



Kirklees Supporting People Strategy 2005-2010

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Enquiries about this strategy should be made to supporting.people@kirklees.gov.uk

1.0 Vision Statement

Kirklees Supporting People programme will deliver a diverse range of high quality, needs-led housing related support services to vulnerable people living within the metropolitan area.

- Eligible services will provide housing related support for the purpose of developing that person's capacity to live independently in accommodation, or sustaining his/her capacity to do so.
- Services will be responsive to changing needs and aspirations, and be accessible.
- Strong partnership working between agencies and providers will ensure services are strategically relevant –developing services which provide for those in greatest need in a co-ordinated manner.
- Available resources are used effectively ensuring value for money services which meet people's individual needs.

This vision statement supports the overall Kirklees Metropolitan Council vision which is; a diverse and confident community with access for all to:

- High quality services;
- Good customer care;
- A thriving economy;
- A healthy, safe and sustainable environment.

2.0 Key principles for the Strategy

Services will be focused on need and socially inclusive – Supporting People services will focus on meeting needs at the local level and will increase the participation of vulnerable people in their local community.

Promote independence and enabling – Supporting People services will help the most vulnerable in our community to remain or establish themselves independently. Where necessary Supporting People will work in conjunction with health and care provision, to achieve the joint strategic aim of independence for service users.

Choice and better quality services – Supporting People services should provide a wider choice of living and support arrangements, allowing greater flexibility and innovation in developing schemes that meet individual need.

Improving quality and effectiveness of services – through monitoring, reviewing and the inspection of services.

Preventative – services are aimed at giving early help to avoid the need for acute, costly long-term or crisis care.

Transparent decision making – Supporting People has set up clear and transparent decision making and consultation mechanisms that will aim to ensure the needs of all vulnerable groups are taken into account.

Adopting a strategic approach – To ensure Supporting People contributes to the overall objectives of the local authority and its partners, active links with other strategies have been developed.

3.0 Executive Summary

This executive summary highlights the key issues identified and recommendations made in the Five Year Supporting People Strategy.

This Five Year Supporting People Strategy provides the basis for the future direction of the funding programme in the Kirklees area. This direction is shaped by the Kirklees Supporting People vision of, “delivering a diverse range of high quality, needs-led housing related support services to vulnerable people living within the metropolitan area”. Fundamentally, the aim is for services to promote independent living and social inclusiveness within a framework which is responsive to the needs of current and future service users.

The strategy was developed through partnership working between Health, Housing, Probation, Social Services and service providers.

In structuring the contents of the strategy itself, it was decided that readers would benefit from being able to ‘dip’ into the overall strategy and peruse the sections most relevant to them. With this in mind, a mini strategy for each client group was constructed. Each mini strategy begins with an outline of national and local policy, this is then followed by figures relating to supply, demand and need, issues raised during consultation and finally recommendations.

During the development of the strategy, consultation was undertaken to understand the reality of need and the contribution Supporting People could make to improve the situation. At the initiation of the strategy development process, the views, ideas, experiences of a wide range of people, service users, service providers etc were sought. These have been used as a basis for many of the recommendations made in the strategy. The document was also circulated for general comment prior to approval by its partners.

Key Issues

Many of the issues raised and recommendations made in this document relate to the accessibility of services. The main issue affecting accessibility is the lack of throughput and its implication for supply and demand. There are a number of issues affecting throughput, in general there is a shortage of housing for people who have been through accommodation based services to move into. Also, some groups, for example people with learning disabilities or mental health problems, can require longer term support. This can make it difficult for services, whether floating or accommodation based, to provide support for new people in need.

The accessibility of services can also depend upon the issues a person presents with, these can often be multiple or complex. Service users do not fall into neat categories and although the mini strategies concentrate upon individual client groups, it is right to acknowledge that service users can have a multitude of needs i.e. an older person may also have an alcohol misuse problem. Supporting People services do, on the whole, work with people who have a number of issues. However, services should be judged on how ready,

willing and able they are to provide for the needs of people who may present a challenge, for example, someone with a mental health problem who has a past arson conviction. Alternatively, the cultural and religious needs of someone from a less well established BME community may well also prove challenging.

The main issue to emerge from the service reviews is the divide between care and support. It is clear that in some services, especially accommodation based ones, the need for housing related support is minimal. What is delivered is social care which is not eligible for Supporting People grant. It is evident that whilst a small number of users of these services could, with the right support, benefit from independent living; the majority require intensive social care and not housing related support.

An analysis of overall supply shows a lack of adequate support to people in the private sector. Service providers do not necessarily exclude private renters or owner occupiers but it is easier for those in public sector accommodation to access existing support. This gap is addressed in a number of priority recommendations made in the body of this document.

Recommendations

A number of recommendations have been formulated for each client group. The recommendations fall into several categories, some call for further work to be undertaken on the need for specific services, for example a service around alcohol misuse. Others for an examination of a procedure identified as problematic for a particular client group, for example “examine how people with learning disabilities experience Housing procedures”. Recognising that funding for new services will be limited recommendations mostly address issues which have little or no immediate impact upon the local Supporting People budget. However, for each client group “a priority recommendation for additional services if funding becomes available” has been made.

The priority recommendations for each group are:

Women at risk of domestic abuse

- Additional support for women who wish to remain in their own homes, as well as those who live in temporary independent units. This is in line with the Homelessness Strategy’s prevention agenda and is one of its stated targets. Potentially this service could work along side the target hardening measures currently undertaken by Community Safety.

People with drugs and/or alcohol problems

- Additional floating support for specialist substance misuse services.

People with learning disabilities

- Increase the provision of floating support, for people with mild to moderate learning disabilities, in their own home (across tenure).

People with mental health problems

- With the aim of preventing admittance to hospital or settling back into accommodation after hospitalisation increase short term, low to medium levels of support for people in their own homes (across tenure).

People who are Ex Offenders

- Assess the need for specific provision for female ex offenders with children.
- Assess the need for specific provision for ex offenders with mental health problems (Include Mentally Disordered Offenders).

Older People

- In relation to the PFI bid funding for support to be given to frail elderly in extra care.
- Funding support services in own homes, private rented or owner occupier.

People with a physical and/or sensory impairment

- Floating support for people aged under 60 in the private sector (rented/owner occupiers).

Refugees

- Floating support for refugees aged 30+ in the private sector.

Homelessness

- Support officers, with a particular private sector remit, offering a generic tenancy support service to homeless single people and families.
- In line with Kirklees Homelessness Strategy's preventative agenda fund extra support for families with children in their own home or temporary unit. (This would also fit with the needs of families fleeing domestic violence who often experience repeat homelessness).

Teenage Parents

- Increase the provision of floating support.

Young People

- Funding in relation to the PFI bid funding for floating support to small households.
- Provide additional floating support services for young people in private accommodation (rent/owner occupier).

If funds become available its distribution will be based upon a prioritisation structure based upon the local government target information issued with the Grant Announcement in December 2004, combined with local context information on need and demand.

4.0 Strategy Development

The following outlines the process which led to the development of the Kirklees Metropolitan Council's Supporting People Five Year Strategy, and perhaps most importantly its final recommendations.

In structuring the contents of the strategy itself, it was decided that readers would benefit from being able to 'dip' into the overall strategy and peruse the sections most relevant to them. With this in mind, a mini strategy for each client group was constructed. Each mini strategy begins with an outline of national and local policy, this is then followed by figures relating to supply, demand and need, issues raised during consultation and finally recommendations. Whilst this structure may make the strategy longer than ODPM guidance it is hoped readers will find the sections useful, and are able to understand the complete context behind the issues raised and the recommendations made.

The strategy was developed through partnership working between Health, Housing, Probation, Social Services and Service Provider agencies.

Primary responsibility for directing the strategy, during both its development and implementation stage, rests with the Core Strategy Development Group (CSDG). The group is also tasked with ensuring effective consultation and involvement of all appropriate stakeholders. During the development of the strategy the group has met several times to review and amend the draft document and formulate recommendations.

Representation on CSDG consists of:

- SP Commissioning group members;
- Provider agencies;
- Joint Social Services and Health commissioning managers (mental health, learning disability, older people, physical and sensory impairment);
- SP Cross – Authority Group;
- Community safety;
- Homelessness forum;
- KMC Principle Equality Officer;
- Supporting People Team.

During the development of the strategy, consultation was undertaken to understand the reality of need and the contribution Supporting People could make to improve the situation.

Members of CSDG had the opportunity, on an individual basis; to raise issues relating to need their own experience with different client groups had shown to be important. They were also asked to supply relevant strategies and where available needs information.

It was also recognised that both providers and service users have invaluable experience to draw upon. A number of service providers, from each of the client groups, were contacted and discussions took place with both managers and staff. Many of the issues raised are mentioned in the strategy, it is hoped this gives clarity in understanding how recommendations are arrived at.

In developing the picture of need the thoughts and experience of service users were sought. This is in keeping with Kirklees Metropolitan Council's vision of access for all reflecting the needs of a diverse community. It is also in accordance with the Government's drive to place the service user at the centre of public service development. Service user views were obtained from four research exercises; a piece of cross authority research into offenders and people on the fringes of the criminal justice system, a local examination of the support available to victims of domestic violence, a focus group with a self help group for former drug users and a needs assessment carried out by an independent research organisation into the needs of service users not consulted in the other research exercises (see appendix 6)

In addition to the above a small number of non Supporting People agencies, with interest in particular client groups, were also consulted. These included a drug treatment service and a drop in centre for women.

Once the mini strategies were in draft format a consultation event took place. All Supporting People providers and other stakeholders were invited. Participants were asked to examine and comment upon the issues emerging from the wider consultation exercise. In light of feedback the mini strategies were reviewed and amended.

In addition to the consultation detailed above, the strategy was developed through a gathering of relevant information and data on supply (for a breakdown of local spend by client group, including information on the number of services, units etc see appendix 5), demand and need.

To understand how Supporting People fits into the policy direction at both local and national level, existing strategies were obtained. An examination of objectives and priorities allowed the identification of areas where Supporting People can contribute to achieving the aims of these individual strategies. (See appendix 4 for a list of strategies/guidance).

Out of the above process a number of recommendations have been formulated for each client group. The recommendations fall into several categories, some call for further work to be undertaken on the need for specific services, for example a service around alcohol misuse. Others for an examination of a procedure identified as problematic for a particular client groups, for example "examine how people with learning disabilities experience Housing procedures". Recognising that funding for new services will be limited; recommendations mostly address issues which have little or no immediate impact upon the local Supporting People budget. However, for each client group "a priority recommendation for additional services if funding becomes available" has been made.

Using the local government target information issued with the Grant Announcement in December 2004, combined with local context information on need and demand, a framework for prioritisation of client groups has been created. Decisions on the allocation of funding will be informed by the framework which is presented below. However, it is anticipated that changes in prioritisation will occur during the life of this strategy. The strategy and its annual plan will be reviewed on a yearly basis.

Band	Client Group
A	<ul style="list-style-type: none"> • Homelessness (include domestic violence) • Drug and Alcohol (amongst ex-offenders) • Mental Health (focusing on low level floating support) • Physical disability (focusing on young adults and support in peoples own homes)
B	<ul style="list-style-type: none"> • Older People • Young People
C	<ul style="list-style-type: none"> • Teenage Parents • Learning Disability • Refugees
D	<ul style="list-style-type: none"> • HIV/Aids • Travellers

Client groups have been placed into 4 bands, these are:-

Band A – Any savings, above those necessary to meet the reduction of grant for 2005-06, will be used to commission new services for clients in this band. With the exception of savings made from band B, band A can benefit from savings made from any client group.

Band B - Any savings (above those needed to meet the reduced grant) from services within this band will be ring fenced and used to commission new services for clients within this band.

Band C - The commissioning of new service for the clients groups in this band will only take place if enough savings were made to meet the priorities of the client groups in band A.

Band D - Currently no need to commission any services for the client groups within this band, however further work may need to be carried out to explore the needs of this client group in the future.

Before implementation of priorities an impact assessment will be carried out, this will include the gathering of information on geographic and economic issues¹. At this stage the Supporting People team will also consider how to measure and evidence progress, outcomes and the benefits of our priorities.

Prior to sending the strategy for approval from Supporting People partners a draft was distributed for comment to a number of interested parties; including the Kirklees Inclusive Supported Housing Group and the joint NHS and Social Services Partnership Boards. Service providers were also emailed a draft strategy. Those who choose to comment were generally positive about the direction of the strategy and offered a number of additional recommendations. These recommendations were considered and where appropriate additions to the strategy made.

A diagram illustrating the strategy's developmental and approval process is attached as appendix 3

¹ Appendix 9 contains an economic, geographical and population profile of Kirklees. This information will be expanded upon during the development of impact assessments.

5.0 Main Themes to Emerge from the Strategy Development Process

Many of the issues raised and recommendations made in this document relate to the accessibility of services. The main issue affecting accessibility is the lack of throughput and its implication for supply and demand.

Generally speaking, demand for Supporting People services outweighs supply. In order for new, vulnerable people to access support existing service users need to be able to move through services. Nationally there is a shortage of housing and the bricks and mortar solution is outside the remit of Supporting People. The impact however, is felt strongly by services when it is time for their users to move on. When accommodation based services (with or without floating support) are unable to obtain appropriate accommodation, individuals ready to move on may remain in situ longer than necessary. The knock on effect is other people are unable to access support when they most need it; at times the motivation to obtain support is lost. The 'Service User Needs Assessment' carried out on behalf of Supporting People by an independent research company found, "some respondents had taken quite a long time to come to the point where they had the appropriate 'mindset' [to access support], only to be frustrated by a lengthy wait".(p6).

Conversely, there is some evidence to indicate demand for floating support services can mean individuals are moved through services too quickly.

Some client groups, for example people with learning disabilities or mental health problems can require longer term support. Again this can make it difficult for services, whether floating or accommodation based, to provide support for new people in need. Move on from some accommodation based services is known to be slow therefore other agencies are less likely to make referrals.

The accessibility of services can also depend upon the issues a person presents with, these can often be multiple or complex. Service users do not fall into neat categories and although the mini strategies concentrate upon individual client groups, it is right to acknowledge that service users can have a multitude of needs, i.e. an older person may also have an alcohol misuse problem. Supporting People services do, on the whole, work with people who have a number of issues. However, services should be judged on how ready, willing and able they are to provide for the needs of people who may present a challenge, for example, someone with a mental health problem who has a past arson conviction. Alternatively, the cultural and religious needs of someone from a less well established BME community may well also prove challenging. Supporting People needs to ensure people with multiple needs do not fall through the gaps between services.

The main issue to emerge from the service reviews is the divide between care and support. It is clear that in some services, especially accommodation based ones the need for housing related support is minimal. What is delivered is social care which is not eligible for Supporting People grant. It is evident that whilst a small number of users of these services could, with the right support,

benefit from independent living; the majority require intensive social care and not housing related support.

The 'Service User Needs Assessment', also picked up examples of care rather than support being delivered, some "SP providers appeared, from the evidence of respondents, to be delivering what seemed very much to be care, as opposed to supporting their clients to greater independence". Whilst accepting that this was sometimes due to the needs of individual clients "the research did encounter situations where it seemed there could have been greater emphasis on support and developing the client's resources". (p9).

