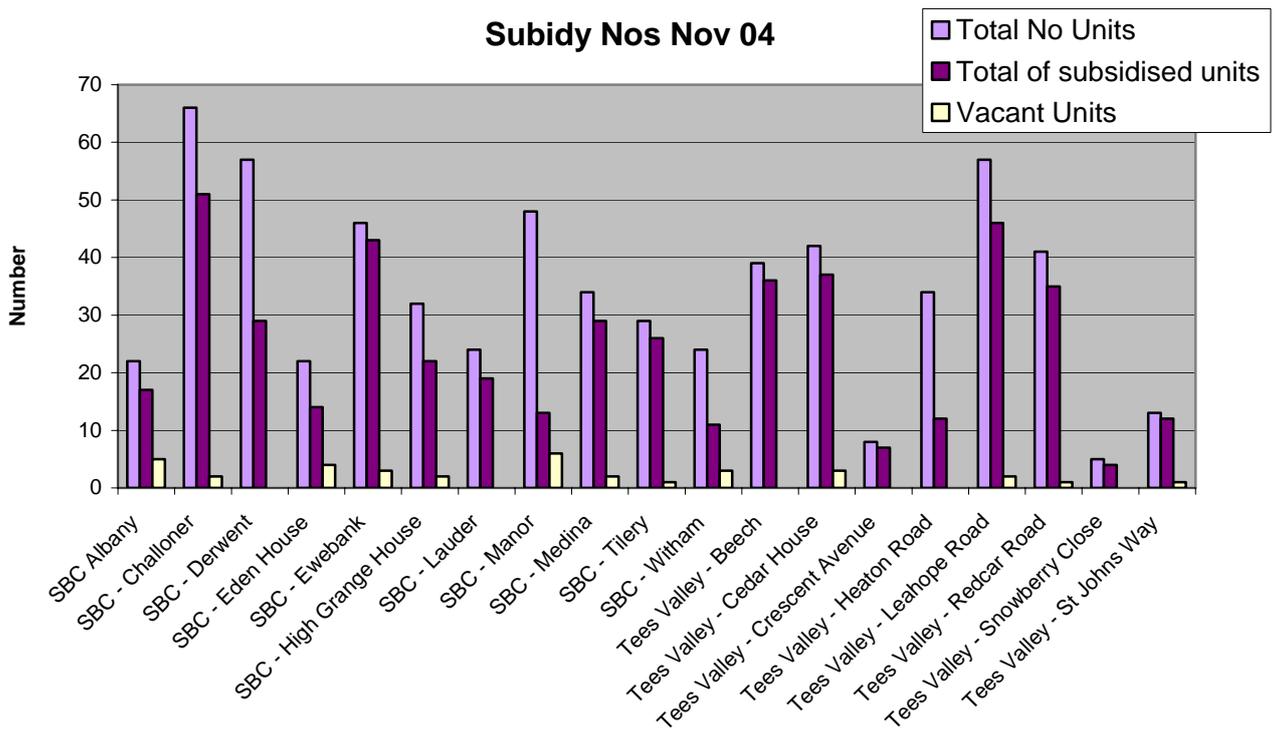


Graph 10 – Subsidy payments for schemes (Han – R)

Subsidy Nos Nov 04



Graph 11 – Subsidy payments for schemes



Appendix 5 - Service Development Team – Ambitions

Service Development Team – Ambitions

Working with our colleagues, local communities and service providers, we will strive to ensure that:

- The services we plan, develop and commission are of a standard which we would be happy to use for ourselves or our families
- Every child is healthy, safe and able to learn
- Every person is able to maintain their independence, health and well-being
- Everyone is able to access services quickly and conveniently
- Primary and Community Care is developed to provide more services
- The public are involved in improving services
- People are able to make informed choices about their health and well-being and the services they use
- Diversity is seen as an opportunity
- Services in Stockton-on-Tees perform better than requirements set out in national targets

Appendix 6 – Housing Related Support Tasks

Housing Related Support Tasks Considered Eligible for ‘Supporting People’ Funding

Support Planning

1. Work with resident to create, review and update Support Plan

Setting Up and Maintaining a Home

1. Assessing a person’s support needs in relation to managing their home.
2. Undertaking risk assessment in relation to person’s ability to live independently.
3. Providing advice and assistance to help a resident understand and fulfil their responsibilities as a tenant or towards a mortgage lender.
4. Providing advice and support in gaining essential household furniture and equipment.
5. Providing advice and assistance in getting utilities connected and making arrangements for payment.
6. Providing information and supporting to the resident in claiming benefits to pay for their housing.
7. Providing advice on household budgeting, particularly in relation to regularly paying for rent, mortgage and other housing related charges.
8. Providing information regarding how to access local services such as GP, Post Office, Benefits Office.

