

## **Cabinet – 23 March 2005**

### **Supporting People 5-Year Strategy & Needs Analysis**

<b>Portfolio:</b>	Councillor Alan Paul - Social Care & Supported Housing
<b>Service Area:</b>	Social Care and Supported Housing
<b>Wards:</b>	All wards
<b>Forward Plan:</b>	Yes

#### **Summary of report**

The national Supporting People programme was implemented in April 2003 to introduce a new system of planning, monitoring and funding for housing related support services, which are required to be flexible, reliable, and efficient and complement existing care services.

Authorities are now required to set out a robust Supporting People 5 year strategy from April 2005 that sets priorities for the deployment of resources based on need for housing related support, and which demonstrates high levels of service user consultation. This has been achieved by the Supporting People team, and has been agreed by the relevant decision making bodies before presentation to Cabinet.

Cabinet is asked to approve the 5-Year Supporting People Strategy which must be submitted to the Office of The Deputy Prime Minister before the 31<sup>st</sup> March 2005.

This is to ensure that Walsall MBC, as the local Administering Authority for the programme continues to receive Supporting People Grant for next year and for future years. The Grant total confirmed for 2005/06 is £7.16m.

#### ***Supporting People programme***

The Supporting People Programme in Walsall has undergone significant change and improvement over the last twelve months since the arrival of a new Supporting People Manager and other team members. The team has established new methods of partnership working and introduced a robust performance management culture across a diverse provider sector to meet all requirements of the Office of the Deputy Prime Minister and the Audit Commission.

The Council is also widely acknowledged as leading the regional agenda for the programme in a number of programme areas i.e. procurement of new services, contracting, strategy development, user involvement, and performance management. Over time, the team will be fully integrated into the commissioning support and procurement functions of Social Care & Supported Housing.

The body responsible for the Supporting People programme is the local Commissioning Body. This is made up of senior representatives of Health, tPCT, Housing, Probation and Social Care & Supported Housing. The Commissioning Body in Walsall has been fully in place since April 2003 and is robust.

To further improve the existing governance arrangements the Supporting People Commissioning Body has requested that the Portfolio member for Health and Social Care should become a member of this body.

An extensive consultation programme and communications strategy has been rolled out over the last 12 months in the compilation of the Supporting People 5 year strategy including:

- Full engagement with all service user groups with particular focus on BME and other socially excluded groups;
- A complete current and future needs mapping exercise to develop the 5 year strategy;
- Full consultation with existing commissioners and planners, across the partnership, and specifically within the Social Care and Supported Housing Directorate;
- Full development of user consultation and information sharing mechanisms across partnerships including focus groups and specific user forums;

## **Recommendations**

- (1) Cabinet approves Walsall's Supporting People 5 Year Strategy as proposed by the Supporting People Commissioning Body.
- (2) Cabinet recommend to Council that that the Portfolio member responsible for Health and Social Care become a member of the Supporting People Commissioning Body.

## **Resource and legal considerations**

The contractual commitments for Supporting People projects in 2005/2006 are £7,104,471. The supporting people main grant allocation of £7,155,216 represents a fall from the 04/05 allocation of £7,484,705 (4.39%).

The 2005/2006 reduction was a national decrease and represented part of the ODPM strategy to reduce SP funding by 7.5% over 3 years. It is anticipated that Walsall will not see such a level of grant reduction following the introduction of needs allocation formula in 2006-7, and should receive an increase in grant if the distribution formula is implemented by the ODPM.

The strategy is cautiously based on 3 scenarios ranging from a cut of 5% to growth of 7% in grant over the next five years. The main ongoing grant for 2005/2006 is £7,155,216.

The Authority is therefore in a financially sound position to maintain current funding for existing Supporting People services and small variances on budget can be managed within existing resources.

## **Citizen impact**

In Walsall, Supporting People is essentially a partnership between Social Services, Housing, the teaching Primary Care Trust and the Probation service. Supporting People services must contribute to the authority's strategic priorities. The programme has a substantial impact on citizens as it supports 4,500 people every week through 70 different services across these groups -

- Older people
- People with learning disabilities
- People with mental health problems or some disabilities
- Refuge and move on support for women fleeing domestic violence
- Support for your homeless people who may never have had a tenancy
- Tenancy support services for people struggling with their current accommodation

## **Community safety**

The Supporting People programme is still developing and therefore the impact of this approach is still emerging to include integrated approaches to the Crime & Disorder Strategy in regard to:

- Crime reduction
- Social inclusion
- Sustainable communities and regeneration

Consideration has been given to Health, Social Care and Community safety issues and the Safer Walsall Borough Partnership has been consulted in the development of the Supporting People 5 year strategy.

## **Environmental impact**

The integration of the housing strategy with the 5 year Supporting People strategy, will contribute to delivering the Decent Homes targets and contributing to other Private Sector Renewal initiatives of the Housing and Built Environment Directorate. This is achieved through linking both capital and revenue investment priorities in supported housing. For example, Supporting People has commissioned a new Home Improvement Agency which provides aids and adaptations for older people and people with disabilities living in their own homes, and contributes to improvements to address the issues of fuel-poverty in the borough.

## **Performance and risk management issues**

The Authority has established risk management and contingency planning across strategic partnership and commissioning agendas to minimise impacts of possible grant reduction on the Supporting People grant as a whole.

The Supporting People team are conducting scheme reviews on all currently funded services in accordance with the independent review criteria to identify strategic relevance, relative cost, and quality of services with a focus on the following outcomes:

- Positive outcomes for service users
- How services promote broader corporate agendas
- How services reduce the need for more intensive high cost services.

The outcome of the service reviews will be in line with Office of the Deputy Prime Minister Guidance to re-commission, remodel, transfer, or decommission services.

## **Equality implications**

Supporting People is based on philosophies of prevention, enabling and integration. The planning of new services, service reviews and the setting of performance indicators are directly linked to an understanding of diversity and equality issues. To ensure delivery of these corporate objectives in Walsall, Supporting People has funded a number of additional services for older people from BME communities, people with disabilities, vulnerable women fleeing domestic violence, and a number of other groups who require better access to support services.

## **Consultation**

A full consultation programme and communications strategy has been rolled out over the last 12 months in the compilation of the Supporting People 5 year strategy including:

- Full engagement with all service user groups with particular focus on BME and socially excluded groups;
- A complete current and future needs mapping consultation exercise to develop the 5 year strategy;
- Full consultation with existing commissioners and planners, across the partnership, and specifically within the Social Care and Supported Housing Directorate;
- Full development of user consultation and information sharing mechanisms across partnerships including focus groups and specific user forums;

Further consultation is planned with the Walsall Local Strategic Partnership, the Walsall Safer Borough partnership, and the Local Neighbourhood partnerships as the Supporting People 5 year strategy is rolled out, and reviewed on an annual basis.

## **Vision 2008**

The Supporting People programme fully contributes to the vision for 2008. The key contribution that this programme makes is towards making Walsall a healthy and caring place, ensuring that the needs of vulnerable people will be set in the overall context of prevention strategies to improve quality of life and reduce health costs and demands.

Over time, the objective is to develop the Supporting People market in Walsall to attract new providers and to build capacity within overall commissioning priorities.

## Background papers

Cabinet report 19<sup>th</sup> February 2003

Cabinet report 9<sup>th</sup> February 2005

Walsall's Supporting People Strategic Planning Group – 25<sup>th</sup> November 2004

CB report – 18<sup>th</sup> January 2005

SMB report – 21<sup>st</sup> February 2005

EMT report – 3<sup>rd</sup> March 2005

The 5 Year Supporting People Strategy inclusive of a full needs analysis and appendices *that accompany these documents are available on (the hyperlink).*

### Contact officers:

**Darrell Harman, Accountable Officer 658387**

Email [harmand@walsall.go.vuk](mailto:harmand@walsall.go.vuk)

**Paul Thomas , Supporting People Manager**

Tel: 01922 658984

Email: [thomaspaul@walsall.gov.uk](mailto:thomaspaul@walsall.gov.uk)

A stylized, circular signature in grey ink.

**Signed**

**Executive Director: David Martin**

**Date: 14 March 2005**

A handwritten signature in black ink that reads "Alan Paul".

**Signed**

**Portfolio Holder: Cllr Alan Paul**

**Date: 14 March 2005**

**Supporting People & Homeless  
Needs Analysis  
For Walsall MBC**

**Report  
By  
Peter Fletcher Associates**

**March 2005**



**Peter Fletcher**

---

HOUSING, HEALTH &  
SOCIAL CARE CONSULTANCY

# Supporting People & Homeless Needs Analysis for Walsall MBC

## CONTENTS

### Part 1:

1. Introduction.....	6
2. Approach .....	11
3. Linking Needs to strategy.....	14
4. Results of the needs analysis .....	19
5. Recommendations .....	38

### Part 2:

6. Context.....	40
7. Needs by client group.....	45
1. Older People .....	46
2. People with a physical disability, sensory impairment and people with long term conditions.....	61
3. Young people leaving care and young people at risk.....	66
4. Teenage pregnancy .....	71
5. People with a drug or alcohol issues .....	77
6. Offenders including Young Offenders and those at risk of offending.....	87
7. Homeless including families and single people with support needs and rough sleepers.....	94
8. Domestic Violence .....	100
9. HIV/AIDS .....	106
10. People with Mental health issues .....	110
11. Learning Disabilities .....	121
12. Refugees, Asylum Seekers .....	127
13. Travellers.....	131

**Part 3:****8. Results of the Multi-agency survey..... 134****Appendices**

- 1. Plans and Documents Reviewed**
- 2. Contacts Made**
- 3. Older People - Summary of National Policies**

**Tables**

<b>1. Estimates of Need by client group .....</b>	<b>22</b>
<b>2. Distribution of population across age brackets for Walsall and England and Wales (Census 2001 figures) .....</b>	<b>41</b>
<b>3. Notifiable offences recorded by the police April 2000 – March 2001 .....</b>	<b>42</b>
<b>4. Self-evaluation of health compared between Walsall, and England and Wales (Census 2001 figures) .....</b>	<b>43</b>
<b>5. Census 2001 data of tenure compared between Walsall and the average across England and Wales .....</b>	<b>43</b>
<b>6. National Performance .....</b>	<b>48</b>
<b>7. Current Older population of Walsall and future trends .....</b>	<b>50</b>
<b>8. Supported admissions of older people to residential and nursing care per 10,000 population aged 65 and over [PAF C26] .....</b>	<b>56</b>
<b>9. A comparison of 2001 Census data relating to disability .....</b>	<b>64</b>
<b>10. Indicators of risk of early parenthood for the two wards with the most children and young people, compared with figures for England and Wales<sup>1</sup> .....</b>	<b>74</b>
<b>11. The process of estimating the number of teenage parents requiring accommodation and/or support in 2001 and 2010 .....</b>	<b>75</b>
<b>12. National Performance .....</b>	<b>79</b>
<b>13. Alcohol Harm Reduction Strategy for England, 2004: Chapter 5, Identification and Treatment .....</b>	<b>81</b>
<b>14. National Performance .....</b>	<b>95</b>
<b>15. National Information .....</b>	<b>97</b>
<b>16. Standards .....</b>	<b>110</b>
<b>17. Performance Indicators .....</b>	<b>112</b>
<b>18. Age bands of people with Mental health issues .....</b>	<b>119</b>
<b>19. Age bands and secondary support needs of those with mental health issues .....</b>	<b>119</b>
<b>20. People with a Substance misuse and mental health issues .....</b>	<b>119</b>



21. Accommodation currently occupied by people with mental health issues .....	120
22. Agency returns .....	136
23. Age Bands.....	137
24. Ethnic origin .....	137
25. Household type.....	137
26. Household Type by gender.....	138
27. Substance Misuse.....	138
28. Substance Misuse by Age .....	138
29. Numbers within each client group .....	139
30. Current housing situation .....	139
31. Needs identified within each client group.....	140
32. Current housing situations of substance misusers .....	142
33. Anticipated housing problem for substance misusers .....	143
34. Support needs of substance misusers .....	143
35. Ages.....	144
36. Accommodation currently occupied by offenders .....	144
37. Anticipated problems for obtaining housing .....	145
38. Support Needs.....	146
39. Client Group overlaps.....	147
40. Current housing situation.....	147
41. Young People's support needs.....	148
42. Young People's housing problems.....	148
43. Support needs Teenage Pregnancies .....	149
44. Current housing situation .....	149
45. Housing problems .....	150
46. Support needs - Domestic Violence .....	151
47. Housing Problems .....	151

## Figures

1. Philosophy: Enabling Service Delivery Model Enhancing Safety.....	14
2. Presenting a Social Inclusion Approach to housing-related support .....	16
3. General Population – Men & Women .....	41
4. Issues Identified as barriers to performance .....	112
5. Social and economic impacts of housing and homelessness problems associated with mental illness .....	113
6. Difficulties with ADL by whether or not had mental disorder.....	113

# **Supporting People & Homelessness Needs Analysis for Walsall MBC PART 1**

## Part 1

### 1. Introduction

This report was jointly commissioned in August 2004 to carry out an analysis of the needs of those people who are covered by Supporting People and Homelessness strategies. Its aim was to provide analysis for the Walsall Supporting People Commissioning Body that would form part of the Supporting People 5-year strategy, and contribute to the delivery of the Homelessness strategy.

The Office of Deputy Prime Minister (ODPM) requires all commissioning bodies to produce an estimate of needs as part of the development of the 5-year Supporting People Strategy. They want commissioning bodies to find out what the scale of need is within each client group as part of the process by which commissioning bodies and ultimately the ODPM can make decisions about the effective deployment of resources and plan future action. Walsall also wanted to build on the work carried out in producing the Homelessness Strategy and review in 2003. As these interests over-lap this work was therefore jointly commissioned.

#### About the Report

##### *The report falls into three parts:*

**Part 1:** Describes the purpose of the commission (1.1), the approach and methodology (2). It then goes on to consider the relationship between needs analysis and strategy development (3). The results of the needs analysis and a summary of the conclusions for each of the client groups are included in section 4. Recommendations for each client group are included in section 5.

**Part 2:** This part begins with a brief description of contextual matters (6) then continues with detailed information on and analysis of each of the selected Supporting People client groups (7). The client group sections have been structured to meet the recently published ODPM guidance on needs analysis.

**Part 3:** Included in this section are the detailed results of the multi-agency survey that was conducted as part of this work (8).

#### *The Brief*

##### **1.1 Broad and high level strategic requirements**

Walsall wanted contractors to provide a base of information to inform the development of the Supporting People Strategy. It was also expected that this work would provide key planning information for the future development of related plans:

- Housing Strategy
- Homelessness Strategy
- Older Persons Housing Strategy
- Crime & Disorder Reduction and Community Safety Strategy
- Youth Justice Plan
- Strategic Plan for Children & Young People
- Adult Services Commissioning Plan

The work should take account of:

- Walsall Community Strategy 2003-07
- Walsall Transformational Plan
- Neighbourhood Renewal Strategy
- Equality & Diversity Strategy
- Requirements of the Local Strategic Partnership

## **1.2 Specific strategic/operational requirements**

The requirements were that contractors bring together sufficient information to enable the Supporting People Team to plan future services. Planning at the specific and operational level is required to take account of:

- The quantity and types of services required
- Locations where services are required
- Current best practice on improving the quality of service delivery
- Good practice on planning and commissioning services that are suitable for a diverse population
- Methods for identifying gaps in service provision particularly for unpopular and excluded groups

## **1.3 Needs Analysis in the Supporting People context**

Supporting People will over time re-focus the planning of housing related support services. Up to now support has largely been seen as part of a

package linked to specific rented social housing schemes. Supporting People pays specific attention to support needs. Supporting People separates housing and support. This is done deliberately in the belief that tenure barriers get in the way of developing innovative, preventative type services consistent with Government priorities.

Estimates for future services will have to cover the need for “floating support” as well as supported housing, including sheltered provision. However, needs for floating support have never been systematically mapped by authorities before the publication of the “shadow” strategies and, to some extent homelessness strategies, so the task is still new. Moreover, separating support from housing is a ‘mind-set’ change for many service providers. Traditionally needs have been identified by service providers for supported housing rather than for support per se, and housing related support is still a slippery subject.

ODPM understand that “support” is only one element in a range of services that will form a package meeting the needs of individuals and communities. The Government guidance is very clear on the need to ensure that the planning and delivery of Supporting People does not take place in isolation from other related areas. For some key strategic areas such as housing, health and social services there has to be a consistently high level of synchronisation between strategic and implementation plans. Examination of needs also has to take account of the interaction of these and other services.

There are complex ranges of strategic linkages that make the development of a coherent strategy challenging. However, the key to the future development of support services will be in the way services are planned and commissioned. ODPM want to see needs and supply analysis at the heart of Supporting People planning.

The needs analysis has to consider qualitative as well as quantitative issues in order to make decisions about changing existing services, commissioning new services and decommissioning services. The Commissioning Body also has to consider the timescale and order in which this will be done. The needs analysis should help to clarify the current and future position and help to enable decisions to be made. However any analysis of needs is fraught with problems concerning the definition of what represents current need and the more challenging task of estimating future need.

#### **1.4 What do we mean by needs?**

The definition of need sets the parameters for our work. Listed below are the ingredients that ODPM put into the mix as requirements for measuring needs. This list may add up to as close a definition as ODPM have for needs in the context of Supporting People:

- Those who have expressed a need by registering for a service/supported accommodation

- Those who have been assessed as having a need
- Those who may well have a need but either it is outside the current definition of the needs that services address, have for some reason not registered as having a need, do not know that they can get help
- The strategic relevance of the service is part of the assessment, so it's not just simply numbers but how the service is delivered and therefore what the outcome is
- Understanding that an individual's needs may change meaning that different types of support will be required either at the same time and/or different times
- Estimating the numbers who are not getting the right support that they need

### **1.5 Difficulties in identifying needs**

Currently no “off the shelf” methodology exists for conducting support services and supported housing needs studies. It is widely recognised that the tasks involved are complex and can require the use of large resources. ODPM seem to have withdrawn from attempts to produce a methodology and appear, paradoxically, to be waiting to see what emerges during the production of the 5-year strategies.

Part of the problem that ODPM found was that a vast amount of information is being gathered but that very little of it can be cross-referenced at the moment. The Government ultimately sets many of the criteria for information gathering but the data sets are more often than not incompatible across disciplines making accurate analysis extremely difficult. A good example is that of age, where different age thresholds are used in differing services for the same client group. It is often impossible to compare like with like as a result.

A second complication is found in the definition of client groups within Supporting People. Many of these are new and as a result no information has been gathered against them in the past. This is further complicated by overlaps in need that occur within these groups. Many service users have multiple needs and therefore can be counted across a number of groups. A typical example would be a young person who has left the care system and is homeless with an alcohol problem. They could be counted in any one of four client groups. This presents consistent problems of double counting.

A third difficulty is that a number of these groups are identified as “hard to reach” because, for a variety of reasons, they do not access services. There is therefore very little information on them. An example of this is those who “sofa surf”, moving from one friend's house to another with short periods sleeping rough. As a result information concerning their needs is usually extremely limited. Perhaps the single largest group that is covered by Supporting People are older homeowners most of whom do not access services unless there is

an emergency. Consequently information concerning their needs is usually extremely limited.

A fourth complication is that some service users will not identify their main need as it may exclude them from gaining access to accommodation or a service. This is particularly true of offenders, substance misusers and people with alcohol issues

In most cases the only way to address these challenges would be to conduct primary research that would be hugely resource intensive. The ODPM recognise this and in their guidance on needs analysis they encourage a pragmatic approach. They accept that that in most cases it will be impossible to obtain a specific number for the level of need, but that an informed indication of need could provide a solid base for planning.

## **2. Approach:**

### **2.1 Whole systems view**

Increasingly whole systems approaches are being adopted in planning services. The approach considers the whole needs of the person and recognises that the inter-relationships between the various aspects of a person's life build and affect their general wellbeing. This is particularly important in considering the support needs of an individual. Often the provision of low level housing-related support is only one aspect of a greater package that may include housing, social care and health services.

The relationship and balance between these services are crucial in ensuring a satisfactory outcome for the service user. It is also important to note that the scale and type of service can often have a direct impact on associated services. A good example is the increasing shift of older people's services away from residential care. This has an implication for both home care and support. Part of the approach therefore is to understand what shifts in direction are taking place in order to help identify the future impact on services.

There are many areas of uncertainty particularly in the current environment where large changes are taking place across the public sector in the way services are planned and delivered. Ultimately, therefore, the information we have gathered cannot always provide a definitive picture of need.

### **2.2 Methodology**

To begin to test out the scale of needs across the client groups we first ascertained what the strategic and operational objectives were of national, local, and increasingly common, regional plans. This told us how "needs" are being defined and measured. We could then understand the relevance and significance to Supporting People of the analysis of need being produced in these plans.

Secondly, these objectives told us the direction that services should be developing, and it was then possible to comment on the gap between the current state of existing services, and where they are expected to be. Following on from that, we could then begin to understand the strategic relevance of existing services to these objectives, and it then became possible to consider what the needs might be for changed services.

We also needed to know the significance of the role that support plays in helping meet the needs of the individual, and where improvements/new services were required. This told us about the relevance and relationship of the service within the broader system, and also helped to identify areas of unmet needs.



The views that emerged from this analysis could then be added to by evidence from:

- Demographic changes
- Changes in waiting lists, housing, health and social services over time
- Comparisons of homelessness numbers (P1E) over time
- Evidence in research reports
- Numbers in plans that are relevant
- Results from the multi-agency survey

These provided us with a partial picture with which to make some initial estimates. At this stage we were also able to identify weaknesses in the information.

We tested what we understand to be the position through:

- Discussion with key planners
- Consultation with service providers
- Consultation with service users

We were then finally able to produce estimates of need and begin a final round of consultation to “reality check” the evidence.

## **2.3 What we have done so far:**

A total of 30 plans and reports have now been reviewed and analysed as part of the information gathering and assessment exercise (Appendix 1). Interviews have been conducted with planners and service providers to gather additional information on needs and to understand how support services relate to other services (Appendix 2).

An extensive consultation exercise took place with service users through focus groups that covered all of the client groups.

We also conducted a multi-agency survey that covered the whole of Walsall. The survey was a snapshot of all open cases during a four-week period in October 2004. Over 430 records were gathered and analysed. A detailed description of the survey can be found in part three of this report (section 8).

The initial findings of the research were discussed with the Commissioning Body and the first draft of the report was circulated to those involved in Supporting People decision-making. Their comments resulted in an amended second draft that was the subject of consultation with service users at a

special service user forum and also Stakeholders were consulted at an Inclusive Forum, both held in February 2005. Presentations were made to a number of planning groups. Finally, further opportunities were provided to planners and service providers to comment on the second draft. As a result of that process the report was further ammended. Although, some comments were made concerning detail we are confident that the results contained in this report are widely supported.

## **2.4 Conclusions**

The brief required extensive co-operation across a range of organisations. We experienced difficulties in obtaining some information but generally co-operation has been good.

The consultants have identified some areas where better information should be available and particularly the need to establish a longer-term research programme to support future commissioning. This report will form a platform for continued analysis of needs.

Within the next section we begin to consider the relationship between needs analysis and the broader strategic processes within which Supporting People functions.

### 3. Linking “needs” to strategy

Foremost in the range of complex and crosscutting issues that have to be dealt with in the strategic planning of Supporting People is the question of how unmet needs are to be counted, assessed, and analysed in the future. In section 4, this will be looked at in more detail, but it is important to raise it here as one of the key building blocks for developing a strategic direction for low level housing-related support.

The provision of support services has one overall aim, to enable vulnerable people to be able to live in the community, with the measure of independence that will provide the greatest quality of life for the individual and their family. Alongside this, agencies should aim to ensure that the community is not put at risk by this level of independence, in terms of either safety or general comfort.

A chart widely used in thinking about the provision of services for older people can be summarised as set out below, and applied to other client groups. It shows independence and risk as the two axes, and the top right quadrant as the area in which services should ideally be located.

Fig 1

#### Philosophy: Enabling Service Delivery Model Enhancing Safety

D e p e n d e n c y	<b>Stifling</b> <ul style="list-style-type: none"><li>• Residential care?</li><li>• Nursing home care?</li></ul>	<b>ENABLING</b> <ul style="list-style-type: none"><li>• Very sheltered housing</li><li>• Supported accommodation</li><li>• Floating support</li></ul>	I n d e p e n d e n c e
	<b>Rescuing</b> <ul style="list-style-type: none"><li>• Accident and emergency admissions?</li><li>• Unplanned admissions to residential care?</li><li>• Direct access hostels</li></ul>	<b>Out on a limb</b> <ul style="list-style-type: none"><li>• Loneliness and isolation?</li><li>• Lack of support</li><li>• Homelessness</li></ul>	
Less Safe / Unmanaged Risk			

This is an adapted model of the Enabling Service Delivery Model, developed by the Audit Commission and the Social Services Inspectorate (SSI) as part of the Joint Review process and suggests the different roles that accommodation and services play.

The objective is to shift services towards an enabling role, but also recognising that not all services can play that role. It is important in developing a strategic approach to be able to identify the roles that services play.

To achieve this in all sectors and for all client groups requires co-ordinated and whole systems thinking. This has been a feature of the development in some areas of services in Walsall.

Applying whole systems thinking across all systems and developing an enabling and preventative culture could help to reduce, for example, the numbers of people coming out of treatment for drug abuse and failing to be housed in appropriate accommodation. Assessment of risk as well as the optimum setting for achieving independence and stability, shared across agencies, could help to break some of the cycles of homelessness and institutionalisation which are apparent.

Alongside this goes a model of support that builds in both the concept of social inclusion and that of moving towards prevention. This model assumes that there is no natural hierarchy in the field of housing support, since a person needing support may wish to enter the field at any of the points. In aiming to prevent a move into institutional care, there is the possibility of progression from one level to another. It further assumes that points of access would be local and based on individual needs, rather than access being through different agencies for each type of support. The aim is to shift the balance of services upstream in terms of promoting independence and choice from levels 5 and 4 to levels 3, 2 and 1.

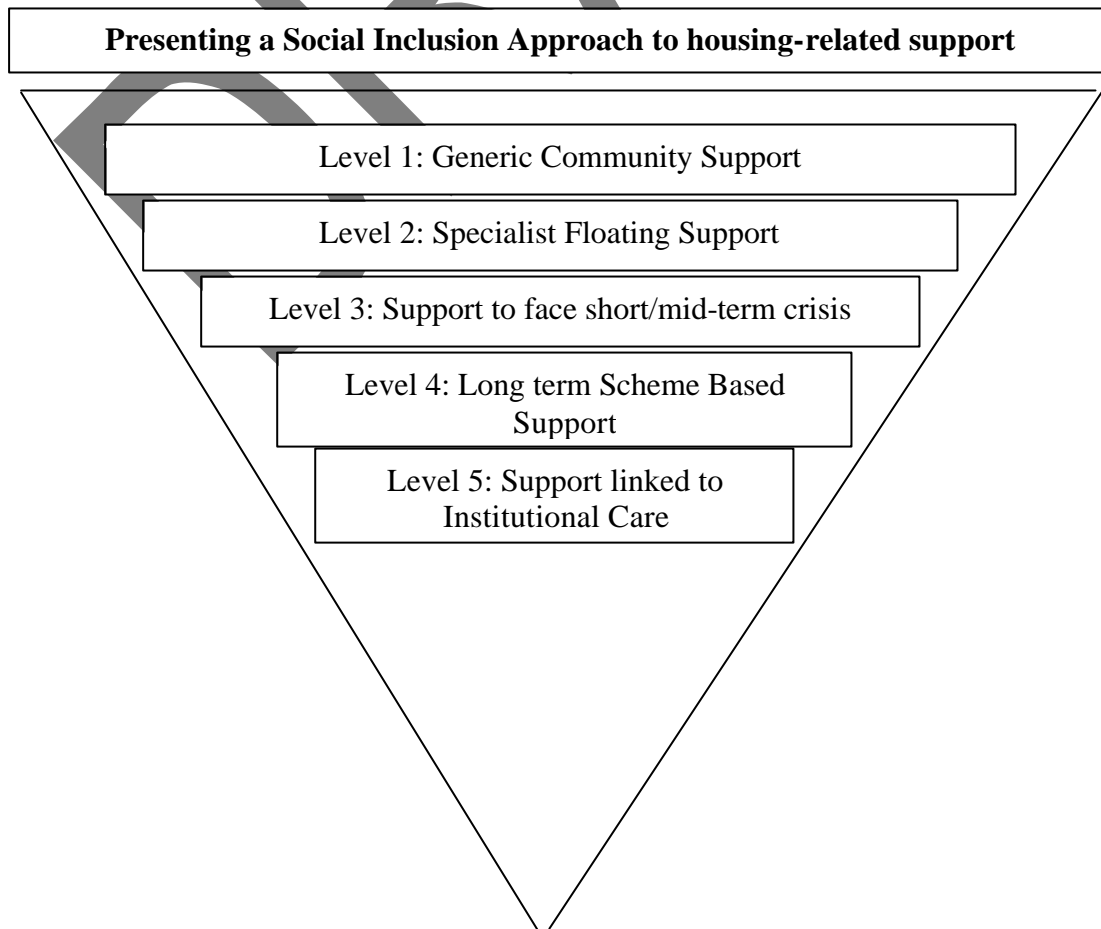
The model proposes a pyramid system of support in which any of the forms of support/housing can link into the individual's own networks; reflect the individual's needs, and offer value and self worth. A person may enter the system at any point, may move from one to another, and may access them all in their own locality. The network would be highly integrated, with protocols for transferring between one type of support and another.