Besides the supply versus demand calculation, the clearest indication of where the current supply of Supporting People services does not meet the need for housing related support, is this division between care and support. An analysis of Client Record Forms (CRF) for 2003/04 would indicate that, on the whole, services are accessed by the service users they are primarily targeted at. However, services may be meeting service user needs and fulfilling the objectives of other strategies, but these needs and objectives may not be Supporting People eligible ones. This care/support dilemma can mean services are not strategically relevant to SP; the best way for assessing this will be through the reviews. Ultimately, the Value for Money (VFM) process could lead to the reassessment of charges or the decommissioning of services. Within relevant mini strategies a recommendation has been made to "Use reviews to ensure funding is used for providing eligible support and not care."

Clarifying the division between care and support is also important to prevent discontinuity between where support ends and care begins. This possibility was raised as a concern by the 'Service User Needs Assessment,' some services were not seeing the bigger picture; this was leading to "significant discontinuity in the overall provision of support and care. There was evidence that better consultation between agencies was required in order for clients to achieve the optimum benefits from their support". (p8).

All priority recommendations are based upon perceived gaps in service provision. However, an analysis of overall supply shows a lack of adequate support to people in the private sector. Agencies do not necessarily exclude private renters or owner occupiers but it is easier for those in public sector accommodation to access existing support. This gap is addressed in a number of priority recommendation made in the body of this document.

6.0 West Yorkshire Cross Authority Group Statement - Summary

(written by the Cross Authority Co-ordinator)

The West Yorkshire Cross Authority Group (CAG) comprises Bradford, Calderdale, Kirklees, Leeds and Wakefield. The CAG is chaired by West Yorkshire Probation Board and the six weekly meetings rotate around the region. Membership also extends to City of York and North Yorkshire. The CAG recognises that there are some client groups or individuals who will need to access housing-related support services outside their originating area. This could be for a number of reasons. For example, if a service user could not be expected to remain in their 'home' area due to risk to themselves or others, or there is a lack of suitable provision in their 'home' area. The CAG is committed to ensuring that cross authority working arrangements operate effectively in order to meet the needs of service users. This statement outlines the achievements to date, issues and areas of work that need to be addressed and priorities for the future.

Achievements

The CAG is committed to sharing good practice, facilitating multi-agency working and resourcing joint initiatives. Achievements have included funding a Cross Authority Co-ordinator post to progress joint work. The CAG has developed a benchmarking approach to inform the assessment of value for money and jointly commissioned a research project: 'Just Surviving', to identify needs and priorities relating to the housing and support needs of people on the fringes of homelessness and / or the criminal justice system. Strategic partnerships have been strengthened with homelessness and Probation, ensuring the integration of Supporting People with relevant partners. Regional links have been consolidated, with active involvement in the Supporting People Regional Strategy Group (Yorkshire and Humberside) and the Regional Housing agenda.

Issues

The CAG has identified four key areas that need to be addressed in order to develop and improve cross authority arrangements:

1. Accessibility and availability of services –
 - need to facilitate and enable effective referral arrangements for those accessing services on a cross authority basis.
 - Need to build capacity for working with individuals with complex / multiple needs and address exclusion policies that may affect cross authority client groups. For example, blanket exclusions for offenders with arson convictions.
 - Ensure availability of services for cross authority clients. For example, 24 hour homeless hostels or women's refuges.

- There is a need to promote supported housing and raise awareness about provision in different areas.
2. Operational effectiveness –
 - To improve the operational effectiveness of the Supporting People programme, reducing the financial and administrative burden for both service providers and SP teams.
 3. Identification of needs –
 - Need to understand patterns of cross authority access and identify trends.
 - Identify cross authority needs of certain client groups.
 4. Effective partnerships –
 - Maintain and develop partnerships and multi-agency working to ensure co-ordinated and effective approach to cross authority issues.
 - To contribute to other strategic objectives and demonstrate effective outcomes for cross authority recipients of Supporting People services.
 - Need to ensure strong links with the regional agenda and facilitate a joined up approach regarding capital and revenue streams.

Future Priorities

In order to address these issues, the CAG has identified the following priority areas of work:

1. Accessibility of services –
 - Examine the use of multi-lateral referral arrangements and identify areas where cross authority referral procedures could be facilitated or improved.
 - Identify inappropriate use of exclusion policies in relation to cross authority client groups or those providers that operate across more than one authority and challenge these through the service review process.
 - Engage service providers and partners to raise awareness around those 'less desirable' client groups, organise joint training to increase capacity to work with such client groups, therefore improving accessibility of services.
 - Increase availability of services, particularly direct access, for cross authority service users by working with providers and other partner agencies to ensure effective support plans and move-on arrangements.
 - Actively publicise services to raise awareness about provision in other Administering Authority areas, facilitating cross authority access.
2. Operational effectiveness –
 - Continue and further develop joint work across West Yorkshire and regionally in relation to accreditation, procurement, value for money and review processes.
 - Examine theory and assess the need for the joint commissioning and management of services across Administering Authority areas and develop proposals.

3. Identification of needs –

- Continue analysis of cross authority access to inform future commissioning decisions and priorities.
- Commission joint research project to identify cross authority needs of travellers or refugees.

4. Effective partnerships –

- Develop a multi-agency West Yorkshire offender housing protocol regarding the accommodation of offenders and those released from custody.
- Monitor KPI's to assess the impact of the Supporting People programme on achieving national strategic objectives, e.g. preventing homelessness.
- Develop and sustain strong sub-regional and regional links, with the West Yorkshire Housing Partnership and the regional housing agenda. Identify Supporting People priorities to inform the Regional Housing Strategy and work to ensure that the approach to capital development and revenue funding is complimentary.

Further details on the CAG statement can be found in appendix 8.

7.0 Domestic Violence Mini – Strategy

The National Context

In announcing the royal assent of the ‘Domestic Violence, Crime and Victims Bill,’ David Blunkett said:

“Domestic violence is a horrendous crime which costs the lives of two women every week. Victims often suffer in silence and isolation and we are driving forward a change in culture so that everyone understands that domestic violence is never acceptable”.

The bill is said to be the biggest shake up of domestic violence legislation in thirty years and indicates how seriously the Government takes the issue.

In the publication, ‘Supporting People: Guide to Accommodation and Support Options for Households Experiencing Domestic Violence (2002),’ the ODPM recognises people who flee abuse often, “have a range of support needs: the impact of domestic violence on health, social and economic well being of women and children is far reaching”. Traumatized by abuse many will “need to spend time in supported accommodation before being ready to move to more independent accommodation”. (p6). Local Supporting People Commissioning Bodies should, “ensure an appropriate range of support and accommodation is available for households experiencing domestic violence”. (p5). This range of housing related support should include options which make it possible for women to either, “remain safely in their own homes or for those who cannot safely remain at home, to enable them to access and maintain safe alternative accommodation”. (p7).

Prevalence

“It [domestic violence] is ... responsible for over 25% of all recorded violent crime and for the deaths of one woman every 2.5 days and the deaths of 60 men per year. Aside from the emotional trauma that this produces it is estimated that it costs the public purse £200 million per annum to deal with domestic homicides alone”.

(Source: Safer Communities Partnership, Violence in Intimate Relationships Strategy, 2005-2008)

The Local Context

“Within Kirklees we have figures from WYPA to show that 5889 incidents of domestic violence have been reported in the past year (Apr03-Mar04). It is estimated that this is fewer than 30% of the true number of incidents occurring.

The effect of domestic violence on the lives of children is immense, in Kirklees ACPC data shows it is the key element in 25% + of all child protection conferences plus a contributing feature of 50% of other cases”.

(Source: Safer Communities Partnership, Violence in Intimate Relationships Strategy, 2005-2008)

During 2003/04, 296 out of 1545 (19%) households, accepted as being in priority need, gave violent relationship breakdown as their reason for loss of settled accommodation. This is the second most common reason, with parents no longer willing to accommodate accounting for a total of 364 successful priority need applications.

It is generally understood that the majority of victims do not report domestic violence therefore the above figures and those below on demand, do not give a true picture of the extent of domestic violence.

Supply Profile

There are six services whose primary client group are women at risk of domestic abuse, four accommodation based services and two floating support services.

One refuge is specifically for Asian and black women fleeing violence.

The accommodation based services are located primarily in the central Huddersfield area and North Kirklees.

Max. no. of units	No. of Accommodation based units	No. of floating support units	No. of 'other' support units	Contract value for 04/05 (£)	% of total	Estimated total payments for 04/05 (£)	% of total
57	38	19		831,363.44	7.34	846,669.84	7.76

(Information derived from the local SP. Information system)

Out of a total of 1541 client record forms (CRF), completed for new Supporting People service users during 2003/04, 252 (16%) belonged to the primary client group 'women at risk of domestic abuse.' This was second to the more

generalised category of 'single homeless with support needs.' An additional 37 forms mentioned domestic violence as a secondary issue.

Analysis of the CRF's also shows that of the 252 service users 87% (219) did use services for women at risk of domestic abuse.

(Client record form data should only be used as a guide when profiling Supporting People service users. It is subject to a number of caveats including the favouring of services with a higher turnover, and the return of correctly completed forms by all providers.)

Demand

To gain an insight into demand for services all providers were asked to supply the number of referrals they received between April and June 2004. Six forms were returned by services that identified their primary client group as women fleeing domestic abuse. Four services were accommodation based and two floating support.

Accommodation based services

No. of services who returned forms	Total no. of referrals to services during Apr/Jun 04	Total no. of people who started to receive a service during Apr/Jun 04	Ratio New service users/ no of referrals
4	391	55	1:7

Floating Support

No. of services who returned forms	Total no. of referrals to services during Apr/Jun 04	Total no. of people who started to receive a service during Apr/Jun 04	Ratio New service users/ no of referrals
2	11	5	1:2

For clarity the figures for floating support are presented separately; those individuals referred to these services will more than likely have been in one of the accommodation based services.

It is clear from the above figures, despite the inevitable double counting of women who try more than one service before successfully accessing support, that demand far outweighs supply.

Needs Analysis

Issues raised during consultation with providers, service users and other stake holders

Main findings from 'life or death: providing support to people in crisis. An examination of the support available to victims of domestic abuse in Kirklees'.

Knowledge

Whilst being abused, most interviewee's knowledge on support services was either non-existent, vague or misleading. They lacked a realistic understanding of what domestic abuse was; some believed the abuse they suffered was not severe enough. Information on domestic abuse, posters, leaflets etc was not easily available; one woman described herself as "*always looking*". Publicity did not appear to make a difference in an interviewee's decision to leave, most left in desperation when they hit a crisis. Interviewees did not encounter useful information on support options until they left or had decided to leave.

Community

Interviewees revealed how the reaction of the wider community, friends, neighbours, work colleagues etc, can either enable a victim to leave or leave them facing continued abuse. Abuse can be seen as normal by both the victim and those around them; one woman recalled how her mother thought being hit was part of what "*husbands and wives do*". Another described how, "*the community*" pressurised her to stay in an abusive relationship.

Lack of understanding in the wider community can also mean victims lose the respect of those who know them. One interviewee, talking about rejection said, "[they] *think I'm stupid if I let somebody do this to me ... [but] it's not that black and white*".

Outside Help

Victims can also receive support from people who are not specialist domestic abuse workers. Professionals, such as Health service staff and Social Workers, encounter victims of abuse in their work; some will provide help, others may be reluctant to get involved. Reluctance may, in part, be due to a lack of knowledge and an uncertainty on how to proceed. Those who offer support may also lack the necessary knowledge, and contacts, to feel confident that what they do is correct.

Support Services

Before entering refuges interviewees had very negative expectations of what they would find, most described themselves as scared, even very scared. Fear, combined with stigma can make leaving abuse and entering a refuge a hard choice. One woman described how, if it had not

been a matter of life or death she would never have entered a refuge. Expectation did not live up to reality, refuge users generally appreciated the support they received. Many said they would have left sooner, if only they had known what it would be like. However, some difficulties were identified, mainly communal living, children, diversity and isolation.

Outreach work for former refuge users was vital in alleviating isolation and in continuing to build personal confidence and self esteem. The availability of outreach as well as other forms of support, i.e. helping women remain at home, is limited, but importantly it does offer a choice to those who may otherwise be left without support.

Women from Black and Minority Ethnic Communities

Only a small number of BME women were interviewed, but there was no strong preference for specialist provision. On the contrary, British born Asian interviewees expressed a clear preference for mainstream refuges; fears over lack of confidentiality appeared to play a part in this.

Homeless Application Process

There were few difficulties with the application process, but waiting times and the practice of asking people to widen their options did at times prove problematic.

Additional issues/gaps

The refuges are located in the urban areas of Kirklees, consideration needs to be given to the extent women in rural areas can access services. During the strategy consultation event, isolation and lack of access to transport were identified as barriers to obtaining services.

The lack of funding of childcare arrangements under Supporting People has been raised as a problematic issue and needs to be raised with Social Services.

Although it is difficult to establish with any certainty the extent of male victims of domestic violence a population has been identified by successive British Crime Surveys. Supporting People in Kirklees currently only funds specialist services for female victims of domestic violence. Male victims have been known to approach Kirklees Metropolitan Council Housing Needs service and the local Domestic Violence Co-ordinator for help, so there is some evidence of a need. Further research to establish need and any service development is required. However, possible services such as a confidential phone line similar to the Plymouth M.A.L.E (men's advice line enquiries), may fall outside the Supporting People remit; therefore partnership working would be required.

Kirklees has one specialist refuge for women from BME communities. Consultation does not indicate the need for further specialist provision instead it points towards making main stream service more culturally sensitive.

Consultation undertaken by the Supporting People Team has demonstrated a lack of knowledge amongst victims of the support on offer from specialist

domestic violence services. Increased awareness is generally required, but the consultation indicates a need to particularly focus on reaching women from BME communities.

During the strategy consultation event the domestic violence workgroup recognised the need for a variety of accommodation, including refuges, clustered and self contained accommodation.

Demand indicates an additional refuge would be fully occupied, however research indicates that not every woman would want to access a refuge.

Alternatives to refuges, such as helping women remain in their own home, with or without the perpetrator, are also wanted by victims of domestic violence. These could be particularly suitable for women who may have difficulty accessing refuges, for example those who use drugs or have male children over 14 years of age. Kirklees Safer Communities Partnership currently runs a scheme using 'target hardening' to enable women to remain in their home. The partnership is currently looking to work with the Kirklees Homelessness unit and promote this option as a positive choice.

The strategy consultation event also identified a need to recognise the support requirements of men and women fleeing homophobic harassment.

Recommendations

Reviews to take a close look at the cultural sensitivity of refuges, particularly around their preparedness to take women from the less well known groups such as French speaking Black African women.

Examine the extent to which existing services are able to meet the needs of women from the more remote areas of Kirklees.

Investigate the need for developing services for male victims of domestic abuse.

Priority recommendation for additional services if funding becomes available (final allocation will depend upon a prioritisation process)

Additional support for women who wish to remain in their own homes, as well as those who live in temporary independent units. This is in line with the Homelessness Strategy's prevention agenda and is one of its stated targets. Potentially this service could work along side the target hardening measures currently undertaken by the Safer Communities Partnership.