Ensuring the Property is Safe and Secure

1. Undertaking a risk assessment of the resident in the particular property.
2. Providing advice and support on how to use equipment in the home safely and to recognise when equipment is faulty.
3. Providing advice and assistance to residents on developing good safety routines e.g. locking doors and windows, testing fire alarms.
4. Providing information and advice on how to report repairs and hazards.

Life Skills Development

1. Providing advice and support to residents on how to prevent and deal with difficulties with neighbours.
2. Providing information and assistance to residents in contacting and dealing with agencies concerned with housing relate matters e.g. Housing Department, CAB, Advocacy Services.
3. Providing advice and assistance to help residents manage their health and well being e.g. how to access information and services.
4. Providing information and support in accessing local cultural, leisure and social facilities with a view to aid social integration.
5. Providing information and advice about local services which support the emotional well being of residents.

Other Eligible services

1. Assisting residents to move on from short term housing into suitable long term accommodation.
2. Provision of community or social alarms.
3. Advice and support regarding repair work / home improvement work.
4. Providing immediate refuge to homeless people or those at risk of violence.

Appendix 7 - Risk Identification

6.1 Identification of risk

Risk can be defined as factors, events or circumstances that may:

- Prevent or detract from the achievement of objectives and / or standards
- Result in the loss of, damage to, or devaluation of physical assets
- Cause harm to persons or the environment
- Result in financial loss
- Detract from the reputation / image of an organisation in the eyes of any of its stakeholders
- Result in missed business opportunity

In order to identify risks the Council's Service Managers are required to prepare a simple list of known problems (risk identification form). In order that risks can be collated and considered at corporate level there needs to be some consistency of approach in assessment. Risks are generally assessed in terms of their impact and likelihood of occurrence. For each risk a Risk Assessment Form must be completed providing descriptions of the risk, likelihood, impact and current controls. Risks should then be categorised into Very Low, Low, Medium, High and Catastrophic. Once categories have been determined a matrix can be used to establish an overall risk rating by multiplying the scores of likelihood and impact.

- Very Low 1 – 3
- Low 4 – 8
- Medium 9 – 15
- High 16 – 20
- Catastrophic 21 – 25

Risks are then ordered with the highest rating (most significant risk) at the top. The information is then reported to the Commissioning & Strategy Group for discussion about the controls needed. Confirmation of key risks is then passed to the Risk Management & Insurance section who are responsible for collating and reporting the Council's overall risks.

6.2 Action Plans

The Supporting People Team is responsible for preparing Action Plans that achieve a reduction in the number and level of risks. Action Plans associated with high risk (areas above a score of 16), are referenced in the Council Plan and Service Plan. Actions should be Specific, Measurable, Achievable, Realistic and Time Bound (SMART).

6.3 Monitoring

The Commissioning & Strategy Group on a quarterly basis in line with the Council's corporate performance management requirements undertake progress against Action Plans and re-consideration of the risk register. Any changes to the risk register of scores of 16+ are reported to the Risk Management and Insurance Group to ensure the corporate register is kept up to date.

Stockton-on-Tees Supporting People Risk Identification Form

Risk Ref. No.	Description of Risk	Risk Rating Score
1	Major Repair, fire, flood, other 'acts of God' within provider service – property temporary or permanently uninhabitable	10
2	Provider organisations do not assess and manage emergencies effectively	6
3	An adverse incident occurs within a contracted service	9
4	Death or serious injury of a service user	10
5	A complaint about a service occurs	12
6	Provider organisations do not assess risks within their own services	12
7	Fire incident in contracted support service	12
8	Provider organisations fail to supply performance information (PI's & Client Record Forms)	8
9	Failure of provider to cooperate with a service review	8
10	Performance of provider organisations falls below minimum standards	8
11	Provider complaints and compliments are not managed effectively	8
12	Poor service quality from provider organisations	12
13	Providers unable to manage subsidy payment system	8
14	Poor cooperation and coordination between SP providers	8
15	Abuse of service user (including, physical, emotional, sexual and financial)	10
16	Breach of SP contract	8
17	Loss of Funding (non Supporting People)	10
18	Insufficient Supporting People Funding	10
19	Provider insolvency	10
20	Breakdown of Partnership relations between providers	8
21	Hostile publicity linked to service provision	8
22	Providers do not manage risks effectively	12
23	Ability of SP team to meet needs of vulnerable people, provider organisations and key stakeholders	12
24	Ability of SP team to undertake all required tasks of ODPM & SBC	8
25	Payments to providers are not made	8
26	Service user information is not provided or inaccurate to assess subsidy payment	8
27	Charging assessments are not undertaken	8
28	IT – new IT system for Supporting People Module not in place	12
29	Commissioning Body & SP team do not understand their level of accountability	5
30	Records & information is not managed effectively	8