For support to be effective in moving towards social inclusion, the social and community agendas in Walsall need to be sharing the objective of social inclusion. Linked by social inclusion as the overarching policy driver, Supporting People does need to state how their policies and strategies enable, assist and support vulnerable people.

This becomes particularly important if support services are to develop on a locality basis. Working within localities to provide generic / general support to a range of clients is necessary to address social inclusion and to work with communities to support vulnerable people in their own localities rather than them moving to areas where support / supported housing is concentrated.

This is particularly relevant in an area like Walsall that is made up of a number of distinct and established communities and in addressing the needs of BME communities.

**Figure 2 Presenting a Social Inclusion Approach to housing-related support**



### **Level 1: Generic Community Support**

The aim of a support service is to enable an individual, as far as they wished, to achieve social inclusion. The strategy to deliver this as far as it is possible is through Generic Community Support – linking any one of the forms of support to people's own networks, to the mainstream agencies and to general or specialist support that reflected an individual's needs and offered people value and self worth.

### **Level 2: Specialist Floating Support**

Floating support services that range from additional housing support for people having difficulty coping in managing their tenancy or home affairs to higher levels of support for example for those with a learning disability or mental health needs, living in the community. Support periods may be short, medium or long term and the level of support may alter during any period of a support plan.

### **Level 3: Support to Face Short / Mid Term Crises**

This support may be scheme-based or a floating support service. Essentially the intervention of support is linked to a crisis in an individual's life that may range from an illness that is disabling, for example a stroke victim, to a mental health episode that requires short term but intensive intervention. It is probably linked to assertive outreach work provided by health or social services.

### **Level 4: Long Term Scheme-based Support**

Although many schemes may have a programme of re-housing and move on after a period of time, for many clients supported housing is their long-term home. Support within these schemes is a mix of generic and specialist, depending on the client group. From the commissioner's perspective, there will be an increasing focus on seeking to work with providers to establish personal support plans and agreed quality targets and outcomes. There is also a need for some clients living in supported housing projects to benefit from additional specialist support, such as those with mental health needs or drug use problems, over and above the general support provided by a single homeless project. Floating support offers the opportunity to develop this mix of services.

### **Level 5: Support linked to Institutional Care**

These would be schemes that are registered and provide a mix of support and care from the core staff group. This is an important area of provision that faces a number of changes as many schemes are now seeking to de-register and the support and community integration aspects of the service will undoubtedly grow in significance and importance.

To be part of this system, services would need to be:

- Integrated
- Flexible
- Needs-based not based on a span of time or solely location – that is, they respond to the customer's needs
- Defined and clear to providers, commissioners and users
- Have consistent outcomes not a uniformity of model
- Work within the terms of clear service level agreements
- Commissioned by local demand and need
- Subject to review and local discussion

## **3.1. Conclusion**

We would suggest that this approach form a key part of Walsall's Supporting People Strategy. It would clearly require further discussion and dialogue with

all stakeholders, including people from vulnerable groups, providers and commissioners.

Within the research we have found some evidence in some service areas of a lack of co-ordination in planning some services. This is understandable as many organisations can be involved in the process but it has to be addressed strategically and collectively. This is not simply a challenge for the Supporting People Commissioning Body but for all the organisations involved. However, it encompasses both strategic future planning and assessment of individual services and ultimately is an inclusive process that encourages partnerships in planning.

The approach also encompasses service delivery. The evidence that emerged from the research demonstrates a complex set of needs across all of the client groups that require multi-agency solutions. There is evidence from both providers and planners that a key issue is better co-ordination of delivery of solutions. An important part of success in delivering the right solutions is in recognising the full extent of individual needs and that these needs will be different for each person and they will change over time. This requires effective local co-ordination in an environment where organisations recognise the significance of the role that they play.

The results of the research have now been mentioned extensively and in the next section we summarise the results of that work.

## **4. Results of the needs analysis**

### **4.1 Introduction**

Within this section the detail of the methodology is considered (4.2), general conclusions are drawn in 4.3 and detailed conclusions and the needs identified for each client group can be found in 4.4.

It is not practical to attempt to produce detailed conclusions for each of the 16 client groups in this section. It would lead to significant duplication of information and therefore detailed conclusions and discussion of the needs in each client group can be found in Part 2 of the report along side a detailed analysis (Section 7).

### **4.2 Detailed Methodology**

It is not unusual to find service users who have multiple needs that could be counted in more than one of these groups. The main concern is that the range of services that one individual may need are being counted in isolation within each service area and therefore inflating numbers. Equally, it is important to know what range of needs is being presented by individual clients; this will help to plan and provide the right sort of services to address complex needs. We therefore conducted a multi-agency survey that was aimed at identifying “hidden needs” and addressed the issue of double counting. The full results of the survey can be found in Part 3 of the report.

#### ***Multi-agency survey***

The aim of the survey was to provide better information to aid in assessing the scale of need for housing with support and was designed to help us understand, for each of the groups covered:

- The scale of unmet need for housing and support services in Walsall at the moment
- Where the need arises in Walsall
- What overlap there is in needs between the client groups

#### ***Scope of the survey***

The survey was focused on those client groups that could be characterised as being linked to homelessness:

- Domestic Violence
- Single Homeless
- Rough Sleepers



- Young People Leaving Care
- Offenders and those at risk of offending
- Young Offenders
- Substance misusers

These groups were chosen for the survey because they are often the most difficult to identify, and then estimate their scale of need. This is partly due to the scale of overlap between these groups.

An initial list of some 40 organisations was drawn up consisting of organisations that were in some way involved in working with the chosen client groups. They included statutory organisations, advice agencies, service providers and voluntary organisations. They were contacted either by letter or email and invited to participate in the survey. 18 organisations completed and returned surveys.

### ***Reducing double-counting***

By using the identifiers of initials, gender, and age/date of birth, we were able to avoid double counting, where a person is in contact with more than one agency. The information was collected and collated by the Supporting People team, for the consultants to analyse.

The consultants would like to express their thanks to agencies that contributed to the survey and to the Walsall Supporting People team for administering the process of data collection.

### ***Survey responses***

Several problems were encountered with gathering the information, in part, as a result of the difficulty of ensuring that all relevant agencies took part. Of the agencies originally invited to take part 18 completed the survey. Many of the agencies that did not complete the survey were very small but also a number of larger organisations did not contribute. A number of organisations had participated in other research projects that had been commissioned for both similar and different purposes. These organisations were clearly reluctant to participate at the outset.

### ***Interviews***

Over the course of the contract the consultants contacted a range of people. We attempted to ensure that we included the following:

- A strategic planning view for each client group
- Views on local circumstances where practical and useful
- A selection of views of operational staff

- A selection of views from service providers
- A selection of views from service users

In order to avoid duplication the consultants took lead responsibilities for particular areas of work and when interviewing people who had a wide range of responsibilities endeavoured to cover all the client groups.

### ***The results of the work***

#### **1. Accessing Information**

It should be noted that the process of information gathering is both complex and time consuming. This presents a consistent problem for the development of Supporting People and in particular in conducting needs analysis. We have identified 16 client groups about which information has to be gathered from various council departments and health services. Some client groups are also covered by other organisations such as Probation and DAT. Very useful information also has to be gathered from voluntary organisations, service providers and service users. The scale of this task is such that the resource implications for conducting a full needs analysis across all 16-client groups are huge.

There is no consistent approach to gathering of information and although, as we noted earlier, this has much to do with the Government's approach, it could be improved locally. There is some evidence of local partners working more closely together to gather information with the aim of generating a comprehensive picture. This needs to be further developed to aid Supporting People. Better use of the Council's Website and intra-net for logging plans, reports and research would not be time-consuming but would save considerable time for many planners.

#### **2. About the Survey**

The survey was weakened by the non-participation of a number of key organisations. We were contacted by a number of organisations that were interested in participating in the survey but felt unable to contribute because of resource or technical problems. However, additional information gathered during the course of the desktop analysis and interviews to a limited extent offset these gaps.

We did identify an element of double counting but this only covered 3 people. This was low but may reflect the type of agencies who responded to the survey.

#### **3. Estimates of need**

Within this section we have summarised the needs for each of the client groups. Detailed explanations of how we arrived at these findings and recommendations can be found under each client group in Part 2 Section 7.

Some client groups such as young people and care leavers are grouped together for convenience:

**Table 1: Estimates of Need by client group**

Client group	Estimates	Comment
<b>Older people</b>	<p>Over 75's will continue to grow through the life of the strategy and beyond</p> <p>Numbers suffering from Dementia – 5% of over 65's raising to 20% of over 80's suggesting over 2000 now and will continue to grow as number of over-75's increases</p> <p>Numbers of people with a learning disability living in to old age is increasing</p> <p>Numbers of older carers are increasing</p> <p>Large increase in numbers of older people who are owner-occupiers. This trend will continue</p> <p>Significant increases in the numbers from BME communities reaching old age, a high proportion of whom will be owner occupiers</p> <p>Strategic positioning of more care services in the community and increase of intensive care increasing need for support</p>	<p>Total numbers of older people will grow in the key area of over 75's and will create additional demand, as this is the category that most need support services. It will also lead to an increased growth in older carers, dementia and Learning Disabilities. Will require better use of existing sheltered schemes and more development of Extra Care. Account will also need to be taken of the support requirements of those with specialist needs.</p> <p>The growth in owner-occupiers who currently receive very few services will become a major challenge as services will need to rebalance towards owner-occupation</p> <p>An increasing need for culturally specific services and a focus on owner-occupation</p> <p>Shift in service provision will require re-thinking of the current provision of support</p>

Client group	Estimates	Comment
		Over-all growth needed in this sector to address the total grow in the older population
<b>People with a physical disability, sensory impairment, and people with long term conditions</b>	<p>The Housing Needs Study identified unmet need here. The priorities are:</p> <ul style="list-style-type: none"> <li>• To establish an adaptations register</li> <li>• A new development</li> <li>• Closer working with housing providers to better meet the needs of the tenant</li> </ul> <p>Needs are often overall</p> <p>Solutions tended to be property focused</p>	<p>Much of the detailed information is linked to the needs of older people.</p> <p>Information on a detailed mapping exercise has not been made available and therefore estimates of need are difficult to make based on limited information</p> <p>Property adaptation appear to be a major issue alongside the use of a range of assistive technology</p>
<b>Teenage pregnancy</b>	<p>Approx. 400 babies born every year to mothers aged 16-19</p> <p>SEU target (29) All under 18 teenage parents who cannot live with their family or partner should be placed in supervised semi-independent housing with support, not in an individual tenancy, by March 2006.</p> <p>To meet this target 20 more units are needed</p> <p>Teenage Pregnancy Unit figures 2002 for Walsall: 2,655 Total</p>	<p>Current numbers are clearly outstripping supply. Will require further limited service development - 20 units of support; suggest floating support provided suitable accommodation could be accessed. This will allow flexibility in service provision</p>

Client group	Estimates	Comment
	<p>Dwelling let, 47 of which to lone parents under 18 in non-supported accommodation. 1.6% of lets are to lone parents. Walsall has the second highest figures out of 8 sub-regional Local Authorities.</p> <p>Snapshot survey identified 44 teenagers with support needs supporting the SEU target</p>	
<b>Travellers</b>	<p>No specific numbers have been identified. Although in a service user consultation some issues linked to tenancy maintenance were identified</p> <p>There is sufficient informal information to confirm that there is a need for a support service.</p>	<p>Supporting People have commissioned a support worker to work with this client group. The service has not yet started but will be a useful source of future information</p>
<b>Offenders, those that are at risk of offending and Young offenders</b>	<p>Both the Snapshot survey no. of 208 in need of support services and this suggests between 400 and 600 who have a support need. These figures confirm estimates by West Midlands NSP</p> <p>Many of these also have no suitable accommodation or have additional problems about accessing accommodation due to previous tenancy failure</p> <p>59% of offenders were under 25</p>	<p>There is clearly a very large gap between current supply and needs.</p> <p>Detailed evidence suggests that support needs are not being met. This is also directly linked to access to housing with significant numbers having no stable accommodation</p> <p>Increase links with private landlords and lettings agents, and agree protocols with them</p>

Client group	Estimates	Comment
	<p>40% of Offenders or former offenders had a secure tenancy but needed support. 32% were in supported accommodation and would eventually need both support and accommodation to make the transition to permanent accommodation</p> <p>Nationally there is an acknowledged gap in support for “high risk” offenders and female offenders</p> <p>13% have a mental health problem</p> <p>Although there is little by way of specialist accommodation and services the snapshot survey identified some accessing other forms of supported accommodation</p>	<p>Offenders have a wide range of needs some of which are complex and will require specialist support</p> <p>Exclusion from permanent accommodation is an important issue that also affects other client groups. There is a need for a support service (and agreements with housing providers) that rescues people from exclusion</p> <p>The lack of services is not as critical as first appears as some are accessing more general services. None the less this is a high risk category where action has to been taken to help reduce re-offending and the risk to the wider community</p>
<b>Homeless families</b>	<p>A total of 437 people were accepted under the Homelessness legislation in 2003/4. 92 were from BME communities, 338 were families</p> <p>There is a need to provide sufficient emergency and temporary accommodation to avoid the use of B&amp;B</p> <p>Although some families will have few support needs after re-housing</p>	<p>Much of the need within this category is addressed within Domestic Violence, Offenders and Young people</p> <p>Some specialist support is required for those with complex needs</p>

Client group	Estimates	Comment
	there is evidence of a number with more complex needs including mental health	
<b>Care leavers, Single homeless and rough sleepers</b>	<p>The snapshot survey identified 228 people who were under 25 and in need of support. Between 600-800 will have a support need</p> <p>However, very significantly virtually all of these overlap with other client groups</p> <p>Priorities have been identified for the provision of a range of accommodation, to include direct access, emergency 24-hour support, and semi-independent, independent and real choice of location.</p> <p>The Children in Need Census (2000) found 36% of children and young people in receipt of services were looked after by the LA. This is slightly higher than the average for the West Midlands (20%)</p> <p>Tenancy failure is a major issue for this client group and on going support will be needed particularly for those from the Looked after system as evidence suggests that they are the most likely to experience tenancy failure</p>	<p>This client group overlaps with a number of other client groups and if their need falls into another client group it is accounted for there</p> <p>There is a need for more emergency access accommodation and also accommodation based support. Some of this may be provided over time through existing schemes</p> <p>A general increase in supported accommodation or intensive floating support services will also help to address the needs of care leavers who need more suitable supported accommodation</p> <p>There is evidence of a need for more support for those accessing permanent accommodation including those leaving supported accommodation</p> <p>Increase links with private landlords and lettings agents, and agree protocols with them</p>

Client group	Estimates	Comment
<b>Substance misuse People with alcohol issues</b>	<ul style="list-style-type: none"> <li>• More accommodation for 25+ age group (especially women)</li> <li>• Specialist services and access points for homeless people</li> <li>• More training in drugs and alcohol issues for hostel staff</li> <li>• Walsall MBC's policy of priority need and intentional homelessness to be reviewed</li> <li>• Review hostel drug policy, especially obligations under section 8 of the Misuse of drugs Act, 1971</li> </ul> <p>No figures but lack of direct access services highlighted 'In Jan 2003 Walsall DAT commissioned work to look at links between homelessness, drugs and alcohol misuse which identified the need for a full range of housing solutions and support options'. The following priorities were identified:</p> <ul style="list-style-type: none"> <li>• Additional Supported Housing and floating support</li> <li>• Direct Access services for single people over 25 yrs</li> <li>• Reduction in loss of private sector tenancies</li> <li>• Access to general needs stock for</li> </ul>	<p>There are significant overlaps between this group and Offenders and Young People. We have included people who fall into other categories within this client group and not counted their need elsewhere. This is to avoid duplication</p> <p>Exact numbers are also difficult to identify because of the transient nature of some. However, many do not have a permanent address but a significant proportion have some form of tenancy.</p> <p>It is clear that there is a very significant gap between those in need and services available.</p> <p>Walsall currently has a very low level of service provision for this high-risk group.</p> <p>A range of responses will be needed throughout the lifetime of this strategy. This will include changes to existing services to accommodation substance misusers, specialist floating support</p>



Client group	Estimates	Comment
	<p>homeless</p> <p>Only 27% of those under 25 were receiving help with drug and alcohol issues but nearly half of those over 25 were</p> <p>The most common form of help requested was counselling/advice</p> <p>There is a lack of hostels for men and women over 25 (especially women)</p> <p>The snapshot survey has produced unusual results for this client group suggesting alcohol is a more prevalent problem within younger people</p>	
<p><b>Domestic violence (includes issues for sex workers)</b></p>	<p>26 additional refuge places developed (DV is described as a significant issue). The priorities are:</p> <ul style="list-style-type: none"> <li>• A flexible approach to the provision of accommodation</li> <li>• Accommodation suitable for larger families, particularly ones with teenage boys (currently no provision)</li> <li>• Accommodation for planned safe moves from DV situations</li> <li>• Cross-authority provision for BME</li> </ul> <p>In 2003/4 3330 Incidents reported to the Police Refuge had 1295</p>	<p>DV is recognised as an area where more is “hidden” than research currently reveals. As a result estimates of need are always based on low levels of expressed need.</p> <p>Developments in the Refuge service will lead to a much better environment to deliver support but needs are still exceeding supply. Suggested that the development of “secure flats” linked to support service should be the next stage of development. This would also help to address the problem of women with male</p>

Client group	Estimates	Comment
	<p>referrals and Stepping Stones 747 of which 48 were from BME 71 BME referrals to SAYA</p> <p>There are difficulties in accessing emergency accommodation for women who have male children over 16</p> <p>The snapshot survey identified 95 victims suggesting an annual total who access support of 300</p> <p>There is also a growing concern about violence towards sex workers. Detailed research suggests that support is needed, particularly for those who want to leave the industry. Specific numbers who will need support are difficult to estimate</p>	<p>children over 16 who understandably may not be allowed into the refuge</p> <p>Some needs are being met within other services and therefore there is a need to ensure that other support providers are fully aware of the challenges involved</p> <p>Further work needs to be done on the housing and support options of those not accessing permanent accommodation</p> <p>It is too early in the development of information on this sector to be able to produce estimates of needs. However, evidence available clearly suggests there is a problem and that support will form part of the solution. It is suggested that a joint-funded "pilot project" be considered</p>
<b>HIV/AIDS</b>	<p>127 people have been diagnosed HIV. 63 are from BME communities</p> <p>A higher proportion of women -38 out of 49 - are from BME communities</p> <p>At the moment very few are seeking a housing or support solution</p>	<p>Current service supports 5 people. Numbers are likely to grow but at the moment numbers needing housing related support are low.</p> <p>A sub-regional response may offer the best solution to service delivery at this stage</p> <p>This will need to be</p>

Client group	Estimates	Comment
	Professionals suggest total numbers are growing by between 50 and 100 per year	reviewed annually
<b>Mental health</b>	<p>Estimates that between 1 in 4 and 1 in 6 of the population will experience mental health issues and 1 in 10 will have a formal diagnosis</p> <p>Snapshot survey confirmed findings of Homelessness Strategy. 25% of those included in the survey had identified Mental Health issues as well as other problems</p> <p>Recognition that there is a need to develop more community based services led to:</p> <ol style="list-style-type: none"> <li>1. Creation of a Housing Development Worker.</li> <li>2. Detailed research into the needs of BME communities</li> </ol> <p>Over 100 people in Walsall live in nursing or residential homes for people with MH problems</p> <p>Walsall has low levels of expenditure on MH services. In 2001/02 the West Midlands spent 18.6% less than the national average investment and Walsall was 4<sup>th</sup> out of its 6 districts.</p>	<p>Development of floating support services with access to permanent accommodation would allow people to be more appropriately housed and supported. There is still a need for supported accommodation although this may be addressed within development in other client groups</p> <p>This action would significantly help to address the unmet accommodation and support need. Many who fall into this client group have complex needs and these needs are partly being addressed within other services. There may be a staff training issue for these services</p> <p>The needs of BME communities are not being addressed. This should form part of a broader strategic response to these communities' needs</p>
<b>Learning disabilities</b>	For Learning Disability – re-provision of	There is a well-developed plan for

Client group	Estimates	Comment
	<p>remaining NHS and SSD accommodation by 2005 Estimated 800 people with severe LD and 5000 with mild and medium disabilities, 79 in NHS accommodation &amp; 75 in SS Care Homes. All of this accommodation must be re-provided by March 2005. Predict about 20 other people each year to be found in unsuitable accommodation or need support.</p> <p>WMC are currently working with Sandwell and Wolverhampton to redevelop services. The priorities are:</p> <ul style="list-style-type: none"> <li>• Re-provision of accommodation</li> <li>• Development of new small-scale sheltered schemes (up to 8)</li> <li>• Ensuring access to mainstream housing</li> </ul>	<p>addressing these needs</p> <p>Community based services are under-developed and therefore strategic plans have been put in place to rebalance services.</p> <p>It is estimated that a total of 20 - 50 units of supported accommodation will be needed that includes a housing-related support service over the life of the 5-year strategy.</p> <p>The needs of older people with a learning disability and older carers are addressed in the section on older people</p> <p>Some of those who have been identified with a housing need will require nursing or care support in the community and therefore no Supporting People funding</p>
<b>Refugees, asylum seekers</b>	<p>On Dec 4<sup>th</sup>, 2000 Walsall MBC provided a total of 229 units of accommodation. Supported by an asylum team of 7</p> <p>December 2000 – 03: 659 people had been accommodated</p> <p>December 2003 – 221 households are currently in the properties</p>	<p>There are a number of issues concerning the identification of support needs for this client group: Many choose to move out of the borough after gaining asylum status; Many do not need additional support.</p> <p>As a result there is limited information available. A small number of Asylum Seekers have</p>

Client group	Estimates	Comment
	<p>December 2003 – approximately 300 asylum seekers are in private sector housing in Walsall.</p> <p>People are coming from a diverse range of countries of origin</p> <p>Overall numbers currently entering this country are reducing</p>	<p>approached Advice services for help but evidence from elsewhere suggests that they are more likely to approach local voluntary or religious organisations</p> <p>This is an area where further research is required. In view of the diverse range of people and the potential for people to move to another area it is suggested that this be addressed at a sub-regional level initially.</p>

#### 4. General results from the needs analysis

It is clear from the overall results that need exceeds supply by some way. This is further supported by the long-term growth in Supporting People funding in Walsall as predicted within the ODPM Distribution Formula.

Through the research a number of issues were identified that come up consistently within each of the client groups. These are:

- Co-ordination of planning and service delivery needs to be improved
- Access to move-on accommodation is affecting the delivery of support services
- Restrictions and exclusions from permanent housing by some RSL's are causing difficulties for service users and providers
- Support services have to be more flexible
- Many clients have multiple and complex needs
- There is evidence of large numbers of people who have multiple or complex needs living in temporary or private accommodation
- More services are needed providing early interventions
- The growth in BME communities has to be responded to through both culturally specific and culturally sensitive services

The Supporting People Commissioning Body has commissioned a number of support services on "short life" contracts. These services are mainly testing

service models informed by broader commissioning priorities and most of them have only recently begun to provide a service. In estimating needs we have not taken account of these services since decisions about their retention are part of the assessment of future needs.

Each of these is dealt with in more detail within the discussion of needs for client group in Section 7 of Part 2. Most of these matters are not solely directly under the influence of Supporting People but have a direct impact on the performance of services and need to be addressed through partnership working.

## **5. Overall results of the survey**

The results were taken from new and open cases at the time of the survey and are therefore an indication of the scale of current needs. It is therefore clear that the scale of need is likely to be much greater over the year, possibly trebling these numbers based on comparisons with estimates provided by planners. We have assumed treble the numbers for the purpose of providing detailed estimates.

We can also say at the outset, with confidence, that including **Travellers** where information is limited, need outstrips supply for all of the client groups. There is some evidence from a consultation exercise that there may be support needs for Travellers but the extent requires further exploration and then service design may well be linked to other issues concerning other areas. This would therefore require joint-funding.

The largest gap between needs (based on hard evidence from planners and service providers) and supply is in **Substance Misuse** where there is a very significant gap but this is not confirmed within the survey. There may be a number of reasons for this including unwillingness by service users to admit to service providers that they had a problem for fear of exclusion. Similar research conducted by the consultants in other areas and other local research suggest that this client group is the fastest growing with the potential to create the most risk for plans to reduce crime and build stable communities.

The largest group in the survey is **Young People**. However their needs significantly overlap with other client groups and will mainly be addressed by meeting other needs.

The smallest gap seems to be on **Teenage Pregnancies**. However, there may be reasons why this must be considered with some caution and this will be explored later in Section 7.

**Offenders** are the second largest group identified. There are significant overlaps between this group and other client groups. 26% identified mental health issues while a surprisingly low number identified substance misuse as a problem. As we mentioned earlier this does not reflect a range of evidence and experience, but particularly for this client group. It is not normally unusual to find a 60-80% overlap with some form of substance misuse. Although the

support needs of Offenders and **Young Offenders** are to some extent being addressed within general support there is still a large unmet need. 122 of those included in the survey were under 25 and all of them had support needs. Both of these client groups present a number of significant risks and potential costs to the wider community and specific services if their needs are not addressed and therefore they must be a priority for action. We have also identified a significant overlap between these two groups and vulnerable young people (under 25's). This strengthens the argument for focusing on offending as it will also address needs in other categories as well.

We do need to particularly mention **Young People** and those leaving the "looked after" system. It is estimated that in the region of 600 - 800 young people are in need of a support service in the future but all but a few of these fall into other client groups. **Care Leavers** are entitled to continued support from Social Care services but they will also need specific support to maintain their accommodation and this has implications for Supporting People. We do know that this is the most vulnerable group of young people and national research confirms that this is the group who are most likely to fail to maintain stable accommodation.

All of the needs of care leavers are not currently being met and neither are the general support needs of young people. Many have accommodation needs as well. Also we have to take account of the numbers of young people who are currently in some form of supported accommodation who will need access to permanent accommodation and at least in the initial stages of the transition need to receive support.

It would be unwise to suggest that all the remaining needs of young people could appropriately be addressed within service developments for substance misusers or offenders, although the needs of some do fall into these categories. The overall needs of young people could at least partially be addressed through increasing the numbers of young people supported by floating support and therefore creating some capacity to address the needs within supported accommodation.

We found that much of the need for support for **Homeless Families** is covered within other groups but that the needs of people who are victims of **Domestic Violence** are not being fully addressed. There is a shortage of safe accommodation. There are also issues about access to other accommodation and there is a specific issue about families with more complex needs.

By far the largest current unmet need in terms of numbers is **Older People**. Overall numbers will continue to rise and significantly the numbers of over 75's that will be most in need of support will grow. Also, we are seeing a rapid increase in the numbers of those who are now owner-occupiers, a group who in the past have not received many services. They are also a group who generally would only consider accepting a service as a last resort. There is also a number of overlapping needs within this group as well. The growth in numbers from BME communities will also be an important aspect of future service development for this strategy and beyond.

The strategic shift in direction that the Council and its partners have signalled by setting targets for maintaining more people at home, or within the community, means that older people, particularly the needs of owner-occupiers have to be prioritised. To fully address the range of needs within this group will need a broad strategic approach that pulls together many strands including Supporting People. Closely linked and overlapping with older people are those with a **Physical Disability or Sensory Impairment**. There are some difficulties in identifying the needs of this group, as information on support needs is difficult to obtain. This is partly because many of those below 65 choose to be as independent as possible and therefore issues of accessible housing and adaptations tend to dominate planning masking evidence of support needs. However, shortages of suitable accommodation does suggest that there made be a need for additional support services but further work is needed to clarify the level of need.

**Learning Disabilities** are following a similar strategic approach to Older People and have made significant progress over the last few years. However, re-provision of remaining NHS and SSD as community based services is still a priority in 2005. A significant part of this programme will include non-Supporting People funded developments but there would seem to still be a significant need for support services and as this forms part of a wider strategic plan, this must also have some form of priority. **Mental Health** has a slightly different set of problems. Although there is a current shortage of supported accommodation the general view from providers is that the provision of a floating support service would allow people who are currently occupying supported accommodation to move to a more appropriate setting. This would free spaces for those who currently need supported accommodation.

**HIV/Aids** is a growing problem but the support needs of this client group are small and at this stage may only be met through a cross boundary approach to commissioning support services.

Although Walsall has a long history of being host to **BME Communities** numbers accessing support services are comparatively small. The growth in these communities suggest that a range of specialist provision is now required alongside ensuring a culturally sensitive approach from existing services. Walsall has also been host to a large number of **Asylum Seekers**. These are now tending to be single people rather than families. Even though 6-700 may be living in the area they come from a diverse range of backgrounds. The overall picture therefore is of a number of small BME communities most of which could not sustain viable culturally specific services. There is some evidence that a small number will need a support service. However, in view of the diverse range of people and the scale of need it is suggested that a sub-regional response would be most appropriate

Overall we did identify a very significant number of people who could also fall within another client group (Table 58). This is an important point, as the way services have historically been planned has tended to be through identifying a main need, and then people are categorised within that need masking their



other needs. The result has been that services have often been planned in isolation, and focused on a specific need. As an example, it is not unusual to find schemes designated for young people that do not have staff that are fully trained for dealing with substance misuse or mental health issues, and an allocation policy that takes no account of the complex needs of the client group. To further compound the problem other services such as health and social care may not be working closely enough at a local level to ensure appropriate and flexible packages of support are available placing pressure on scheme-based staff to cope with the problems.