8.0 Drugs and Alcohol Mini – Strategy

The National Context

In March 2004 the Prime Ministers Strategy Unit published the ‘Alcohol Harm Reduction Strategy for England.’ The aim of the strategy, which will become a key part of the Government’s public health policy, is “to prevent any further increase in alcohol related harm in England”. (p4). There are four key aims and Supporting People is identified as having a particular role to play in the success of the second aim “to better identify and treat alcohol misuse”. (p18).

The strategy brings alcohol misuse into a framework of multiple needs, recognising its association with mental health problems, drug use, offending behaviour, domestic abuse and homelessness. It points out how, unless services work effectively together, the most vulnerable people will be failed and resources wasted:

“Resources invested by one service may be less effective because of lack of follow-up. For example, there is little point providing detoxification treatment for a homeless person with a chaotic lifestyle if he or she does not continue to receive support to find and/or sustain accommodation”.

Supporting People can provide the necessary backup in the community to make the interventions proposed to reduce alcohol related harm a success. The programme can also play a similar role in the success of the ‘Updated Drug Strategy 2002’ which aims to reduce the harm drugs cause.

“Users will often say that staying off drugs is much harder than coming off in the first place. Ex users need aftercare once they have stopped using drug treatment and rehabilitation facilities to help them build new lives. Improvements to housing support and other initiatives for users overcoming drug problems will support the work of the treatment providers by making it less likely that people will start taking drugs again”. (p5).

The recently published report, ‘Providing for the Housing Needs of Drug Interventions Programme (DIP) Clients,’ (Nov 2004), recognises that the provision of housing and housing support for current and former drug misusers is crucial to reducing reoffending. The report draws particular attention to the benefits of close partnership working between Supporting People and DAT, effective outcomes could include:

- Joint initiatives to improve housing outcomes for drug misusers;
- Help improve retention and treatment outcomes.

Prevalence

The annual cost of alcohol misuse includes:

- Up to 22,000 premature deaths per annum
- Up to 1,000 suicides
- Over 30,000 hospital admissions for alcohol dependence syndrome
- 1.2m violent incidents (around half of all violent crimes)

(Source: Alcohol harm reduction strategy, March 2004)

Nationally, it is worth noting a higher use of alcohol by women, binge drinking and lower thresholds on first use.

Drug use, the current situation:

- Around 4 million people have used at least one drug in the last year and around 1 million have used at least one Class A drug
- Around 18% of 16 -24 year olds use an illegal drug at least 2 or 3 times every month
- It is estimated that there are more than 250,000 problematic drug users, who are dependent on Class A drugs and who are most involved with crime
- There were 1,562 reported drug related deaths in 2000

(Source: Updated Drug Strategy 2002)

- Nearly every study of women involved in street based prostitution shows a very close relationship with Class A drugs. As many as 95% of those working on the street are believed to be problematic drug users

(Source: Paying the Price, 2004)

The Local Context

In 2002 Kirklees Drug Action Team published a local 'Alcohol Strategy' with the strategic aim to "ensure that alcohol misuse is included with other forms of substance misuse in all aspects of the work of the DAT, its reference groups and joint commissioning arrangements". (p2). Supporting People fits with the third of the strategy's three aims; Support & Treatment. Outcomes of relevance to Supporting People include:

- Explore the need for a wet house/drink crisis residential services;
- Explore the need for specialist accommodation for 'street drinkers';
- Review services for dual diagnosed people (Alcohol & mental illness);
- Special support for young people.

The Kirklees DAT, 'Adult drug treatment plan 2005/06' sets out a system of treatment, care and rehabilitation based upon local needs and national priorities; it should also identify objectives for carrying out the plan. A key priority in developing local treatment to meet local needs has been identified as:

- Improve links to housing partnerships to meet identified needs in relation to substance use and housing issues.

Other relevant outcomes include:

- Continued development of peer education opportunities;
- Assess the needs of women substance users.

Prevalence - Alcohol

- The estimated number of heavy drinkers (men > 50units, Women > 35 units) in Kirklees is 11,545 (based upon local research carried out in 2000).

(Please note:

A) People underestimate their alcohol consumption

B) The homeless, especially the street homeless are not likely to be represented in these figures)

- Demand is likely to come from 10% of the total number of heavy drinkers, this would be approximately 1,150.

Prevalence – Drugs

- It is estimated that there are approximately 3,000 to 5,000 problem drug users in the Kirklees area. In 2003/04 1,172 substance users accessed structured treatment in Kirklees
(Source: Kirklees DAT, Adult Drug Treatment plan 2005/2006)
- Research commissioned locally by DAT, found poly drug use was common amongst drug users, 144 (88%) out of a sample of 163, used two drugs, 93 (57%) three drugs, 51 (31%) four drugs and 28 (17%) five drugs.
- The same research also found “56% (92) had presented themselves to the local authority as homeless, only 30% being given permanent accommodation”. (p10).
- A recent study, ‘Tackling Street Prostitution: Towards an holistic approach’, of prostitution in 6 different areas found, 80% (39 out of 49) of prostitutes interviewed in Kirklees used crack-cocaine, 92% (45 out of 49) used heroin and 76% (37 out of 49) were dual addicted to both heroin and crack-cocaine. In comparison to Stoke on Trent, Hull, Manchester, Hackney, and Bournemouth Kirklees had the highest level of crack-cocaine drug users (p80).²

² The factors which lead men and women into the sex industry are complex and include lack of education, employment opportunities etc. Substance misuse is a contributory factor only.

- 'Paying the Price' the Government's consultation paper on prostitution gives the example of how Supporting People money can be used to help women exit the sex industry. The Sex Workers Around Northampton (SWAN) programme help women out of the sex industry by tackling problems such as homelessness, drug use and health inequalities. Utilising Supporting People funding the NEST, an extension to SWAN, provides supported accommodation and increased opportunities for training and employment. A similar project to SWAN, the Sex Workers Education, Employment and Training project (SWEET) exists in Kirklees and could potentially be the basis for a similar project to NEST.

Supply Profile

Supporting People funds one service whose primary client group is people with drug problems. The same service also works with people experiencing alcohol problems.

Max. no. of units	No. of Accommodation based units	No. of floating support units	Contract value for 04/05	% of total	Estimated total payments for 04/05	% of total
22		22	£164,440.68	1.45	£167,088.11	1.53

(Information derived from the local SP. Information system)

In addition, there are seven other services, five of which have offenders as their primary client group, whose secondary client groups are people with drug problems.

There are no services primarily identified for people with alcohol problems. In addition to the above a further three services, all of which have people with mental health problems as their primary client group, identify people with alcohol problems as their secondary client group.

One generic floating support service will also support homeless people with problems associated with drug and alcohol misuse.

The 'alcohol harm reduction strategy' draws attention to the complex needs of many people who have drug and alcohol problems. Other services, such as women's refuges, mental health services etc, will also have a significant number of service users with drug and alcohol problems.

Out of a total of 1541 client record forms (CRF) completed for new Supporting People service users during 2003/04, 32 (2.1%) were identified as primarily having 'alcohol problems.' A similar number, 33 (2.1%) were identified as having drug problems. Of the combined total of 65, 8 (12.3%) used the service primarily targeted at people with drug and/or alcohol problems. The remainder, in fact the majority, were spread across 24 different services. Some were

specialist, for example for young people and others generic or for single homeless. An additional 135 service users were identified as having a secondary problem related to drugs or alcohol.

In total 200 (13%) new service users were identified as having a drug and/or alcohol problem, the majority received support from services not primarily identified with this client group. (It is, of course likely that others will have problems but, for a variety of reasons, will not have disclosed them). The data from the CRF's shows that meeting the needs of people who misuse drug and/or alcohol is something all services need to consider.

(Client record form data should only be used as a guide when profiling Supporting People service users. It is subject to a number of caveats including the favouring of services with a higher turnover, and the return of correctly completed forms by all providers.)

Through general discussions with service providers it is also apparent that some organisations, which are not primarily targeted at this client group, do have 'specialist' workers who provide support to service users experiencing problems with drugs and/or alcohol.

Needs Analysis

Discussions took place with a number of provider agencies and other stakeholders; a focus group held with the Kirklees User Forum (KUF), a self help group set up by people who have been addicted to hard drugs, gave the clearest illustration of need. The following section contains some of the main issues raised at the focus group; many of the issues were also raised by other agencies.

Hostels and B&B's

In hostels/B&B's, drug use is prevalent. The need to escape from this reality may push people back into drug use, or indeed this reality may induce people to start using drugs.

Institutionalisation

After spending the last two years in a B&B X has recently got a flat, at first he was depressed and didn't want to be on his own, it took him three months to settle in. With a long history (17 years) of B&B and hostels X felt daunted by the prospect of moving into his own home; sleeping on floors and in hostels he had always been surrounded by other people. He described himself as institutionalised by B&B's, he knew what to do in hostels or in a B&B, but not in his own home.

Y had turned down placements in B&B's because he knew he would feel isolated and that they were full of drugs, he would rather sleep rough.

Escaping the past

Not enabling people to leave areas where they are known can make it difficult, if not impossible for them to turn their lives around. Y moved to Kirklees from another area, he described himself as always in trouble and needed to move away to have a chance to change.

Y said despite not having done anything for seven years his criminal record followed him around, making it difficult for him to get accommodation from a housing association.

The group agreed that people are reluctant to disclose drug use because they feared they will be placed in areas where drug use is visible. Particularly difficult is going back to areas where someone is known.

Z said people know who you are, and even if you are drug free you are still judged. People shout “smack head” at you in the street.

[The ‘service user needs assessment’, carried out by an independent research company, recognised the impact the wrong housing area can have on people recovering from drug abuse and addiction, this group was “especially conscious of the impact on their lives of the area in which they might live. Accept housing in the wrong area and they risk exposure to what they would then see as the wrong type of people, people who might encourage them back into old habits.” P23].

Participants believed honesty is not rewarded by the system. From their experience participants felt if they are open about drug use Housing Associations will reject them and the council will place them in undesirable areas where drug use is visible. Participants said drug users were placed in the same area, ghettoised, which makes it harder to get and stay drug free.

The system

Throughout the discussion a picture of ‘the system’ as one which perpetuates undesirable behaviour, reinforcing drug use and dishonesty emerged.

Factors included:

- Becoming homeless young and not aware of the options
- Being placed in situations which are conducive to drug use
- Difficulty in escaping areas where you are known
- Criminal record following you around
- Lying for fear of being placed in undesirable areas
- Stereotyping

The importance of support

When using drugs, bills can be pushed to one side in favour of purchasing substances. The answer to the question “do I pay bills or my drug dealer?” is obvious. The post becomes bad news, a cause of stress which can worsen mental illness. Support can help people move away from this life of immediacy, of wondering where the next meal will come from or the next fix.

Support can help people to sort out their lives, start paying bills etc. The participants talked about the importance of the support worker, the help with paying bills and making phone calls especially at the beginning and taking the pressure of them. One participant explained how paying bills may be a novelty for the first four months, and then just when you need the help to continue it's taken away. Whilst there was a general understanding that waiting lists made it difficult for agencies to support them long term, participants felt support was withdrawn at the wrong moment, when novelty wears off and people are in danger of slipping into old habits. At the same time paying bills can make you feel like you have achieved something.

If one issue stood out from the discussion as a potentially damaging for the participants, that issue was their finances. One participant explained how his support had recently been withdrawn against his will; it was evident that he felt frustrated by this. His finances were a potential source of vulnerability and an issue where continued support could be the difference between successfully moving on to a new life, or falling back into old ways.

There was a feeling that the system doesn't allow you a way out and a fresh start, this is perhaps most evident with debt. Participants were worried about their finances. One said he was petrified to find out where he stands with his finances. Comments from participants gave a sense that debt can prevent people from moving on, induce or worsen mental health problems, one participant said bills could even take someone's life.

Issues continued

During consultation with providers and other stakeholders attention was drawn to two issues which can affect the likelihood of support producing a positive outcome:

- Stabilising someone's daily life improves the likelihood of a positive outcome.
- Just because someone has not maintained a tenancy does not mean they are a failure and will always be incapable. People must be allowed to try and try again.

Although the support needs of someone with a long term alcohol problem may be similar to those for someone with a drug problem, discussion with support services indicate a basic difference which affects how a 'successful' outcome should be measured.

The experience of Supporting People providers indicates that drug use can have a shelf life, if substance users can survive long enough it is possible for someone to reach a point where they no longer want to take drugs. Usage may come to a natural conclusion and they may remain drug free for the rest of their lives.

This same experience indicates that, whilst the support needs of someone with a long term alcohol dependency are similar to those of a long term drug user the ultimate measure of success is different. The best hope is harm minimisation, giving up drink completely is very rare.

With a drug free and stable life it is possible a long term drug user could reach a time when they no longer require support. For someone with a long term alcohol problem success is maintaining a roof over the head of someone whose life is and will continue to be chaotic.

Recommendations

Carry out an examination into how KMC's arrears policy is implemented. Ensure consistency is demonstrated, this particularly applies to someone being re-considered for housing after making regular payments for 13 weeks.

During service reviews the S P team to undertake closer examination of exclusion policies.

Feasibility study examining the need for a service to divert women and men from sex industry through the provision of supported 'move on' accommodation in conjunction with drug treatment and educational, employment opportunities etc.

Examine the allocation of temporary and permanent accommodation to former substance misusers. In line with the preventative agenda and to enable people to remain drug free, housing should be allocated, where possible, with sensitivity to location, i.e. where people are not known for their drug use.

In order to better meet needs, particularly those of DIP clients, improve partnership working with DAT, this could include the Supporting People team and providers contributing to a multi agency event to map a service user's journey into and through support, identifying barriers, solutions etc.

In order to better meet differing levels of need, the Supporting People team to examine current contractual arrangements and flexibility regarding the delivery of support on an ad hoc or staged withdrawal basis.

With regards to challenging prejudice assess the need to engage peer educators (or other trainers), to raise awareness of issues concerning substance misuse amongst provider agencies and Kirklees Metropolitan Council's Housing officers.

Organise an event to examine service accessibility and the management of risk.

Examine the need for specialist alcohol abuse services.

Priority recommendation for additional services if funding becomes available (final allocation will depend upon a prioritisation process)

Additional floating support for specialist substance misuse services.

9.0 HIV/Aids Mini – Strategy

The Context

The first national strategy for sexual health and HIV was published in 2001 by the Department of Health. The aim of the strategy is to prevent the spread of sexually transmitted infections and HIV, and improve care and treatment for those who need it. The main focus is on improving the provision of sexual health services and its intended audience are Primary Care Trusts and Local Authorities.

To ensure the overall quality of life of people living with HIV is not neglected the strategy also identified a role for social care, including:

“Helping access to education, employment and leisure facilities” and

“Ensuring people have their needs assessed and met for welfare, benefits, housing, advocacy, interpretation, peer support, and other practical support for life in the community”.

(The national strategy for sexual health and HIV, DOH, 2001).

In its 2002 report ‘Policy Guidance on integrating HIV Health and Social Care Services’, the Terrence Higgins Trust called for better integration of social care and health services. It also recognised that whilst many people with HIV have few unmet needs a significant minority, increasingly in socially excluded communities, will have complex social care needs.