31	Risks are not managed effectively by SP team	8
32	Confidentiality of information is compromised	8
33	Violence against SP team staff	12
34	Security of SP team records & equipment is compromised	8
35	None or poor quality policy and procedures for all key areas	8
36	SP team assets are damaged / lost	5

Glossary

Accommodation based support	Support 'tied' to a specific address, for example support provided to sheltered housing, hostels, women's refuge or foyers for young people.
Accreditation	The process by a Commissioning Body will determine whether a provider of housing related support may tender for Supporting People services in England.
Accreditation Lite	Also known as Accreditation for Sole Traders. The Accreditation Lite guidance has been produced for accrediting sole traders (e.g. supported lodgings/adult placements), as not all the criteria used in the general accreditation guidance for larger organisations will apply to sole traders. Administering Authorities may also wish to consider applying this guidance to small partnerships, where each partner is equal and where they do not employ more than two housing related support staff.
Adult Placements	Adult placements are services provided in short- or long-term accommodation with support provided to a small number of adults (usually less than 4) in a family home. Most adult placements are part of an Adult Placement Scheme with individual service users being placed in the family home of an Adult Placement Carer approved by the Scheme. An Adult Placement Scheme is the body that an Administering Authority would enter into a contract with and hence which would be subject to a Service Review. Schemes are managed by either a local authority or independent (profit making or non-profit making) body and are responsible for recruiting, assessing, training and supporting Adult Placement Carers; for taking referrals, matching and placing service users with Adult Placement Carers; and for supporting and monitoring placements.
Anti-discriminatory practice	ADP is complementary to the practice of equal opportunities. It is specific actions which an organisation takes in order to ensure that it is not unwittingly operating in a discriminatory way. Simple examples are attempts to create positive attitudes and behaviour to people and challenging negative attitudes and discrimination.

Advocacy	Literally, “speaking on another person’s behalf”. In the context of social care, advocacy refers to helping somebody to present their views because it is difficult for them to do it themselves, typically because of a communication difficulty or lack of confidence or experience.
AA	Administering Authority - The body, usually a local authority, which will receive Supporting People Grant and administer contracts for Supporting People Services on behalf of the Commissioning Body.
Agency, Managing Agent	A contractual arrangement whereby an agent acts on behalf of another (the principle) to provide housing management and maintenance services. Often applied to voluntary organisations undertaking housing management on behalf of a Registered Social Landlord (RSL).
Almshouse	A house provided by a charity for a person in need.
Approved providers	Accredited providers of Supporting People services subsequently chosen by a Commissioning Body, in conjunction with an Administering Authority, as suitable organisations with which to contract for the provision of Supporting People services.
Benchmarking Clubs	Organisations working together formally to review and compare performance and processes and share good practice.
Best Value	A duty on local authorities to review the services they provide for local people and improve them by the best means available. This must be done in consultation with the people who use the services and the wider local community.
B&ME	Black and minority ethnic
Block purchasing	Block – the purchasing of support services for more than one person, usually in advance of the service being delivered.
Chaotic life style	Transient disorganised life styles often linked with anti-social or behavioural problems.

Client group	The Office of the Deputy Prime Minister has identified 21 client groups. This is on the basis that people from these groups have been identified as 'vulnerable' and may require support to enable them to live independently. In theory 'classifying' people into a group enables data to be collated and compared. However, individuals who can be 'classified' in a group may not have a housing related support need and can also 'fit' more than one client 'group'. This strategy aims to recognise the individual's needs.
Commissioning Body (CB)	The Commissioning Body is a partnership of local authorities, health and probation services. The Commissioning Body may not be formally constituted but will have terms of reference, which define its role and responsibilities.
Community alarm services	Community alarm services include dispersed and 'hard wired' services that are usually provided in sheltered and purpose built disabled person's accommodation. Basic community alarm services enable people to call for assistance. Local authorities provide the majority of community alarm services but RSL's and private sector firms also provide them.
Contracts - Definitions and types.	An agreement between two or more parties, that is enforceable by law. An example is the contract between an Administering Authority (acting on behalf of the Commissioning Body) and a provider of Supporting People services, whereby the provider will supply support, in return for payment from the authority.
Contract monitoring	Contract monitoring is the regular process undertaken by Administering Authorities to ensure that providers comply with the requirements of the contract and are performing effectively. Contract monitoring is an extremely important process as it provides regular information to update authorities' understanding of the quality and effectiveness of Supporting People services. The service review process happens periodically and cannot provide Administering Authorities with a more immediate understanding about whether services are improving. The contract monitoring process enables Administering Authorities to intervene to improve performance so that less work is required at the service review stage.