The survey confirms that the needs are much more complex than the planning categories would suggest and this has implications for allocation policies, staff training and joint working. It also has implications for the way that Supporting People review existing services and commission future services.

### **4.3 General conclusions from the needs analysis**

There are two clusters of inter-related needs:

1. Homelessness, Young Homeless, People with Alcohol issues, Substance Misuse, Single Homeless, Rough Sleepers, Mental Health, Offenders and Care Leavers
2. Older People, People with a Physical Disability, Sensory Impairment, and People with long term conditions, and Learning Disabilities

We can say with certainty that within the cluster of “homeless” needs there is a significant level of unmet need and that there are significant overlaps between these client groups. The survey has helped to build a picture of the scale of need and overlap resulting in specific estimates of need.

A rolling programme of detailed work on the needs within each client group should be developed across the life of the 5-year strategy to address the detailed and often complex needs. One element of this is the monitoring of the changing needs of “homelessness related groups through a multi-agency survey, either through continuous monitoring or through regular snap shots.

The second cluster surrounds older people, people with a physical disability, sensory impairment, people with long-term conditions, and learning disabilities. There is a wealth of information concerning strategy and commissioning, but there are weaknesses in information on specific needs particularly for older owner-occupiers. The ODPM and DoH have recommended that local authorities produce an Older People’s Strategy and have published guidance to support this. Walsall are intending to produce an over 50’s strategy serving the same purpose. This is to be strongly welcomed and it is recommended that a “Whole Systems” approach be taken to developing this plan.

There is some recognition within the Supporting People independent review that in some areas low level housing-related support is underdeveloped and this research suggests that this is the case in Walsall for most client groups. The exception is the NCO service, which in its scale as a floating support service for older people is exceptional.

A key issue for addressing needs is access to permanent move on accommodation to avoid the silting up of supported accommodation that seems to be currently occurring. Addressing this issue should lead to more people receiving help. Secondly, permanent accommodation needs to be made available to support people within the community and again this is a key issue in addressing more flexible future needs. The Council's Housing Services are currently examining access arrangement with providers and it is hoped that this will facilitate improved access.

Although there may be some services within Walsall that are too expensive, or are no longer playing a valuable role, the overall evidence suggests that needs will continue to outstrip supply. The re-balancing of services within existing budgets may go some way to address future needs, but cannot be expected to address the full extent of future need.

Reductions in the Supporting People budget are now required for next year and there is some uncertainty about the position in the following two years. There is no obvious client group area that could be targeted to make these reductions. Indeed, the evidence of unmet need clearly suggests that reductions would lead to increasing local difficulties in meeting national and local priorities. The purpose of this report was to focus on needs and therefore we have not considered other factors that may influence what becomes a priority within the 5-year strategy, therefore we cannot make recommendations on future priorities within this report. However we can say that the greatest areas of need appear to be:

- Substance Misuse
- Offenders
- Young People/Care Leavers
- Older People

There is also a strategic requirement to complete work on the re-balancing of services within Learning Disabilities and Mental Health.

## **5. Recommendations**

Within this section we have set out summarised recommendations. Detailed information that supports these recommendations is found in Part 2 of the report. We have identified a number of areas where the work of other partners is impacting on Supporting People. We have therefore included recommendations for a wider set of organisations as well as Supporting People.

### **5.1 Recommendations for the wider partnership**

- Develop an Older People's Strategy, as recommended by the ODPM/DoH, and Walsall is committed to doing this. It is therefore recommended that a "whole systems" approach be taken to the development of this strategy
- Fund a continuing survey of homeless people approaching advice and support agencies in order to monitor the extent and range of needs within Walsall
- Review the strategic links between other planning groups and Supporting People Commissioning Body, with the aim of:
  - Focusing attention on the housing and support needs
  - Producing an agreed strategic direction for the development of services which translates into joint or separate commissioning by the other organisations and Supporting People
- Improve information-gathering mechanisms within the borough by:
  - Establishing a rolling programme for reviewing the needs of client groups. In many cases Supporting People will play a comparatively minor role in packages of support and care and therefore the lead for identifying needs should fall to the partner playing the larger role
  - Make better use of the Council's Website and Intra-net for information gathering

### **5.2 Recommendations for Supporting People**

- We strongly suggest that Walsall adopt a whole systems approach to planning and reviewing services as set out in section 3

- Improved co-ordination of planning is a consistent theme and it is important for the Supporting People Commissioning Body and other organisations to recognise these challenges by reviewing who is involved in planning and commissioning and ensuring that all key agencies are fully engaged
- Further research is required over the life of the 5-year strategy into the following:
  - Needs of those with complex needs who are currently resident in temporary and private sector accommodation
  - Future support needs of Asylum Seekers who choose to remain in Walsall
  - Needs of people under 65 with a physical disability or sensory impairment
- A database of all Supporting People funded services, providing information on all Supporting People services, should be set up on the council Website providing details of the size and type of service, the access arrangement and, if appropriate, location.
- Supporting People may also wish to consider allowing providers to notify vacancies as they emerge to ensure that the appropriate person accesses the service

### **5.3 Recommendations for Supporting People and Housing**

- Walsall Housing Partnership have set up an Access to Housing Working sub-Group which is meeting to agree a common approach to providing access to move-on accommodation. They also need to consider the barriers that are placed in the way of accessing accommodation by some RSL's. These matters remain urgent

### **5.4 Addressing future needs**

We have placed detailed suggestions for future service development based on the needs analysis with each client group in Section 7 of Part 2

## **Part 2**

### **6.0 Context**

Within Part 2 of the report we consider the results of the research carried out by PFA in more detail. Part 1 provided an overview of the results and made recommendations. Within this part we will examine each of one of the client groups in detail.

In this section (6) we will consider general contextual matters. Detailed demographic and, where appropriate, economic information is dealt with in the individual client group sections. This information is also already well covered in a number of other Council documents. In this section therefore, we will very briefly reflect on those matters that have an immediate contextual impact.

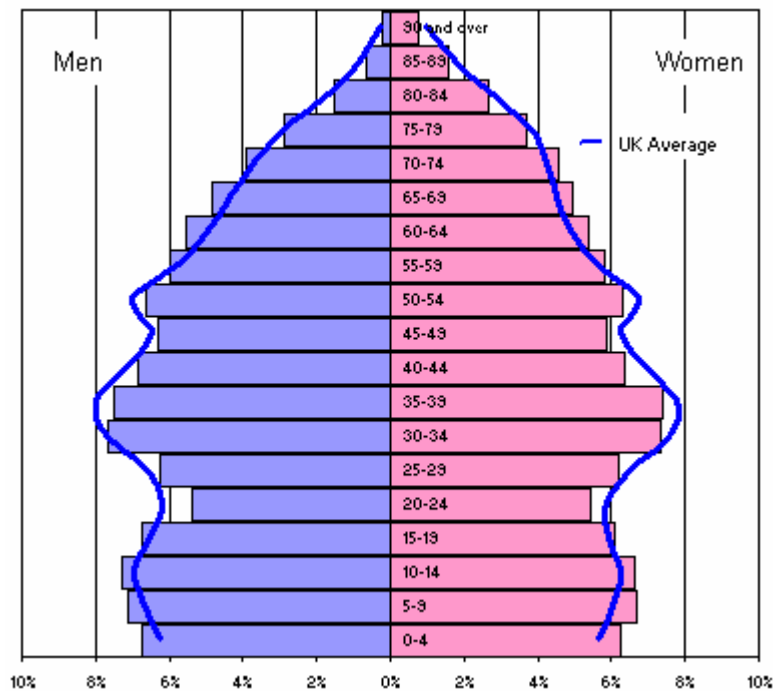
In section 7 we provide detailed analysis of each of the client groups and in section 8 we provided detailed estimates of need to support the potential service developments we are suggesting.

In Part 3, section 9 detailed analyses from the multi-agency survey that was conducted in October 2004 are found. Much of this information is referenced within the client group sections.

#### **6.1 General Contextual Information**

##### **General Population**

According to 2001 census data, Walsall has a resident population of 253499 people. 49% are male and 51% female. This is a decline of about 7800 since the 1991 census. The population is projected to decline by 8% by 2021. This is a consequence of outward migration. (Changing Demand, Decentralisation and Urban Regeneration study 2000 carried out by the Centre for Urban and Regional Studies (CURS))

**Figure 3: General Population – Men & Women**

Source: 2001 Census, ONS

**Age – key findings**

A comparison of population within age groups between Walsall and England and Wales reveals a slightly higher percentage of the population in the under 16 and 16-19 age groups. There is a lower percentage of people in the 20-29 age brackets in Walsall. About 55000 people are over 60, 22% of the population. A further 15000 people are in the 55-59 age group.

There is also a slightly higher percentage of people in the 69-74 but lower in 75+ age brackets (see table 3 for figures). This suggests a potential shorter-term priority for housing and related support services for older people.

**Table 2 Distribution of population across age brackets for Walsall and England and Wales (Census 2001 figures)**

Age bracket	% of Walsall population	% of England and Wales population
Under 16	21.7	20.2
16 to 19	5.0	4.9
20-29	11.6	12.6
60-74	14.6	13.3
75+	7.0	7.6

Source: 2001 Census, ONS

The population figures also suggest an ageing population profile.

**Crime – key findings**

Area statistics show higher than average levels of crime (number of offences recorded by the Police) per 1,000 population in Walsall than the average for England and Wales. Although crime in the borough overall is reducing the high levels of concentrated crime are thought to be an important factor in the current levels of crime.

**Table 3 Notifiable offences recorded by the police April 2000 – March 2001**

Notifiable offences recorded by the police. April 2000 - March 2001.

	Violence against the person	Sexual offences	Robbery	Burglary from a dwelling	Theft of a motor vehicle	Theft from a motor vehicle
Total number of offences recorded Walsall	5,319	227	494	2,604	2,078	3,732
Rate per 1,000 population Walsall	20.3	0.9	1.9	10.0	7.9	14.3
Rate per 1,000 population England and Wales	11.4	0.7	1.8	7.6	6.4	11.9

Source: Home Office

**Deprivation – key findings**

Walsall was ranked 54<sup>th</sup> (out of 354) on England's Index of Multiple Deprivation 2000, making it one of the most deprived areas in the country. 45% of the population live within areas that are in the 10% most deprived areas in the country.

National studies have constantly identified deprivation as a driver for increased levels of poor health, crime, substance misuse and housing failure.

**Ethnicity – key findings**

A lower than average percentage of the population is white British in Walsall (85.1% when compared to 92.2% across England and Wales). By far the largest BME communities are the Indian community with just under 14000 people and the Pakistani community with just over 9000. There is then a significant drop to the Caribbean community of about 3000.

**Health – key findings**

Table 4 shows that Walsall residents generally rate their health as poorer than the average for England and Wales and a notably greater number of people have a long-term illness.

**Table 4 Self-evaluation of health compared between Walsall, and England and Wales (Census 2001 figures)**

Rating	% of Walsall population	% of England and Wales population
Not good	10.9	9.2
LT illness	20.4	18.2

Additionally, Department for Work and Pensions (DfWP) show 12065 people were in receipt of Disabled living Allowance (DLA) in August 2000, and 6955 people aged over 65 years (roughly 13.5% of that age group) were in receipt of Attendance allowance (AA). National figures are not available for comparison.

**Employment and Education – key findings**

There is a higher rate of unemployment in Walsall than the average across England and Wales. Census 2001 figures show 4.4% of the population of Walsall is unemployed compared to 3.4% across England and Wales. Within Walsall, 17 per cent of those unemployed were aged 50 and over, 11 per cent had never worked and 32 per cent were long term unemployed.

**Housing and Households – key findings**

2001 Census records 99% of the population live in 66,097 households. Table 5 shows considerably fewer people are owner-occupiers in Walsall than in England and Wales. Also, a much greater number of homes were rented from the Council.

**Table 5 Census 2001 data of tenure compared between Walsall and the average across England and Wales**

Tenure type	% of Walsall population	% of England and Wales population
Owner-occupier	64.7	68.9
Social rented	27.4	19.2
Private rent/living rent free	4.8	6.2

Additional data shows that although 22.8% of the population of England and Wales lived in a detached house in 2001, only 18% of the population of Walsall did. People were much more likely to live in semi-detached or terraced houses (42.1% and 30.4% of the population, respectively).



A higher than average number of people live alone in Walsall. 32.4% of households are 1-person households, compared to a 30% average across England and Wales. Furthermore, 17.3% of pensioners live alone, compared to a 14.4% average across England and Wales.

There is also a notably higher than average percentage of lone parents with dependent children. The census figures show 9% of the population of Walsall in this category compared a 6.5% average across England and Wales.

### ***Transport***

2001 Census figures show that 44.3% of residents in Walsall do not own a car or van. The average is 26.8% for England and Wales. This suggests residents will rely more heavily on public transport.

### ***Conclusions***

Walsall is an area that suffers from the legacy of heavy industry with high levels of poor health and low income and social deprivation. This legacy has implications for Supporting People, as it is the background to the high levels of need that can be found within the borough. Some pockets of the borough have very high concentrations of people in need. A problem for the Council has been that in addressing these needs they have also concentrated services into those areas.

In the next section we begin to consider the local context, first examining the plans for information on how current and future needs are perceived and secondly how they are being addressed.

## **7.0 Needs by Client Group**

### **7.1 Introduction**

There are 16 Supporting People client groups covered within this section. We have grouped some of these client groups together because of the level of overlap in data sources, as an example Care Leavers and Single Homeless have strongly related issues. A number of client groups also share planning information. Where this occurs, as far as possible, information is only used once and then referenced within other sections. Each section begins with a brief overview of national policy and will include:

- National and local performance indicators
- Demographic information where relevant
- Analysis of plans and reports
- Information from planners and in some cases stakeholders and service users
- The section will close with an estimate of need and conclusions
- At the end of each section suggestions for service development and other actions are made
- Where issues of particular significance are identified recommendations are made. These are brought together in section 5 of Part 1

Some of the client group sections are quite large and where they extend beyond 6 pages a brief summary is included at the beginning of the section.

### **7.2 Client Group order:**

1. Older People
2. People with a physical disability, sensory impairment, and people with long term conditions
3. Young People and Care Leavers
4. Teenage pregnancy
5. Substance Misuse and People with Alcohol issues
6. Offenders and Young Offenders
7. Homeless Families, Single homeless and Rough Sleepers
8. Domestic Violence
9. HIV/AIDS
10. Mental Health

11. Learning Disabilities
12. Refugees, Asylum Seekers, BME
13. Travellers

## **1. Older People**

### **1.0 Summary**

The section on older people is one of the larger areas of research in this report and therefore a brief summary is provided. Detailed service development suggestions can be found at the end of this section.

The population trends suggest an increase in the overall population of older people including those from BME communities and that the numbers living longer and beyond 75 will increase. National evidence indicates that the over 75's will most need a support service. Linked to this will be a growth in people with dementia and other forms of mental illness, and older carers, some of whom will need multiple support services. There is also a growth in the number of people with a Learning Disability who are living into old age who need a support service.

By far the largest increase is in the number of older owner-occupiers. This is a sector where traditionally few services are targeted but where need will continue to grow. As well as these demographic changes there have been changes in the way services are being delivered with an increasing emphasis on maintaining people in their own home. This also is increasing the need for more support services and different types of services.

What is clear also is that older people have a series of complex housing and support market needs which now require a range of responses and not a single approach. To strategically address these issues has to be a matter for a wider partnership that includes Supporting People. We therefore recommend that Walsall follow government guidance as planned and develop a broader Older People's strategy in the form of an Over 50's strategy. We also have suggested a range of service developments.

### **2.0 Introduction**

Older People are the largest single group of service users both nationally and in Walsall. It is a diverse group with a wider range of differing needs.

This sub-section will consider national and Walsall needs that have been identified in the various planning processes and these will be linked to demographic evidence and tenure. The section will close with a conclusion and a summary of the findings.

### **3.0 National context**

There is a wide range of national policy statements and initiatives that need to be reflected in the local framework that identifies the needs of older people. Within the scope of this section we are only able to summarise a few key points but have included more detail in Appendix 3.

The key themes are:

- Developing an overarching approach to the older population as a whole which reflects all aspects of the lives of older people, tackles age discrimination and promotes social inclusion (Better Government for Older People-BGOP)
- Modernising social services through promoting independence, prevention, and improving social services for older people
- A National Service Framework for Older People (NSF) covering health and social care, focused on rooting out ageism and promoting wellbeing
- A more integrated approach to delivering health, social care and support with an emphasis on whole systems working in areas such as hospital admissions and discharges, and community based services; hip fractures; stroke; rehabilitation; intermediate care; mental health; equipment; and adaptations
- Giving a higher priority to linking housing and housing support services with health and social care services to enable more older people to remain in the community and improve the quality of older people's lives
- The development of financial levers (sticks and carrots) to promote improvement and change
- There is also an abundance of secondary and related reports that are too numerous to be addressed within the context of this report

The Audit Commission/BGOP has conducted a study on “Promoting Independence and Wellbeing”. The work resulted in a series of reports that are designed to both influence national and local policies. It is particularly significant that the Audit Commission was directly involved and it can be anticipated that future performance measures will include a greater emphasis on prevention strategies at a local level.

The work of the Audit Commission is broadening the definition of prevention to reflect:

- Demographic changes as the population ages
- The expectations of older people linked to their increased understanding of their rights leading to the challenging of age discrimination and health inequalities

- The need to address the sense of exclusion that older people have from the regeneration agenda
- The need to reduce the pressure on the hospital system by shifting resources

The challenges that emerged from this work were:

- Shifting the focus of services from the most vulnerable through "rescuing services" to services that address the aspirations of older people by helping them to lead full independent lives for as long as possible
- This will require a fundamental shift in the perception of older people as dependent on services towards independence and wellbeing
- To make a real difference to older people's lives broader approaches need to be developed that include safer neighbourhoods, access to leisure activities and transport

The national policy focus therefore is now broadening out from the 15% of older people who are intensive users of health and social care services, to the wider older population. This is highlighted in a recent discussion paper - *Public Services for Tomorrows Older Citizens: Changing Attitudes to Ageing (2004)* - from the Audit Commission, LGA (Local Government Association), ADSS (Association of Directors of Social Services), BGOP, Nuffield Institute for Health and the Joseph Rowntree Foundation.

The Government view Supporting People as a key tool in the development of preventative services. It therefore is essential that Supporting People is able to play a full part in developing an appreciation of the role of low level support services within a "whole systems approach".

Although Supporting People may not have large additional resources to fund new services it has been given tools to help make shifts in existing services to better meet local needs. It can also act as a catalyst for the development of new services. Set out below are national performance standards that have a direct relationship with Supporting People.

**Table 6 National Performance**

<b>Relevant national objectives for older people</b>	<b>PIs</b>
National Service Framework for Older People: Standard 8 is particularly relevant - the promotion of health and active life in older age. Also of relevance is Standard 3: provision of intermediate care (preventing unnecessary hospital admission, support early discharge, and reduce/delay need for residential	Improve the quality of life and independence of older people so that they can live at home wherever possible, by increasing by March 2006 the number of those supported intensively to live at home to 30% of the total being supported by social services at home or in residential care.

care), and Standard 2: person-centred care (services based on individual assessment and taking account of preferences of services users, families and carers)	<table> <tr> <td>2004-5</td><td>20%</td></tr> <tr> <td>2005-6</td><td>25%</td></tr> </table>	2004-5	20%	2005-6	25%
2004-5	20%				
2005-6	25%				

### **3.1 Needs – at a National level**

Drawing on a range of government guidance including ODPM, DoH and SSI/Audit Commission information the following needs have been identified:

- The focus of funding for home-care services is on intensive support and to achieve this there has been a shift away from lower level support services. However, there is consistent evidence from research with Older People that they view low level support as a key element in maintaining independence. There is also evidence that in the long run this approach is cost effective.
- Development of specialist support for older people with mental health issues, both non-dementia and dementia
- Delayed hospital discharge and prevention of admissions through a range of solutions including Intermediate Care, intensive support at home and Rapid Response through multi-disciplinary teams
- Development of Extra Care
- Increase the “housing” element within the multi-agency response through:
- Increased use of HIA’s by giving them a wider remit including Handy-person services, energy efficiency etc
- Re-think the use of existing sheltered housing to support higher and wider level of need
- Develop provision for the small but increasing numbers of older people with a Learning Disability

Within Walsall we can see all of these national issues being reflected in the shape of service change and development. Over the past three years significant shifts in service have been planned and are now being implemented that reflect the national agenda. In particular the shift towards more services that support people at home is leading to more intensive home care services. This is also being reflected in the reducing numbers entering residential and nursing care. These changes are dealt with in more detail later in this section.

As part of this development and to pull a broad range of policy agendas together Walsall is now intending to produce an older people’s strategy intended to cover all those who are 50 or over.

#### 4.0 Demography

The population of people over 65 at 2001 was 41,013 of which 4,075 were over 85:

**Table 7 Current Older population of Walsall and future trends**

	2001 (M)	2001 (F)	2011 (M)	2011 (F)
65-74	10.835	12.376	12.417	13.528
75-84	5.402	8.325	6.109	8.144
85+ years	1.039	3.036	1.473	3.370

*Census 2001*

The numbers of older people aged 65-74 are predicted to increase up to 2011. In the same period the number of people aged 75 or over is predicted to increase by 7 % and to continue to rise. This older group is the most likely to need the support of social services and therefore Supporting People funded services. The number of men aged over 75 years is predicted to rise by 18% in the same period. If more men are living with their wives into their late 70's, this could have the effect of reducing demand for residential care, as statistically people living alone are more likely to enter residential care. Again this also suggests an increased need for support services.

#### 5.0 Dementia

The prevalence of dementia in people over 65 nationally is 5%, rising to about 20% in people aged 80 and above. This would suggest that around 2000 people in Walsall have dementia and that this will increase as the numbers over 80 are projected to increase. There will therefore be an increasing need to provide support to this growing group. In particular there is significant evidence nationally of effective support being provided at home rather than in care. Initiatives funded through Supporting People are increasing that link:

- Assistive technology
- Aids and Adaptations
- Community Alarms
- Support services

There is also increasing use of sheltered housing to support people with low to medium dementia. In 1995 "Brighter Futures" (Kirkwood, Buckland and Petre) concluded that sheltered housing "has been found to be a successful environment in which those with dementia can live with well being".

Of course there are already older people living and being supported in the community with dementia.

The development of this type of initiative requires close local co-operation to avoid simply transferring an institutional model of support into sheltered housing. "Not Alone", published by the Housing Corporation and Anchor Trust,

builds on “Brighter Futures,” and sets a good practice guide for how this might be delivered:

- The development of a dementia service within sheltered housing needs to be placed within the broad strategic objectives of enabling and independence
- Tackling the shortage of residential care for people with dementia
- Examining the potential of housing based models for people with dementia
- Building on the model of specialist care and support services into the home
- Examining the potential of new technology to support people with dementia at home

### ***6.0 Older people with a Learning Disability***

The number of people with a learning disability likely to live into older age is likely to increase as the general health of the population improves.

For people with a learning disability currently living in a small registered unit or group home, there are likely to be issues about the availability or suitability of some of the housing to meet higher levels of physical frailty. The continuing appropriateness of group living and the balance of registered to non-registered provision. Although these are housing driven matters they do imply solutions which will require an additional support service.

Given the link in older age between learning disability and dementia, there is likely to be a growing number of older people with both a learning disability and dementia.

These issues will make new demands on the housing and service systems for older people with a learning disability.

Although the numbers are not significant in numerical terms there are questions as to whether or not older people with a learning disability are trapped in learning disability accommodation as they get older. There is also concern about what happens when older family carers can no longer provide support.

There is a further issue as to how far housing for older people, such as sheltered housing, is open in terms of both access and support service models for people with learning disabilities. There are examples from other parts of the country of broadening the concept of shelter to make it more accessible for older people with learning disabilities, and to offer them greater choice in terms of housing options.



### **7.0 Older people with a physical or sensory impairment**

It is generally difficult to separate information on the specific needs of older people who fall into this category. However it is estimated that 8 to 10 deaf or blind people are receiving a home care service.

### **8.0 Older Carers**

Increasing numbers of people are beginning to fall into the Older Carers category. We have already mentioned Learning Disabilities but there are also older people who are looking after older people such as their parents. Often the solution is to ensure that the right levels of support are provided in the home. This will include packages of adaptations, technology and support. However, in some cases this will also include alternative accommodation with support.

### **9.0 Income**

Help the Aged has produced the "Older People Count"<sup>2</sup> report. The University of Oxford conducted the research and the work published in May 2003. It has created an Income Index by calculating the rate of older people living on income related benefits for each ward in England and Wales. Walsall was ranked in the top 30 authorities with the highest proportion of wards where people over 75 lived on their own and were in receipt of benefits.

Whilst undoubtedly there is scope for more information in this area, the conclusion is clear. Significant numbers of older people in Walsall are reliant on income related benefits. The Older People's commissioning strategy identified 17% of the population over 65 claim attendance allowance, compared to a national average of 10% and 67% of households who have a head of household over 60 with income under £10000 per annum. We know from other research that there is considerable under-claiming of benefits by older people. Low incomes restrict the ability to access goods and services, and the ability to exercise choice. The provision of good quality and accessible benefits and income advice is needed to enable older people to live independently, in good health, in the community.

Consideration of income levels is a major feature in housing needs surveys. However, the standard methodology does not necessarily produce sufficient information about the needs of older person households. Adapting the specification accordingly to include a specific report on older people's issues would result in better quality information for use at local level.

In response to this Supporting People have commissioned a short-term service through the Anti-poverty Unit to enable older people to access good quality benefit advice, and other support services. The service is to be delivered on a cross tenure basis and is aimed at enabling older BME homeowners and other vulnerable older people without current services. The

---

<sup>2</sup> Older People Count: The Help the Aged Income Index for Older People in England and Wales 2003

service will support individuals through the complex process of accessing benefits and providing more longer-term support than would normally be expected of an advice agency to help deliver the Prevention agenda.

## **10.0 Services**

### **10.1 Home-care**

The rebalancing of services between residential and nursing care and home support will have a considerable impact on Home Care services over time. This will create tensions between an increasing need for intensive support and the continuing need for lower level help, particularly for those who get a small amount of help each week. As more people are retained in the community and the strategic impact of the service changes begin to produce results the momentum towards intervention at an earlier stage will increase. This change process will see an increasing focus on the role that low level support services can play. The strategic link is already being made between the role of support and a number of key performance indicators within health and social care. This requires both the review of existing services against these changing objectives and also the commissioning of new services to meet these needs.

### **10.2 Sheltered Housing**

There are about 3000 units of sheltered housing in Walsall but it is changing here as well as elsewhere in the country. Reasons for this include:

1. Changes in government policy, in particular: community care services and increased amounts of care and support being made available to people in their own homes
2. The integration of health, housing, care and support services to provide joined up services for older people
3. The move to funding from Supporting People and a new emphasis on the quality, flexibility, efficiency and effectiveness of support services
4. Use of new technology, aids and adaptations impacts on both the demands for sheltered housing and its capacity to meet the needs of more frail and vulnerable tenants

Nationally, sheltered housing providers are appraising their stock, patterns of demand and the needs of tenants on schemes and developing new services to meet the needs of older people, Including:

- Mobile support services, where older people receive regular / flexible visits from support staff, plus a dispersed alarm and support in an emergency
- Resource centre models, where sheltered housing is used as a base for services and support for older people in the community
- Using sheltered housing as a base for community activities for older people, including health promotion, education and volunteering

- Very sheltered housing, where residents have a home for life with care available 24/7
- Sheltered and very sheltered housing being used as a basis for intermediate care for older people

In response to this the Housing Corporation produced new definitions of housing association supported housing and housing for older people. This reproduces Housing Corporation regulatory Circular No: 03/04, dated April 2004, which sets out the new definitions of housing association supported housing and housing for older people.

There will be 3 types of housing for older people:

- Housing for older people (all special design features)
- Housing for older people (some special design features)
- Designated supported housing for older people

The aim of the new definitions is to help older people to have a clearer understanding of what schemes actually consist of in terms of design and facilities, and from this how accessible and suitable they are for ageing in place.

Older people themselves have higher expectations. They are no longer prepared to accept smaller accommodation as they get older, with a preference for accommodation with two bedrooms. They expect to remain independent throughout their lives with flexible care and support services available where and when they are needed, and to remain in their home for life when they do move into supported accommodation. Consumer research shows clearly that residential care is rarely seen as an option that older people would choose for themselves. Walsall has already made significant changes to its services.