Prevalence

“It is estimated that there are currently 50,000 people living with HIV in the UK, the highest number ever. Studies by the Health Protection Agency, based on blood samples taken from the general population, estimate that about a third of these people have not yet been diagnosed”.

(Source: Terrance Higgins Trust website)

There are no local figures available on people living with HIV.

Supply

There are no Supporting People services for this client group

Issues identified during consultation with interested parties:

- For the indigenous population HIV is now a manageable illness;
- Drug therapy has led to improvements both in terms of life expectancy and quality of life;
- People now lead 'normal' lives, support needs have changed;
- Fluctuation in health, support may be needed for only short intervals;
- Some generic needs including support around depression;
- Also support with physical/mental difficulties – HIV related dementia;
- Drug therapy not successful for all, especially those who have had HIV for decades, immune system gets used to treatment.
- Indication that HIV/Aids is an increasing issue around refugees:
 - 'Integration Matters: A National Strategy for Refugee Integration' recognises that addressing any health concerns is an important first step in the successful integration of refugees.

Recommendation

Although further research is necessary, consultation indicates that a dedicated Supporting People service for people with HIV and Aids may not be required. Instead SP should ensure generally that its services are sensitive to the needs of service users who, now or in the future, disclose their medical status to them.

Although there may not be a current need for a specialist service this doesn't mean one will not arise. SP should therefore maintain an awareness of any development with other services or trends which may affect future requirements.

Social Services and Health have identified a need for a service for HIV positive asylum seeker and refugee families. It is likely the Health/Social Services project would cater for small numbers; a dedicated SP service is unlikely to be needed. The recommendation would be to encourage services especially those offering floating support to be more aware of HIV and parenting.

10.0 Learning Disabilities Mini - Strategy

The National Context

The Government's white paper 'Valuing People: a new strategy for learning disabilities in the 21st century' (2001) set out a new vision for providing "new opportunities for children and adults with learning disabilities and their families to live full and independent lives as part of their local communities". (p2). The key principles and objectives outlined in the paper sit closely with those of the Supporting People programme. 'Valuing People' principles include 'independence' and 'choice' and the two main objectives relating to housing are:

- To enable people with learning disabilities and their families to have a greater choice and control over where and how they live;
- To enable people with learning disabilities to lead full and purposeful lives within their community, and to develop a range of friendships, activities and relationships.

Prevalence

Estimates contained within the 'Valuing People' paper suggest there are approximately 210,000 people with severe and profound learning disabilities in England.

The prevalence rate for mild/moderate learning disabilities suggests 24 per 1000 population, about 1.2 million people. (p15).

"Evidence suggests that the number of people with severe learning disabilities may increase by around 1% per annum for the next 15 years". (P16).

The Local Context

Locally there are a number of strategies relevant to people with learning disabilities. In 2001 NHS organisations and the council drafted a 'Joint Strategy for Adults with Learning Disabilities.' The vision underpinning the plan was: "To empower and enable individuals with learning disabilities to lead a full, and as far as possible, ordinary life". (p12). Amongst other things, the strategy recognised the right of people to live independently, make choices about lifestyle and be socially included. This continues to give direction to subsequent strategies.

The vision developed by the Learning Disabilities Partnership Board adopts a person-centred approach to support, and seeks to enable individuals with learning disabilities to "live full lives as part of the community". This vision provides the framework for the Social Services Commissioning Strategy for People with Learning Disabilities 2004 – 07. Produced by Partnership Board, it

clarifies the way future services will be commissioned. Outcomes relevant to Supporting People include:

- Progressing moves for individuals from residential to more appropriate supported living.
- Building of six self contained flats for people with challenging behaviour.

The need to give people choice in where and how they live is one of the issues addressed in the 'Kirklees Housing Strategy for People with Learning Disability'. (March 2003). The aims of the strategy are practical and include:

- Social Services and Housing working together to expand housing, care and support options;
- Developing local housing for people with learning disabilities;
- Working alongside the Supporting People programme to bring together resources and the planning and commissioning of housing, care and health services.

Actions include:

- Develop assessment that assumes in principle, a model where packages of support are built around the needs of the individuals in appropriate place, at appropriate time by approved providers (supported living);
- Assessment of individuals placed out of area to develop clarity about the most appropriate support if they come back to Kirklees.

Prevalence

National incidence figures indicate that there are likely to be 1558 adults with severe or profound learning disabilities locally. This is close to actual number of people on the register, 1613. The register does not record level of disability; therefore, it should be assumed a proportion would have mild to moderate learning disability.

People known to currently use services amount to 1511, of these 984 are currently living with parents/relatives.

Approximately 50 people are placed in accommodation outside Kirklees.

Supply Profile

There are 22 services whose primary client group is people with learning disabilities.

Max. no. of units	No. of Accommodation based units	No. of floating support units	Contract value for 04/05 (£)	% of total	Estimated total payments for 04/05 (£)	% of total
175	93	82	1,982,041.78	17.51	1,801,289.1	16.51

(Information derived from the local SP. Information system)

In addition to the above 22 services there are a further six who identify people with learning disabilities as their secondary client group.

Other services, which offer more generalised tenancy support, may also have a number of clients with learning disabilities who have been unable or unwilling to access more specialist provision.

Much of the shared accommodation is permanent with residents having been in the properties for many years.

Out of a total of 1541 client record forms (CRF), completed for new service users during 2003/04, 27 belonged to the primary client group of 'people with a learning disability'. Of these 27, 10 (37%) received support from a services primarily targeted at this group. For an addition 42 service users, learning disabilities was identified as a secondary issue.

The CRF shows that a large proportion of service users with learning disabilities find support from other non specialist agencies.

(Client record form data should only be used as a guide when profiling Supporting People service users. It is subject to a number of caveats including the favouring of services with a higher turnover, and the return of correctly completed forms by all providers.)

Demand

To gain an insight into demand for services all providers were asked to supply the number of referrals they received between April and June 2004. 10 services, whose primary client group were people with learning disabilities, returned forms.

Total no. of referrals to services during Apr/Jun 04	How many of those referred during Apr to Jun 04 immediately received a service	Total no. of people who started to receive a service during Apr/Jun 04	Ratio New service users/ no of referrals
7	0	1	1:7

The figure of seven referrals is an under representation of need, however the data supplied does give an indication of the low level of vacancies. During consultation with providers it became clear that there is little movement out of services. Social Services, the main referral agency for people with learning disabilities, is aware of this and therefore makes few referrals.

Needs Analysis

Issues identified during consultation with providers and other stakeholders

The issue of choice is a key principle of 'Valuing People' and should be open to all "people with severe and profound disabilities who, with the right help and support, can make important choices and express preferences about their day to day lives".

Consultation suggests that people with learning disabilities rarely have a say in where or how they live. This lack of choice is recognised in 'The Kirklees Housing Strategy for People with Learning Disabilities',

"The overwhelming experience from meeting many parents and care managers is that the move to independent living is rarely offered until some point of crisis or because of old age or death of a carer. After years of uncertainty and worry, the transition is not planned ahead of time and the idea of having a choice over where to live is rarely fulfilled. People are fitted in to the occasional gaps in existing services as vacancies are found. This is the overwhelming experience of carers".

The above paragraph, written in 2003, provides a good summary of issues raised during consultation for this strategy.

Additional issues which contribute to this lack of choice include the following,

- Throughput:
 - Little or no movement out of shared schemes, consequently there are few vacancies for new people requiring support;
 - To some extent this lack of movement can be accounted for as a legacy of institutionalisation.
- Housing allocation -the needs of people with learning disabilities do not easily fit into the housing allocation system:
 - It is normal for a single person to be allocated a one bed flat; someone with learning disabilities may require an additional room for a carer;
 - A single persons housing benefit may not cover the cost of a larger house;
 - Someone living with their parents may not be seen as being in priority need and therefore be unlikely to be offered council accommodation. Therefore their requirement for support makes it harder for them to move out.

Whilst many people with learning disabilities are capable individuals, they may lack a basic understanding about how society works, this can mean:

- They are vulnerable to abuse;
- Mental health problems - They may feel fear or anxiety over what others may consider normal i.e. sales people at door or on phone.

When considering the accommodation/support requirements of this group these elements need to be considered.

It is also important to recognise that:

- People with learning disabilities can live independently but are likely to require continued support;
- The degree of support an individual requires will fluctuate over their life time (peaks and troughs);
- Independent tenancies are not suitable for all.

Despite the difficulties of independent living for this client group, the benefits can be enormous. The 'service user needs assessment', carried out by an independent research company, detailed the experience of one man with learning disabilities who had been in care since childhood. Supporting People had given him the opportunity to live in his own accommodation and according to his support worker there was notable development in his skills and coping abilities, including his communication skills.

Gaps

Likely to be an increase in demand for independent tenancies for young people with learning disabilities.

Increased life expectancy brings with it new demands. There is likely to be an increase in older people with learning disabilities requiring support.

There are many people with learning disabilities living with older carers; many will require services when their carer becomes unable to continue their support.

There is a need to consider appropriate means of accommodation/support for people suffering from accelerated aging.

The needs of people from Black and Minority Ethnic communities needs to be researched.

Recommendations

Examine the needs of people from Black and Minority Ethnic communities .

Examine how people with learning disabilities experience Housing procedures.

Use reviews to ensure funding is used for providing eligible support and not care.

To prevent any discontinuity between the provision of support and care to individuals, there needs to be a mutual understanding between Social Services and Supporting People on what constitutes eligible housing related support.

Examine alternative models of support for people with learning disabilities e.g. cluster models and home ownership.

Investigate the possibility of implementing Supporting People direct payments (across client groups).

Priority recommendation for additional services if funding becomes available (final allocation will depend upon a prioritisation process)

Increase the provision of floating support, for people with mild to moderate learning disabilities, in their own home (across tenure).

11.0 Mental Health Mini – Strategy

The National Context

In the green paper 'Our Healthier Nation' mental health was identified as one of four priority areas for increasing the health and longevity of the nation. The paper proposed a specific target for mental health, to reduce the death rate from suicide and undetermined injury by a fifth by the year 2010.

Following on from this green paper the government has issued guidance and legislation on the delivery of mental health services. The two principles at the heart of work which relate most closely to Supporting People are social inclusion, and promoting independence.

In Modernising Mental Health Services: Safe, sound and supportive it states: "Patients, service users and carers will be involved in their own care and in planning services".

Raising the standards of health and social care services is the aim of the Department of Health's 'National Service Framework for Mental Health'. Standard one of the framework requires services to:

"Combat discrimination against individuals and groups with mental health problems, and promote their social inclusion". (p7).

The framework's seventh standard is *preventing suicide*, it is recognised that social exclusion is an important risk factor for suicide.

The recent report from the social exclusion unit, 'Mental Health and Social Exclusion,' (June 2004), identified five reasons why mental health problems all too often lead to and reinforce social exclusion. These included lack of ongoing support to enable people to work and barriers which prevent them engaging with the community. Accessing basic services such as housing and transport can be a struggle for people with mental health problems. They may also find it difficult to engage in education and leisure activities. Supporting individuals to take these opportunities can be part of the work undertaken by Supporting People funded services.

Prevalence national and local

Estimated prevalence of mental health problems amongst people of working age (16-64) in Kirklees.

Mental Disorders	Per 1000 of population	Kirklees Total
In the community	250-315	61,940 -78,004
Among GP attendees	230	56,984
Recognised by GP	101.5	25,147
Treated by mental illness services	20.8	5,153
Admissions to hospital	3.3	818

(Source: Social Services commissioning strategy for mental health 2004/07.)

Dual Diagnosis

Diagnosis	Annual prevalence per 1,000 adults aged 16 to 64	Number of patients on GP list of 1,800 (assumes 63% of GP list is aged 16-64)
Psychotic Illnesses	4.4	5
Alcohol dependence	47	53
Drug dependence	22	25

(Source: Social Services commissioning strategy for mental health 2004/07)

The Local Context

The 'Social Services Commissioning Strategy for Mental Health 2004/07' sets out to modernise services for adults and meet national and local priorities. The purpose of the strategy includes shaping the range, type and amount of services to meet the present and future need of service users. The following outcomes included in the strategy's action plan are relevant to Supporting People.

The main outcome relevant to SP is:

- The provision of a range of accommodation with support within a recovery framework. A range of support varying from low level to intense will be required.

Following on from the above other outcomes offer the potential for joint work, including:

- To reduce the out of area treatment spend;
- To support individuals to access appropriate services as close to their own localities and support networks as is possible;
- To promote individual access to meaningful employment.

The Joint Social Services and NHS Mental Health Partnership Board has developed a 'Mental Health Housing Strategy' with the intention of directing "the shift of the current mental health housing system, to a model that is based on the principles of supported/supportive housing and is consistent with the recovery model of best practice". In moving forward and implementing change the partnership board recognises the importance of a collaborative approach. Supporting People is identified as playing an integral part in the implementation of the strategy and its action plan.

Areas where Supporting People can contribute to the Mental Health Housing Strategy include:

- Contributing to services for people who have historically been treated out of district;
- Providing support to a steady flow of people identified by care managers as benefiting from lower level floating support.

Supply Profile

There are 21 services whose primary client group is people with mental health problems.

Max no. of units	No. of Accommodation based units	No. of floating support units	No. of community alarm	Contract value for 04/05 (£)	% of total	Estimated total payments for 04/05 (£)	% of total
213	105	101	7	1,582,230.22	17.5	1,522,175.96	16.5
(201)	(94)	(101)	(6)				

(Figures in brackets are the **actual** units currently being funded by SP as opposed to the maximum contract value³)

15 of the schemes are accommodation based, five floating and one community alarm.

³ Under subsidy contracts the number of units funded depends upon occupation, this of course can be less than the maximum number of 'household units available'.

In addition to the above there are three services that identify people with mental health problems as their secondary client group.

Demand

To gain an insight into demand for services all providers were asked to supply the number of referrals they received between April and June 2004. 13 forms were returned by services that identified their main client group as people with mental health problems.

Total no. of referrals to services during Apr/Jun 04	How many of those referred during Apr to Jun 04 immediately received a service	Total no. of people who started to receive a service during Apr/Jun 04	Ratio New service users/ no of referrals
51	7	14	1:3

The above data illustrates that currently demand for services outweighs supply.

Consultation with providers and Social Services indicates that the above figure is likely to be an under representation of need. Move on from some accommodation based services is known to be slow therefore other agencies are less likely to make referrals.

Of a total of 1541 client record forms, completed for new Supporting People clients during 2003/04, 133 (8.6%) belonged to the primary client group 'people with mental health problems'. Of these 133, 93 did receive support from a service primarily aimed at this client group.

Mental ill health is likely to be common among people using Supporting People services, however it might not be identified as a primary or secondary reason for requiring support, therefore the figure of 133 is likely to be an under representation.

(Client record form data should only be used as a guide when profiling Supporting People service users. It is subject to a number of caveats including the favouring of services with a higher turnover, and the return of correctly completed forms by all providers.)

Needs Analysis

Issues identified during consultation with providers and other stakeholders

At present there is little movement out of shared schemes:

- Accommodation based schemes are considered by users, their relatives and providers as homes for life;
- Legacy of 'institutionalisation'.