Cross authority issues	Matters related to services that cross local authority boundaries including assessing needs and supply for services, strategic planning, funding, monitoring, reviewing and decision-making. These are addressed in the formal relationship between the Cross-Authority Group (the CAG) and the local Commissioning Bodies.
(DAT) Drug Action Team	Drug Action Team – a local authority team including representatives from all relevant bodies.
DoH	Department of Health.
Dispersed alarm	Dispersed alarm is used to refer to community alarm equipment supplied to service users. The equipment may include specially adapted telephones. Unlike ‘hard wired’ alarms they are not provided as part of the fixtures in a building.
Diversity	Diversity refers to the need for services not to exclude particular groups within the community e.g. people of particular gender, ethnic background or age ¹⁸ . Services receiving Supporting People funds should embrace the varied and diverse nature of the populations that they seek to serve and ensure that services enable people to be open about and proud of their own identities.
DTLR	Dept. for Transport, Local Government and the Regions.
DWP	Department of Work and Pensions.
Eligibility	To receive funding from Supporting People, the type of support provided to the individual needs to be eligible. If a service is not provided housing related support it is not eligible. Non-housing related support – and therefore ineligible - services can include social ‘care’ services, housing management services or advice. As a provider often provides a range of support, the service review process aims to determine how much of this is housing related and therefore eligible for funding.

¹⁸ Unless, of course, the service is targeted at a specific group e.g. older people or women fleeing domestic violence, in which case diversity within that group is to be promoted.

Empowerment	<p>Empowerment may be defined as “the means by which individuals, groups and/or communities become able to take control of their own circumstances and achieve their own goals, thereby being able to work towards helping themselves and others to maximise the quality of their lives”.¹⁹</p> <p>Empowerment means having increased control over your own life; having information with which to make choices; being listened to; being responded to based on what has been said; sharing appropriate power.</p> <p>Being empowered leads to the reality of having control – of actually being able to make choices, give instructions, take charge; the sense of being empowered – of feeling competent, confident, and respected; and the image of being empowered – of being seen as someone who has power and control, and is able to use it.</p>
Engagement	<p>A general term that may be translated as “involvement” or “participation”. It is used in the QAF primarily in relation to the aim of enabling, encouraging and supporting service users to live “ordinary” lives and hence participate in the same ranges of activities as the general population e.g. education, employment, using transport, health, sports and leisure services, making and maintaining friendships etc.</p> <p>The opposite of engagement is isolation – living life within the support environment and having very little contact outside of it.</p>
Evidence	<p>Tangible evidence, which must be demonstrated by a provider to justify awarding itself any given performance level. The development of evidence requirements and indeed the QAF objectives themselves, have drawn on a range of other works, which are listed at Appendix 5 of the QAF guidance.</p>
Extra care (also known as very sheltered or extra service)	<p>While there is no clear general understanding of this term it includes a mix of facilities and services covering a range from sheltered housing with an additional personal and domestic care services through dedicated on site teams, to purpose built facilities designed to deal with a high degree of disability. Within the context of this guidance it</p>