These factors impact on the demand for sheltered housing. Older people are remaining in their own homes for longer, with ill health, bereavement, worries over increasing incapacity to maintain property or gardens, or concerns over security being key factors in making a move to sheltered housing. The average age of tenants has risen over the last thirty years from early sixties to late seventies, with many tenants in their eighties or older and rising numbers of tenants needing additional services from health and social care agencies. In response to these changes the NCO is being remodelled through the review process to become a much more flexible service that is not tied specifically to sheltered accommodation, older people, or social housing tenure.

Increasing numbers of older people who have purchased their own homes are seeing a move to rented sheltered housing as a way to free up finances and reduce the amount of resources spent on property maintenance in later life. This group of older people, together with those with occupational pensions, will be paying more of the costs of their housing and support themselves because of ineligibility for full benefits. Hence, they will have higher standards

in what they will accept as appropriate accommodation and will increasingly see themselves as customers of support services expecting value for money and quality services.

In addition to sheltered housing, Walsall has significant numbers of dispersed or semi-sheltered housing stock – flats or bungalows, usually hard-wired, where tenants receive emergency support and regular visits from peripatetic support staff. Because of the higher standards of accommodation, many of these dispersed bungalows are more attractive to prospective tenants.

The increasing numbers of owner-occupiers and improved choices for older people mean a diminishing demand for sheltered accommodation for rent, particularly where accommodation is in an unpopular area, poorly served by public transport or other services and amenities, and/or is too small to meet modern standards.

In response to these changes the NCO service has been under review. This service includes what could be described as “warden” services. The service broke the link to scheme based services and is now entirely a floating support service. This has created a great deal of flexibility in the service and Supporting People intends to further enhance this as a result of reviewing the contract. The aim is to further shift the balance of this service towards owner-occupiers and in particular to address the needs of BME communities. As part of this process Supporting People have commissioned a number of short-life community based projects to test future models for development. These small projects will be evaluated and the results will affect the review of the NCO service.

### **10.3 Residential Care**

Walsall MBC directly provides residential care through 6 Resources Centres, 3 Elderly Persons Homes and 1 Rehab Centre = 280 long-stay beds; 28 respite beds; 14 Intermediate Care beds and 12 Rehab beds. Specialist provision is made for older people with a Learning Disability, BME and mentally frail older people. The independent sector provides 620 residential beds and 732 Nursing beds (5 Intermediate Care). Two independent reviews, one by the Audit Commission/SSI as part of their inspection process and the other commissioned by Walsall agreed that there was an over-reliance on this type of provision. In response to this Walsall have been developing a range of alternative responses including the development of Extra Care. 210 units of what Walsall describe as Very Sheltered Housing have already been commissioned and other plans are in various phases of planning and development.

The number of older people admitted to residential and nursing care in Walsall per 10,000-population aged 65+ years was 127 in 2002/03. In 1998–2002 there was a 30% increase in Independent Sector and a 66% increase in LA homes to meet the increase in population of 85+ years.

The average figures for Walsall are higher than the national average, which was 101 people per 10,000 in 2002/03.

**Table 8 Supported admissions of older people to residential and nursing care per 10,000 population aged 65 and over [PAF C26]**

	<b>2002/2003</b>
<b>Walsall</b>	<b>127</b>
<b>England Average #</b>	<b>101</b>

The intention therefore is to see a longer-term shift towards Extra Care and this will be a key feature of development in this sector during the life of this strategy.

### **11.0 Tenure**

Just over 19000 households with older people were identified as owner-occupiers at the 2001 census. This is 63% of older households.

Supporting People breaks the link between tenure and support and so offers the potential to deliver support to older owner-occupiers. However, the balance of current services is towards Social Rented Housing while the percentage of households and growth is in owner-occupation (See tables in section 6). It is important to highlight the fact that nationally older homeowners do not feel that the current system and services are open to them (Better Government for Older People) so a key issue is to ensure that the strategy does address the needs of all tenure groups in a real way.

Many owner-occupiers are not wealthy, and the main asset is their home. Although pensions have grown over the past 30 years, they have grown much faster at the top end of income than the lower end (Centre for Policy on Ageing 2001) and the latter is also the prevalent group in Walsall. There is evidence that many owner-occupiers are caught in a trap of having an income that takes them above benefits threshold levels but they have little disposable income and are therefore reluctant to seek help from support services. They also have difficulty in maintaining their property. For these older people access to information is a crucial starting point in enabling them to make choices.

Very few services are specifically targeted at owner-occupiers or those who live in the private rented sector. Most people who receive an NCO or community alarms service live in public sector housing. For owner-occupiers a Home Improvement Agency provided by Black Country Housing Association has been commissioned. It can provide a service to up to 275 people on an on-going basis. The Commissioning Body has also approved recurrent additional funding for an energy advisor who is linked to the HIA to offer additional advice on energy conservation reducing heating costs and ensuring adequate heating. In future development it may be possible to link these

services with the remodelled NCO service to offer holistic packages of support to older people who have not traditionally received services.

In addition, Disabled Facilities Grant backlogs were identified as a significant weakness in the Housing Inspection. Supporting People and Social Services have therefore a substantial “short life” contract to tackle this backlog specifically through the HIA. This “new service” can cater for 25 clients per week, with targets for major completions of 75, and minor completions of 1200 by Nov 2005.

There are also very few affordable options for those who want to make use of the capital they have to purchase specifically designed property such as sheltered housing for sale, or shared ownership sheltered housing. The lack of information and choices means that older owner-occupiers are less likely to make positive choices about suitable housing, and are more likely to seek help in a crisis.

### **12.0 BME communities**

The BME communities are well established, whose numbers of older people are growing at a high rate, given the lower numbers in the past. At the 2001 census the numbers had grown to 6%. Now and over the next decade, as the first generation migrants are entering retirement or entering later older age, they will create a new, first time demand for care, support and housing services specific to their cultural and religious needs.

Addressing these issues is as important for older peoples’ services as all other client groups. These groups suffer from additional disadvantages, with higher levels of poor health and fewer people accessing services.

One of the barriers to accessing services is the same as the broader older community, tenure. In the two largest BME communities, Indian and Pakistani, there are high levels of owner-occupation. Current balance of support services which largely focus on the rented sector create a further barrier to accessing services.

### **13.0 Needs Identified**

- The current provision of nursing and residential care buildings may not be capable of meeting future standards and other provision may need to be made including the development of extra care
- Increasingly the development of “Care Villages” is seen as a way of integrating residential and nursing care with Extra Care and other forms of sheltered housing - both rented, shared ownership and outright purchase - in order to provide non-institutional models that integrate with and provide support to the wider older community. This may be an attractive option in Walsall as part of the on-going renaissance of the area

- The Council has reviewed the provision of services to sheltered housing. The ODPM, in their guidance “Preparing for Older People’s Strategies” and the DoH in its evaluation of Extra Care have emphasised the importance of carrying out strategic evaluations of the entire range of accommodation available to older people within the context of the wider range of needs
- Increases in intensive home care have been balanced by increased support services. However, as the trend towards intensive care packages continue there may be a need to continue to increase the support services made available
- The development of Extra Care can act as a strategic tool in aiding the change process and therefore will be seen as a key method of addressing need. However, there are a variety of different models and it will be important to make use of models that fit local needs particularly with reference to BME communities. This will impact on scale and design of the building as well as the way services are constructed
- The needs of the older BME communities will continue to grow. As numbers increase the business case for a culturally specific approach, particularly for larger scale housing related investment, will need further research. However, this does not prevent the development of approaches within wider existing and new support services that will contain a culturally sensitive element or the development of support services that address specific needs
- As the population ages the numbers of people with dementia will also increase and specialist support services will need to grow to address these through:
  - Use of existing sheltered housing
  - Use of new Extra Care provision
  - Development of support packages at home
- There are a growing but small number of older people who have needs linked to Learning Disabilities. They have a diverse range of needs, some will need intensive supported accommodation while others will need a small amount of additional support to remain in their own home
- The number of Older Carers is growing and their needs for both support and accommodation are likely to grow
- The shift in tenure towards owner-occupation will have to be followed by a shift in the balance of support services away from its current focus on rented accommodation

#### **14.0 Conclusions and estimate of needs**

Given the number of older and other people who could potentially require housing related support services, and the impact that will come from the

Commissioning Strategy it will require a long-term and significant response from Supporting People to address these needs. The Supporting People Shadow Strategy began to address the “change issues” identified above and this will need to continue within the 5-year strategy. The extent of the need is very dependent on the complex relationship in assessing care; health and housing needs and this will be a constant challenge.

The housing and support markets for older people are becoming increasingly complex, as older people have more resources to be able to exercise choice. However, the markets are currently segmented by different generations of older people - younger older and older older - using different factors on which to base and make housing choices.

The markets are also influenced by the lack of good information and advice available to enable older people to make the right choice for them at the right point in their lives, and the lack of appropriate choices available to them. Some older owner-occupiers feel that the 'welfare system' is not interested in or understanding of their needs. This is a pattern that we regularly see in areas in which we work.

Older people are interested in alternatives to residential care - both housing and care - and they want practical 'timely' help, for example with adaptations in order to be able to remain independent.

A key element in addressing this situation would be to develop a comprehensive Over 50's strategy through a “whole systems planning approach” as initiated. This is an approach that has been increasingly adopted by authorities across the country and is recommended by the ODPM/DoH. It helps to integrate and manage the major shifts that need to be made across disciplines and organisations. Walsall are committed to producing such a strategy as part of their next stage of development.

### **14.1 Numbers**

Overall, there is clear evidence that both in terms of numbers of people, changes in expectation and addressing strategic requirements, that there will remain a large unmet need throughout the life of the 5-year strategy and beyond. We can conclude that for those currently in receipt of a service the initial need is for at least 40 units of Extra Care (Commissioning Strategy) per year during the life of this strategy.

We also know that more older people will receive an intensive support service within the community. This is currently an important focus strategically. However, based on national research mentioned earlier in this section it is very likely that there are many older people who would benefit from a lower level of support.

The numbers of owner-occupiers is growing but very little information is available that can provide some precision to an estimate of numbers in need. This is partly a result of the way information is gathered, but also the lack of



services to this sector. Further research is required in this area. However, this should not stop service development as it is clear, without the ability to estimate numbers accurately, that the lack of services means that there is a significant unmet need.

Estimates for people suffering from dementia suggest that around 2000 people over 65 will suffer from some form of dementia, some of whom will also have a learning disability.

### **15.0 Service Development**

In the short-term it is clear that the development of preventative services will continue to remain a high priority. This involves:

- Shifting existing support services to better meet current and future needs
  - Increase use of sheltered housing to support a wider range of needs including: Intermediate Care, Dementia, Mental Health and Learning Disabilities
  - Provide housing and support for older carers
  - Continue to remodel some existing sheltered housing to provide some elements of Extra Care
  - Review the roll of the NCO service and their capacity to support needs outside of the RSL sector
  - Consider the capacity and technology in Warden Call centre to meet future developments in technology
  - Invest in SMART and Assistive technology
- Commissioning new services that are strategic to the long term shift in service direction:
  - In conjunction with housing, health and social care develop new Extra Care schemes when resources allow
  - Consider the “Care Village” concept for addressing across tenure issues and for providing the capacity to provide support to the broader community
  - Develop floating support services, particularly aimed at BME communities
  - Consider the opportunities for further development of a HIA service linking it with other support services to provide comprehensive packages of support
  - Develop specialist support service packages for older people with dementia, mental health issues and Learning Disabilities to help them remain at home
- Strengthening of integrated service delivery:
  - An underpinning aspect of service delivery will be flexible and integrated working. This is particularly important when working with BME communities where numbers of service users are not

large. This may be assisted by more use of shared budgets and the sharing of tasks across disciplines

- Although need will continue to outstrip supply it is currently only possible to judge minimum numbers:
  - 200 Units of Extra Care Units by 2010 and further development afterwards
  - Encourage the development of Shared ownership and outright purchase sheltered and Extra Care (Housing Strategy)
  - Develop specialist accommodation for Dementia sufferers within existing sheltered and new Extra Care
- The needs of the BME communities are growing and can be addressed through a range of approaches:
  - Development of advice services that will help people access services
  - Low level support services such as gardening and shopping
  - Access to sheltered housing and Extra Care that is within or close to the community and that provides community sensitive services
  - Floating support services
  - Services for owner-occupiers that are culturally specific or culturally sensitive

### **16.0 Recommendations**

- The commitment to the development of an Over 50's Strategy is an important step. It should be based on the principles of "whole systems " working to ensure a comprehensive approach to a range of complex issues

## **2. People with a physical disability, sensory impairment, and people with long term conditions**

### **National Context**

Priorities in this group are often cross-referenced to older people where many of the policy objectives are shared. For example:

- Reduce the numbers in hospital and residential and nursing care
- Increase packages of support at home
- Develop preventative strategies such as "falls" prevention

- Link care and support to the right design of housing that aids independence

Other national performance criteria can be reviewed in the sub-section on older people above.

### **Local Strategy**

#### **Physical and/or Sensory Disabilities Partnership Board**

The local strategy is set through the Physical and/or Sensory Disabilities Partnership Board.

The Partnership Board is a multi-agency group including housing and supporting people. It is currently in the process of shaping its future agenda but has influenced the development of the Housing Strategy and in doing so identified a number of support needs.

The Housing Strategy recognises that Walsall has higher than average levels of disability and acknowledges a need for more specialist accommodation. Actions in the Housing Strategy which relate to understanding the needs of this group include:

- A Housing Needs Study revealed an unmet demand for housing designed for people with physical and/or sensory disabilities
- Establish a register of adapted homes to facilitate a better match between property and people and offer greater choice, support new developments being built to lifetime homes standard, and closer working with housing providers to make best use of planned improvements to meet the needs of tenants
- A comprehensive mapping exercise will provide a better understanding of the needs and aspirations of this group of people
- The specific requirements of young families with a disabled member(s) will be explored further, taking into account access to schools, leisure facilities, shops etc. This information will inform and ensure new developments accurately reflect the needs of the whole community
- Individuals requiring complex, onsite support packages often need dual living accommodation to enable the individual and their formal carer to live separately within the same property. Currently the demand for this type of accommodation is small, and very person specific. The intention is to scope this further to increase the accommodation options for people who currently receive care on a residential basis

The Supporting People Shadow Strategy identified a better understanding of the needs of this group as a priority for action. Current work on this is attempting to draw together key staff from the main providing agencies to work on improving information sharing and joint working (see below).

Supporting People have recently committed funds to a survey of Deaf people via Walsall Deaf People's Centre which should aid the understanding of these needs.

### **Local Services**

Supporting People currently funds services to this client group including a specific service for deaf people. The service has recognised that many of the people that they support have complex needs that fall within other client groups. This includes people with Learning Disabilities and Mental Health issues. It is known that there are higher incidences of mental health issues within this client group. There is a specialist service for deaf people with a mental health problem but this is a regional service that cannot always respond to emergencies. This places additional pressure on local support services.

It is thought that there may also be some overlap with domestic violence and substance misuse but there is currently no hard evidence to support this. It is hoped that the mapping exercise mentioned earlier may shed some light on these matters.

The service has identified the following key issues to assist this client group to remain independent:

- Property adaptations and assistive technology
- Address the problems of social isolation
- Closer working arrangements with housing providers

It is worth noting that some limitations in what can be done with adaptations were identified. For example:

- Geographical location of properties
- Car parking space and proximity
- Stair lifts versus wheelchair lifts
- Flat-floor showers

Physically disabled people also continue to be supported through the Council's NCO service.

### **Assessing future needs**

Current local information on needs is sparse, particularly within the 18-65 age group. Also, as there is no local strategy specifically for Physical Disabled and/or Sensory Impaired adults, there is nothing in place to draw together the various strands of information that do exist. However, these things are set to change, with the results of a comprehensive mapping exercise.

Information from Service Providers suggest that people with disabilities can be found in all client groups and there is specific evidence of people appearing within the homeless categories where disabilities will create additional difficulties in finding accommodation and accessing services.

Recent national research may provide some useful starting points for projecting future need. Key findings are summarised below. More information about the relevant research can be found on the Joseph Rowntree Foundation Website.<sup>3</sup>

- Difficulties with housing are commonplace for disabled adults. It is estimated that around 9 out of 10 disabled adults will encounter problems with their current housing situation. The biggest problems are related to lack of space and location (i.e. safety and anti-social behaviour issues)
- There is a rough split in the population of young disabled adults between those who wish to leave the parental home (approximately two thirds) and those who wish to stay (approximately one third)
- Approximately 50% of older disabled adults who are not permanent wheelchair users would like to live in more suitable accommodation. 65% of older wheelchair users prefer to have their current home adapted to meet their needs
- Many disabled adults prefer to sort out their housing problem themselves and do not automatically register their need with the Local Authority. This is more likely to be the case for those with less severe disabilities

National demographic information might help to pinpoint areas where need is likely to be greatest. The 2001 census data on the level of physical disability and long-term illness are presented in table 11 below for England and Wales and Walsall. Walsall has higher than average levels of people with long term illnesses.

**Table 9 A comparison of 2001 Census data relating to disability**

Area	Percentage of the population with limiting long-term illness
<b>England and Wales</b>	<b>18.2</b>
<b>Walsall</b>	<b>20.4</b>

### ***Use of Technology***

Increasingly the use of SMART technology is replacing at least some aspects of support. As we have identified earlier national research shows that two thirds of people would choose to live independently and that also includes independently of care and support services. The rapid developments in technology are facilitating this. However, this has implications for Housing,

<sup>3</sup> [www.jrf.org.uk](http://www.jrf.org.uk)

Health, Care and Support. In particular, the Community Alarms service will need to keep call systems hardware and software sufficiently up to date to keep up with developments.

Supporting People have funded a short-life project based on supporting the provision of assistive technology, and this approach needs to be developed over the longer term.

### **Conclusions and recommendations**

The main information that seems to be available is directly linked to building design and adaptations with virtually no information on the support needs of those below 65. However, this information is of some value to Supporting People as a significant number of the people who seek adaptations will be an owner-occupier. Although we do not have exact numbers it would be safe to assume that at least some of these people will benefit from the services of the HIA.

As has already been stated, there appears to be limited information on this client group, which makes this an area where estimates of needs for support are extremely difficult. This work was taking place before the results of the mapping exercise were made available and this should improve the position considerably.

Based on the limited information available, the following recommendations are made:

- Develop plans to address the need for more purpose-designed accommodation for people aged between 18-65 with a physical disability, some of whom will need a support service. Feedback indicates a shortage of affordable housing in suitable locations with a range of support and related services
- Some feedback suggests that information sharing between key agencies needs to be improved, particularly housing providers. Although there is some evidence that this is being addressed, currently joint working across all key agencies was still highlighted, as an issue of concern and attention should be paid to how this progresses.
- The results of two surveys', the Council's needs mapping exercise and the survey of deaf people will significantly improve the understanding of unmet needs and therefore the needs of this group should be reviewed when this work is complete.

## **3. Young People Leaving Care & Young People at Risk**

## **Summary**

This category has significant overlaps with a number of other client groups, Substance misuse and Young Offenders. Those needs are dealt with in the respective sections. Some of these include those that have left the “looked after” system.

A key issue that emerges is that tenancy failure does play an important part in the reasons why people in these categories have accommodation problems. This suggests that support is needed not only for young people who directly access permanent accommodation but also for those leaving supported accommodation.

The evidence suggests that the unmet needs of this group, including those who fall into other groups, exceed current supply. At the end of this section a number of suggestions are made about what is needed to address this. We have also made some suggestions for addressing issues associated with the wider housing system.

## **Introduction**

The purpose of this section is to focus on those young people who are not covered by other sections, but at the outset we have to recognise that the labels placed on needs for planning purposes may actually hinder effective planning. The reality is that young people are not a homogeneous group and individual needs and the environment in which they live make flexibility in service delivery a key issue even when considering a narrow group falling under the heading of “young people”.

Within this section we cover two client groups. We have chosen this approach, as the overlap of needs and service responses is so great.

## **National Policy direction**

There are a number of key Acts and government policies that affect this client group:

- Homelessness Act 2002
- Children Act 1989
- Children (Leaving Care Act) 2002
- Supporting People
- Housing Corporation Circular (*Circular 0704: Tenancy management: eligibility and evictions*)

It is not our intention here to review the content of these documents but to demonstrate the range of contextual guidance and requirements that surround these client groups. However, it is important that we do comment on some areas of national policy:

- The introduction of the Homelessness Act 2002 placed a duty on local housing authorities towards homeless 16 and 17 year olds and people leaving institutions in assessing and finding them suitable accommodation
- The Children (Leaving Care) Act 2000 places a responsibility on Social Services to provide accommodation and financial and practical support for most 16 or 17 year old care leavers (relevant children)
- All 18-20 year olds (other than relevant students) who are former relevant children under the Children (Leaving Care) Act 2000 must be accepted as priority need
- Housing Corporation Circular (*Circular 0704: Tenancy management: eligibility and evictions*), issued in July 2004, reminded Housing Associations of their obligations to help local housing authorities to discharge their homeless responsibilities, and to help to meet needs for those on the waiting list
- Supporting People has responsibility for identifying housing related support needs, planning ways of addressing those needs and ensuring that the services are of good quality

We can also add to this list the Governments over-arching policies of prevention and addressing social exclusion. The Government's expectation is that the needs of vulnerable young people will be addressed through a partnership approach.

Inherent in these plans is the recognition that the provision of stable appropriate accommodation is priority requirement for young people leaving care and those young people identified as being 'at risk'. Progress has been made to achieve these objectives and will be discussed later in this section.

### ***Local policy Direction***

Young people at risk and leaving care were acknowledged in the *Supporting People Shadow Strategy* as having only a limited supply of supported housing and housing related support when compared to the national supply profiles.

The *Homelessness Strategy and Review 2003* noted that supply was concentrated on the town centre areas and that there was a need for provision in other areas of the borough. It also noted that there was no specific provision for people leaving the looked after system and identified closer multi-agency working as a priority for this client group.

It was also noted that many of those who approach the Council for help were being referred to B&B accommodation.

In 2002 the Hostel Working Group identified 380 young people who presented themselves as homeless, 180 of them were found some form of accommodation. The remaining 200 either returned home or found an



alternative themselves. The Homeless returns for the period suggest that no-one age 16/17 was re-housed through the homelessness legislation.

Social services estimate that 13 Care Leavers are currently in Supported accommodation. They will eventually need permanent accommodation and additional support to make the transition. A further 90 will be coming out of the Looked After system over the next 2 years, some of whom will also need accommodation and support.

### ***Maintaining a tenancy***

Repeated accommodation failure seems to be common for young people. The multi-agency survey found evidence of people seeking housing who had rent arrears and/or a history of anti-social behaviour. Accommodation failure is not just a problem for 16/17 years olds, but is a general problem for young people and can create major problems for the individual. It could lead to homelessness and exclusion from social rented accommodation. It is also likely to lead to debts and loss of personal belongings. In addition it may force the individual to move away from what support mechanisms are available to seek accommodation, adding to feelings of inadequacy that may make it harder to succeed in the future.

Accommodation failure is a major concern of all housing providers, who will be reluctant to house anyone they consider unlikely to sustain their accommodation. This was identified in a number of interviews as a particular issue with some RSL's. Even one serious episode of accommodation failure has the potential to blight the housing prospects of an individual for a long time. The avoidance of accommodation failure is therefore as important as obtaining accommodation in the first place. However, if there is a failure then there must be a way to retrieve the situation that will provide confidence to the housing provider that the situation will not re-occur. We will address the issue of types of support and access to accommodation later in this section. There is one specific issue to address here, and that is how tenancy failure is dealt with.

At the moment evidence suggests that generally tenancy failure resulting from an eviction, abandonment or a legacy of rent arrears will lead to exclusion forcing the individual to seek alternatives. In real terms this means seeking private rented accommodation, bed and breakfast, or staying with friends and relatives. For some it will mean rough sleeping and all too frequently will include all four, with little prospect of the cycle being broken. There is plenty of evidence of the personal consequences of this life style, but there are also costs to the community in terms of crime and increased health care costs. It also can have an impact on supported accommodation when clients are unable to move on to other accommodation. This can have two effects; it can reverse the progress made during the period of support and secondly stop someone else benefiting from the support.

Finding a way of avoiding or breaking this cycle is in everybody's interest. There are a number of schemes funded through Supporting People in other parts of the country that could address this problem.

### ***Views of Service Users***

Service users were drawn from an existing service and their view was that this was clearly benefiting them.

In interviews with service users they identified the following needs:

- More schemes – own front door with personal space. Many felt very 'privileged' to be residing in such decent accommodation
- Support for 16 year olds who are not Social Services clients and the recognition that this age group is subjected to homelessness.

An issue that emerged was the differences in support that those who had come through the "looked after" system received from those who had left home. There was a particular focus on access to additional support and financial assistance.

### ***Survey Results***

According to the 'snapshot survey' of the 228 young people responding all but 8 overlapped with other client groups for example 122 are identified as young offenders (see Part 3 for more details). It is estimated that taking these overlaps into consideration approximately 25/30 young people in need of support are not covered by other groups over a year. An assumption has been made that overall these numbers represent a third of the total need. On that basis we can conclude that between 600 and 800 are in need of some form of support but most of these needs will be addressed in other client groups.

Priority support needs identified by the 'survey' include social isolation, life skills and financial/budgetary advice. The data collected during the 'survey' show that 22 young people were currently in rent arrears and 14 had a history of anti-social behaviour.

Tenancy failure is a major issue for young people particularly 'care leavers' 18% of whom have higher levels of failure than anticipated for this client group.

### ***Support/Advice Services***

A limited amount of tenancy advice and support is currently provided to young people. This is felt to be critical particularly in relation to both obtaining and maintaining a tenancy and financial/welfare benefit advice and support. Tenancy/floating support services would appear to be under-provided at present and again if the figures quoted by service providers are accurate a further 12-24 units are required to meet the needs identified.

### ***Inter-Agency Working***

Better information and sign posting of young people to appropriate sources of help is felt to be necessary and the co-ordination and development of a 'directory of services' is required for the borough. A centralised fast track referral system is also required together with joint working protocols such as those developed for 'care leavers'. This would not only improve joint working between agencies but also it would improve communication and monitoring processes and provide a consistent approach.

### ***Prevention***

Mediation services are recognised as important in the prevention of family breakdown and homelessness for young people. The development of a 'mediation/mentoring service' for young people is fundamental in preventing homelessness for young people.

### ***Conclusions and service development***

The current range of services is comparatively limited. These services have to deal with people who frequently have multiple and sometimes complex needs. Additional pressure is put on these services by restrictions placed on access to suitable permanent accommodation by some RSL's. Part of this problem revolves around previous experiences with tenancy failure. Also, many young people who have accessed tenancies have found them too difficult to manage, leaving themselves with a legacy of exclusion from social housing, and the housing providers with concerns about the risks involved in housing this group.

The scale of consequences of tenancy failures suggest that most young people should receive a support service as a preventative measure but that this service will have to be flexible to cope with different types of need, and for differing periods of time. Flexibility should be an important element in the design of future services. The services will also have to draw on a range of expert services. As a result co-ordination and joint planning at the local level is essential.

There is recognition that there is a need for more specialist-supported accommodation. There is a concern that there is a "one size fits all" approach to the limited provision that is available. Both planners and providers have noted that there can be difficulties in managing some people who have more challenging or complex needs. This may be partly solved by providing a range of more specialist provision including emergency access and medium and high level support and additional services to Substance Misusers. However, in the short term these challenges will continue to exist. The process of scheme reviews was intended to lead to commissioning and procurement decisions about existing services that would better reflect the needs that are currently being met.

### ***Service Development***

Some of the service developments identified here do not directly relate to Supporting People but cover associated matters that have a direct impact on support services:

- Develop direct access emergency accommodation; estimated that up to 10 units are required. This could be delivered in part within changes to existing provision and through inclusion in any new supported accommodation developments
- Additional 7-10 units of supported accommodation to address more complex needs, this could be spread through existing schemes or included within new developments
- Additional 12-24 units of floating support
- The needs of care leavers, some of whom are currently living in supported accommodation, are not being fully addressed, and will need a floating support service to make the transition to independence, but there seems to be a need for more supported accommodation as well. Speeding up the re-housing of some young people who currently occupy supported accommodation may address this, provided appropriate floating support is available to ensure an earlier transition
- Access to information is a key issue and a Directory of Services for young people would be a useful starting point
- Develop a “fast-track” referral system for young people at risk to ensure they access appropriate support and (most importantly) accommodation
- Develop the mediation and mentoring service to prevent young people becoming homeless and therefore needing support services

## **4. Teenage pregnancy**

### ***Summary***

Information concerning the actual numbers who fall pregnant is not difficult to find but there is a gap between conceptions and the need for support services. There is also a gap between what the survey suggests is the level of need for a support service and what planners working in the field believe to be the true picture. However there is an explanation for this. Some teenagers will chose to terminate the pregnancy, some will stay in the family home and some will not seek support.

It is known that some conceptions will not reach full term reducing the potential numbers who may need support. Also for many teenagers the best solution will be to remain in their current home where they will receive support from their family further reducing numbers who may need a Supporting People type service. A gap therefore emerges between the needs identified at conception and those who need a Supporting People service.

In Walsall it is estimated that about between 50 and 90 teenagers could be in need of a support service and this exceeds supply. It is also estimated that needs will reduce over the next ten years as the action to prevent teenage pregnancies has an effect.