Consequently, there is difficulty getting appropriate support for newly diagnosed individuals.

Lack of through put means lack of choice; people may be unable to choose where they live. During consultation with provider agencies and other stakeholders the following consequences were identified:

- Be fitted into a vacancy when one arises (appropriate or not);
- Remain in a scheme they would rather leave;
- Not be discharged from wards (bed blockers);
- Be unable to return to the district;
- Be unable to move out of their parental home.

The 'Mental Health Housing Strategy' indicates there are approximately 160 people living with families who want to move on or are in inadequate accommodation.

Procedures are not always person centred and can work against some of the most vulnerable individuals, issues raised include:

- Referrals may not always be based on who is in the greatest need. Someone who happens to be Housing Needs when a vacancy arises may be referred to a support agency rather than someone already allocated temporary accommodation (B&B) who may be in greater need.
- It has been the experience of some S.P support services that people with mental health problems may be unable to follow procedure. Some one may abandon a property without a view to future consequences. Support services thought a lack of understanding about mental illness can mean sometimes procedures are too closely followed. This can make it difficult for someone who is now receiving support to move on into their own home and start again.

(This may be more of an issue for individuals who although not diagnosed as such are recognised by support workers as being mentally ill. The chart above on prevalence indicates that not everyone with a mental illness will be recognised as such by a GP, reasons include the patient failing to attend the surgery enough times for a diagnosis to be made).

There is not enough provision for people over 30 and under 60 'older people' with complex needs.

Refugees and mental health

Studies suggest 66% of refugees have experienced significant anxiety or depression. That compares with 3% of UK males and 7% of females treated for depression (Source: Yorkshire and Humberside consortium for asylum seekers and refugees).

Additional call upon Supporting People funding could come from Social Services drive to bring people back from out of area placements

There is a need to clarify Supporting People's position on service users sectioned under Mental Health Act section 117.

Recommendations

Use reviews to ensure funding is used for providing support which enables independence and is not personal care or health care

Whilst the need for long term mental health support services is acknowledged it is also necessary to examine and monitor through put. There should be a particular emphasis on increasing through put.

Examine how people with mental health problems experience Housing procedures.

Assess the need for additional support provision for people between 30 and 60 years of age.

Clarify position of service users on section 117's.

To prevent any discontinuity between the provision of support and care to individuals, there needs to be a mutual understanding between Social Services and Supporting People on what constitutes eligible housing related support.

Connected to the above recommendation is the need for better signposting between agencies (both SP and non SP) to ensure service users receive the right support.

Mental illness cuts across all client groups. Supporting People must ensure all services are aware of and are able to provide appropriate support to those in need.

Priority recommendation for additional services if funding becomes available (final allocation will depend upon a prioritisation process)

With the aim of preventing admittance to hospital or settling back into accommodation after hospitalisation increase short term, low to medium levels of support for people in their own homes (across tenure).

12.0 Ex Offenders Mini – Strategy

The National Context

Tackling social exclusion can be said to be an underlying tenet of government policy direction. Social exclusion is complex, often people or areas will suffer from multiple disadvantages which can be passed from generation to generation.

The Social Exclusion Unit's website describes social exclusion:

“Social exclusion is about more than income poverty. Social exclusion happens when people or places suffer from a series of problems such as unemployment, discrimination, poor skills, low incomes, poor housing, high crime, ill health and family breakdown. When such problems combine they can create a vicious cycle.

Social exclusion can happen as a result of problems that face one person in their life. But it can also start from birth. Being born into poverty or to parents with low skills still has a major influence on future life chances”.

The recent ODPM discussion paper ‘Tackling Social Exclusion: Taking stock and looking to the future (March, 2004),’ identifies one of the consequences of social exclusion as:

“Rising levels of crime, drug misuse and anti-social behaviour”. (P7).

Many prisoners have a history of social exclusion. The Social Exclusion Units report, ‘Reducing Re-offending of Ex-prisoners’, (July 2002),’ states that compared with the general population, “prisoners are thirteen times as likely to have been in care as a child, thirteen times as likely to be unemployed, ten times as likely to have been a regular truant, two and a half times as likely to have had a family member convicted of criminal offence, six times as likely to have been a young father, and fifteen times as likely to be HIV positive”. (P2).

The problems in prisoner's lives are complex and cross many of the Supporting People client groups. Facts include, over 70% of prisoners suffer from at least two mental disorders and 60% to 70% of prisoners were using drugs before imprisonment (ODPM, March 2004).

In identifying what has gone wrong ‘Reducing Re-offending’ identifies a number of issues. Those particularly relevant to Supporting People include:

- The lack of basic procedures means prisoners lose housing, employment and accrue debt;
- A lack of pre and post release support particularly for short term prisoners;
- Barriers to re-engaging in learning or drug programmes;

- Barriers to accessing housing and benefits.

It is known factors which help reduce the likelihood of a prisoner re-offending include being in employment (by between a third and a half) and having stable accommodation (by a fifth). In the action plan associated with the 'reducing re-offending' report, the importance of access to accommodation is recognised:

“Appropriate and accessible accommodation...is crucial to sustaining employment, treatment, family support and finances and is a major resettlement need for many women leaving prison”. (P9).

In the long term, the aim of the action plan is to ensure that offenders access appropriate housing and support, this requires more collaboration between the criminal justice system and the housing sector. The reduction of homelessness amongst ex offenders requires a coordinated process; actions should include prison services offering housing advice and needs assessment at induction with the closing down of existing tenancies to reduce arrears. Supporting People should be responsible for the development of local and cross authority provision for ex offenders particularly those with mental health problems, drug addiction or disabilities. The Home Office believes cross authority arrangements are of particular importance for high risk of harm offenders (who may be under the Multi-agency Public Protection Arrangements (MAPPA)), and resettlement out of the original area may be necessary for the protection of victims.

The Local Context

Prisoners are at a higher risk of re-offending if they do not have stable accommodation on their return. The Social Exclusion Unit identifies a need for an assessment at induction, with the closing down of existing tenancies (where necessary) and preparative work before release as important to successful resettlement.

The West Yorkshire Probation Board in its, 'Offender Accommodation Policy 2004-2007' recognises that appropriate and accessible accommodation "is a major factor in the successful reintegration of offenders into the community following a period of custody". (p1). The policy recognises that Supporting People has increased the accommodation resources available to staff, but aware of a potential cut in SP funding, states WYPB will seek to ensure services are maintained and developed in line with local and regional need.

The policy identifies how the Supporting People commissioning process can help achieve its objectives, this includes:

- At least 640 designated bed spaces for offenders should be available in the West Yorkshire area at an overall average occupancy rate of 90%.

“The development of, and access by offenders to, appropriate ‘cross authority’ accommodation services”, (p3), is also specifically identified with Supporting People commissioning.

‘Prisoners and people in contact with the Criminal Justice System’ are identified as a specific client group in the ‘Kirklees Homelessness Strategy July 2003-2008’.

Key Tasks include:

- Links and protocols to access housing advice while in prison;
- Links and protocols with probation should be examined;
- Review accommodation requirements for young people under 18 on bail;
- Review arrangements for allocation of permanent accommodation on release and access to housing benefit.

At the time of writing this strategy there is no designated prison liaison officer in Housing Needs, however, liaison does take place between the manager and prisons that have prisoners wanting to return to Kirklees. Actions can include the forwarding of application forms to prisoners before release.

Housing Needs did identify one problem with the housing advice given in prison. Prisoners appear to have been told that under the ‘Homelessness Act 2002’ they will be assessed as in priority need. This is misleading, priority need is not automatic for this group, and vulnerability must be proven. Assessing vulnerability in relation to this group is a ‘grey area’ not as straight forward as having dependent children. In an assessment of vulnerability Housing Needs will examine issues such as mental illness and disability. Other factors are also taken into account, examples given were someone who has been potentially ‘institutionalised,’ having been only in care and then in prison. Another maybe someone who has spent many years in prison and who on coming out of prison is unable to navigate a very different society.

The reference document for ‘Reducing Re-offending’ also recognises that offenders are likely to have a range of problems relating to substance misuse and that directly or indirectly many convictions are related to drugs. For Supporting People it is important to recognise the multiple needs of offenders and how they relate to other client groups such as drug users. Currently in Kirklees this is most clearly demonstrated in the funding of Drug Treatment and Testing Orders (DTTO) for drug user’s released from prison or subject to community sentences.

The Youth Offending Team (YOT) recognises the impact appropriate accommodation and support can have on the choices young people make. Issues such as crime, substance misuse, employment, training etc can all be more easily addressed when young people have access to supported accommodation. However, clients of the YOT can find it difficult to access permanent accommodation, housing providers may be wary of re housing them if they do not have support. This results in young offenders staying with friends or relatives and moving from one short term arrangement to another. They may also of course find themselves homeless and without any where to stay.

Nationally the Youth Justice Board has imposed a target on Youth Offending Teams. 100% of young people subject to final warnings with interventions, all community based penalties and those released from custody should be in suitable accommodation. In the financial year 2003/04 the Kirklees YOT achieved 90% of young people in those categories in satisfactory accommodation. Some of the most problematic e.g. arsonists or those on Anti Social Behaviour Orders (ASBO's) are presently in B&B. The Youth Offending Team believe due to a lack of support or guidance many of those in B&B's will re offend and potentially be caught in a life of drugs, crime and prostitution.

Statistics

The West Yorkshire Probation case load for Kirklees stands at 2275 as at 9th December 2004.

Of these 2275:

- 2013 are male and 262 are female,
- 363 are 20 or under, the majority 1802 are aged 21 to 49.
- 1737 are identified as White, 224 Asian, 121 black, 102 mixed and 91 other.

It is also estimate that 27% of the offenders' probation works with have significant accommodation and support problems.

The following figures on criminogenic need; attributes of offenders that are directly linked to criminal behaviour, are calculated annually by West Yorkshire Probation. They provide an good illustration of the multiple needs of offenders, and the potential contribution Supporting People can have in reducing re-offending. These figures are for the Kirklees caseload only.

Accommodation	Education/ Training/ Employment	Finance	Drugs	Alcohol
775	1240	531	686	708

Supply Profile

There are nine services whose primary client group are offenders or people at risk of offending.

Max no. of units	No. of Accommodation based units	No. of floating support units	No of 'other' support units	Contract value for 04/05 (£)	% of total	Estimated total payments for 04/05 (£)	% of total
102	102			587,677.47	5.19	599,048.92	5.49

(Information derived from the local SP. Information system)

These include specific services for ex offender who are:

- High risk;
- DTTO;
- Young people.

There are a further six services whose secondary client group are offenders or people at risk of offending.

Out of a total of 1541 Client Record Forms completed for new Supporting People service users during 2003/04, 112 (7%) belonged to the primary client group of 'Ex-Offenders'. The vast majority, 105 of these new users received support from a service specifically for offenders. Just over a third, 39 of the 112 were aged 24 or under. An additional 49 service users were identified as belonging to a secondary client group of 'Ex-Offenders'.

As with other client groups, the actual demand for services is likely to be greater than represented here. Ex offenders may access SP services and be identified under a different need category, e.g. young people or mental health.

(Client record form data should only be used as a guide when profiling Supporting People service users. It is subject to a number of caveats including the favouring of services with a higher turnover, and the return of correctly completed forms by all providers.)

Issues raised during consultation

Findings extracted from, 'Just surviving,' the housing and support needs of people on the fringes of homelessness and/or the criminal justice system in West Yorkshire.

The links between prison, housing and support

One-third of participants had lost their accommodation during their most recent period in custody, and one-third had not had their own accommodation prior to their most recent period of imprisonment. Many interview participants felt that there were benefits of being in contact with the criminal justice system. Some people saw prison as a roof, an opportunity to detox from drug use, and a new start.

"I've refused to do probation and asked to go to prison twice. I just couldn't do it out here and knew I could do it in there".

Leaving custody was a critical point for many, when intervention could have prevented a return to homelessness, drug use, and offending.

Experiences of homelessness and housing need

Participants typically had fragmented housing histories, having moved on average 11 times since the age of 16. The most common type of previous accommodation was staying with friends.

The research found some people's homelessness was hidden. This was particularly the case for women involved in prostitution and people from BME backgrounds.

43% of participants had experienced exclusion from services; the most common reason cited was drug use, behaviour and arrears.

Those people who had been banned from services were more likely than others in the sample to report other needs such as mental health and drug problems.

Support needs

Most commonly reported support need was finding a home, furnishing a home, finding a job and claiming benefit.

The majority of participants reported multiple needs including mental health problems, abuse and drug use.

66% of participants reported a problem with drugs or alcohol. 84% of those with drug or alcohol problem had used substances to 'blot out' problems.

61% of participants reported mental health problems. Nearly half of the participants had used non prescribed medication to help them cope.

Additional issues raised during consultation with SP providers and other stakeholders

Demand outstrips supply; more people could benefit from DTTO service but not enough units available, currently only seven DTTO units. A generic service, from the same provider can absorb some of the demand but it is unable to deliver intensive support unless it is at a cost to someone else.

It can be difficult for high risk offenders to move on; due to the nature of offences people may be reluctant to disclose to KMC's Housing Needs or a housing association. They may go into private sector making it harder for them to be monitored and supported. There is a need to increase provision for offenders under MAPPA arrangements.

Lack of housing stock makes it hard to get replacement properties this can result in support staying with existing clients rather than moving on to new ones.

Service providers and users point towards a lack of consistency in council decision making process around arrears, interpretation of policy can differ between individual housing officers.

High demand means it is difficult to offer 'follow up' support if a person experienced difficulty once they were removed from a case load.

Similarly to drug users, ex offenders trying to start a new life may find themselves re-housed in areas where old lifestyles are difficult to escape.

Blanket exclusions from services on offence types e.g. arson.

There is a lack of specific services for ex offenders experiencing mental health problems.

There is a lack of services for female ex offenders with children.

Recommendations

Assess the need for more Drug Treatment and Testing Order (DTTO) units.

Assess the need for more cross authority provision for offenders under MAPPA.

Carry out an examination into how Kirklees Metropolitan Council arrears policy is implemented.

During service reviews the Supporting People team should undertake closer examination of exclusion policies.

Assess the need for support specifically for frequent re offenders.

Examine the need for emergency accommodation based service with floating support for young offenders.

Ensure all Supporting People services are culturally sensitive.

Priority recommendation for additional services if funding becomes available (final allocation will depend upon a prioritisation process)

Assess the need for specific provision for female ex offenders with children.

Assess the need for specific provision for ex offenders with mental health problems (Inc Mentally Disordered Offenders).

13.0 Older People Mini – Strategy

The National Context

The 'National Service Framework for Older People' emphasizes the actions needed to promote the health and independence of older people. It sets out four key themes and eight standards, Supporting People fits into the preventative agenda of intermediate care. This theme's aim is to provide enhanced services which promote independence and prevent unnecessary hospital admission or admission to long term residential care.

In 'Quality and choice for older people's housing: a strategic framework;' two objectives, both relevant to Supporting People are set:

- "First – to ensure older people are able to secure and sustain their independence in a home appropriate to their circumstances;
- Secondly – to support older people to make active and informed choices about their accommodation by providing access to appropriate housing and services and by providing advice on suitable services and options".