¹⁹ Adams, 1996

	does not include schemes registered for residential care.
FLAP	The Financial and Legal Advisory Panel that has been convened to examine the relationship between housing associations and managing agents.
Floating Support	Support that is made available to the individual in their own accommodation; it is not tied to specific accommodation.
Hard Wired	Refers to alarm equipment that is provided as part of the fixtures in a building. For example, an intercom with one or two way speech, and a series of pull cords that activate the alarm. Alarm calls can be responded to by on-site staff and/or by control centre staff.
'Hard to reach' groups	This term is used for groups who have not been traditional easy to engage or involve in consultation on services. For example rough sleepers who tend to have a transient lifestyle.
HImP (health improvement programme)	An action programme to improve health and healthcare locally and led by the Health Authority. The programme usually involves NHS Trusts, Primary Care Groups, and other primary care professionals, working in partnership with the local authority and community groups.
Home Improvement Agency (HIA)	These agencies enable vulnerable people to maintain their independence in their chosen home for the foreseeable future. Vulnerable people may include older people, people on low incomes, people with disabilities and other groups determined by local circumstances. The homes would usually be in the private rented; leasehold or owner occupied sector.
Homes for life	This term is usually applied to specially designed accommodation that enables independent living despite increasing physical or mental frailty. The accommodation is designed to be able to respond to individuals changing needs.
HB	Housing Benefit.
Housing Corporation	The main agency for supporting Registered Social Landlords in England. It makes grants available to

housing associations and supervises and regulates their work.

HIP

Housing Investment Programme.

Housing related support Services

These are support services which are provided to any person for the purpose of developing that person's capacity to live independently in accommodation or sustaining his capacity to do so.

Examples of housing related support are: -

- Help older people remain in their own home as long as they wish to by funding visiting support services
- Continue to provide services (e.g. wardens) in sheltered schemes
- Help young people leaving care prepare for greater independence through training in basic skills such as cooking and hygiene
- Help people leaving institutions (e.g. prison) or who have been homeless set up home
- Provide on-going support for people adjusting to more independent living, if moving into their own home after living in a special housing and support scheme

HRA

Housing Revenue Account.

Inclusive Forum

The Forum has a central role in working up the priorities of the Supporting People Strategy at a local level, and includes all stakeholder groups. Fora are likely to be a half or full day workshops or seminar events, bringing people together to exchange views and comments.

Internal Audit

A means by which an organisation examines the extent to which its policies and procedures are implemented. Internal audit does not apply only to financial systems but to the full range of an organisations activities.

Joint Investment Plan (JIP) Joint Investment Plans – prepared by health authorities and local authorities to support delivery of key aspects of the Health Improvement Programme.

Joint Commissioning	The process of commissioning services with partners to seek greater efficiency and effective use of resources.
KPI	Key Performance Indicators.
Management agreement	An agreement between a housing association and another party, which may itself be an association, whereby one party manages some of the other's properties. Such agreements exist for housing and support where the management of a particular property is given to an agency with more experience of the needs of the residents who will live in the property.
National Care Standards	<p>The National Care Standards Commission has been established since 1 April 2002 as a non-departmental public body to take on the regulation of social care and private and voluntary health care in England. They regulate:</p> <ul style="list-style-type: none"> • Care Homes • Children's Homes • Domiciliary Care Agencies • Residential Family Centres • Voluntary Adoption Agencies • Independent Fostering Agencies • Private and Voluntary Hospitals and Clinics • Nurse Agencies • Day Centres
ODPM	Office of the Deputy Prime Minister.
PAGS	Probation Accommodation Grant Scheme is a grant paid by the Home Office to Probation services, to fund accommodation and support for ex-offenders. PAGS funding for support will transfer to Supporting People Grant from April 2003.
PCT Primary Care Trust	Are free standing, legally established, statutory bodies with new flexibilities and freedoms, responsible for delivering better health and better care to their local population. They have their own budget for local health care, are able to employ staff and develop new integrated services for patients. They undertake many of the functions previously exercised by Health Authorities, for example commissioning health services and investing in primary and community services.

Performance Indicators	Specific information used in a planned way to measure and assess performance.
Permanent Accommodation	Where a legal agreement exists for occupation that has no time restriction or where there is a time limit, it is of such length that it would be reasonable to assume that the resident could live in the property for the rest of their life if they wish.
Provider	Organisation providing housing related support services – includes RSLs, voluntary sector organisations, local authorities and the private sector.
QAF	The Quality Assessment Framework for Supporting People. The QAF defines service objectives (core and supplementary) against which providers can carry out self-assessments.
QAF Lite	QAF Lite is a variation of the Quality Assessment Framework for Supporting People services. QAF Lite is to be applied where services are provided by (i) small traders employing less than one full-time equivalent member of staff; (ii) sole traders; (iii) small organisations, for low weekly rates per service user as part of small overall contracts. Typical services to which this version of QAF might apply would be (i) supported lodgings where the Supporting People contract is held by the householder rather than a placement agency. (ii) almshouses The QAF Lite includes fewer requirements than the QAF itself in recognition of the inappropriateness and difficulties of applying many of the requirements to more informally delivered services and services with low levels of Supporting People Grant.
RSL	Registered Social Landlord.
Scheme (Contract) Review	A contract review is undertaken prior to the expiry of a fixed term contract. The purpose of the review is to decide whether the contract should be renewed, and if so, on what terms.
Service objectives	The 17 “headline” statements of good practice contained in the QAF.