### ***National Context***

The national initiative to reduce teenage pregnancies was linked to the need for support and accommodation at an early stage. Authorities were asked to work towards ensuring that teenagers who needed their own accommodation were able to access supported options. Debate about types of supported accommodation has been conducted in many parts of the country, with a range of options being developed, including foyers, which can accommodate teenage parents.

ODPM have placed a particular emphasis on this client group within their guidance on Supporting People highlighting it as a priority area for investment. The key national target that impacts most on Supporting People was that all lone parents aged under 18 who are not living with a partner or with their family should be placed in housing with support.

### ***Local Strategy***

Walsall Teenage Pregnancy Strategy reflects national targets and is also informed by local need. In general, the emphasis is on prevention (e.g. through better contraception services and a widely delivered sex and relationships education programme).

The delivery of the strategy is managed through the Teenage Pregnancy Strategy Group that reports to the Children and Young People's Strategic Partnership Board. It has good working relationship and strong commitment from all partners. All key agencies, including the voluntary organisations are represented. There is also a teenage pregnancy working party with over 60 members; this provides a platform for practitioners to meet and share good practice. Initial key actions included the development of supported housing service; improvement in move-on accommodation; and establishment of floating support services.

### ***The extent of teenage pregnancy in Walsall***

Approximately 400 babies are born every year to mothers aged 16-19. Although the numbers are reducing this is still a high level. Walsall has the second highest figures out of 8 sub-regional Local Authorities.

Social Exclusion Unit set a target that all under-18 teenage parents who cannot live with their family or partner should be placed in supervised semi-independent housing with support, not in an individual tenancy, by March 2006. This follows national guidelines. To meet this target they estimated that an additional 20 more units of supported accommodation were needed.

Teenage Pregnancy Unit figures 2002 for Walsall indicated that of 2,655 total dwellings let, 47 of were to lone parents under 18 in non-supported accommodation. 1.6% of lets are to lone parents in total.

The Snapshot survey identified 44 teenagers with support needs. Of these just over half had a link to offending and 165 had been victims of domestic violence.

There is increasing concern with the use of supported accommodation as a solution for those who cannot live with parents or partner. The is a view that provided the family are willing to provide some support it is better for the teenager to stay close to existing support networks by providing accommodation and a support service. There is also evidence that some teenage mothers are accessing permanent accommodation when they turn 18. They are also likely to experience difficulties in maintaining a tenancy and would benefit from a support service.

A further group that has been identified in the Homeless Strategy is teenage fathers. Although relatively few in number they have virtually no access to provision.

In recognition of these issues Supporting People has recently commissioned a floating support service that will address some of these gaps.

### ***Gaps in Support Identified by service users***

- A range of options available to suit this client group's needs with the understanding that many of these young women are 16 years old, with no understanding of the housing system, benefit entitlement, health care system, etc. A sign-posting system is urgently required and /or a process chart
- A young families' unit where fathers are allowed to reside at the property. One scheme does not allow fathers to stay. The women felt that the present scheme caused a breakdown in relationships instead of supporting their decision to live as a family unit with their partners

- The women spoke about using empty properties in a cluster of nine for a scheme development with a key worker per family unit. This would develop peer group support and community spirit. A short-stay scheme until alternative move-on accommodation is found for their families
- They identified that support was needed in areas such as:
  - Budgeting skills
  - Housing Advice
  - Employment
  - Healthcare/Child-care

### ***Assessing future needs***

There is some evidence that the preventative approach of the Teenage Pregnancy Strategy may be lowering conception rates and that more teenagers are choosing to terminate their pregnancies. These trends could continue to bring down the number of teenagers who become parents year on year throughout the duration of the implementation of the strategy and beyond.

Even so, there is a recognised link between poverty, ill health, poor educational achievement and early parenthood. Walsall ranks 54th out of 354 Local Authorities in England on the Indices of deprivation 2004 and is said to continue to have one of the highest rates of teenage pregnancy in the country.

Although teenage pregnancy appears to be an issue across the country, 2001 Census data reveals that Walsall has higher proportions of children and young people than the national average. Table 14 shows indicators of risk compared with the average across England and Wales (notable comparisons are highlighted in bold). As can be seen, they are considerably higher on the measures of risk than the average across England and Wales. This highlights the importance of the preventative approach in Walsall, and suggests sustained investment in this approach is essential.

**Table 10 Indicators of risk of early parenthood for the two wards with the most children and young people, compared with figures for England and Wales<sup>4</sup>**

	<b>Walsall</b>	<b>Average for England and Wales</b>
% population aged under 16	<b>21.7</b>	20.2
% population aged 16-19 yrs	<b>5</b>	4.9
% 16-74s with no qualifications	<b>42.7</b>	29.1
% unemployed	<b>4.4</b>	3.4
% poor health rating	<b>10.9</b>	9.2

It is possible to draw a tentative conclusion that teenage pregnancy will continue to be an issue throughout the metropolitan borough, especially in the

<sup>4</sup> Census 2001 data: [www.neighbourhoodstatistics.gov.uk](http://www.neighbourhoodstatistics.gov.uk)



areas identified as having exceptionally high levels of unemployment, poor health and low educational achievement. However, in many of these areas this may be slightly offset by the lower than average number of young people. Indeed, Office of National Statistics (ONS) population projections shows a predicted overall decline of in the population of Walsall by 2010.

### **Numbers**

By extrapolating from the above information it may be possible to estimate the number of teenage parents in the future, if the following logic is applied:

- Approximately 5 percent of the general population of Walsall will be aged between 16-19 years in 2001 and 2010, although there will be an overall decline in population.
- The target of a 50% reduction in conception rate from the 1998 baseline will be achieved by 2010
- Approximately 1 in 3 conceptions will proceed to full term (this figure is based on partial evidence and may change)
- Approximately 2 in 3 teenage parents require accommodation and/or support (this estimate is based on anecdotal feedback)

These assumptions are interpreted in numerical form in the table below.

**Table 11 The process of estimating the number of teenage parents requiring accommodation and/or support in 2001 and 2010**

<b>Estimate</b>	<b>2001</b>	<b>2010</b>
Approximate relevant population (based on figures for 16-19 years)	12600	12100
Approximate conception rate (per 1,000 under 18s)	53.2 = 670	32.4 = 392
Estimated number of teenage parents	223	130
Estimated number who may require accommodation and/or support	148	86

At the current level of provision, an estimated 15 young parents are being housed in the supported accommodation project.

The snapshot survey contained very low numbers make estimating extremely difficult, but it would be safe to assume, based on it, that between 80 and 160 teenagers who fall into this category will require a support service each year. This cross-references with the figures produced above.

These estimates must be treated with caution, as there are likely to be a number of factors that confound them. For example the implementation of the Teenage Pregnancy Strategy may not bring conception rates down by 50%

and the reported increase in teenage abortions in the region referred to earlier may not be sustained.

### ***Conclusions and service developments***

1. Teenage parents represent a comparatively small section of total need and their needs do overlap with other client groups. However, needs are greater than current supply
2. More supported accommodation units and floating support are needed in the short to medium term, but potentially fewer in the long-term (if prevention strategy is successful). It may be more appropriate to extend the floating support service and combine this with a pro-active approach to working with the Council to address issues around standards and location of available properties
3. There is some anecdotal evidence that Teenage Parents from Black and Minority Ethnic families may not be accessing services. It is suggested that it may be a good idea to carry out a piece of research to consider the development of an outreach/floating support worker attached to the project focused on the ethnic minorities
4. Training for Housing Officers. There was considerable feedback from a variety of sources indicating a lack of consistency of approach to young parents and lack of knowledge or attention to the circumstances and support required by them. One respondent says: "young parents are often placed in inappropriate areas where there are void tenancies. We regularly visit the same accommodation where clients have moved on and new clients have moved in"

### ***Service Developments:***

- Short-to-medium term need for more units of supported accommodation (estimated 20 units). It may be possible to deliver at least some of this through floating support. Further consideration should be given to appointing a BME outreach worker
- Close work with RSL's and private landlords to increase range of suitable options available (linked to provision of floating support services)
- Work with Teenage Pregnancy Strategy Group to develop and deliver rolling programme of training to improve understanding of teenage parenting and related issues (especially in relation to the high number of complex needs cases)

## **5. People with a drug or alcohol problem**

### ***Summary***

Within this section we have identified the largest gap between current supply of support services and unmet needs. Substance misuse is a growing problem that has increasingly become the focus of the national policy agenda.

The scale of unmet needs is significant and the risks of not addressing these needs are such that they have to be a priority for action for Supporting People. However, Government guidance is clear that these problems can only be addressed through a partnership of organisation that is delivering a synchronised range of services. Providing the support element to meet current needs is going to be difficult because of the low starting point.

It is estimated that there may be up to a 1000 people in Walsall with a potential support need. Many will also have an accommodation problem.

### ***Introduction***

This section provides an analysis of housing and housing support needs of people in Walsall who have problems related to misuse of substances, including alcohol, illegal drugs or combinations of both.

### ***National priorities for substance misuse***

Tackling Drugs to Build a Better Britain, the national drugs strategy published in 1998, sets out the aim of supporting problem drug misusers in reviewing and changing their behaviour, with positive lifestyles seen to be requiring better linkages with accommodation and other services. The strategy was reviewed (*Updated Drug Strategy 2002*), and the update includes a recognition that there needs to be an increase in supported accommodation available for drug users, better management of drugs in public housing, and resources put into tackling homelessness amongst drug users, particularly rough sleepers.

The Government's Housing Green Paper 'A Decent Home for All', published in 2000, established a new direction for homelessness services, to prevent as well as respond to homelessness. This was followed by 'Preventing tomorrow's rough sleepers: a good practice handbook', published by the Rough Sleeping Unit in 2001, which provides practical information about ways of reducing and preventing rough sleeping. It takes as its starting point the research done by the Social Exclusion Unit, which showed the different groups most likely to experience homelessness and to sleep rough.

Tackling drug misuse in rented housing: a good practice guide, published in early 2002 by the Home Office and the then Department of Transport, Local Government and the Regions, provides guidance compiled jointly by the

Home Office, the Drug Prevention Advisory Service, and Release. It covers a wide range of issues, including:

- The links between anti-social behaviour and drug use
- Guidance on housing management interventions on both anti-social behaviour and drug misuse
- The role that rehabilitation and supported housing can play in helping drug users to resettle following treatment and rehabilitation
- Training and management issues for housing managers

The guide was intended as a good practice tool for social landlords and as a document to help DATs and housing agencies to plan provision for meeting the needs of this group through supported housing and floating support schemes.

Drug services for homeless people, published in late 2002 by Office of the Deputy Prime Minister, Home Office, and the National Treatment Agency, is a key document for local authorities and their partners. The guide was published at the point when Supporting People Shadow Strategies had been produced, shortly before the Supporting People initiative was implemented, and as Homelessness Strategies were being prepared. It contains a substantial amount of information and ideas for tackling drug issues amongst homeless people, and builds upon the guidance set out in *Tackling drug misuse in rented housing*. The guide also explains the link between housing and homelessness services and the National Treatment Agency's Models of Care.

A further important part of the context surrounding this client group was the statement on homelessness made by the director of the National Treatment Agency. This was sent to all DATs in December 2002, to accompany the good practice guide. The statement pointed out that research shows that around 80% of single homeless people (either in hostels or sleeping rough) have a drug dependency, and asked DATs to ensure that they consider this client group when developing commissioning and treatment plans. It specifically requested the following action:

- Adapting mainstream services so that they are accessible to homeless people and provide them with efficient treatment
- Establishing specialist services where these are needed
- Playing your part in ensuring that the full range of accommodation and support needs are met for homeless people as a basis for successful treatment

'Drugs 2004 – Reducing Local Impact' has very recently been published (November 2004). This Audit Commission report includes some strong messages about the importance of local strategic partnerships to establish effective treatment and support services with secure funding streams. It also confirms that adequate provision of housing and housing support services is



Relevant national objectives for client group	PIs
<b>Drugs 2004 – Reducing Local Impact (Audit Commission)</b>	<p>and returning to the community</p> <p>By April 2005 ensure that all users receiving treatment have a care plan that covers 'follow-on' services such as housing, training or family support which will enable them to maintain stability gained in treatment. Inter-agency planning should anticipate the level of services required.</p>

### **National priorities for alcohol**

Illegal drugs, largely to the exclusion of alcohol have until very recently heavily dominated the national agenda on substance misuse. However, the government is now seeking to redress the balance and in March 2004 the Prime Minister's Strategy Unit published the Alcohol Harm Reduction Strategy for England, which outlines the future strategy framework for addressing the harm caused by alcohol misuse. It covers the areas of education / communication; crime and disorder; supply and industry responsibility and identification and treatment. The section on treatment clearly identifies supported housing as an integral element of the national strategy:

*'Supporting People Administering Authorities across England have been allocated approximately £19.6m for 2004 / 05 to help vulnerable people with alcohol issues. Supporting People can provide the means to those with alcohol related problems to settle in a new home and sustain a tenancy or stay in one place long enough to benefit from training, counselling and other support to promote independence and stability'*

The Alcohol Harm Reduction Strategy also notes that alcohol misuse affects a very high percentage of the population:

*'Around a quarter of the population drink above the former weekly guidelines of 14 units for women and 21 units for men. 6.4m people drink up to 35 units a week (women) or 50 units a week (men). A further 1.8m, two thirds of them men, drink above these levels.'*

The strategy also emphasises that services must work in strategic and operational partnerships to meet the needs of people who have combinations of needs including alcohol, drugs, mental health issues and housing:

- *'Around a third of psychiatric patients with a serious mental illness also have a substance misuse (i.e. drugs and/or alcohol) problem*

- *Around half of rough sleepers are alcohol reliant and many other homeless people – such as those in hostels – have problems with alcohol*
- *An estimated 25% of drug misusers also misuse alcohol*
- *Some young people have complex multiple needs*

The Strategy includes the following action points:

**Table 13 Alcohol Harm Reduction Strategy for England, 2004: Chapter 5, Identification and Treatment**

Action	Lead responsibility	Date
The National Treatment Agency (NTA) will draw up a 'Models of Care Framework' for alcohol treatment services, drawing on the alcohol element of the existing Models of Care Framework. It would look to the Commission for Healthcare Audit and Inspection (CHAI) to monitor the quality of treatment services subject to the formulation of suitable criteria and CHAI's workload capacity	NTA	04/2004
From 02 / 04 remaining Drug Action Teams will be encouraged to become Drug and Alcohol Action Teams (or other local partnership arrangements) to assume greater responsibility in commissioning and delivering alcohol treatment services though their capacity to do so will have to be carefully monitored	HO	02/2004
From 02/04, the Department of Health will work with the Home Office, the department for Education and Skills, the Office of the deputy Prime Minister and the NTA to develop guidance within the Models of Care framework on integrated care pathways for people in vulnerable circumstances, such as people with mental illness, rough sleepers, drug users and some young people	DH	02/2004

### **Local priorities**

Drug services in Walsall are in a process of development. A national voluntary sector organisation - Addaction - won a tender to provide a Tier 2 drug and alcohol treatment service. Contracting such an agency was the outcome of a review and restructuring of drug services. The structure of drug services is that the majority of referrals will go initially through Addaction and then treatment options will be considered with Lantern House. Provision of new arrest referral is with Addaction.

Addaction is a low threshold service, conducting a grass roots harm minimisation service in the community and needle exchange. They refer some people on to Lantern House for Tier 3 treatment services. These are:

- Substitute prescription
- De-toxification (de-tox)

- Rehabilitation
- Specialist counsellor

Lantern House was established in 1987/1988. They have five front line workers (the majority employed through Community Health Trust – but some from Social Services).

The view from these agencies is that there has been significant growth in substance misuse. Services are now having difficulties keeping up with the need for services. This reflects the national trend. Also the introduction of the DAT provides a focus for information gathering and many areas are now finding significant numbers of people who have a substance misuse problem as a result of consistent data collection.

In 2003 the DAT commissioned research into the housing needs of substance misusers. (Homelessness and Alcohol and Drug problems in Walsall, Dr Ira Unell). This was an important development in understanding the needs that were emerging:

- Alcohol was the main problem in terms of numbers
- Drugs were a greater problem in terms of impact on the community-behavioural problems and crime
- People under 25 were more likely to have alcohol issues
- People over 25 showed greater levels of addiction to drugs, particularly heroin

This research resulted in a number of proposals including:

- Provision of specialist tenancy support
- Provision of specialist provision for people over 25, and in particular aimed at women
- Provision of a “Wet Hostel”
- Training for staff working in hostels and supported accommodation on substance misuse related issues
- Access to general needs accommodation for substance misusers including the private sector

These findings influenced both the Housing Strategy and the Homelessness Strategy.

The Shadow Supporting People Strategy noted that there was very little provision for this group (3 places) and that there was a need to conduct research into the needs of this group.

Specialist substance misuse provision for Supporting People purposes is provided through supported accommodation for 16 single people. The scheme



has grown to meet demand and currently caters for mainly single women who are trying to escape street work and have drug issues. The scheme is currently being reviewed. The intention is to re-commission the scheme jointly with health tPCT so that it will lead to a better specialist service (drugs rehab) as well as providing supported housing.

### ***Walsall Prostitution Consultation Research***

Research commissioned by Walsall South Health Action Zone into the problems faced by Sex Workers in Walsall identified a number of drug related problems:

“The link between street prostitution and drug use is now well established. Our research found that 52% (n=23) of Walsall survey respondents admitted that they use drugs. Of those who use drugs, 27% (n=6) admitted to be presently injecting drugs; this is only 14% of the whole sample. This is likely to be an underestimation due to the general stigma attached to drug use amongst street sex workers in Walsall plus the additional stigma of injecting. The most striking feature about disclosed drug use amongst sex workers responding to the survey was the prevalence of crack cocaine, the most frequently reported drug used: 57% (n=13) of those who use drugs use crack cocaine (29% of whole sample), and 39% (n=9) of those who use drugs use heroin (20% of whole sample).”

Of those who were using drugs only 36% (n=8) had ever had drug treatment or support. 59% (n=13) of drug users had never had any support. Of those who identified as a drug user 78% (n=18) were not receiving any treatment or support for their drug use. Only 23% (n=5) were receiving treatment or support.”

### ***Snapshot Survey results***

PFA have conducted a ‘snap shot’ survey of provider organisations in the borough, with the following results (See Part 3):

47 of the total of 431 people who were recorded in the snapshot survey (31%) had substance misuse problems. This is an unusually small number in comparison with other similar surveys conducted by the consultants. This may be a result of the type of support and advice agencies who have responded to the survey or the result of the current lack of specialist provision. Many substance misusers know that they will be excluded from some more general forms of provision if it is known that they have a substance misuse problem. As a result they choose not to volunteer this information.

There were significant overlaps between the client groups being considered for this research: of the 47 in these groups, 21 (47%) were under 25 and 6 (13%) were victims of domestic violence. 47% were Offenders or ex-offenders.

Examining the housing situations of the group reveals that large proportions of the substance misusers are currently living in supported accommodation and bed & breakfasts (52%) (See table 50 Part 3). Agencies were asked to include only those with a housing and support need, but to include those whose tenancy was at risk, for example because of their substance misuse problem. As would be expected, a significant number of people in this group are in temporary accommodation with no permanent solution yet found, and a small number are sleeping rough or have no fixed accommodation. It is not clear what the housing situation of those in the 'other' column were; apart from one person was noted as being in hospital. It is possible that some in this group could be considered to be sofa surfers that is, their accommodation changes from day to day, including some nights spent sleeping rough. Only 10% of households could be described as living in permanent accommodation.

Examining the housing situations of the group reveals that large proportions of the substance misusers are Housing Association tenants (51%), only 11 % were WHG/WATMOS tenants. Agencies were asked to include not only those with a housing and support need, but to include those whose tenancy was at risk, for example because of their substance misuse problem. As would be expected, a significant number of people in this group are in supported accommodation (23%).

A number of factors are known to affect the chances of people in vulnerable groups achieving and sustaining rehousing. 30% felt that their tenancy was at risk. Many had financial problems which included rent arrears owing from either the current or a previous tenancy, and others had histories of violence or anti-social behaviour which could well influence an application for social or private housing. Very few were sex offenders.

Substance misusers were thought to have a range of other problems that could impact upon their chances of securing housing and their needs for support. Table 51 in Part 3 shows that 47% of the group had financial problems and a slightly smaller proportion (45%) had mental health issues. Poor physical health was a problem for 13%. Social isolation and a lack of life skills are common factors for people who have been in prison or who have been involved in drug abuse for some time affected 19 and 17 people respectively. (Table 52)

### ***Key conclusions drawn from the snapshot survey***

- Just under a third of the people included in the survey had a substance misuse problem, and of these 85 people, a third had a drug problem, just under half had had an alcohol problem, and a significant number (27 people) had problems with both
- Just under half of the group are aged between 18 and 24, with smaller but even numbers distributed between the under 18s and the 25-40 group
- Over three quarters of the group are men

- By far the largest group in household types was single people
- A small proportion (10%) of the group were existing tenants, and a small group had no fixed accommodation, with large numbers staying with friends or family or staying in some form of temporary accommodation including supported accommodation
- A small group of people were thought to have no support needs, and most had needs for supported accommodation or floating support
- Financial problems including rent arrears affected just under a quarter of the group, whilst much larger numbers had histories of behaviour which might affect their chances of being rehoused
- A comparatively small number (6%) had mental health issues as well as substance misuse problems, though there is no indication of the severity of those difficulties
- A lack of life skills is the single most important issue for people in this group

### ***Service user views***

- No accommodation provision for men with Drug issues between the ages of 25-30 years
- No provision of floating support services should clients fail to secure supported accommodation
- Exclusion to housing/tenancies because of their previous status i.e. ex-drug user
- Homelessness Section not accepting the clients residing at AC Accommodation as homeless although residing in hostel type accommodation
- No available move-on accommodation for drug users experiencing a chaotic lifestyle
- Statutory funding needing to compliment non-statutory agencies i.e. better partnership working between statutory agencies and the voluntary sector
- No structured detox facilities
- More drug counsellors needed to cope with demand from clients

### ***Current and future needs: conclusions and service development suggestions***

There is some specialist substance misuse provision in Walsall but no specialist supported accommodation or floating support. There are providers who seem to have concentrations of people with substance misuse as a secondary problem. However the results of the snap shot survey and the consultation exercise confirm that a significant proportion of people currently

using supported housing services have drug and / or alcohol issues, generally combined with a range of other problems and support needs, including homelessness, social skills, mental health, financial problems etc. Bearing in mind the overall prevalence of drug and alcohol issues, it is not surprising (or necessarily a 'bad thing') that many non-specialist services work with significant numbers of people who have drug / alcohol issues.

However, the shortage of any specialist supported housing for this group does represent a serious gap in current provision. One urgent need is for some form of 'dry' supported housing provision, for people who have recently completed a period of treatment and rehabilitation, either in the community, a residential treatment centre, or prison. Such provision can greatly improve the long-term outcomes on the 'journey to recovery', by providing specialist support in a safe environment. The experience of other areas indicates that there would be significant need and demand for such a service. If such services included people subject to Drug Treatment and Testing Orders (DTTOs), this may be a source of additional funding towards more specialist elements of the service. As a starting point, it would be realistic to establish around 18 units of accommodation. This could be split into around 6 units with high support / 24 hour staff, with another 12 offering lower level support with an on-call facility. There is also a need for a "wet" hostel but it would seem that numbers are small and therefore this need may be best addressed on a cross authority basis

There may also be a need for specialist provision in addition to that provided which is able to accommodate people who continue to misuse substances, working on principles of behaviour management, harm minimisation and promoting social skills and social inclusion. The success of such provision is highly dependent upon a strong partnership with treatment agencies, which should provide structured 'in reach' services to promote harm minimisation and fast access to treatment when people are motivated to engage with it. This kind of provision may be established by developing new schemes, or forming small specialist units within existing schemes for homeless people, ex-offenders and young people. An advantage of the latter approach is that it reduces levels of stigmatisation associated with this group. Whichever approach is taken, it is important that schemes working with people who continue to use substances are resourced to allow for high staff / service user ratios and suitably experienced / qualified staff. It is difficult to quantify the level of need for this type of service, but the snapshot survey indicates that there are up to 47 people, some of whom could benefit from more specialist input. On this basis, it would be appropriate to start by developing 5 new units of accommodation for this group, with a view to establishing additional 10 specialist units by re-provision within existing services.

The other area which needs further development is specialist floating support for people with drug / alcohol issues. This should include floating support to prevent tenancy problems and homelessness occurring, as well as floating support for people who are moving on from supported accommodation into independent accommodation. On the preventative side, the results of national research show that there is an increased likelihood of substance misusers

leaving their accommodation due to drug / alcohol issues. For many people the goal will be management of their addiction rather than becoming drug free and there will inevitably be times of remission for some. Support services will therefore have to be prepared to be flexible and support people for short periods after formal support has been withdrawn. Not all of these people would require a specialist floating support service, but it would not be unreasonable to develop 60 new floating support units. Of these, 10 should be resourced to provide intensive support packages for people moving from supported accommodation into independence, while the other 50 could operate on a less intensive but flexible needs led basis. This service could be delivered by an existing floating support provider or by one of the specialist treatment agencies.

### ***Service Development***

- The numbers of people with substance misuse problems are growing rapidly and this growth will need to be carefully monitored over the long term
- Estimated need for 18 units of supported accommodation, including 6 in a 24 hour staffed project plus 12 with lower level support and 24 hour 'on call' provision
- Specialist provision of 20 units which can accommodate people who continue to misuse substances. Bearing in mind that significant numbers of substance misusers are using existing services, it would be reasonable for 10 of these units to be developed by re-provision of parts of some existing schemes
- In order to effectively deliver services to this client group it is vital that access to public and private sector accommodation is made available
- Specialist floating support for people with substance misuse problems could be provided by existing floating support provider or by a specialist substance misuse agency, working in close partnership with Housing Facilitator for mental health and substance misuse:
  - 10 units of intensive support
  - 40 units of less intensive / preventative support
- Development of a wet hostel through cross authority commissioning
- Specialist floating support service for Alcohol misusers

## **6. Offenders including Young Offenders and those at risk of offending**

## **Summary**

These client groups significantly overlap with other client groups and this complicates estimating needs. At the moment there is very little specialist provision for these client groups and evidence of quite large numbers who will need a service. However, the position is not as critical as it first appears as some are accessing existing supported accommodation that is clearly of benefit.

In producing estimates of need we have attempted to separate out those who have a substance misuse problem as their needs are addressed within that section of the report. We have therefore focused on the needs of a smaller group to avoid duplication and over-estimating needs. Even then there is still a significant gap between supply and needs. These client groups and the linked challenges of substance misuse and mental health issues present serious risks and costs to the community if they are not addressed. We have therefore made a number of service development suggestions at the end of this section. We have also made a number of broader suggestions about lettings processes.

## **National and Local Targets and Priorities**

### **National Probation Service (NPS)**

The aims of the National Probation Service as a law enforcement agency are to:

- Protect the public
- Reduce re-offending
- Provide for the proper punishment of offenders in the community
- Ensure that offenders are aware of the effects of crime on their victims and the public
- Rehabilitate offenders

Of the 9 key factors identified by the Social Exclusions Unit in its report '*Reducing re-offending by Ex-offenders*' the most important factors are 'food and shelter and the financial means by which to obtain them'. Without these the NSP recognise that offenders are unlikely to engage in other activities such as employment or supervision programmes.

Homelessness Act 2002 gave greater responsibilities to local authorities for vulnerable groups, such as 'returning offenders' and those in priority need. It also made it illegal for local authorities to impose 'blanket bans' on applicants and stated that all applicants had to be considered on their own merits at the time of applying. At the same time the government was introducing the Supporting People initiative, the implications of which are understood.

As a consequence of the government's Criminal Justice Act 2003 and the Home Office's 'Correctional Services Review' January 04 the National Offender Management Service (NOMS) was created to take over the roll of the NPS. It also set the context for housing support which is changing and this is discussed in more detail later.

The West Midlands Prisoner Resettlement Strategy addresses the changes that have come about through the development of 'Reducing Crime - Changing Lives'. It is the responsibility of the NOMS to ensure that the Prison and Probation Services work together to *'meet the essential and practical requirements of offenders, including housing'*. Together with the possibility of more community based sentences as proposed in the new Criminal Justice Act such as 'custody plus', 'automatic release' and 'intermittent custody there will be more demand from offenders for housing and housing related services. At the moment this is difficult to quantify but coupled with the restricted supply of such services already in the borough these increased demands will only serve to exacerbate the problem.

This raft of measures is intended to focus on rehabilitation and resettlement within the community. Some specific groups will be targeted for intensive support and, where appropriate, treatment. An important area of focus will be "high risk" offenders.

According to the authorities' Supporting People Shadow Strategy 2002 it recognised that *'provision for offenders is below the expected range'* for both accommodation based services and floating support. At the time there were only 21 units of direct provision and it was acknowledged that this was not meeting needs.

The Homelessness Strategy also noted that there was no direct access provision for those leaving prison and that no offenders had been rehoused through the Homeless legislation.

### **Youth Offending Team (YOT)**

Walsall YOT is governed and managed locally on behalf of the Youth Justice Board by a multi-disciplinary Steering Group.