As with other Government strategies one of the underlying principles is choice. It needs to be recognised that neither older people nor their needs are homogenous; options for housing and services need to reflect this. Choice may mean, moving into housing specifically ear marked for older people, such as sheltered schemes or support to stay in their own home for as long as possible.

The strategic framework also recognises the importance of addressing the needs of 'marginalised' older people for example, older homeless people, and particularly rough sleepers.

A recent publication from homeless link and UK Coalition on Older Homeless has sought to move the needs of older homeless people up the Supporting People agenda. The report, 'Coming of Age: Opportunities for Older Homeless People under Supporting People' (2004), argues that the needs of older people, who are homeless or those at risk of homelessness, are not the same as younger homeless people, or older people with secure and appropriate housing.

The report identified a number of gaps between strategies and services:

- Mainstream services for older people take no account of people who are homeless;
- Older people tend to be marginalised, with little specific provision or awareness in mainstream homelessness services.

The Local Context

The vision at the heart of the 'Social Services Commissioning Strategy for Older People' is to work towards "supporting older people to live full and active lives within the Kirklees community – to be part of mainstream life rather than being diverted into special services". (p6).

The strategy identifies a number of key commissioning principles, those of the most relevance to Supporting People are:

- We will support older people to remain living independently in their own homes for as long as possible. To support this we will realign resources from residential to home and community based services with an enabling philosophy;
- We will encourage the development of a range of preventative, home based services to support older people's independence e.g. befriending/cleaning/shopping/gardening services.

Commitment is also given to the commissioning of a number of services types, those of the most relevance to Supporting People are:

- Extra care housing schemes;
- Widening the mainstream by encouraging the availability of more community and home based support services;
- Services for Asian elders (55+) which are culturally appropriate.

Demography

Reflecting what is happening both nationally and regionally the population of older people in Kirklees is set to grow substantially over the next few decades.

The table below show projections based upon the 2001 census.

	mid 2002	mid 2003	mid 2007	mid 2012	mid 2017	mid 2022	mid 2027
Ages 65 – 74	30.0	30.2	30.9	36.1	41.4	41.3	41.9
Ages 75+	27.1	27.2	27.8	29.5	32.1	38.2	44.0

(Source: Social Services Commissioning Strategy for Older People)

Key issues identified by the social services commissioning strategy include:

- “The anticipated larger population of the ‘younger old’ will also have higher incomes and expectations than previous generations.
- Whilst numbers of older people within black and minority ethnic communities are lower, rapid growth has begun from this lower base.
- Regional studies have shown that around 30% of people over 60 live alone, but this figure increases to 59% for women over 85.
- Within this overall increase in the older population, the number of people with dementia is rising and will continue to do so”. (p8).

Currently only a small percentage of older people receive social services. However the strategy notes, based upon experience, that the profile of service user is growing in terms of age and physical and mental frailty, this trend is likely to continue. At the same time as supporting the very old and frail, Social Services also needs to support younger older people to prolong their health and independence.

Supply profile

There are 52 services whose primary client group is ‘Older People with Support Needs’.

Max no. of units	No. of Accommodation based units	No. of floating support units	No of ‘other’ support units	Contract value for 04/05	% of total	Estimated total payments for 04/05	% of total
5254	1438	1466	2350	£975,330.78	8.62	897,504.75	8.23
(4646)	(844)	(1470)	(2332)				

(Figures in brackets are the **actual** units currently being funded by SP as opposed to the maximum contract units⁴)

The ‘other’ services are community alarms and a Home Improvement Agency.

⁴ Under subsidy contracts the number of units funded depends upon occupation, this of course can be less than the maximum number of ‘household units available’.

There is one service whose primary client group is identified as Frail Elderly.

Max no. of units	No. of Accommodation based units	No. of floating support units	No of 'other' support units	Contract value for 04/05 (£)	% of total	Estimated total payments for 04/05 (£)	% of total
46	46			11,571.96	0.10	12,293.42	0.11
(33)	(33)						

(Figures in brackets are the **actual** units currently being funded by SP as opposed to the maximum contract units⁵)

In addition:

Two mental health services identified older people as their secondary client group.

14 services (all primarily for older people with support needs) identified frail elderly as their secondary client group.

Only a small number of Client Record Forms, 5 out of 1541, returned for new service users in 2003/04 belonged to the primary client group of 'Older People with Support Needs'; none were returned for Frail Elderly. Sheltered schemes, services primarily aimed at older people, are amongst a small number of service delivery models which the ODPM currently exempt from returning Client Record Forms.

Needs Analysis

The research report, 'Coming of age' identified a number of issues around older homeless people, including:

- All-age specialist services ignore the needs of older people;
- Older homeless people will often have a complex pattern of multiple needs and can be shunted between services and budgets with no one taking responsibility;
- Many older people are 'hidden homeless,' staying in long-term hostels or with friends and relatives. Like younger people they may sofa surf, never presenting to the local authority and will therefore never register in the homelessness figures;
- The problems of revolving door syndrome can also apply to older homeless people who do not receive high quality resettlement and tenancy support;

⁵ Under subsidy contracts the number of units funded depends upon occupation, this of course can be less than the maximum number of 'household units available'.

- “Studies show that between 45% and 53% of older people who have been homeless longer-term have at least one failed attempt at resettlement in previous years”. (p17).

The report poses a number of questions which should be applied to the Supporting People provision:

- “Do you know how much specialist homelessness provision is available and appropriate for older people?
- Do you monitor for age (i.e. if a service says they cater for all ages, do you ask them for age data on their service users)?
- Is there a gap in suitable provision for older people with specific needs (e.g. older women, older people with alcohol issues)? All age services are unlikely to cater for the specific needs of older people”. (p31).

Issues raised during consultation with a home improvement agency

Mental health problems are common; a lot of depression service users may have lost child, partner or pet.

Many of their support users can be traumatised by the fear of crime; the HIA can offer reassurance and practical support by fitting spy holes or door restraints.

The point that crime, or the fear of it, is a motivation behind moving into sheltered accommodation was established by the research commissioned into service user needs. In relation to a sheltered scheme for older people, the research concluded, “some of the people living there, perhaps a great many, could have continued living in their own homes if other means of providing ... security were available”.

The work undertaken by the HIA also offers reassurance, not just about safety but also some of the decisions older people have to make, eases the potential for mental health problems.

The work of this service can give people a breathing space, take some pressure off the families and give the time and advice for the older person to make their own decision.

Disabilities are common, i.e. deafness, blindness, arthritis, cancer, but people want to remain in their own home.

Also often come across alcohol misuse, which potentially endangers the older person, they may have a poor diet, unpaid bills and not be aware of the safety risks in their home. Some will have been long term drinkers who have become isolated; difficulties in coping with alcoholism may mean families, friends, the community, have withdrawn from their life. Others may more recently have

started using alcohol as a comfort. However safety is still problematic, there may be more chance of falling over or allowing someone into their home (bogus callers).

Recommendations

Examine the need for support specifically around alcohol misuse.

Examine the impact of fear of crime on demand for Supporting People services amongst older people.

Ensure Care Phones and floating support services are available to older people in their own home particularly private rented or owner occupiers.

Promote awareness of the housing choices and support services available to older people within Kirklees.

Examine the role of Home Improvement Agencies in relation to providing short term support for people in their own homes.

Develop support for frail elderly and those with dementia.

To prevent any discontinuity between the provision of support and care to individuals, there needs to be a mutual understanding between Social Services and Supporting People on what constitutes eligible housing related support.

Further development of outreach into neighbouring areas from existing sheltered schemes, both Kirklees Neighbourhood Housing and Registered Social Landlords.

Examine how Supporting People services in general meet the needs of older people, particularly older homeless.

Establish if older homelessness is a problem in Kirklees.

Priority recommendation for additional services if funding becomes available (final allocation will depend upon a prioritisation process)

In relation to the PFI bid funding for support to be given to frail elderly in extra care.

Funding support services in own homes private rented or owner occupier.

14.0 Physical and Sensory Impairment Mini – Strategy

Context

There is no overarching national policy to give strategic direction for services for people with Physical Disability or Sensory Impairments (PD&SI). A National Service Framework is currently under development and should be released during 2005.

Locally there are two main documents relating to the needs of this particular client group. These are, the 'Joint Strategy for Disabled People with Physical and /or Sensory Impairments 2003-05' and 'Social Services Commissioning Strategy for Disabled adults with Physical/Sensory Impairments 2004/07'.

The overall aim of these two documents is to "widen the mainstream" i.e.:

- To encourage mainstream services to be more accessible to disabled people;
- Where necessary to support individuals to make use of mainstream services in their day to day lives;
- Where specialist services are needed, to make them focus on supporting people to be as independent as possible.

These aims sit well with the primary goal of the Supporting People programme which is to provide vulnerable people with the opportunity to live as independently as possible in their own home and community.

Prevalence

The joint Social Services and NHS 'Commissioning Strategy for Disabled Adults with Physical/ Sensory Impairment' estimates that "there are between 16,000 and 19,000 adults aged 18 – 65 in Kirklees who have some kind of medium, to substantial disability". Whilst it is recognised that a good number of these people will not require support from Social Services, "they may experience disabling barriers in their day to day lives (such as physical access to buildings, or difficulties in communication) which we all need to be aware of and challenge". (p14).

Supply Profile

Four services identify their primary client group as people with physical and/or sensory disabilities.

Max no. of units	No. of Accommodation based units	No. of floating support units	No of 'other' support units	Contract value for 04/05 (£)	% of total	Estimated total payments for 04/05 (£)	% of total
142 (137)		128	14 (9)	247,616.17	2.19	212,979.35	1.95

(Figures in brackets are the **actual** units currently being funded by SP as opposed to the maximum contract units⁶)

It is important to note that a number of the above units will be occupied by people with learning disabilities, the secondary client group of these services.

A further 11 services identify people with physical or sensory disabilities as their secondary client group. 10 of these services are primarily for older people with support needs.

Out of a total of 1541 Client Record Forms returned for new service users in 2003/04, 35 belonged to the primary client group of 'People with Physical and/or Sensory Impairment'. Turnover in schemes primarily designated for this client group is likely to be low, further barriers to accessing support are mentioned below.

Needs Analysis

Although Social Services recognise the need for a full needs assessment to be carried out, little local statistical data is currently available on levels of need in relation to young disabled people (aged 18-65).

In relation to potential demand what little data is available pertains to people with 'high level needs.' In July 2004 a review of The PD&SI Care Management Team caseloads found 14 people who could benefit from more independent living. The level of need for these people was high and a small amount of SP eligible support would sit along side a much larger care package.

Anecdotally, there is evidence that a number of people with low to moderate need who currently live with parents could benefit from SP support. The low level needs of these people may mean they do not meet Social Services eligibility criteria but they may, nevertheless, still find it difficult to live independently without some support.

⁶ Under subsidy contracts the number of units funded depends upon occupation, this of course can be less than the maximum number of 'household units available'.

Issues identified during agency consultation

For those born with a physical or sensory disability the opportunity to live an independent life is rare.

Similar to those with a learning disability or mental health problems many people remain at home with their parents.

Others will be living in their own property but it may not have the necessary adaptations.

The need for adaptations to a house makes it even harder for this client group to move out of the family home.

People who acquire a disability later in life may not need to be provided with accommodation but may require adaptations to remain where they are.

Some people will have a period of independence when they go to college, but face a difficult choice at the end of the course. They will either have to find their own accommodation, which may be especially difficult for someone needing adaptations, or return to their parental home.

A short term scheme – up to a year, might be useful for people who are in transition, maybe after college or someone who has acquired a disability but already has skills and knowledge for daily life.

The client group can be split into:

- People who are born with a physical or sensory disability, and
- People who, through accident or illness acquire a disability.

They may require different types of support i.e.:

- People who acquire impairments may need support adjusting to their new circumstances, emotional support and signposting to health services, but they may already understand many of the tasks needed for daily living.
- People born with a physical or sensory impairment may not have the same adjustment issues, but they may require support in learning independent living skills and performing the tasks necessary in daily life

There is a need to expand provision of services for people in the private sector i.e. owner occupiers.

Overall, there is a lack of accessible housing stock in Kirklees which can cause delays in finding appropriate accommodation for people who want to live

independently. Often accommodation that is accessible is targeted at older people and so younger disabled people are unable to make use of it.

Recommendations

The recently established Supported Living Sub Group of the Partnership Board for Disabled People with Physical &/or Sensory Impairments, aims to “find ways of filling the gap in provision of supported living options for disabled adults in Kirklees and to develop a range of provision that fills this gap”.

The group has identified the need to gather information on local needs but this will not be available before the strategy will need to be finalised. However, the SP team should participate in the subgroup and reflect the findings and recommendations in subsequent annual plans.

The council is currently submitting a PFI bid to build accommodation for smaller householders including a number of units for people with physical and sensory impairment, it is expected these tenants will require some level of support. SP needs to maintain an awareness of the bid and any potential funding implications.

Use reviews to ensure funding is used for providing eligible support and not care.

Assess the needs of members of black and minority ethnic communities with physical and/or sensory impairment.

To prevent any discontinuity between the provision of support and care to individuals, there needs to be a mutual understanding between Social Services and Supporting People on what constitutes eligible housing related support.

Priority recommendation for additional services if funding becomes available (final allocation will depend upon a prioritisation process)

Floating support for people aged under 60 in the private sector (rented/owner occupiers).

15.0 Refugees Mini – Strategy

The National Context

The purpose of the Government's consultation paper, 'Integration Matters: A National Strategy for Refugee Integration' is to aid refugees to integrate swiftly, enabling them to achieve their full potential and contribute to society.

Preventing homelessness amongst refugees, especially when leaving NASS accommodation, is important to successful integration and is a primary aim of the national strategy.

The first steps towards integration are:

"To identify and help with their most pressing needs. Finding and settling them into safe and appropriate housing, accessing employment or social security support, addressing any health concerns, and getting children settled in school". (p13).

The Local Context

The 'Yorkshire and Humberside Consortium for Asylum Seekers and Refugees regional integration strategy 2003-06' aims to identify need and enable "new refugees to integrate into the region and to play a full part in society". (p6). The strategy addresses itself to many of the key aspects needed to create and maintain a stable society, education, media, health, housing etc.

Addressing itself to housing, the strategy recognises, "The move from dependency to self sufficiency within 28 days can be a traumatic experience for many refugees". (p35).

At a local level the strategy would like to see:

- The development and sustaining of both generalist and specialist local tenancy services for refugees.

Supply Profile

There are two Supporting People services in Kirklees whose primary client group is refugees.

Max no. of units	No. of Accommodation based units	No. of floating support units	No of 'other' support units	Contract value for 04/05	% of total	Estimated total payments for 04/05	% of total
43		43		£254,294.11	2.25	£240,762.16	2.21

(Information derived from the local SP. Information system)

Both services are general tenancy support services, offering support with many of the practical tasks needed to operate successfully in the UK, applying for benefits, paying bills etc, they will also signpost people to other agencies where more specific needs, such as health and education can be met.

No services identify refugees as their secondary client group, but it is likely refugees make use of other SP services which identify another group i.e. single homeless as their primary client group.