Service specification	A description of the nature of the service that a supplier is expected to provide, often incorporated into a contract.
Service reviews	The process that the Supporting People team carries out in partnership with service providers, service users and other stakeholders to ensure the service is meeting a need, is contributing to wider strategic aims and objectives, is high quality and offers value for money.
Sheltered Housing	This term is used to describe a wide range of housing that is aimed at older and or disabled people. It includes grouped housing with a resident or visiting warden; bungalows and flats that are dispersed and very sheltered or extra care provision.
Social audit	A process designed to assess the social impact of an organisation's activity on its stakeholders, community and environment.
Sole traders	Sole traders are individual support providers who are not working for a charity, housing association, limited company or other type of organisation but are working for themselves, often in their own home, and not employing any housing related support staff. Examples of sole traders are supported lodgings or adult placements where there is no overarching organisation.
Supported Housing Management Grant (SHMG)	Housing Corporation revenue funding for RSL supported housing services. From 1 April 2003 SHMG will transfer to the Supporting People Grant.
Staff	<p>The term "staff" refers to all people working to deliver the service, both paid (employees or agency staff) and unpaid (i.e. volunteers and management committee members).</p> <p>In supported lodgings (see below) the term "staff" needs to be considered and interpreted in the context of the particular service. In some cases it will refer only to employees of the placement agency, but in other cases it will refer also to the "host". The following examples from the QAF are intended to illustrate this point.</p> <p>In objective C1.1 "staff" applies to the placement agency staff: "The needs assessment procedures</p>

are covered in staff induction and/or training programmes”

In objective S2.1 “staff” refers to both agency staff and the host: “The confidentiality and privacy policies are understood and implemented by staff”.

In Objective S4.3 the requirements for job descriptions refers to both agency staff and the host but the word “job” needs to be interpreted differently and instead of a “job description” there should be some other document which sets out the support tasks to be provided by the host.

Stakeholder	Someone who has a ‘stake’. For example, the staff, the Elected Members or Board Members, the volunteers, the service users, potential service users and neighbours or wider public.
Standards	The QAF Service Objectives comprise “high level” descriptions of required practice. In the QAF these objectives are broken down into more detailed standards putting the flesh on the bones provided by the Service Objectives.
Supported lodgings	Supported lodgings offer (usually to vulnerable young people) an opportunity to live an ordinary domestic life as part of a host’s ²⁰ own household. Families, couples or individuals who have a spare room offer it for rent, and a placement agency matches them to people who are looking for a place. Some placement agencies have a role in supporting the host and the service user. Supported lodgings are used by people who need some support and who wish to live as independently as possible but are not able or do not wish to live by themselves. Placement agencies may be local authorities, voluntary organisations or privately run.
SP	Supporting People
SPG	Supporting People Grant.
SPINTLS	Supporting People Interim Local System.
Spot purchasing	Spot—the purchasing of support services for individuals, usually on an emergency basis or on demand. Such purchases could also be paid for

²⁰ the term “host” is used instead of the more common term “carer” in order to differentiate between the term “carer” as used elsewhere in the guidance.

retrospectively, after the support service has been provided to the service user.

Tendering

Tendering is a process by which suppliers can bid for contracts as an open or selected group. Suppliers will be invited to tender for providing a service and the body letting the contract will consider tender documents.

Transitional Housing Benefit

The transitional system for the payment of support costs through the housing benefit system. This system ends on the introduction of Supporting People.

Validation visit (QAF validation visit)

A visit by the Administering Authority to check whether the services being provided meet the standards they are required to deliver.

Values

The beliefs which people or organisations subscribe to and which determine the ways in which they behave in general and, in the context of Supporting People, how they deliver services.

Value for Money guidance

Guidance on value for money has been issued with appended cost tables for each type of service. The cost of the service can be benchmarked against these tables taking into account guidance on how to make comparisons.

Very short-term accommodation

Some aspects of the QAF do not apply to very short term accommodation. This applies to accommodation-based services with an intended length of stay of less than one month. Typically this applies to night shelters and some emergency accommodation such as domestic violence refuges.

Warden Call

This is sometimes used interchangeably with the terms Community Alarm service or Central Control. It refers to the provision of a communication system as part of a hard-wired community alarm specification, to contact or alert staff.