According to crime records at the time the YOT was developed Walsall had higher than average crime levels reflecting the urban nature of the borough and the high levels of unemployment and deprivation.

The most prevalent factors that put young people at risk of offending are identified as:

- Lifestyle issues
- Education problems
- Thinking and behaviour
- Family and personal relationships

- Substance misuse



### ***Estimates of future 'need' based on formal and informal sources***

West Midlands Prisoner Resettlement Strategy suggested that for every 500 male prisoners:

- 167 would lose their tenancy before release
- 360 will have at least two mental disorders
- 410 will have poorer writing skills than the average 11 year old
- 100 will have attempted suicide in the past year
- 350 will be withdrawing from drugs

The report of the Social Exclusion Unit '*Reducing re-offending by Ex-offenders*' estimated that between 60 and 70% of offenders were misusing drugs prior to imprisonment. 60% of male and 40% of female prisoners were misusing alcohol to the extent that they were risking mental and or physical harm. It also noted that 46% of prisoners had a long-standing illness or disability. Approximately 75% of prisoners had a mental disorder.

A Home Office study in 2001 suggested that stable accommodation could reduce re-offending by 20% of prisoners. However the Social Exclusion Unit noted that 33% of prisoners have no permanent accommodation prior to imprisonment and, as noted earlier, a similar number lose their accommodation while in prison.

This evidence suggests that access to stable housing is a vital component of reducing re-offending and support services are needed to assist in maintaining that accommodation. However, most Offenders have a complex range of problems that are likely to lead to tenancy failure if they are not supported. Support services will therefore play a very significant role in helping to meet local targets for reducing crime overall and the scale of re-offending.

### ***Results from the Snapshot survey***

66 (24%) of those in the survey were reported as offenders. This figure appears to be low when compared to the need for supported housing and floating support services estimated by Walsall NSP. However, the survey figures are a snapshot and probably cover cases that reflect about a quarter of the year. The majority of recordings are for August-October so that total numbers may be closer to 260 for the whole year. It is interesting to note that only a small number of 16-17 year olds, 3 (4%), are represented in the survey.

In analysing the current accommodation of offenders the data reveals that a significant proportion (32%) of those included in the survey are currently occupying supported accommodation, with a further 18% occupying WHG/WATMOS properties. In analysing the figures those currently staying with friends and no fixed accommodation represent 30% of offenders. These proportions differ from the figures produced by the probation service,

suggesting a larger proportion that have access to stable accommodation. However, of the survey figures 18% who had stable accommodation were identified with a range of support needs. Overall the result confirms that the current supply of accommodation does not meet the needs of this client group.

The vast majority, 80%, identified a range of problems that would create difficulties in accessing permanent accommodation with a history of anti-social behaviour and violence (47%) being the most frequently recorded problem. From the data obtained via interviews the policies and procedures of providers tend to exclude such offenders on the grounds of risk to others. According to those interviewed some housing providers employ restrictive policies that exclude such offenders. 23% of offenders with outstanding arrears problems anticipate problems, and from the feedback provided via interviews it would seem that this is a legitimate area of concern as many providers do appear to exclude those with arrears problems.

It is generally recognised that substance misuse, particularly drug abuse, is often a problem for those with a history of offending and the data collected during this survey confirms this is the case in Walsall with 83% having a substance misuse problem.

The most significant support needs of offenders are identified as financial and life skills, with over 40% of those taking part in the survey being identified as needing such support. Support with mental health issues was identified as being needed by 5%, not an insignificant number. Generally this supports the information provided by probation.

### ***Service Users***

Interviews with service users confirmed that access to accommodation and advice was a major problem. They focused largely on accommodation matters reflecting their current circumstances. They identified the following as important to them:

- A clear process is needed for individuals leaving the Bail Hostels regarding Housing Requirements
- Homeless Service needs to ensure that they are completing their statutory duties effectively by interviewing all homeless applicants to ensure that vulnerable clients are receiving adequate information
- A clear process is needed for residents within the Borough regarding access to Housing and their Rights
- Closer partnership working with all statutory agencies and Private landlords

### ***Gaps in housing related supported services: current and projected***

The numbers of offenders returning from prison are growing as the prison population has grown. However, changes in sentencing policy will see more offenders returning to the community earlier so the overall number in the community will grow. Also, information on the numbers and needs of offenders and as important ex-offenders is now getting better and this is uncovering significant numbers who had not previously been identified who should receive a support service to help them into a stable life-style and reduce the chances of re-offending.

There is also clear evidence from national sources and the survey that many offenders have a number of other problems that make their needs more complex. For some of these more specialist support packages will be required.

Supporting People have recently commissioned a floating support service for 8 people on a short term contract in recognition of these needs.

Ultimately access to accommodation is the key to the successful delivery of support and this will include access to ordinary housing and supported housing.

### ***Conclusions and service developments***

It must be noted that many substance misusers do not have an offending history, and some offenders do not have a substance misuse problem, but there is a strong overlap between the needs of both groups. The policy and planning systems need to recognise the overlaps as well as differences. These need to be taken account of when planning future services to ensure that support services can address the complexity of needs but also to recognise that some offenders have different needs.

It has already been recognised that as a result of either formal or informal discussions both within and between stakeholder/provider organisations facilitated or instigated by the Supporting People Team some reconfiguration of services is already taking place. However these discussions have mainly involved generic support providers as opposed to specialist offender providers. The 'snapshot survey' confirms that 32% of those recorded in the survey were occupying supported accommodation. However there is still a significant number of Offenders with identified support needs that are not receiving support and in many cases also have accommodation problems. Many of those who have accessed supported accommodation also have problems from previous tenancies that may prevent them from gaining permanent accommodation.

Developments such as the implementation of protocols that seek to provide a framework for housing providers, probation and prison staff to plan for the housing needs of people returning from prison back to their communities will help. From the figures provided by NOMS we know there to be approximately

150 people a year that fall into this category in Walsall. This protocol would not seek to give preferential treatment to returning prisoners but should promote forward planning, preventative work, a commitment to joint working and an understanding of the legal rights of vulnerable ex-offenders.

Those interviewed felt that services could be improved and gaps filled by:

- Improving access to housing in both the private and public sector housing - Blanket exclusions are still being applied by some landlords that prevent offenders obtaining accommodation i.e. rent arrears, offending history, arsonists and Schedule 1 offenders' substance misusers can find it extremely difficult to find permanent housing for example. Further training, joint working and clear protocols were identified as methods for improving services
- Improved referral systems between Probation and providers - to speed up process and reduce voids
- More holistic services - Co-ordinated continuum of support, ranging from intensive hostel provision to supported accommodation to move-on permanent accommodation with resettlement support/floating support
- More dispersed self-contained supported accommodation for offenders
- More specialised intensive floating support schemes for offenders with complex need including mental health and substance misuse problems
- Emergency/direct access provision is identified as a priority within the borough

From the discussions with partners and providers it would appear that over the last year joint working/partnerships have improved considerably and this is particularly evident when it comes to assessing need and planning services. The Probation Service should taking the lead role in co-ordinating discussions between providers and other stakeholders on behalf of offenders, with the Supporting People Team generally facilitating joint working within the borough.

Recommended improvements suggested by the YOT were also made by those working with 'young people at risk' and included:

- Clearer communications between housing/support providers and YOT -recognised improving but more joint planning and working still needed
- Improved access routes into services through the development of joint protocols, these would tackle exclusions, definitions of 'homeless' and assessment processes
- Development of more supported accommodation/floating support services for 'young people at risk' including offenders

- Development of emergency/direct access provision for 'young people at risk'
- Develop supported lodging scheme for young offenders
- Develop specialist services for young offenders with drug and alcohol issues
- Improving specialist services to offenders with substance misuse problems. Much of the need in this category will be addressed in the developments proposed in the substance misuse section
- A review of allocation and letting policies should be carried out in the public sector. Protocols and services to be developed to support both offenders and landlords housing offenders particularly those with histories of violence
- Consideration should also be given to the development of a 'passport scheme for private landlords'. Rent Bond and Rent Guarantee Schemes
- Hostel/supported provision should be made available for these offenders with a mental health problem and/or complex needs. 15-20 units are required to support those that cannot be supported in low to medium support schemes
- Acknowledged that reducing the access barriers to stable accommodation will help reduce the need for specialist supported housing but there will still be a need for tenancy/floating support. A minimum of 12-24 units of development maybe required until needs and supply come into balance
- The need for supported accommodation is difficult to estimate due to the overlap with substance misuse. However according to providers a minimum of 10-15 units is required
- Recognised that intensive support is needed for a small number of 16-17 year olds and this may require more specialist accommodation based provision

## **7. Homeless including families and single people with support needs and rough sleepers**

The Homelessness Act 2002 was passed at the end of 2002. Much of its content had been familiar for some time, since it built on the Homes Bill 2001. The Act heralded a major shift in the way that homelessness was to be dealt with at Government and local level. The Government aimed to build services which will stop people falling through the holes which lead to having nowhere decent, or nowhere at all, to live as well as strengthening the safety net for those who become homeless.

The Act is accompanied by "*More Than a Roof - a report into tackling homelessness*", and "*Homelessness Strategies: A Good Practice Handbook*", both published in March 2002 by the then DTLR. The first report set out the significant change in the Government's approach to tackling homelessness: the emphasis was now to be on preventing rather than merely responding to incidents of homelessness. The overall purpose of the Government's strategy is to ensure that local authorities address homelessness strategically, by connecting the range of services which can have an impact on reducing and preventing homelessness into a co-ordinated approach. The Government expected local authorities' actions to be much more evidence-based, using this new knowledge about the causes and incidence of homelessness to lead to action to address the problem in future. Through analysis of why and how people become homeless there are emerging new ways to prevent and reduce its incidence, and a deeper understanding of what would help people to be able to stay in their own homes.

To start this process, local authorities were asked, for the first time, to conduct reviews of their services and of the other agencies (statutory and independent) which help and advise homeless people in their area. They were required to work with other agencies in conducting the reviews and developing their strategies, and to ensure that homeless people were consulted during the process.

To support local authorities in these tasks, the Rough Sleeper Unit had been absorbed into a new Homelessness Directorate, which also takes in the Bed & Breakfast Unit, the whole Directorate having an increased budget for implementation of the Act and prevention work, and being given a much greater status. This was further developed in October 2003 when Supporting People was also included in the Directorate.

The development of Homelessness Strategies should link in substantially to Supporting People strategies, with many needs likely to be identified through the review of homelessness provision.

### **National Performance**

**Table 14 National Performance**

<b>Relevant national objectives for client group</b>	<b>PIs</b>
<b>More Than a Roof:</b> <ul style="list-style-type: none"> <li>• Prevent homelessness</li> <li>• Reduce repeat homelessness</li> <li>• Reduce numbers of families with children in B&amp;B</li> </ul>	No family with children in B&B for longer than 6 weeks and then only in emergency

A key element of the national policy is the ending of the use of B&B for homeless families. As well as having an impact on the work of Homeless units it will also add pressure to that for providing floating support services to aid early re-settlement.

The first step in developing the strategy in Walsall involved conducting an audit of what was currently available in the borough and what was needed 'to achieve excellence in homelessness services'. The results of the 'homeless review' formed the basis of the 'homeless strategy' and its key priority targets identified as follows:

- Significantly increase the amount of specialist-supported accommodation and floating support services available
- Increase access to emergency accommodation
- Provide direct access accommodation particularly for over 25's
- Access to services needs to improve
- Buildings that provide services need to provide access to people with physical disabilities
- Access for BME communities to services needs to improve
- Although numbers of rough sleepers seem to be small there is reducing emergency accommodation for them
- Reduce the time spent in B&B's to 48 hours

There is a generally acknowledged lack of supported accommodation shortage of specialist accommodation willing to accept substance misusers. These issues are addressed in more detail within the section on substance misuse.

### ***National Information***

**Table 15 National Information**

<b>Relevant national objectives for client group</b>	<b>PI's</b>
<ul style="list-style-type: none"> <li>• Reducing rough sleeping</li> <li>• Prevention particularly focused on people leaving institutions (care, hospital, prison, forces)</li> <li>• Learning more about causes of homelessness</li> </ul>	<p>Keep levels of rough sleeping as close to zero as possible (at least two thirds below the level in 1998 or lower)</p>

Most of the performance indicators relating to this group are included within general performance on Homelessness or are covered within other client groups such as ex-offenders and care leavers. As a result objectives and priorities here need to be considered in relation to these other client groups.

The support needs of homeless families are also difficult to address in the context of Supporting People as much of this need may also be covered by other client groups including domestic violence and teenage pregnancies.

Comparisons to the anticipated supply profiles for single homeless people and homeless families show a significant shortfall in provision for both groups. At the time of the 'shadow strategy' being produced, and although some services have come on line since that time, there still appears to be significant shortfall in provision.

### ***Services currently provided***

Many of the services provided to single homeless people and families with support needs have already been mentioned in relation to offenders/young offenders and young people at risk. In addition to those services identified, the following are also provided for these groups:

- 49 units of supported accommodation for single homeless with a support need
- 63 floating support places for single homeless with a support need
- Women's Refuge with 23 places and 11 units of floating support
- Bed and Breakfast Placements \*exact numbers to be provided
- Supporting People Commissioned a new over 25's accommodation Hostel in May 2004. It provides 21 single units for over 25's and 2 units (two three bed houses on the same site for families)

Other services include specialist provision for those with mental health issues.

### ***Estimates of future 'need' based on formal and informal sources***

Formal up-dated estimates of need based on the data collected for the 'homelessness strategy 2003' are in the process of being provided. In the absence of this information estimates in this section will be based on the data provided in the 'homelessness strategy' and the informal estimates provided during the interview process.

Analysis of the data provided for the last 2 years clearly show 'a sustained increase in the numbers of people applying as homeless' i.e.

- 2002/03 **363** accepted as homeless
- 2003/04 **437** accepted as homeless

The trends experienced in Walsall reflect those occurring throughout the West Midlands. According to the West Midlands Region Strategy the number of those declaring themselves homeless is increasing and between April 1999 and March 2002 statutory homeless acceptances had increased by about 25%. The regional strategy also recognises that these figures do not reflect the growing number of 'hidden homeless young people who do not present themselves to local authority homeless services. The reasons for the increases have been discussed in other sections of this report and reflect the increasing problems associated with a vibrant housing market, a reducing



number of affordable properties for rent and sale and the levels of deprivation experienced by those living in the area.

Further analysis of the data confirms that the majority of those accepted as homeless in Walsall are families, 76% of successful applications in 2003/3. About 18% of applicants came from BME communities. Very few single people were accepted but most of these would be classed as young people at risk.

The snapshot survey identified 6 couples with children who were in some form of temporary accommodation.

The data provided on those applying as homeless in the borough also identifies an increasing demand for accommodation from those fleeing domestic violence involving a partner (20%) and those applying as the result of a non-violent breakdown of a relationship with partner (11%). Details of family compositions are not currently available however we do know from the 'homelessness review/strategy' that the number of homeless applicants with children has been increasing. Unfortunately it is difficult to extrapolate from the data those families that have support needs other than those required as a consequence of fleeing domestic violence.

However, it can be assumed that some of these homeless families will in the future require housing, and related support services. Some will have no support needs other than perhaps some advice. In a review of the homeless strategies ODPM noted that councils are placing an emphasis on prevention, once homeless families are rehoused:

- need for debt advice
- early identification of families likely to struggle with rent or other aspects of managing a tenancy
- support for families with particular difficulties
- support for families with complex / multiple needs/ chaotic lifestyles
- support regardless of tenure

This has resulted in a focus on floating support for all types of household including families, and also on co-ordinated support packages, linking agencies such as health visitors, Sure Start, drug and alcohol advisers, and social workers.

In the future the success of this approach is likely to be measured by the length of tenancy/ number of successful tenancies with support.

There is little formal data available relating to 'rough sleepers'; what is available indicates that rough sleeping does occur but mainly away from the town centre in derelict buildings and other places where it is difficult to conduct a count. The snapshot survey identified 4 people who said they were sleeping rough and a further 12 over 18 who were staying with friends. The

view expressed in the Homeless Strategy is that numbers are small and there is no consistent pattern with people going through periods of rough sleeping dispersed with times of when they have somewhere to stay temporarily.

However, the 'snapshot survey' did produce more information relating to 'hidden homeless'. This information has been included in each client group section. From the data collected it would appear that the number of 'hidden homeless' is much greater across all client groups than formally recognised.

### ***Gaps in housing related supported services: current and projected***

Gaps in service provision were identified during interviews as:

- Restricted access to affordable rented accommodation (private and RSL)
- Lack of direct access accommodation/hostel for people over 25
- Restricted advocacy/mediation services for young people and families
- Lack of intensive floating support projects for young people and families
- Limited emergency accommodation for families
- Better access to private sector accommodation is needed

### ***Conclusions and service development***

Over the past couple of years the number of applications for homelessness has increased but it is thought that this is mainly as a result of the counting of single homeless. If this were true then it would seem that there has been a smaller increase in the number of families seeking help. However this does not imply that additional support is not required. Work on the support needs of homeless families has been very limited. There is a general view among planners that additional support is required particularly for those families with complex needs.

Almost all the people we spoke to have identified the need to improve the collection of information about those approaching them as homeless. A key area that should be developed is the collection of information on the success in maintaining tenancies. It should be possible to do this retrospectively and this will help provide information on the need for support. There is some evidence that there is a need to particularly support families with complex problems.

The elimination of B&B for families will have some impact, particularly as it is already a struggle to meet their statutory duties.

Many single homeless people and rough sleepers will fall into another client group and therefore there is a danger of double counting. There is evidence

that there are significant numbers who need to access some form of stable accommodation and many of these will need support in the early stages.

Single people, particularly those over 25, have little provision at the moment. Recommendations for service development in other client group areas could address some of these problems. However, more detailed research may be required involving private sector B&B providers and landlords to ascertain the full extent of the numbers of single people who have no fixed accommodation.

It is clear however, that some direct access/emergency accommodation is needed for over 25's. It may be possible to develop this within existing provision.

### ***Service Developments***

Many of the issues identified in this section are covered within other client groups and therefore limited service development suggestions are made:

- Intensive support services for some homeless families with complex needs are required. Further research is needed to identify numbers
- Better access to permanent accommodation is a key issue but support will also be required for those who are making the transition from a 'homeless' lifestyle
- Direct access/emergency accommodation for people over 25. (2/3 units initially)

## **8. Domestic Violence**

### ***National Context***

Domestic violence accounts for nearly a quarter of violent crimes in England and Wales. This is estimated at 761,000 incidents in 1999 (British Crime Survey 2000). Domestic violence can have a severe and profound effect on mental health leading to depression and sometimes suicide (BMA 1998). The Government has placed a strong emphasis on tackling this problem, and this is reflected in a number of strands of Government policy including Crime Prevention, the Justice System, Homelessness guidance and Supporting People.

Key objectives include: increasing the full range of accommodation options, outreach and resettlement services, and better advice and information; helping victims who have ended or left a violent relationship rebuild their lives; and giving support to children and young people affected by domestic violence.

The Government is committed to meeting gaps in provision and improving standards of accommodation, and, where there is a demonstrated local need,

will consider increasing refuge provision further. To this end, in April 2003 it announced a capital investment programme, managed through the Housing Corporation, to build and develop refuge accommodation across England. Registered Social Landlords, in partnerships will use the money with local refuge providers and local authorities, to provide 273 units of accommodation in all regions of England. The Government has also committed £7 million in each of the following two years towards similar projects, which will also be administered through the Housing Corporation.

## **Local Strategy**

### **Summary of main strategic direction/objectives**

"No more excuses. A strategy to reduce domestic violence in Walsall" produced by Walsall's Responsible Authorities Group (RAG) sets the local direction. It contains a 14-point strategy, which are described as "Wills":

- We will provide by Dec 2002 a seamless, free, safe, 24 hour, 7 day a week service from confidential environments where agencies are networked together and work collaboratively
- We will ensure that all DV services are culturally sensitive and that culturally specific services are provided
- We will ensure management sign up to proposals for change across business, service, statutory and voluntary sectors in the town
- We will ensure that National examples of good practice are disseminated to the Borough and appropriately implemented
- In recognising 1 in 4 women in the Borough are likely to be victims of domestic violence, we will implement a comprehensive public relations strategy to ensure that women and their children know who and where to turn to
- We will demand cultural change across all service sectors and communities through comprehensive awareness training to ensure that DV is recognised and that an empathic professional, seamless service is provided 'long term'. It is important that employers are targeted by the strategy
- We will develop a network to support women through the Court systems
- We will ensure that maximum opportunity is taken of pro-bono work
- We will ensure that the DV Forum becomes the route for all consultative work on DV in the Borough with the Forum taking a lead on service quality
- We will continue to seek sponsorship from local businesses to provide emergency resources for women leaving DV situations
- We will ensure that the current and ex DV service users are involved in the Strategy and the delivery of services

- We will ensure the delivery of voluntary and Court mandated perpetrator programmes
- We will ensure that services recognise the impact of DV on the emotional, physical and sexual development of children

West Midlands Police & Police Authority, Probation Service, CVS, Health Authority, WMBC, and Chamber of Commerce signed up to the wills. The implementation of the Strategy is monitored by RAG.

The Domestic Violence Strategy identifies the need for: a flexible approach to the provision of accommodation, accommodation for 'planned' safe moves from domestic violence situation and cross authority provision for BME communities.

### **Local Services**

Specialist housing and support services are predominantly provided through the women's refuge. They are funded through Supporting People to provide 23 units of supported accommodation and 11 units of floating support. The refuge can accommodate women with children up to 16 years old. However, it will not accept male children over the age of 16. This does cause access problems for some families. The refuge does accept females of all ages, those families with males of 17 and over are referred to refuges with satellite properties or homeless accommodation through the Homelessness Team.

The refuge provides a 24-hour help line offering advice, support and refuge accommodation. The refuge is also staffed with multi lingual workers

Stepping-Stones provides a 24-hour help line for women fleeing violence and there is also a crisis intervention service that provides volunteers who will support victims where the perpetrator has been arrested.

There is also a multi-lingual telephone help-line through SAYA, the Stopping Aggression in the Family Environment (S.A.F.E) perpetrators' programme, Crisis Intervention Service working jointly with the police to provide support, advice and practical assistance to victims immediately following an incident.

### ***The extent of domestic violence in Walsall***

The International Centre for the Study of Violence and Abuse (ICVA) study estimated that as many as 1 in 7 women experienced at least one incidence of physical domestic violence in 2000-01. It was also noted that if other forms of domestic violence were taken into account, this figure would be significantly higher.

Indeed, a related piece of work on routine enquiries about domestic violence in General Practices discovered evidence to suggest that the prevalence rate may be as high as 1 in 4 in one Borough<sup>5</sup>.

In 2003/4:

- 3330 Incidents were reported to the Police
- Refuge had 1295 referrals with 1745 children
- Stepping Stones 747 of which 48 were from BME
- 71 BME referrals to SAYA
- Crisis Intervention service 373 referrals

There will be an element of double counting between the agencies but the figures demonstrate that needs are far greater than supply.

Statistics from the Police provide further insight into the nature of Domestic violence:

In 1999/2000

- 3,738 incidents were reported to the Police
- Level of repeat offences - 1,233
- No of arrests relating to calls - 1,039
- Nos. proceeding to Court - 620

Although the total number of reports to the Police for 1999/2000 are slightly higher than for 2003/4 the important issue is the extent to which victims then go on to seek further help. Across the two sets of figures 1999/2000 and 2003/4 less than a third would seek to take some form of further action.

Our snapshot survey revealed that 95 out of a total of 431 referrals reported domestic violence as a reason for contacting the agencies that took part. All were female, which represents 35% of the total number of women who responded. This can be taken to suggest that although prevalence may be as high as 1 in 4, the number of women actively seeking help (in terms of housing and housing-related support) is higher at a rate of 1 in 3. The snapshot survey suggests an annual total who access some form of support of 300.

Of those cases recorded a significant proportion had another overlapping need. For example, 46% of the samples were young people and 7% fell into the category of teenage pregnancies.

8% identified child protection issues and while social isolation emerges as a major problem. Mental health issues are a significant factor for this group (9%).

---

<sup>5</sup> Hester, Westmorland and Hughes, 2001. Paper available from Barbara Dickson, Chair STDV Forum

There are difficulties in accessing emergency accommodation for women who have male children over 16. At the moment there is no alternative for them except general emergency accommodation for Homeless families or seeking help outside of the borough. There are also no specific services for men who are victims of support or violence in same sex relationships.

There is now a growing concern about violence towards sex workers. Detailed research suggests that support is needed, particularly for those who want to leave the industry. Specific numbers who need a Supporting People service are difficult to estimate as the needs seem to be complex. Detailed research has been aimed at highlighting the broad range problems that face people working in this industry and their impact on local communities. Walsall does have one scheme that provides a Supporting People funded service which includes former sex workers. This is being re-commissioned to offer a multi-agency service led by the tPCT.

### ***Assessing future needs***

Housing and housing-related support are seen as a huge priority for women experiencing domestic violence who wish to leave the violent relationship.

There is some evidence that women experiencing domestic violence in Walsall may not leave because they do not want to go to a refuge. However, there is no alternative temporary safe housing available and there is little choice regarding permanent housing solutions.

Furthermore, referral data for the year 2003/04 reveal that the Refuge was unable to provide emergency accommodation for 554 of the 1295 referrals. This was because the Refuge was full. This further supports the view that there is a need for more temporary safe housing for families fleeing domestic violence. One reason that the refuge may be full is that families may be awaiting permanent accommodation. Each one of the referrals that could not be accommodated were either given advice, support and/or other refuge numbers to try.

There is a growing need to support victims from BME communities. The Domestic Violence Forum recognised that providing culturally specific services to address the needs of all service users would be extremely challenging for Walsall on its own; they have therefore decided to seek cross-authority solutions.

With respect to permanent housing solutions Homelessness statistics for 2002/03 show that only 17 families were accepted under the Homelessness legislation.

Also, the general feeling is that women fleeing domestic violence tend to be housed in high risk, low-demand areas by the Council. These are seen as not suitable for their requirements (e.g. because they are unable to allow their children to "play out", for safety reasons and they fear theft of their property or vandalism). Women who are not being re-housed from the Refuge report that

they fear rejecting a property, as they may not then be considered to be truly in priority need. This may prevent a woman from leaving a violent relationship. Indeed, there is a high level of repeat victimisation in Walsall.

Furthermore, as there is a high demand for houses in better areas and clients can wait longer than usual before they are offered a tenancy and move on from the refuge, this may have a knock-on effect of preventing access to the refuge of women in crisis.

Interviews support these findings, and reveal a need for second-stage housing options to be developed. The Domestic Violence Forum has noted this as an important step in future development. However, this has been tried before and families complained about the second upheaval, having to claim for grants and changing children's schools etc

There is also a recognised link between domestic violence and other needs. For example, in the snapshot survey, 44 people were also under 25. 7 were teenage parents and 6 were substance misusers. 9 had mental health issues. This suggests that although finding permanent suitable accommodation is an important outcome additional support may well be needed to make a successful transition. The service users themselves support this. Also the people leaving violent relationships will have different needs; some may require a structured environment of the refuge while others need privacy that can be provided by alternative safe accommodation.

Planners commenting on the first draft of this report further added that they would like to be able to offer secure flats within a "complex" that provided 24-hour support. This would enable families to re-establish their relationships and regain a more natural lifestyle.

It was also noted during consultation that there is still no practical support for families after re-housing. For example, help to do decorating, to deal with overgrown gardens or to get furniture especially when they have two or three young children, or for women who work who are not entitled to claim benefits and have to start again with nothing.

### ***Views of Service Users***

Women identified a need for help after they had left the scheme and this should be provided on an outreach basis by the scheme.

Another issue was the type of support or things they could have support with; they needed advice on which areas were good to live in and which were not.

They wanted support to go through legal battles over property and this was not always possible.

They wanted support to get their belongings back and somewhere to store them whilst they waited to be housed.



They wanted a better system to allow them to choose their areas for accommodation.

### ***Conclusions and Service Developments***

- Develop a range of temporary safe housing available to families fleeing domestic violence and consider the development of Safe Houses to compliment the Refuge service. National data suggests that roughly 28% of the population of women fleeing domestic violence at any one time are likely to require temporary safe accommodation in a refuge or similar<sup>6</sup>. Any development of Safe Houses will also require an extension of the floating support service
- Extend the range of suitable housing solutions for women needing to move on permanently and take steps to ensure access to this housing for women who may not progress through the temporary safe accommodation route
- Walsall Domestic Violence Forum wants to find cross authority solutions for meeting the needs of victims from BME communities. Outcomes are likely to have implications on service provision and related funding requirements
- Monitor the development of plans for developing an outreach support service for women fleeing domestic violence who have substance misuse problems. There is currently nothing in Walsall for this group

## **9. HIV/AIDS**

### ***National priorities***

In the UK at the end of 2002 approximately 49,500 people were living with HIV, about a third of whom were undiagnosed. Since the epidemic began in the early 1980s about 15,000 deaths in HIV infected individuals are known to have occurred in the UK. Currently the number of people living with diagnosed HIV is rising each year, due to increased numbers of new diagnoses and decreasing deaths due to antiretroviral therapies. The national agenda has focused on minimising the spread of the HIV virus, whilst recognising the need for health and social care services for people already infected / affected.