Both services have restrictions on their services:

- One only supports people between the age of 16 and 30;
- The other only council tenants.

Out of a total 1541 Client Record Forms (CRF) returned for new clients in 2003/04, 118 (7.7%) were for service users primarily identified as 'Refugees'. 44 received support from the two services specifically meant for this client group, and many of the remainder received support from the generic services offered by these two providers.

Needs Analysis

Issues identified during consultation with providers and other stakeholders.

Many of the issues raised during consultation, health, diversity also feature in the 'National Integration Strategy'.

Moving from 'dependency to self sufficiency' can be bewildering, most refugees will find moving into their own accommodation fraught with difficulties. After receiving a positive decision refugees must leave an environment where things are done for them and find accommodation, pay bills, open bank accounts, register with GPs etc. Language difficulties combined with not understanding how things are done in this country may place some refugees in difficult situations, for example they may not fully realise the consequences of turning down two offers from the council for housing.

Due to shortages in council accommodation many refugees (especially single people) will find themselves having to move into the private rented housing sector. One of the SP services provides support only to council tenants and the other, whilst able to provide support across all tenure, finds most referrals are for those in council or RSL properties. Potentially, many refugees could be left without support.

Those single people who do get council housing (for example, they may have medical points or be pregnant) may still find accommodation inappropriate for their needs. For example, a refugee who came to this country by him/herself and wants to be reunited with his/her partner and/or children.

“Studies suggest that 17% of refugees have physical health problems severe enough to affect their life whilst 66% have experienced significant anxiety or depression. That compares with 135 of UK males and 15% of females (for physical health problems) and 3% of males, 7% of females treated for depression”. (Regional Integration Strategy, p31).

The prevalence of mental illnesses such as schizophrenia are no higher amongst refugees than the indigenous population. However, what a refugee has experienced will often have an effect upon his/her mental well being. A refugee’s mental health is not just affected by what they experienced before coming to this country, but also by what they experience here. After receiving a positive decision, refugees must begin to establish a new life in an unfamiliar country, potentially leaving friends and family behind. It would not be unusual to see a dip in mental health, especially if this new start is compounded by isolation and harassment.

The ‘National Strategy for Integration’ also recognises that:

“Some refugees may arrive in poor health, some health conditions may not become apparent until after they have been in the UK for a period of time”. (p13).

The national strategy for refugee integration “does not assume that refugees are a homogeneous group. Refugees are, above all, individuals, with complex and diverse backgrounds, skills and qualities”. (p11).

Recently there has been a growth in the number of Black, African women (many who are pregnant) seeking asylum, if we see the Women as ‘African’ we might assume they form a natural community. However, they come from different countries, speak different languages and practice different religions.

The needs of female refugees may be different to males:

- They are more likely to have child care responsibility;
- They may have suffered rape or other forms of brutalisation.

It should not be assumed that for the most part people will be supported by an established refugee community. Firstly, some refugees may be amongst the first from their region and may not be able to rely upon the support of established communities. Secondly, people should have the option to decide if they want to become part of an established refugee community or not, some communities may be more reluctant to accept a 'single' woman, or may foster an unfair power dynamic.

Gaps identified by the regional strategy include:

- Shortage of large family homes in many areas
- Finding appropriate accommodation within the 28 days period before moving out of NASS accommodation can be hard. It is even harder for:
 - Those in emergency accommodation, and
 - Single people, who are not entitled to priority need.

The government is intending to pilot a new approach to integration; the Sunrise programme. Existing Supporting People services will need to know their role in relation to Sunrise.

Recommendations

Ensure all Supporting People services are culturally sensitive and are able to offer language support.

Ensure the current services for refugees, which offer general tenancy support, are aware of issues around mental health.

Examine need for specialist services around mental health.

Priority recommendation for additional services if funding becomes available (final allocation will depend upon a prioritisation process)

Floating support for refugees aged 30+ in the private sector.

16.0 Homelessness (includes generic services) Mini – Strategy

The National Context

Many people who have obtained support through Supporting People funding will have experienced homelessness. The reasons behind homelessness are complex, the loss of settled accommodation can be due to many and varied reasons, including loss of income, mental ill health and domestic violence. Homelessness impacts upon an individual's health, education and employment opportunities and it can often accentuate existing problems.

Preventing homelessness is a key priority for the Government and since 2002 its work on the issue has been coordinated through the homelessness directorate, a part of the ODPM. The directorate also tasked local authorities with two targets:

- to reduce rough sleeping to two thirds of the 1997 level by the end of 2002;
- to have no statutorily homeless families in bed and breakfast accommodation for longer than six weeks by 31 March 2004.

The 'Homelessness Act 2002' gave stronger rights to homeless and potentially homeless households, extended the definition of priority need and removed the 2 year limitation on homelessness responsibility.

The Local Context

There has been an overall increase in the number of people presenting to KMC as homeless, from 2042 in 2000/01 to 3104 in 2003/04.

During the same period those eligible, homeless and in priority need rose from 1,331 to 1545.

The number of applicants' eligible, homeless and in priority need fell from a peak of 1888 in 02/03 to 1545 in 03/04.

In comparison to 02/03 the most notable rise was for people who were not homeless, rising from 748 in 02/03 to 1048 in 03/04. The 03/04 figures is even more note worthy when compared to the 00/01 total of 385.

Of the 1545 reasons for priority need during 2002/03, 725 were for dependent children and 138 for pregnancy, these two categories equate to 55.9% of the total. Whilst this gives us an indication of the family/single person split, it can only be an approximation due to the probability that families have been categorised by different priority reasons, for example domestic violence.

Supply Profile

There are 15 services whose primary client group is single homeless with support needs.

Max no. of units	No. of Accommodation based units	No. of floating support units	No of 'other' support units	Contract value for 04/05 (£)	% of total	Estimated total payments for 04/05 (£)	% of total
235	90	145		1,987,726.05	17.6	1,970,021.54	18.1

(Information derived from the local SP. Information system)

However, many of these services are aimed at some of the groups specifically mentioned in this strategy, for example three are for young people and two are for people with mental health problems.

There is one service whose primary client group is homeless families with support needs, it is specifically designed for single parents.

Max no. of units	No. of Accommodation based units	No. of floating support units	No of 'other' support units	Contract value for 04/05 (£)	% of total	Estimated total payments for 04/05 (£)	% of total
4	4			42,408.90	0.37	43,201.00	.40

(Information derived from the local SP. Information system)

There are six services who classify themselves as generic.

Max no. of units	No. of Accommodation based units	No. of floating support units	No of 'other' support units	Contract value for 04/05 (£)	% of total	Estimated total payments for 04/05 (£)	% of total
292	133	159		1,249,878.0	11.0	1,251,453.8	11.5

The vast majority of Supporting People services are designed around single people or single parents, those for single parents are largely issue based i.e. women fleeing domestic abuse or teenage parents. Although classed as a generic service the other main source of support for homeless families would be the provision of temporary accommodation through Kirklees Metropolitan

Council Housing Needs, although figures (see above) indicate this service supports a similar number of single people.

A number of the generic services would be described as providing support to people with complex needs, for example people with mental health problems who misuse drugs/alcohol.

Out of 1541 Client Record Forms (CRF) returned during 2003/04 for new service users, 274 (17.8) were for single people with support needs and 157 (10.1%) for homeless families.

Issues and recommendations

Examine the need for a 24 hour access homeless hostel.

To better understand the focus of individual homeless services and how they fit together, include an examination of geographical location.

A sustained reduction in rough sleeping to one third of the 1998 level is a national Government priority, Kirklees rough sleepers head count has always been below the trigger of 9 which would necessitate a full review of facilities etc for people sleeping on the streets. However, the council needs to keep a close watch on the situation.

People tend to think of homelessness as rough sleeping, whilst many people may not be on the streets, they may inhabit temporary accommodation; sleeping on friends floors or living in hostels. The hidden homeless are outside the public's consciousness and are not prioritised under the Government's present homeless objectives. However, whilst head counts may not indicate that Kirklees does not have a significant number of rough sleepers, the numbers of 'hidden homeless' are unknown and the problem needs to be quantified if it is to be addressed.

Kirklees Council is currently tendering for a consultant to investigate the need for a service to prevent families from losing their homes as a result of anti-social behaviour.

The research brief includes:

- Carrying out research into the scale and nature of anti-social behaviour
- Investigating and mapping current services involved with families showing anti social behaviour
- Investigating models of service provision developed elsewhere and their applicability to Kirklees
- Developing specific proposals for responding to problems and developing services to provide an improved service to families showing anti social behaviour

The research and development work will be funded by the Neighbourhood Renewal Fund.

It is recommended that Supporting People team keep informed of this research with a view to understanding its impact upon the provision of support to homeless families.

The Private Sector Housing Unit in KMC's Strategic Housing is currently piloting a landlord accreditation scheme in the neighbourhood renewal areas of Birkby, Fartown, Crossland Moor and Paddock. The accreditation scheme could potentially be rolled out across Kirklees providing an additional source of good quality accommodation for homeless families and single people.

In response to concerns from landlords the unit wants to look at ways to bring more established patterns of living to families who, due to their anti social behaviour, move between rented accommodations every six months or so, leaving behind damaged properties and unpaid rent.

The overall aim would be to involve the families more in the local community; outcomes could include a reduction in repeat homelessness and more sustainable communities.

Priority recommendation for additional services if funding becomes available (final allocation will depend upon a prioritisation process)

Support officers, with a particular private sector remit, offering a generic tenancy support service to homeless single people and families.

In line with Kirklees Homelessness Strategy's preventative agenda fund extra support for families with children in their own home or temporary unit. (This would also fit with the needs of families fleeing domestic violence who often experience repeat homelessness).

17.0 Teenage Parents Mini - Strategy

The National Context

A 1999 Social Exclusion Unit report looked into the reasons for the UK's high teenage birth rate. As well as establishing facts and examining the consequences for teenage parents and their children, the report also developed a strategy to cut the rate of teenage parent hood.

The main national targets are:

- Halve the under 18 conception rate in England by 2010 (with an interim reduction target of 15% by 2004);
- To firmly establish a downward trend in the conception rates for under 16s by 2010;
- Increase the participation of teenage mothers in education, training or work to 60% by 2010 to reduce the risk of long term social exclusion.

In addition the Social Exclusion Units report also set the objective that,

By 2003 all under 18 lone parents who cannot live with their family or partner should be in housing with support, not living in an independent tenancy.

The Local Context

To achieve these national targets each council area was given a local target by the government. The targets for Kirklees are the same as the national targets (see above).

The targets contribute to the performance indicators for both the Local Authority and the Primary Care Trust, although recent years have seen a fall in conception rates for under 18's, 2002 witnessed an increase:

Under 18 at conception

- 1998 – 352
- 1999 – 330
- 2000 – 317
- 2001 – 306
- 2002 – 340 (unconfirmed)

The increase was explained by the Teenage Pregnancy Strategy Co-ordinator in the annual report for 2003/04:

“Unfortunately our last set of statistics from the Teenage Pregnancy Unit, (2002), show an increase in teenage conceptions in Kirklees. This is, however, in line with a national trend and clearly demonstrates why we need to continue our

commitment to improving services, facilities and information channels for young people.” (P20).

The rates for conception are not equal across the whole district, being higher in some of the more deprived areas. This may be due to a number of reasons; firstly, research indicates that the probability of becoming a teenage parent is higher for those who come from disadvantaged socio-economic backgrounds.

“The likelihood of becoming a teenage mother was almost ten times higher for a girl whose family was in the lowest social class in 1999 compared to the highest social class”. (ODPM, March 2004, p5).

Secondly, the distribution of teenage births may also be influenced by the availability of council housing stock; houses tend to become available in more deprived areas. Thirdly, children of teenage parents are more likely to become teenage parents themselves.

The ‘Kirklees Teenage Pregnancy Strategy’ aims to achieve a reduction in teenage pregnancies, key aspects are:

- Consistent, coherent information for young people to make informed choices aligned with their cultural, religious and sexual beliefs and values;
- Non judgemental, confidential services providing contraception, information and advice;
- Support to enable young people and young parents to develop life skills, self esteem and their own aspirations to ensure they realise their full potential.

The Supporting People aim of moving people towards independence fits with the holistic approach of the Teenage Pregnancy Strategy; gaining life skills, improving self esteem and achieving aspirations such as going to college. Young parents are helped to move on and cope with the responsibilities of their new life. Supporting People services also support other young people to build life skills; self esteem etc, thus opening up a range of choices and raising expectations. The Social Exclusion Unit identified low expectations as one of three factors which stand out as explanation for the high UK birth rate:

“Throughout the developed world, teenage pregnancy is more common amongst young people who have been disadvantaged in childhood and have poor expectations of education or the job market. One reason why the UK has such high teenage pregnancy rates is that there are more young people who see no prospect of a job and fear they will end up on benefit one way or the other. Put simply, they see no reason not to get pregnant”. (p7, Teenage pregnancy 1999).

The Kirklees Teenage Pregnancy Co-ordinator indicates that a true picture of demand for supported housing from teenage parents must include those who are living with parents/partners as well as lone parents.

This is a view supported by the study 'Teenage parents and housing need: a review of need and availability in the South West.' The study found despite the benefits of living in the parental home, childcare, financial support etc, by the time their child reaches one year of age, many teenage parents will have left or want to leave the parental home. In the long run over crowding and lack of independence can cause conflict which takes a heavy toll on the relationship between grandparents, parents and child.

One relationship which can be undermined by the mothers living arrangements can be that between the child and his/her father. Research (A. Sewell, young fathers in Coventry, 2002) indicates the continued involvement of a young father in his child's life can be adversely affected by the negative attitude of maternal grandparents. This issue is recognised at the national level and confirmed by the teenage pregnancy co-ordinator's own experience. Recognising both the social and personal impact of absent fathers one of the aims of Kirklees Teenage Pregnancy Strategy is to encourage fathers to remain in contact with their children.

Supply Profile

There is one service whose primary client group are teenage parents

Max no. of units	No. of Accommodation based units	No. of floating support units	No of 'other' support units	Contract value for 04/05	% of total	Estimated total payments for 04/05	% of total
36		36		£236,165.56	2.09	£219,117.23	2.01

(Information derived from the local SP. Information system)

As would be expected the vast majority of people who use the service for 'pregnant young women and teenage mothers' are female. In conjunction with the Kirklees teenage pregnancy strategy the scheme is currently looking at ways to get young men to access the service.

One Social Services scheme whose primary client group is 'Young People Leaving Care' has a secondary client group of 'Teenage Parents'.

The Client Record Form is a form which should be completed every time a new client is taken on by a support provider. The collation of this data gives us some indication of need. In total, Kirklees providers agencies returned 1541 forms for 2003/04, 54 (3.5%) for whom 'teenage parent' best described their overriding need or circumstances. Of the 54, 33 received support from SHAP, 19 from

KMC, 1 Stonham and 1 Horton. An additional 18 client record forms returned 'Teenage Parents' in the additional categories.

(Client record form data should only be used as a guide when profiling Supporting People service users. It is subject to a number of caveats including the favouring of services with a higher turnover, and dependence upon the correct completion and return of forms by all providers.)

Floating support can be provided across tenures, a floating support service should avoid the stigma which can be attached to a more visible hostel type scheme.