The DoH report 'Better prevention Better services Better sexual health, The national strategy for sexual health and HIV' (1991) emphasises that social care and support services have a central role in promoting quality of life experienced by people with HIV:

---

<sup>6</sup> See [www.womensaid.org.uk](http://www.womensaid.org.uk)

*‘Treatment and health care for people living with HIV are obviously essential, but their overall quality of life cannot be neglected. Social care has its part to play, by:*

- *helping patients adhere to drug regimes*
- *helping access to education, employment and leisure facilities*
- *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*
- *supporting carers and families; and making sure that people living with HIV can benefit from wider initiatives that promote social*
- *inclusion*

### ***National statistics***

The following are the key points, summarised in the Health Protection Agency (HPA) report 'Reviewing the Focus: HIV and other Sexually Transmitted Infections in the UK in 2002'. (Updated report Nov 2003):

- HIV predominantly affects younger adults, 76% are aged 15-39 years at diagnosis
- The infection is still incurable despite the introduction of new treatments
- New treatments have caused a sustained decline in HIV associated deaths, which, with a rise in the number of new diagnoses, has resulted in a steep increase in the number of people requiring long-term treatment.
- Sex between men remains the group in the UK at highest risk of acquiring HIV with evidence that transmission is continuing at a substantial rate
- 71% of heterosexually acquired HIV infections diagnosed in the UK in 2000/2001 were in people from Africa, or were associated with exposure there
- Although the potential still exists for HIV transmission through injecting drug use there is no evidence of significant current HIV spread amongst IDUs in the UK
- Despite evidence that the proportion of maternal HIV infections detected in pregnancy has increased (particularly in London) preventable HIV transmissions from mother to child are still occurring in women whose HIV infection is undetected
- London, Brighton and Manchester are the cities in the UK with the largest HIV infected populations

### ***Local priorities***

The Homelessness Strategy has identified the need for further research into the needs of this client group. They recognise that the research and the results need to be managed sensitively. They have identified the following key actions:

- Where illness causes a sudden change in housing needs a protocol needs to be developed to fast track people into appropriate accommodation or to sensitively carry out adaptations
- Evictions related to health need to be managed sensitively and "intentionality" needs to be carefully considered in relation to the persons state of health

Both of these imply the development of additional support services. Supporting People provides funding to support 5 people with HIV/AIDS.

### ***Estimating future needs***

127 people have been diagnosed HIV in Walsall. Of these 63 are from BME communities. A higher proportion of women, 38 out of 49 are from BME communities.

At the moment very few are seeking a housing or support solution. There is evidence from a number of national sources that most people with HIV/AIDS are very reluctant to identify themselves and they are concerned about the stigma attached to the illness. Therefore, they are unlikely to seek specialist accommodation or services unless absolutely necessary. Also the developments in treatment mean that most people can lead independent lives in ordinary accommodation with no need for support unless they have other problems.

It is also known that a number of people will access supported accommodation that either have HIV/AIDS and chose not to reveal it for fear of being excluded or are unaware that they have the disease. Service Providers, particularly in the areas of Substance Misuse now carry out active staff training programmes to manage these circumstances.

National statistics based on unlinked anonymous testing suggest that nationally 31% of the total HIV positive population are unaware that they have been infected. This would indicate that there are likely to be in the region of an additional 39 asymptomatic people in the Borough who have the HIV virus, bringing the total to around 156 people.

Between 2001 and 2002 the estimated prevalence of diagnosed HIV infections in adults in the UK increased by 20%. It is not unreasonable to assume that this pattern of increase will continue, which would suggest that by 2010 there could be a further 150- 200 people in Walsall with a confirmed HIV diagnosis.

Professionals in Walsall estimate a much higher level of growth suggesting total numbers are growing by between 50 and 100 per year.

Discussions with planners indicate that the majority of the people confirmed as HIV positive are in reasonably secure housing situations and have effective support networks. So, the number of people affected by HIV and in need of housing support services is likely to be relatively low, but could include people with drug issues who have less stable housing and more chaotic lifestyles.

### ***Views of Service users***

Three people were interviewed and they identified the following issues:

- Out of hours service necessary for this client group
- Additional Support Worker to assist the present HIV co-ordinator as there is recognition that there is only one worker for the Borough

- Better information regarding homelessness and housing systems
- 'Not one size fits all' – there has to be flexibility in any service commissioned because of the emotional effects of the diagnosis

### **Conclusions**

The number of people in Walsall with HIV who have a current need for housing support services is relatively low, and as a result specialist HIV supported housing services are small.

However, it is clear that numbers are increasing and could easily more than double to around at least 300 people by 2010. Therefore it is essential that the possible need for growth in the specialist service be reviewed on a regular basis, in close consultation with the tPCT and voluntary sector services.

One possible option to be considered would be for future development to be through a Black Country based specialist service with joint funding through the Cross Authority group.

In the meantime, therefore, it is essential that all supported housing schemes have effective policies and procedures as well as staff training which will enable them to meet these needs.

### **Service Development**

- It is likely that a small number of people with HIV will continue to need to access a range of supported housing services in Walsall. Over the life of the strategy these numbers will grow. It is essential to note that people with HIV can present with widely diverse and complex needs, which may include:
  - Physical illness / disability
  - Mental illness / emotional support needs
  - Harassment / victimisation resulting from their HIV status or sexual orientation
  - Family and childcare needs
  - Substance misuse problems
- Demand could more than double by 2010. Consideration should be given to developing a Black Country based specialist service with joint funding through the Cross Authority group

## 10. People with Mental health issues

### Summary

A number of national mechanisms estimate that between 1 in 4 and 1 in 10 of the population will at some stage in their lives develop a mental health illness. This creates a very wide range in terms of numbers within which we have to begin the process of estimating the numbers who may need support.

We have used a variety of methods, drawing on both national and local information to focus on support needs. We have concluded that at the top end of the range up to 1700 could need some form of support service. This is based on a preventative approach but at the bottom end we have estimated about 450 people who have a more immediate need for support including those who have no permanent home and those whose home is at some form of risk. A significant number of these will also fall into other client groups including Substance misuse and Offenders.

We have also noted that a number of support solutions are needed to take account of differing levels and ranges of needs and these have been set out at the end of this section.

### National framework

#### The National Service Framework for Mental Health (1999)

The NSF framework spells out the national vision for mental health services and is driving structural change in the way services are delivered. It places a strong emphasis on a 'whole systems' approach to the delivery of treatment, care and support to people experiencing mental health issues, based on seven standards, covering 5 specific areas of service delivery:

#### Table 16 Standards

<b>Standard one</b>	Mental health promotion
<b>Standards two and three</b>	Primary care and access to services
<b>Standards four and five</b>	Effective services for people with severe mental illness
<b>Standard six</b>	Caring about carers
<b>Standard seven</b>	Preventing suicide

The framework makes it clear that access to appropriate housing and housing support services is an essential requirement for delivering these standards. For example, on standard 7 preventing suicide, the NSF observes:

*'Suicide accounts for 400,000 years of lost life before the age of 75 years. It is associated with poverty and adverse social circumstances and numerous studies have demonstrated the correlation between poor housing, low income and mental ill health'*

The NSF also highlights the important functions that supported housing can play in providing alternatives to hospital based interventions and in promoting independent living:

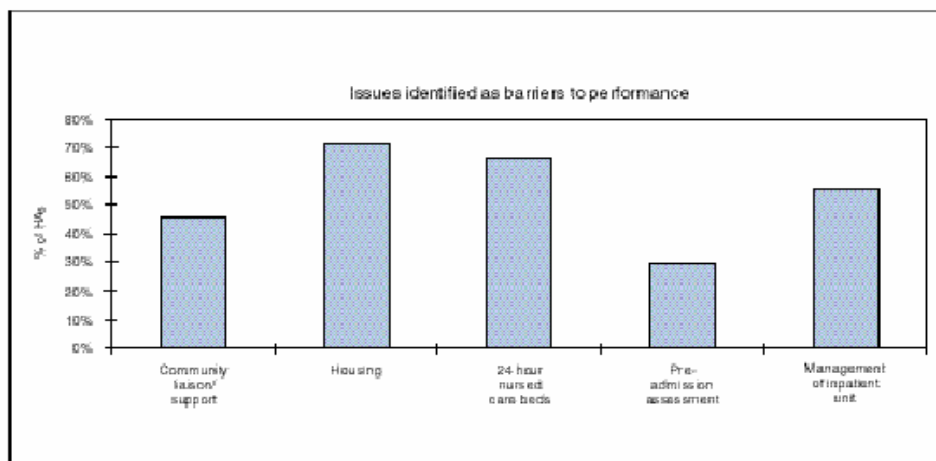
*'Twenty four hour staffed places provide accommodation and support for some of the most disabled and disturbed service users who would otherwise require long term hospital care. On average around 25 people per 250,000 fall into this group, but in inner city areas (especially inner London) the levels of need are up to five times higher. Despite evidence of their value, there are shortfalls of 24 hour staffed places and supported accommodation in some parts of the country, including those where needs are highest. Further development of this element of the mental health system of care is a high priority through partnership between statutory and non-statutory services.....*

*..... Ordinary housing supported through the local authority also has an important place in providing more or less independent living. Housing and support schemes commissioned by local authorities working in partnership with health authorities also provide more or less independent living. Much of this type of accommodation is provided by housing associations, and managed by specialist independent organisations.'* (Page 51, NSF)

***Modernising Health and Social Services (DoH. 1998):***

This White Paper highlighted that the lack of suitable housing and housing support services was the most commonly cited reason for inappropriate delays in discharging people from acute psychiatric wards:

*'Health Authorities cite a number of barriers to more effective and efficient performance (Figure 4). A shortage of ordinary housing and a lack of 24 hour staffed residential accommodation were cited as major causes of people staying longer than necessary in hospital beds, particularly acute beds. For example, the availability of 24 hour staffed beds varied between 2 and 20 beds per 100,000 population. These factors lead to restrictions on the availability of acute beds for people needing an admission, particularly in the inner cities where the prevalence of mental ill health is higher...*

**Figure 4 Issues Identified as barriers to performance**

Modernising Mental Health Services, DoH 1998

### ***Mental Health and Social Exclusion (DoH. 2004)***

This recent report by the Social Exclusion Unit highlights the central role of supported housing services in fulfilling the government's social inclusion agenda. This report includes the following performance indicators in relation to homelessness, housing and housing support provision:

**Table 17 Performance Indicators**

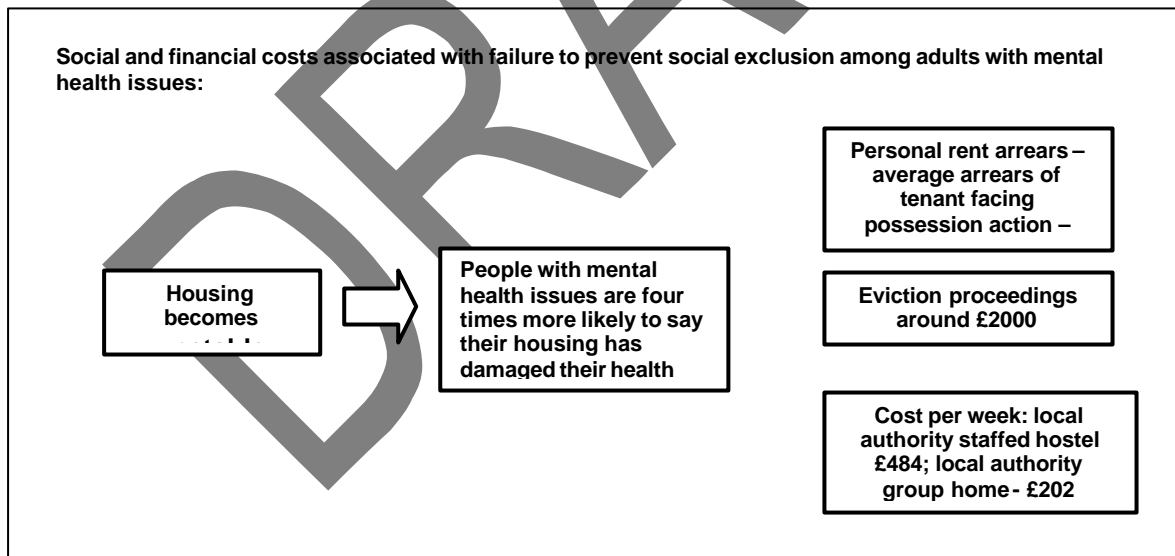
INDICATOR	DATA SOURCE	OUTCOME
<b>Housing</b>		
i) number of homeless people with mental health issues accepted as being in priority need for housing	Office of Deputy Prime Minister (ODPM)	Year-on-year decrease in numbers
ii) Number of people with mental health issues assisted by the Supporting People Programme	ODPM	Contextual information

*(Mental Health and Social Exclusion, Social Exclusion Unit June 2004)*

The Social Exclusion report also highlights the social and economic impacts of housing and homelessness problems associated with mental illness:



**Figure 5 Social and economic impacts of housing and homelessness problems associated with mental illness**

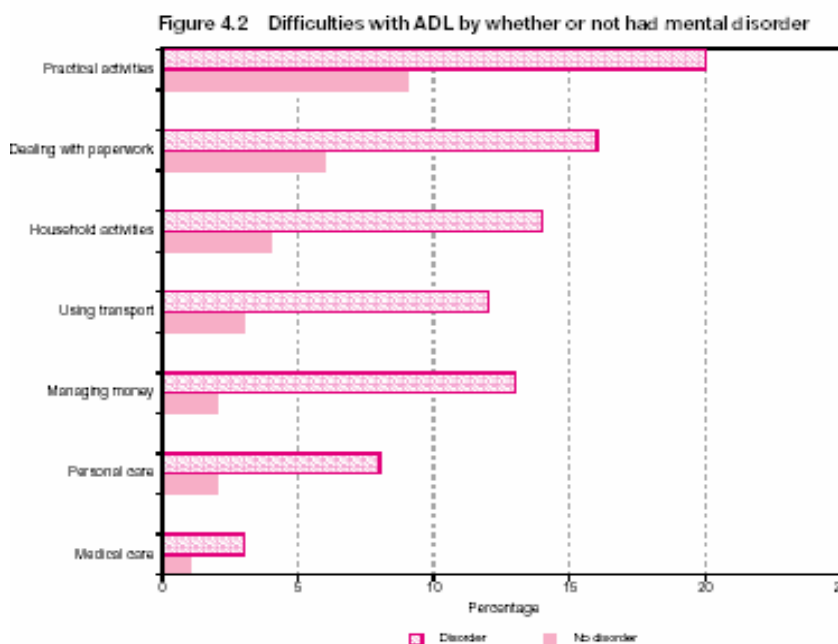


*(Mental Health and Social Exclusion, Social Exclusion Unit June 2004)*

### **Defining and measuring support needs**

It is self-evident that people with mental health issues have, on average, greater support needs than the general population. However an ONS report, 'The Social and Economic Circumstances of Adults with Mental Disorders', provides some measurement of the level and nature of these needs, compared to people without mental health issues (ADL refers to Activities of Daily Living):

**Figure 6 Difficulties with ADL by whether or not had mental disorder**



*The Social and Economic Circumstances of Adults with Mental Disorders, Meltzer et al, O.N.S.*

## **Local Priorities**

### **Mental Health Partnership Board**

The 'Assuring Quality Housing and Support for Walsall Residents with Mental Health Needs: An Action Research Report' completed September 2000 in partnership with service users, remains a significant influence in the Council's planning, development and delivery of service. It still under-pins the board's programme of action that flows through a number of plans:

### **Walsall Adult Mental Health Plan 2003-2006:**

The strategy adopts the NSF Mental Health guiding values and principles and proposes a service model which:

- Is tiered
- Is delivered through MDT's (4xCMHTs)
- Matches level of expertise in service delivery to complexity of service user need
- Minimises barriers to reaching the right care
- Delivers services through care pathways that are condition-specific and relate to CPA

The plan raised a number of key questions about the future delivery of services:

- Should services be organised around Primary Care Practices or around Local Government Wards?
- To what extent should services be delivered within buildings/settings that are exclusive and dedicated to MH services, and to what extent should they be delivered in mainstream community facilities?
- To what extent should specialist services be developed for particular groups and to what extent should generic MH services develop skills to meet the needs of all groups?

General service priorities include:

- Addressing the Autumn 2002 SAF 'red' for care plans not being available 24 hours a day. They aim to address this by continuing to develop systems to integrate CPA and Care Planning, including the consideration of clients' needs for support with housing. The longer term aims include the development of a single patient record
- Setting up formal arrangements for partnership working between the tPCT and SSD – through a MH Partnership Board. In the longer term, pooling budgets

Service priorities relating to Supporting People are:

- Crisis Resolution, including home treatment and 24-hour triage service
- Crisis Housing
- Early Intervention in psychosis
- Assertive Outreach
- Day services
- Intensive Care
- Interfaces with other services:
  - Mental Health Promotion;
  - Social Inclusion and Social Participation
  - Housing (\*)
  - Benefits
  - Ethnicity (\*\*)
  - Gender (\*\*\*)
  - Rehab and Recovery services (\*\*\*\*)

(\*) In relation to Housing, there is a local user-led research project that has identified issues and aspirations for good quality housing. Social Services and Health work closely with housing providers to address these:

- Expand the number of clients supported in individual tenancies or group living arrangements through Walsall Housing Partnership and establish a housing strategy development post
- Review the recommendations of UCE Housing Research and develop accommodation strategy to establish standards

(\*\*) In relation to Ethnicity, the provision of services to people from BME was assessed as 'red' in the Autumn SAF exercise. They plan to establish a jointly funded post to lead the development and improvement of culturally appropriate services in Walsall

(\*\*\*) In relation to Gender, plans include the development of patient conduct protocols dealing with men treating women in a negative/damaging way and the provision of self-contained facilities for women-only areas with clear admission criteria, and the employment of an equalities officer

(\*\*\*\*) In relation to recovery and rehabilitation services, a separate consultation report explains that at the time of writing there is a total of 159 residents of specialist units

### **Housing Strategy 2005-8**

The housing related objectives over the next five years are to:

- Continue the development of housing and associated support services which promote independence and the recovery model of mental health care based on empowerment and social inclusion

- Establish positive working relationships with housing providers to ensure appropriate access to a range of supported and independent accommodation, home buying schemes or group living arrangements, assess the needs of clients in private residential or nursing home accommodation and provide alternative options to promote independence

#### **Housing Strategy 2004/5 Mental Health:**

The strategy focuses on the work of the Mental Health Housing Development Co-ordinator and supporting a range of existing and new initiatives including:

- Targeting homelessness
- Sustaining independent tenancies
- Creating specialist mental health accommodation

The strategy aims to build the strategic links between a range of key related planning areas within the context of the corporate strategy to deliver further benefits to service users. Flowing from this is increasing integration of service delivery and positive working relationships particularly with housing providers including the private sector.

The objectives within the strategy are:

- Improvement of access to emergency accommodation for homeless mental health service users particularly over 25's who may have other needs
- Establish a housing related service user group to aid the planning and delivery of services

#### **Review of Mental Health Services for BME communities in Walsall 2004**

In response to an SSI report into the lack of services to BME communities this research was commissioned. The research looked at the general problems of access and identified 4 key areas where improvements needed to take place:

1. Ensuring accountability and ownership in relation to BME communities
2. Develop culturally acceptable services
3. Setting national standards to improve access, care experience and outcomes
4. Enhancing the cultural relevance of research and development

The report made five recommendations containing 69 action points many of them are relevant to the planning and development of support services.

The key issues that emerged in future service planning for Supporting People are:

- BME communities receive fewer services and therefore inequalities exist
- Recognising the barriers that exist to establishing an effective dialogue with local communities
- For many there is no distinction between physical and mental health issues
- Ensure that staff delivering support services reflect the racial mix of Walsall
- Delivery of services should, as far as possible, be culturally specific

### **Homelessness Strategy 2003**

The homelessness strategy identifies the following gaps in services:

- Hospital discharge
- Mental Health issues complicated by some form of substance misuse
- An offending history

The strategy saw the development of emergency access accommodation as one important development but that the key issue was accessing ordinary accommodation where support services could be provided. This would include access to WHG/WATMOS owned property, RSL properties and private sector properties. It was thought that the introduction of a rent bond scheme might assist with accessing the last sector. This option is being explored by the Council's Strategic Housing function at the current time.

It was also noted that only two people were re-housed through the homelessness legislation that fell into this client group in 2002/3.

### ***Estimating future needs***

Estimates of the prevalence of mental distress in Britain vary. The Office for National Statistics or ONS puts the figure at 1 in 6 adults at any one time. Another major survey that is frequently quoted puts the figure at 1 in 4. (*Common Mental Disorders*)

The 1 in 6 figure given by the ONS represents those people defined as having 'significant' mental health issues, whilst the latter survey uses a wider definition of mental health issues. This also includes a breakdown of the progress that these 1 in 4 people are likely to make through the mental health system as follows:

- Around 300 people out of 1000 will experience mental health issues every year in Britain
- 230 of these will visit a GP

- 102 of these will be diagnosed as having a mental health problem
- 24 of these will be referred to a specialist psychiatric service
- 6 will become in-patients in psychiatric hospitals

**Source:** Based on figures from Goldberg, D and Huxley *Common Mental Disorders*. Routledge 1982

If that is applied to Walsall it would mean:

- 76000 will experience mental health issues every year in Walsall
- 58190 people will visit a GP
- 17480 of these will be diagnosed as having a mental health problem
- 1734 of these will be referred to a specialist psychiatric service
- 102 will become in-patients in psychiatric hospitals

These figures have limitations, as they do not link to the range of other needs that may be associated with the illness, such as substance misuse, alcohol or another disability.

Walsall has a legacy of low levels of expenditure on mental health services. In 2001/02 the West Midlands spent 18.6% less than the national average investment and Walsall was 4<sup>th</sup> out of its 6 districts. In the Autumn 2002 SAF the Trust was assessed as 'red' because of a failure to commit resources to investment in future years. The pressure to develop a wider range of services has led to a number of policy initiatives and the shifting of the pattern of services and the development of new services.

Currently about 100 people in Walsall live in nursing or residential homes for people with mental health issues; some of these may be relocated within the community over time.

The Partnership Board has planned that by March 2006, 400 clients a year will have received the home treatment service and also that by the same date the caseload of assertive outreach will be 110. This may have implications for supporting people services within the community.

Attention is also being paid to the link between mental health issues and homelessness as described above. This issue is also confirmed in the results of the snapshot survey:

### ***Snapshot Survey***

As part of the survey we were able to identify 109 people who had a mental health problem. This was about a quarter of the total survey. 55% were male and 89% of these were over 25. Of the women 31% were under 25.

### **Table 18 Age bands of people with Mental health issues**

Age bands	Number	male	female
16-17	5	2	3
18-24	17	5	12
25-40	38	23	15
41-60	38	23	15
61+	11	8	3

As well as mental health issues these groups were also identified with a range of support needs.

**Table 19 Age bands and secondary support needs of those with Mental health issues**

Age bands	Financial Problems	Social Isolation	Lack of Life Skills	Physical Health or Disability	Child Protection Issues	Domestic Violence
16-17	5	5	5	1	1	0
18-24	4	15	5	1	1	3
25-40	0	0	0	0	0	3
41-60	1	1	0	0	1	2
61+	0	0	0	0	0	0

A very significant number, 49%, identified no other support need and this is unusual. Of those that did identify a need, social isolation, lack of life skills and financial problems were their main needs.

When we look at the picture from the perspective of substance misuse we can see that only 6% had some form of substance misuse problem. Again this is an unusual result. In other similar surveys and in national research there has been very strong evidence concerning the link between substance misuse and mental health issues.

**Table 20 People with a Substance misuse and mental health problem**

Substance Misuse	Number
Alcohol	4
Drugs	1
Both	1
Total	16

87% of those identified currently occupy supported accommodation or receive a floating support service and this may explain why many did not identify an additional support need:

**Table 21 Accommodation currently occupied by people with mental health issues**

Current Housing Situation	Number
---------------------------	--------

<b>Staying with parents other family and friends</b>	3
<b>Private tenant</b>	3
<b>WHG/WATMOS</b>	78
<b>Bail /Hostel</b>	6
<b>Supported Accommodation</b>	17
<b>Looked after accommodation</b>	1
<b>Sleeping rough/No Fixed Accommodation</b>	1
<b>Total</b>	109

It may also, at least in part, explain why few identified substance misuse as a problem. Many support providers exclude substance misusers and therefore service users may be unwilling to identify this problem.

### ***Conclusions and service development***

- Increase move-on from supported housing schemes, with provision of 20 additional units of floating support:
- There is an urgent need to increase move-on from existing supported schemes into independent accommodation, thus increasing availability of these services for people with greater support needs. To achieve this, it will be necessary to improve access to rented housing, including council provision, housing associations and the private rented sector. It will also be necessary to increase provision of floating support so that people can successfully progress to more independent accommodation and successfully maintain tenancies. It is important that this provision should be flexible and able to meet fluctuating levels of need for individual service users. At the early stages following move-on, support needs are likely to be high
- Improve access to suitable housing options for people with mental health issues:
- A key area is the continued development of access to permanent accommodation in both the public and private sectors
- Increase provision aimed at preventing homelessness of people with mental health issues, by providing additional units of supported accommodation for those over 25 years of age
- Develop a specialist supported accommodation service of 6-10 units for women only:
- It is well documented that women with mental health issues frequently have experiences of being abused (physically, sexually or emotionally) by men. Currently, all of the supported housing schemes offering higher levels of support in a single location are mixed, which effectively excludes a high proportion of women who would feel unsafe in such a mixed gender environment
- Increase provision for people with complex needs / challenging behaviour:



- There is an urgent need for more provision of accommodation with high staff / service user ratios, 24 hour staffed, which is able to accommodate people who present with challenging behaviour (possibly associated with dual diagnosis / severe personality disorders / learning disabilities in addition to a mental health problem). The NSF report suggests that, on average, there will be 25 people per 250,000 population who need this kind of provision, indicating that Walsall would require around 25 such units
- Ensure that all supported housing services are able to meet the needs of BME service users:
- There is a low take up of supported housing services by BME groups generally. It is essential that every service function in a manner, which actively promotes the needs of people from BME communities. This requires that all services review and continually improve anti-discriminatory policies and practices, including staff recruitment and training, referral and assessment processes and approaches to service publicity

## 10. Learning Disabilities

### *Summary*

Provision in the community for this client group remains underdeveloped despite the impressive progress. As a result a number of people are now inadequately housed in dated or inappropriate facilities and some are housed outside of the borough. The development of an accommodation strategy and a review of commissioning have set in process a set of plans to rectify this position. However, some of the plans are for community based solutions that will not need Supporting People funding but some will. It is estimated that some 50 units of supported accommodation will be required to address immediate needs.

Like other client groups, Learning Disabilities covers a range of levels and types of need, so support solutions will need to reflect this and therefore additional monitoring of emerging information will be required for future commissioning of services. Among these are the increasing needs of older carers and those with a learning disability that live into old age. These are addressed within the section on older people.

### *National Context*

Valuing People, the Learning Disability Strategy (2001), sets out a number of key objectives including the provision of choice in housing and clearly states that people with learning disabilities should be given a genuine opportunity to choose between housing, care and support options. Local councils are therefore expected to ensure that all housing options are considered when they are exploring the future housing, care and support needs of people with learning disabilities and their families. These options should include small-

scale ordinary housing, supported living, and village and intentional communities as well as residential care.

To enable people with learning disabilities and their families to have greater choice and control over where and how they live, it may be necessary to increase the range and choice of housing open to people with learning disabilities in order to enable them to live as independently as possible.

As part of the Valuing People process, local authorities were expected to set up Learning Disability Partnership Boards and produce a local housing strategy for people with learning disabilities, along with related plans for commissioning care and support packages. There is also a national Performance Indicator of enabling people who live in long-stay hospitals to move to more appropriate accommodation by 2004.

### ***Local Priorities***

#### **Learning Disabilities Partnership Board**

This board aims to address issues identified in the National Strategy for Learning Disabilities. It has set itself 10 priority areas that are contained in The Joint Strategy for People with Learning Disabilities 2004:

1. Improving transition from Children's to Adults' services
2. Ensuring that people with LD have more choice and control over their lives
3. Providing support to family carers
4. Improving the health of people with LD
5. Providing a range of housing and support services (\*)
6. Ensuring people with LD lead fulfilling lives
7. Moving into employment
8. Improving quality of services
9. Workforce planning and training
10. Improving partnership working

There is an increasing demand and expectation from people with a learning disability that they should be able to access mainstream housing, and have a range of tenure and ownership options. It is recognised that there are huge issues around meeting housing need for this client group in a flexible and integrated way. Key areas for change related to Supporting People are summarised below.

- Re-provide services that are currently inappropriate (i.e. long-stay hospital settings and large Local Authority homes)
- Improve provision of specialist services within the Borough (especially older people and those with physical care needs; mental

illness, including dementia services; challenging behaviour, including support for people with a learning disability who have offended)

- Allocate resources to the provision of services for the growing population of people with Autistic Spectrum Disorder (a mild learning disability)

### **Learning Disabilities Housing and Support Plan**

A Housing policy group was set up and they produced “Housing and Support Options for people with Learning Disabilities” in 2003.