"The disadvantage, especially if the properties are dispersed over a wide area, is that it is difficult to overcome isolation or facilitate peer support. There are models that address this by providing daily transport to a community centre that can offer a range of educational courses, parenting classes, a nursery and support groups for young people". (P9).

Demand

The service primarily for 'Teenage Parents' returned the following information on demand for the period April to September 2004

	Numbers applied for service	Number accessed service	Ratio new users/referrals
North Kirklees	34	16	1:2
South Kirklees	27	12	1:2
Total	61	28	1:2

The demand for the service outweighs supply, but based upon these figures the difference between supply and demand appears less than other services. However, figures on demand need to be treated with caution, as with other client groups there are explanations for what might appear to be lower levels of demand. As stated earlier in this section, a true of demand picture must include those who are living with parents/ partners.

Recommendations

Remodelling of teenage mothers service towards teenage families, including the father.

Examine the needs of Teenage Parents from Black and Minority Ethnic communities.

Priority recommendation for additional services if funding becomes available (final allocation will depend upon a prioritisation process)

Increase the provision of floating support.

18.0 Travellers Mini - Strategy

Kirklees does not, at present provide any official sites for travellers, and it is suggested that foot fall is low in comparison to other areas. Currently there is an ongoing assessment into the demand and need for a site within Kirklees.

In compliance with Government guidance the Planning Department is currently identifying appropriate sites where planning permission might be given if requested.

If planning permission is given Supporting People should further investigate the need to fund a support service for travellers. However, it is unlikely a site would be operational in the life of this five year strategy.

Recommendation

Maintain awareness of any changes to the current situation.

Ensure all service providers, especially floating support services, can demonstrate a clear understanding of the needs of travellers.

Contribute to the Cross Authority research into the needs of travellers.

19.0 Young People Mini - Strategy

The Strategic Context

The Government aims to improve the health and wellbeing of every child and young person. This is underlined by the 'Every Child Matters: Change for Children' programme which will over the next few years require every local authority to work with its partners to achieve five outcomes for children. These are:

- to be healthy;
- stay safe;
- enjoy and achieve;
- make a positive contribution;
- achieve economic well being.

The Government wants to achieve particular improvements for disadvantaged children and young people such as, those with a disability and young people not in education, training or employment. Given the groups involved it is evident the Supporting People programme has a role to play in achieving the above outcomes for young people.

The 'Every Child Matters' programme for change shares responsibility amongst agencies, identifying roles for, Local Authorities, Health and Social Services amongst others. The needs of young people are an important strand in a wide range of national and local strategies. For example, acknowledging that drug misuse does not occur in isolation the 'National Drug Strategy' calls for all agencies whether they be schools, Youth Offending Teams or Social Services departments to work together to tackle the problem. At a local level Drug Action Teams "have a key role in ensuring a co-ordinated and integrated child and youth-centred strategy that delivers on substance misuse for all children and young people". (www.drugs.gov.uk).

Other local strategies addressing the needs of young people include the Kirklees Homelessness Strategy. Outcomes relating to 'vulnerable young people & care leavers' include:

- deliver appropriate supported housing for 16 – 25 year olds

Needs Analysis

Housing Register

At the start of August 2004 there were 1926 applicants under 25 on the Housing register, 53.7% were single households and 29.2% households with children.

Demand from younger households is not consistent across all ages, 50.5% (973) of the households are in the 18-21 yr old group, 38.3% (738) in the 22-24 yr old and only 11.2% (215) in the 16-17 year old group.

Those with special needs or who are vulnerable due to homelessness priority were only 4% of the total. Of these 85 households 10 could be identified as having high medical priority points and the remaining 75 vulnerable homeless applicants. Snapshot information may undercount these households as they will tend to be re-housed quickly due to their urgent housing need.

Out of a total of 1541 client record forms, completed for new Supporting People clients during 2003/04, 815 (52.9%) were for people aged 24 and under. 493 (60.5%) of these 815 were female and 321 male.

In total 609 (39.5%) of 1541 new clients were aged 21 or under.

It is evident from the above figures that young people form a substantial part of the Supporting People client base. However, the above figures need to be placed in some context, 418 of the 815 clients aged 24 and younger used services designated primarily for single homeless people or young people. The turnover for these services is likely to be higher than for people requiring long term or even life time support, e.g. older people or people with learning disabilities.

(Client record form data should only be used as a guide when profiling Supporting People service users. It is subject to a number of caveats including the favouring of services with a higher turnover, and dependence upon the correct completion and return of forms by all providers.)

Primary client group for new SP clients aged 24 and under

Client group	Male	Female
Alcohol problems	1	2
Drug problems	6	8
Generic	16	23
Homeless families	7	55
Learning disabilities	6	3
Mental health problems	6	9
Mentally disordered offender		1
Offenders	33	6
Physical and sensory impairments	3	
Refugees	49	10
Rough sleeper	2	1
Single homeless with support	106	105
Teenage parents		54
Traveller		1
Women at risk of domestic abuse		94
Young people at risk	83	119
Young people leaving care	3	2

The above table shows that young people can have vulnerabilities in addition to their age. Therefore we should expect young people to be spread across the spectrum of Supporting People services.

Supply Analysis

There are seven services whose primary client group is identified as young people at risk.

Max no. of units	No. of Accommodation based units	No. of floating support units	Contract value for 04/05 (£)	% of total	Estimated total payments for 04/05 (£)	% of total
169	59	110	1,084,309.21	9.58	1,063,638.38	9.75

There is one service whose primary client group is identified as young people leaving care

Max no. of units	No. of floating support units	Contract value for 04/05	% of total	Estimated total payments for 04/05	% of total
15	15	83,315.66	0.74	£61,431.61	0.56

In addition to the above there are three services who identified their primary client group as single homeless with support needs but who operate an age restriction in favour of young people (generally under the age of 25).

Max no. of units	No. of Accommodation based units	No. of floating support units	Contract value for 04/05 (£)	% of total	Estimated total payments for 04/05 (£)	% of total
30	30		532,571.10	4.7	542,164.50	5

The contracted value of funding for services specifically aimed at young people amounts to £1,700,195.97, 15% of the total amount. (Please note these figures do not include services for teenage parents).

As well as the above there are services specifically for refugees and teenage parents (cost included elsewhere).

The types of services on offer specifically for young people include:

- A foyer
- Hostel
- Tenancy induction
- Move on accommodation
- Floating support, including issue specific such as refugees.

All the services provide safe environments in which young people can learn to pay bills and other tasks involved in running and maintaining a home.

As well as using specific services young people will be found across the range of Supporting People services. An analysis of the client record form data shows that of the 815 new service users under the age of 24, 335 (41%) used services not specifically designed for young people. Services used includes general tenancy support services, homeless hostels and more specialist services such as domestic violence refuges.

Demand

To gain an insight into demand for services all providers were asked to supply the number of referrals they received between April and June 2004. 9 forms were returned by services that identified their main client group as people young people.

No. of services (identified as Y.P who returned forms)	Total no. of referrals to services during Apr/Jun 04	Total no. of people who started to receive a service during Apr/Jun 04	Ratio New users/ referrals
9	259	82	1:3

Due to the short term nature of many of these services more individuals can access services, but demand still outstrips supply.

One provider submitted information for April –September 2004, it gives another illustration of a mismatch between levels of demand and supply.

Numbers applied for service	251
Numbers accessed services	113
Numbers on active waiting list (in regular contact)	93

Issues raised during consultation with service providers.

High demand (as evidenced above)

Some indications from support workers and service users that support is withdrawn too soon.

One support worker said rather than withdrawing, sometimes it is better to take a step back from service users, for a few months, to see if clients can manage before removing them from her caseload, high demand is making this difficult. Whilst many service users will get on with their lives others will run into problems but getting back onto an already heavy work load at this crucial moment may be very difficult.

Despite high demand and the need to provide support to other vulnerable individuals completely withdrawing support from existing users after an agreed period of time may not be the best option, this can of course have implications for through put. During a discussion group with Kirklees User Forum (KUF), one participant explained how his support had recently been withdrawn against his will; it was evident that he felt frustrated by this. His finances were a potential source of vulnerability and an issue where continued support could be the difference between successfully moving onto a new life or falling back into old ways (signposting to debt services).

There are potential problems if support is continued on too long, workers talked about their clients becoming dependent upon them or in the case of accommodation services dependent upon them and the environment.

Some times due to lack of temporary or permanent move on accommodation support is continued for longer than needed. This potentially has a number of impacts upon service users, on the one hand it might cultivate dependence or lead people to give up and revert to old patterns of behaviour.

The council is currently submitting a PFI bid to build accommodation for smaller householders including young people. It is expected a number of tenants will require support. SP needs to maintain awareness of the bid and any potential funding implications.

Recommendations

To better understand the focus of individual homeless services and how they fit together, include an examination of geographical location.

Examine the current age restrictions which exist on the council's housing stock.

Clarify the funding arrangements around care leavers.

Maintain awareness of the current PFI bid for building accommodation for smaller households and any implications for the supply and demand of support.

Priority recommendation for additional services if funding becomes available (final allocation will depend upon a prioritisation process)

In relation to the PFI bid funding for floating support.

Provide additional floating support services for young people in private accommodation (rent/owner occupier).

20.0 Service Reviews

Kirklees has 149 services that must be reviewed by 31st March 2006 in order to meet the Office of the Deputy Prime Minister (ODPM) deadline. Early in 2004 a timetable was drafted and agreed by Commissioners, however, the process was delayed due to staffing shortages and not having effective processes in place to carry out the reviews, e.g. an eligibility criteria and value for money analysis. This means reviews are approximately six months behind schedule.

Processes have since been drafted and agreed by Commissioners but it was felt that these needed to be tested. A sample of pilot reviews was therefore set up. 10 services were part of the pilot and included the following client groups, young people, people with mental health problems, people with learning difficulties and older people.

Conclusions from the pilot reviews have so far shown that for the mental health and learning disability services, a significant amount of general social care activity is taking place. In assessing demand it is clear that in some services, especially accommodation based ones, the need for housing related support is minimal. What is delivered is social care which is not eligible for Supporting People grant. It is evident that whilst a small number of users of these services could, with the right support, benefit from independent living; the majority require intensive social care and not housing related support. Possible outcomes from the reviews could be either decommissioning of services or a reduction in the grant to better represent the value of the housing related support delivered.

All of the pilots showed varying degrees of value for money and many were costly in comparison to similar services across the region, also there were varying degrees of quality. Some had very robust policies and procedures, while others would fail to meet the minimum standard of 'C' in the Quality Assessment Framework (QAF).

The pilot reviews have also highlighted gaps in the service review process. We need to develop more effective ways of finding out exactly what tasks providers are actually doing with service users and what it is costing. We also need evidence of throughput and whether support planning objectives and outcome are being met for individual service users.

Service users have been involved in the service review process but this has been limited to face to face interviews and questionnaires and it is debatable as to the effectiveness of this process, especially for people with learning disabilities and mental health problems. We need to develop more effective ways of communicating with services users by involving specialist agencies.

In order to get the service review process back on track and in line with the ODPM deadline we need to recruit to the vacant contracts and monitoring officer post and outsource some of the reviews to an external consultancy. Only by doing this will we be able to meet the 31st March 2006 deadline.

A service review timetable is attached as appendix 7

21.0 Value for Money – Kirklees Metropolitan Council

Administering Authorities are required as part of the service review process to assess the Value for Money (VFM) of services to ensure they represent 'Best Value'.

A guidance has been prepared which aims to:-

- Provide a consistent and accurate assessment tool for assessing value for money
- Allow for objective, accountable, and transparent value for money assessment
- Consider individual service characteristics and quality when assessing value for money

There are three stages to assessing VFM.

Stage 1 - This requires providers to detail how the grant is spent. Expenditure is broken into 4 categories - Direct Staffing costs, Direct Non Staffing Costs, Business Support and Overheads. This is required so that the SP Team can check exactly what SP grant is paying for and whether it matches the cost of running the service.

All overhead costs will be scrutinised, but particularly overheads over 25%. Following ODPM guidance overheads that represent between 10-15% of direct service costs are well within the normal range. Providers maybe asked to provide further information or an action plan to reduce overheads.

A weekly unit cost can be calculated and errors can be identified in the original contract valuation, which have led the service to be over or under funded.

Stage 2 – The weekly unit cost is compared against benchmarking data for that client group and model type.

Government guidance requires a basic assessment of value for money the ODPM national and Yorkshire and Humberside regional quartiles. However, there are limitations to this, e.g. it does not prompt an analysis of where the SP grant is actually being spent, or it does not provide information on the characteristics of the service.

A benchmarking methodology has been developed regionally (Kirklees, Yorkshire and Yorkshire and Humberside). As well as weekly unit cost benchmarking data, information is compiled relating to hourly rates, staff to service user ratios and weekly support hours per service user for comparative purposes (in particular where weekly unit costs fall above the upper quartile).

Stage 3 - If the weekly cost per service user per week is above the quartile, and further assessments conclude that the service is high cost, then providers

will be asked to consider savings. They will be given an opportunity to justify the high cost of the service with evidence, and state the impacts of any funding cuts.

Linking VFM and Quality

VFM assessments are not stand –alone judgements, which will only focus on cost/price. Considering value for money involves looking at the quality of services as well as costs and looking at how the costs contribute to the outcomes of the service.

When assessing VFM, the following qualitative indicators have also been considered in an objective and consistent way:

- Validated QAF grades
- Adherence to Performance Indicators set by the Local Authority relating to the client record data
- Strategic Relevance
- Local demand for the type of service
- Service user satisfaction
- How the service contributes and records service user outcomes (e.g. how many service users moved to independent living, how many gained employment etc)
- Whether the service is flexible and contributes to emerging priorities as identified in the SP strategy

Effectiveness of VFM Assessments

The VFM guidance has proved to be successful and has been used to negotiate the new contract price.

An example of how the VFM assessments have worked in practice and their effectiveness is shown at Appendix 1.

22.0 Summary Statement – Kirklees Metropolitan Council Charging and Payment Policy

The Housing Services Charging Policy for Supporting People was developed in accordance with ODPM and Kirklees Metropolitan Council's policy on Fairer Charging for Non-Residential Social Services. It was approved by the Kirklees Supporting People Commissioning Body and by the Kirklees MC Cabinet in November 2002.

As many of the financial implications of the Charging and Subsidy processes were not known until after the Supporting People programme had been implemented, the procedure was subject to regular review and revision. The Charging Policy was updated in October 2004 and agreed by the Commissioning Group in November 2004. This was necessary to ensure the policy remained effective and relevant to contracts, grant conditions and new working practices, e.g. modifications to the SPLS system and the inappropriateness of the change-over process.

The Charging and Payment Policy sets out the detailed operational policies and procedures for charging and for making Supporting People Grant payments for Supporting People Services in Kirklees. The Policy is attached as appendix 2.

Issues Arising

The issues arising from the Charging Policy are mainly with regard to non-eligible service users. These are:

1. S117 Service Users, and
2. Young Care Leavers.

The Commissioning Body has not yet made a clear decision with regard to their funding arrangements, and whether some services can be accessed through the SP grant (e.g. a S117 client accessing a community alarm service).