The plan was to be implemented over 5 years 2003 – 2008, and overseen by Housing Policy Group. The aim of the strategy was to deliver the objectives of the plan within existing budgets. The key issues identified were:

- Limited choice of housing and support option and an over-reliance on residential care
- Older people with a learning disability living with older carers
- High number of “out of area” placements
- Lack of involvement of service users and carers in planning services
- Resources locked up in traditional services such as residential care
- Difficulties accessing housing and support services
- Lack of information for service users and carers about housing and support services
- Better information needed on needs

The priorities were:

- Re-provision of accommodation
- Development of new small-scale sheltered schemes (up to 8)
- Ensuring access to mainstream housing

All three issues are being addressed but access to ordinary accommodation is seen strategically as a key area. The plan was to not only explore better links with the WHG/WATMOS and RSL's but to consider private accommodation and owner-occupation.

### **Local Services**

- 128 units of Supported accommodation and floating support are provided via Supporting People funding. About two thirds of these services are supported accommodation and includes a MENCAP registered home
- About 150 people are residing in SSD register care homes or NHS accommodation

- Currently, some people are placed out of the area, for a variety of reasons. The Learning Disabilities Team will be reviewing these placements to see if it is now appropriate to try to accommodate some of the individuals in accommodation in Walsall

### **Assessing future needs**

Producing precise information on the number of people with learning disabilities in the population is difficult. In the case of people with severe and profound learning disabilities, it is estimated that nationally there are about 210,000 - around 65,000 children and young people, 120,000 adults of working age and 25,000 older people (*Valuing People*, 2001.) Most live, initially, in their family homes and later on in appropriate residential accommodation (*Learning Disabilities Facts and Figures*, 2002, DH) In the case of people with mild or moderate learning disabilities, lower estimates suggest a prevalence rate of around 25 per 1,000 population, about 1.2 million people in England.

About 1,100 adults are known to have a Learning Disability in Walsall and specialist services are provided to about 600 people. Walsall has a South Asian community that is double the national average and Learning Disabilities is more prevalent within some BME communities. The total numbers within these communities are growing then it is therefore safe to assume that numbers within BME communities will be growing.

Evidence suggests (*Valuing People*, 2001) that the number of people with severe learning disabilities may increase by around 1% per annum for the next 15 years as a result of:

- Increased life expectancy, especially among people with Down's syndrome
- Growing numbers of children and young people with complex and multiple disabilities who now survive into adulthood
- A sharp rise in the reported numbers of school age children with autistic spectrum disorders, some of whom will have learning disabilities
- Greater prevalence among some minority ethnic populations of South Asian origin

Over 40% of parents caring for a son or daughter with learning disabilities are over the age of 60<sup>7</sup>. Many are sole carers with reduced support. In many cases the person with learning disabilities also takes on a caring role, but this is not generally recognised, and they are often not properly supported. When the carer(s) of a person with a learning disability becomes elderly, sick or frail,

---

<sup>7</sup> The Foundation for People with Learning Disabilities [www.learningdisabilities.org.uk](http://www.learningdisabilities.org.uk)

this creates complex needs, particularly as the onset of dementia is common at middle age for some people with learning disabilities<sup>8</sup>.

School leavers and people living with carers at present who may require accommodation are predicted to be between 5 and 10 each year of which half may be suitable for supported living.

Re-provision of remaining NHS and SSD accommodation by 2005 is still a priority. It was estimated in 2003 that there were 770 people with severe Learning Disability in Walsall and 5000 with moderate to mild disabilities. 79 are in NHS accommodation & 75 in Social Services care homes. All of this accommodation must be re-provided by the end of 2006. At that time a further 32 adults to be placed in alternative accommodation, approximately 25 of these adults could benefit from supported living arrangements. There are also numbers of younger people who will wish to leave the family home to live independently or will be leaving school and will need support and accommodation (estimated to be 10 per year over the life of the strategy). The "Housing and Support Options for people with Learning Disabilities" predicted that about 200 other people are in unsuitable accommodation or in need support.

ODPM estimate that between 155-234 supported accommodation places per overall 100,000 population is needed. If Walsall's population is roughly 253,000 this equates to between 388-590 places. This would suggest a shortfall of 260 to 460 units. However, this is only intended as a guide. National figures provided by ODPM for Supporting People suggested that supported accommodation should fall in a range between 114 and 418 and that floating support should fall in a range of 2 to 18.

### ***Older People (including those with dementia).***

It is estimated that a third of people with Downs Syndrome will develop a form of dementia and it is thought that this will mean two people in each year will develop this problem. However, with life expectancy increasing, the number will grow. The needs of Older People with Learning Disabilities are difficult to predict in that some people may wish to remain in the family home and this is currently being explored.

MENCAP, in their publication *The Housing Time Bomb* suggested that 25% of people with a Learning Disability are hidden and these needs only emerge when they reach their 50's and older carers begin to have problems coping. It is thought that up to 50 people in these circumstances will be found over the next 10 years in Walsall. For many, solutions may be found, at least initially, through floating support services to help them retain their home, but there are likely to be circumstances where alternative accommodation will also be required. Increasingly housing within designated Older People's

---

<sup>8</sup> (Kurtz, Z. 2001, *Joined Up Care: good practice in services for people with learning disabilities and mental health needs*. The Judith Trust.

accommodation is seen as a more attractive solution than within specialist Learning Disabilities accommodation.

### ***Forensic Services***

Forensic Services predict the need to provide accommodation including step-down facilities for 5 people each year over the next two years. This needs cross references with the needs of Offenders.

### ***New Services***

Plans are underway for three new schemes where Supported Living Funding is required in 2005 /06. They are Lysway St and new builds at Beacon View Aldridge and Fallings Heath, Darlaston, Supporting People officers have been co-opted to the New Builds Project Group.

### ***Conclusions and Service Developments***

There are currently many unmet needs within this client group, but clear plans to address many of these have been outlined within Learning Disabilities Strategies. Key areas that have been addressed are:

- Specialist services
- Ageing and associated issues
- Re-providing outdated/unsuitable accommodation
- The predicted increase long-term of adults with mild learning disabilities

Many planned developments are dependent on securing funding, mainly from the Housing Corporation and Health. There is also evidence of joint working with various Housing Associations to better meet the housing needs of this group, and planned adult placement will widen community involvement without huge budgetary implications.

It is therefore recommended that the Supporting People team continues to work closely with the Learning Disabilities team to monitor and review planned developments in the short to medium term, and use findings to inform longer-term planning.

In the longer term, it will be important to remember that enabling people to access more general needs housing to increase independence should take account of need for mutual support, and not isolate or ghettoise people. Indeed, a need for more variety of provision has been identified. It will also be important to identify enough routes into permanent housing. There is potential for making use of the remodelling of sheltered housing, and of other tenures, if the housing needs of this group are to be met alongside support needs, and to ensure that housing-related support needs are addressed through the Person-Centred Planning approach of the Learning Disabilities Team. Finally, attention needs to be paid to enabling people from black and minority ethnic groups to access services.

### ***Service developments***

- Based on estimates there seems to be a need for an additional 50 units of supported accommodation requiring a housing related support service over the life of the Supporting People strategy. There is a need for a much larger housing programme but this will need higher levels of support such as care or nursing care
- The position will need to be kept under review as the numbers and complexities of needs grow, and also as awareness of the needs of those with a low-level learning disability grows
- There are increasing numbers of people with a learning disability living into old age and also increasing numbers of older carers. These are dealt with in the section on Older People
- Access to permanent ordinary housing is a key issue

## **12. Refugees, Asylum Seekers**

The National Asylum Support Service (NASS) currently operates the asylum seekers system on behalf of the Government and deals with much of the dispersal arrangements. It is the main source of statistical information.

The distinction between Asylum Seekers and those “given leave to stay” and Refugees is often not clear:

- Asylum Seekers have very limited rights to support services including the time during which their case to be allowed to stay is being considered
- Those given “leave to stay” or, more recently, “humanitarian protection” can stay for between three and four years depending on status. They can then apply for full citizenship
- However, once someone has been given the right to stay, he or she can access the full range of services but must also leave NASS funded accommodation and begin to make their own way
- Refugee is defined under the 1951 United Nations Convention. As part of the decision-making process the Home Office may decide that someone meets the definition of a refugee and therefore has the right to stay. It is also a general and colloquial term used to describe all of those who are Asylum Seekers and those who have been given the right to stay. It is a matter for each individual as to when, or if, they decide to stop describing themselves as refugees

Not everyone who becomes Asylum Seeker status is eventually given the right to stay and of those that do, not all will wish to remain in the area that they have been dispersed to. It is at this stage that it becomes difficult to find accurate information on numbers as formal links with NASS are cut.

### ***Local Response***

On December 2000 Walsall MBC entered into a contract with NASS to provide a total of 229 units of accommodation. They decided to utilise 2 bedroom flats throughout the borough. An asylum team of 7 supported the project. The properties are leased from WHG/WATMOS through a Service Level Agreement. It is understood that this agreement will shortly come to an end.

NASS identified the following growth in the numbers of Asylum Seekers in Walsall:

- December 2000 – 03: A total of 659 people had been accommodated
- December 2003 – 221 households were in the properties
- December 2003 – approximately 300 asylum seekers were in private sector housing in Walsall. This accommodation was mainly provided by 4 private sector providers

On average NASS estimated that it took between 12 to 15 months to make a decision on residence and therefore the accumulative number of Asylum Seekers in Walsall may be greater than the above figures suggest.

Home Office statistics published in 2001 indicated that about two thirds of Asylum Seekers were under 35 years old and that up to 50% have what is described as a good education. There are also more single people and these are mainly men.

### ***Assessing Needs***

The numbers of asylum seekers living in Walsall is expected to fall over the medium term for a variety of reasons. This includes the introduction of Government initiatives to provide for key worker and managed migration schemes, more effective dispersal and monitoring techniques adopted by the National Asylum Support Service (NASS), and tighter immigration controls.

Current statistics suggest that the vast majority of the asylum seeker population is single male (90%) and therefore the vast majority who will go forward for leave to stay are single males. These young men will generally not be deemed to be a vulnerable group as language is not of itself an indicator of vulnerability but, in the view of many of the key informants, this restricted definition can cause many problems for new arrivals.



Reducing numbers of asylum seekers is likely to have an impact on the number of refugees residing in the United Kingdom. However, it should be noted that Walsall is still seen as a desirable area for refugees to live because of the diverse range of communities and national trends are unlikely to be mirrored to the same degree in Walsall in the short to medium term.

The other change factor is the countries of origin of Asylum Seekers. To a large extent world events dictate the areas from which Asylum Seekers come. The result is that we are seeing people from many different countries, ethnic backgrounds and languages.

The difficult questions are how many of those that are given the right to stay then remain in Walsall and how many of these need a support service? The Asylum Seekers Team and the Homelessness service see very few requests for help from those who have been given leave to stay. Their view is that many are able to make their own arrangements for move to other areas where concentrations of particular BME communities have begun to develop.

Currently there is no way of knowing how many choose to stay in Walsall because of the way that rights to accommodation and support change once the decision to stay has been made. At that point the onus is placed on the refugee to seek services. In many cases people will be able to quickly make their own arrangements for housing. Access to housing is an important issue and with higher numbers of single people, together with language problems there are obvious reasons why few people will not seek assistance through the homelessness system. This is evidenced in a later part of this section when the views of Asylum Seekers are provided.

What is known is that a significant number of Asylum seekers will have health problems. There is evidence of higher levels of mental health issues and physical problems such as HIV/AIDS. They are also generally likely to have other problems adjusting to a change in culture. For all of these reasons there may be a need for support services for some to either access stable accommodation or to maintain it. However, more needs to be done on the scale of this need.

### ***Conclusions on needs***

Generally, therefore, it can be concluded that numbers of Asylum Seekers coming to Walsall will be very diverse. For most, support is needed at an early stage on first arrival and through the period while waiting for a decision on status. The Asylum Team provides this for those accessing WHG/WATMOS accommodation and NASS has overall responsibility for the others. These are accessing private accommodation and this possibly suggests that they are more likely to be single people. The next key period for support is when a decision is made.

The Asylum Team's remit is currently also to assist families with Leave to Remain to move on from the asylum process if it is asked for. Help is needed to obtain benefits, accommodation, furniture, and to link the adults into employment services. Work may also be required in assisting the families in

retaining their tenancies as well as settlement and integration within the community. Very few approach the Homelessness service for help.

It is not known what happens to those towards whom the Asylum Team and NASS will no longer have a responsibility once a decision has been made. Evidence of why so few do seek help from statutory organisations is clearly provided by Asylum Seekers themselves.

### ***View of Service users***

The system fails the individual when their status changes from asylum seeker to refugee (leave to remain in this country). The NASS allows 14 days for the individual to vacate the property in which they were supported and seek alternative arrangements.

The Service currently offered by the Council is very limited because the Asylum Seekers team has not got the capacity to support the individual through the maze of information needed to understand the British system.

### ***General concerns/comments about the service***

Language was seen as the main barrier to the housing system. There seems to be no understanding of the Choose & Move housing allocation system. The Bronze and Silver categories are not clearly understood by the clients from this group, which leads many refugees to believe that the only choice available is accommodation with family/friends. It was understood that they were not necessarily treated as priority homeless by the Homelessness Section even though political and traumatic circumstances had forced many to flee their country. The experience had left many very vulnerable adults with no home and support.

### ***Gap in Support Identified***

There was a need for a more joined up approach to information for Refugees. Key information such as:

1. How to apply for Homelessness
2. Explanation on how Choose & Move works i.e. the meaning of the banding for the client group's circumstances
3. Where to go to for Benefit Entitlement
4. Assistance with completing forms
5. How the utility system works and essential paperwork such as a TV licence.

Most of this support would only be necessary for the short term until most individuals became independent.

## **Conclusions**

What emerges currently is a fragmented picture. Overall the numbers moving to Walsall would appear to be accumulating. The Asylum Team seems to be attempting to address some of the support needs but clearly Asylum Seekers see that as only a partial response. In the longer term the Asylum team may not be available to provide even this minimal service.

It is not clear how many remain in Walsall and how many of those need a support service. However, it would be safe to assume that some do need a support service based on general evidence concerning health. There is also the evidence from Asylum Seekers themselves about the problems they face in accessing accommodation in particular.

What is clear also is that the wide range of ethnic origins of Asylum Seekers, and the small numbers in each group, make providing support particularly challenging, and therefore sub-regional long-term solutions to providing future support may be the a viable way to provide culturally sensitive support.

A first step in commissioning a future service would be commissioning further detailed research into the needs of this group .

## **Conclusions and service development**

Walsall has welcomed a significant number of Asylum Seekers into its communities.

- The main need now being identified is for further research on the needs of asylum seekers for whom a decision on residence will be made shortly and on those of refugees who have now settled into permanent accommodation. The aim will be to:
- Commission a service that would prevent future homelessness amongst this group.
- Provide advice and help on accessing accommodation
- Help those with additional health and other problems
- Ensure the service is culturally sensitive and if possible culturally specific
- Commissioning may have to take place at a sub-regional level to be able to address the needs of such a diverse group

## **13. Travellers**

There is very little information at a national level and virtually nothing at local level concerning this client group and its support needs. Nationally very few

areas provide purpose designed services for this group and this is reflected locally where there are also no specific support services.

This client group definition includes traditional Romanichals as well as other groups of people living alternative travelling lifestyles.

### ***Local Position***

Walsall has a long established Traveller community. Some travellers over time have accessed permanent rented accommodation and it is thought that some have purchased their own properties, while a number of people continue to live in caravans on the Council's official permanent site. Some of those who live on the official site have lived there for a considerable time and they are now falling into old age.

There are also a number of travellers who come in and out of the borough making use of unofficial site but they tend to stay for short periods only.

Provision is made for travellers who wish to settle within the borough through access to permanent housing and the permanent travellers' site. A capital allocation of £285,000 has been used to carry out improvements to the existing site during 2003/2004. A further bid is being made to the ODPM for Gypsy Site refurbishment grant to facilitate further site improvements.

The Council aims to develop a travellers' strategy which will explore further the need for a transient site for travellers passing through Walsall to stop and access necessary services as identified within the Homelessness Strategy.

A trawl has been conducted of all the Council's main plans together with a range of supporting plans and there is no express evidence of any need for support services. However, sufficient informal information has emerged over the past two years through contact with the community via a staff member working with this community to suggest that there are support needs. As a result Supporting People has commissioned an additional Support Worker to assist with housing related support issues. Once appointed, this person will also be able to help to define the full extent of the need for support.

It is not a surprise to find that very little statistical or planning information exists on support needs for this client group as their lifestyle usually precludes contact with most forms of support services. The main contact is most likely to come through educational services but this does not help in identifying support needs. Direct contact was therefore made with Travellers to seek their views:

### ***View of Travellers***

The representatives were not in receipt of Supporting People services; however, they gave their opinions on the service that they currently receive from Walsall Housing Group (WHG/WATMOS) and the Local Authority.

The representatives knew that a Supporting People funded post for a support worker had been approved. They wanted the post filled as quickly as possible as they felt there were a number of urgent needs.

### ***General Concerns/comment about services***

The representatives highlighted numerous incidents that were eventually summarised by the Travellers as discrimination against the travelling community. These incidents can be summarised as follows:

- Repairs of housed community ignored by WHG/WATMOS
- Application for housing registration disregarded
- Mutual exchanges denied and no explanation given
- Access to Choose & Move denied
- Tenant participation meetings had been held where there were signs clearly displaying 'No Travellers'
- Caravans from Housed Community instructed to be removed, whilst their neighbours, who are not travellers, are allowed to have their caravans parked outside their homes

### ***Desired outcomes from a support service***

- An understanding of the Travelling/Gypsy culture and community
- Support to cover housed community and sites
- A protocol for allocation of plots
- To be treated equally and have equal rights
- More choice i.e. another site built in consultation with the community
- Advocacy service for the community to ensure that they receive; entitlement to benefits, sign posting to services, budgetary skills and improved employment prospects

### ***Conclusions and Service developments***

Through a range of sources Supporting People have identified a need for a support service which they have recently commissioned.

This service is an important first step in understanding the needs of this community and will be an invaluable source of information not only for Supporting People but also for other services.

As the service is just about to start work it is too soon to suggest further development but the progress of the service should be monitored not only for its quality, but also the information it can provide on additional needs

## **Part 3:**

### **Introduction**

Part 3 contains the detailed results of the multi-agency survey (Section 8). These results are integrated within the overall analysis of each client group and this can be found in Part 2.

## **8. Results of the multi-agency survey**

This section contains the results of the multi-agency survey. It describes the purpose and design of the survey and then provides general results followed by a detailed analysis for each client group. No recommendations or suggestions for service developments are included in this section as the results of the survey are integrated into the client group reports along with service developments (Section 7) and summarised within Part 1 (Section 4) of the report where also the recommendations can be found (Section 5).

### **8.1 Aim of the survey**

The aim of the survey was to provide better information to aid in assessing the scale of need for housing with support for:

- Substance misusers
- Offenders (including young offenders)
- Young people including young people leaving care and teenage pregnancies
- Families fleeing domestic violence

We also gathered information on people with mental health issues and Learning Disabilities who also had accommodation problems.

The survey was designed to help us understand, for each of these groups:

- The scale of unmet need for housing and support services in Walsall at the moment
- Where the need arises in Walsall
- What overlap there is in needs between the client groups

## 8.2 Scope of the survey

An initial list of organisations was drawn up consisting of those who were in some way involved in working with the chosen client groups. They were contacted either by letter or email and invited to participate in the survey. A number of organisations contacted the consultants to advise that they did not have the resources to participate in the survey.

As far as possible organisations were identified that covered all areas of Walsall.

### ***Reducing double-counting***

By using the identifiers of initials and age/date of birth, we were able to avoid double counting, where a person is in contact with more than one agency. The information was collected and collated by the Supporting People team for the consultants to analyse.

Each agency was given a code and the following data was also asked for:

- Gender
- Ethnic origin
- Household type
- Current housing situation
- Supporting People client group
- Needs
- Other agencies they were also in contact with
- Local Authority area in which they wanted to reside

18 organisations completed and returned surveys. The consultants would like to express their thanks to agencies which contributed to the survey and to the Walsall Supporting People team for administering the process of data collection.

## 8.3 Survey responses

Several problems were encountered with gathering the information, in part, as a result of the difficulty of ensuring that all relevant agencies participated. Of the agencies originally invited to take part, 18 completed the survey. Many of the agencies that did not complete the survey were very small but also a number of larger organisations did not contribute. A number of organisations had participated in other research projects that had been commissioned for both similar and different purposes. These organisations were clearly reluctant to participate at the outset.



A list of all those to whom the survey was sent is included in appendix 2.

Despite these difficulties we were able to gather information on over 270 people from across all areas of Walsall.

#### 8.4 The results

Agencies were asked to provide details on those of their current clients who had housing and support problems and all new clients during a two-week period in October 2004. There were 431 entries recorded and a further 3 were double entries which have been removed from the final totals:

**Table 22 Agency returns**

Agency	Nos. seen
Accord	15
Accord (Darlaston)	44
Elderly	12
First Base Walsall	26
Foyer CAHAL	17
Foyer WHRA	20
Life Housing	4
Mental Health Floating Support - CAHAL	38
Mental Health Supported Housing - CAHAL	8
NACRO	4
New Roots Ltd	10
Open Door Project	3
Teenage Parents CAHAL	24
Walsall Social Services	13
WMBC	79
Women's Refuge CAHAL	72
Young Persons Scheme - CAHAL	30
YP Floating Support	12
Total	431

Of the 431, 160 were men, and 271 women. This difference accords with national estimates of those seeking help as homeless. 79 people identified themselves as anything other than White British (18%).

55% of the clients included in the table were under 25, making Young People the single largest group by age:

**Table 23 Age Bands**

Ages				
16-17	18-24	25-40	41-60	61+
71	164	102	60	25

8 people did not have an age recorded and one person was identified as 15

**Table 24 Ethnic origin**

Ethnic Origin	Total
White British	352
White Irish	1
Other white (inc. Jewish)	0
Mixed White & Black Caribbean	13
Mixed White & Black African	3
Mixed White & Asian	3
Mixed Other	1
Asian or Asian British: Indian	16
Asian or Asian British: Pakistani	11
Asian or Asian British: Bangladeshi	1
Asian or Asian British: Other	0
Black or Black British: Caribbean	8
Black or Black British: African	4
Black or Black British: Other	3
Other ethnic group	11
Not known	4

431

66% of the people were single, while 24% were lone parents. 4% were pregnant women.

**Table 25 Household type**

Household Type	Males	Females
Single Person	142	144
Couple	10	11
Lone Parent	2	103
Pregnant Woman	N/A	17
Couple with Children	6	5
Couple including Pregnant Woman	0	0
	160	280

*1 recording was ineligible*

There was almost an even split between single males and females. In total 14% of single people were identified as having some form of substance misuse problem.

**Table 26 Household Type by gender**

Household Type	Males	Females	Substance Misusers		
			Males	Females	Total
Single Person	142	144	31	10	41
Couple	10	11	0	0	0
Lone Parent	2	103	0	3	3
Pregnant Woman	N/A	17	N/A	2	2
Couple with Children	6	5	1	0	1
Couple including Pregnant Woman	0	0	0	0	0
	160	*280	32	15	47

\* A number of women have been included in more than one category

11% of those recorded identified substance misuse as a problem (47 people) and the majority of those were men (68%). PFA have now conducted several of these surveys and these are by far the lowest returns for substance misuse

**Table 27 Substance Misuse**

Drugs	Alcohol	Both Drugs & Alcohol	Been in Rehab
17	24	4	2

The majority of substance misuse stems from alcohol (51%). 9% have both an alcohol and drug problem and 36% have a drug problem. This result has produced a slightly different result in comparison with similar surveys conducted by the consultants where drugs have been identified as the primary factor.

Set out below is a breakdown of substance misusers by age:

**Table 28 Substance Misuse by Age**

Ages	Number	%
16-17	7	15%
18-24	15	32%
25-40	14	30%
41-60	8	17%
61+	3	6%
Total	47	100%

The largest group are 24 or under (47%) and this accords with similar surveys. All of the drug users fall into this category. Alcohol is more of a problem in the older age groups with more people reporting it as a problem in the 41-60 age group. All but 2 of those identified in this category were single people.

Set out below are the numbers of recordings within each category and this table also illustrates the extent of overlap between client groups.

**Table 29 Numbers within each client group**

	DV	YP	OFF	SM	TP
DV	95				
YP	44	228			
OFF	74	122	208		
SM	6	21	22	47	
TP	7	33	25	1	44

By the largest client group is young people. 26% fall into another client group with the largest number being Offenders (54%). 48% are people who are either current Offenders or have a history of offending. It is a surprise that only 11% of offenders have a substance misuse problem. This is significantly different from other surveys of a similar type. The single largest group of substance misusers is Young People.

The extent of overlap between client groups is clearly illustrated in the returns, for example Domestic Violence, where most of the returns (60%) are also included within other client groups. In the smallest group, teenage pregnancies, all but 3 were identified within another category including 16% (7) who were victims of domestic violence and one who was also a substance misuser.

**Table 30 Current housing situation**

Current housing situation	Ages					Total
	16-17	18-24	25-40	41-60	61+	
With Parents	7	9	0	0	0	16
With Other Family	2	15	11	0	0	28
With Friends	8	8	4	0	0	20
Private Tenant	0	3	6	1	0	10
RSV/WHG/WATMOS Tenant	1	15	14	6	2	38
Housing Association Tenant	7	47	35	32	18	139
Hostel (inc Bail Hostel)	2	2	2	5	4	15
Other Supported Housing	36	56	18	10	1	121
B&B	1	0	0	0	0	1
Children's Home	1	0	0	0	0	1
Foster Care	1	0	0	0	0	1

	Ages					
Current housing situation	16-17	18-24	25-40	41-60	61+	Total
Psychiatric Ward	0	0	0	0	0	0
Sleeping Rough	2	1	1	0	0	4
Prison or YOI	1	1	0	0	0	2
NASS Accommodation	0	1	0	1	0	2
Tied Accommodation (e.g. forces, pub, etc)	0	0	0	0	0	0
Caravan	0		1	0	0	1
Other	1	4	10	4	0	19
In Rehab	0	0	0	0	0	0
Total	70	162	102	59	25	418
8 people did not give their age (of whom 1 left question blank)						
1 person 15 years						

This table shows the spread of housing situations people were in. The largest numbers fell into the 18-24 age group (38%). Four people were identified as sleeping rough at the time of their contact with the agency, although 49 people were identified as having no fixed accommodation. This probably hides a further number who are sleeping rough at times but staying with friends or in B&B or elsewhere when they can find a bed. Adding together all those categories where it is possible that there is no settled accommodation, the total that might be regarded as homeless is 90, 21%. 28% of returns currently occupy supported accommodation.

Set out below is the range of needs identified by client group:

**Table 31 Needs identified within each client group**

	Financial Problems	Social Isolation	Lack of Life Skills	Mental Health Problem	Physical Health or Disability	Child Protection Issues	Domestic Violence
DV	5	11	5	9	1	8	95
YP	92	125	134	20	6	10	44
OFF	45	132	94	57	16	14	74
SM	24	20	18	22	6	5	6
TP	4	23	24	1	0	2	7

*Some people had multiple needs*

Of the 431 recordings 96% were identified with some form of support need and only 15 with no support need.

Social isolation is the largest single area of need, and covers all the client groups (311) closely followed by lack of life skills (274); probably linked to that are financial problems (170). Mental health issues also feature as a major issue across all the client groups but it is most significant among offenders where health and physical disability problems are also prominent.

The third largest area of need is domestic violence and is found in all the client groups.

We also asked for information on where people wanted to live.

## **8.5 Analysis**

The survey was weakened by the non-participation of a number of key organisations. However, we were able to gather information on 428 people across all the client groups that we were interested in.

We did identify an element of double counting but this only covered 3 people and these duplicates were eliminated from the results. This was the same in comparison with the results from other similar surveys.

### ***Overall results***

The results were taken from new and open cases at the time of the survey and are therefore an indication of the scale of current needs during the period of recording. Actual needs for a year will be much greater than this, possibly trebling or quadrupling these numbers. This would accord with the numbers identified by planners for these client groups

We can also say at the outset that need outstrips supply for most of the client groups. The largest gap between survey results and supply is in Offenders where there is a very significant gap. The smallest gap seems to be on teenage pregnancies. However, there may be reasons why this must be considered with some caution and this will be explored later.

We did identify a very significant number of people who could also fall within another client group (Table 58). This is an important point, as the way services have historically been planned has tended to be through identifying a main need and then people are categorised within that need masking their other needs. The result has been that services have often been planned in isolation, and focused on a specific need. As an example, it is not unusual to find schemes designated for young people that do not have staff that are fully trained for dealing with substance misuse or mental health issues, and an allocation policy that takes no account of the complex needs of the client group. To further compound the problem, other services such as health and social care may not be working closely enough at a local level to ensure appropriate and flexible packages of support are available, placing pressure on scheme based staff to cope with the problems.

The survey confirms that the needs are much more complex than the planning categories would suggest and this has implications for allocation policies, staff training and joint working. It also has implications for the way that Supporting People review existing services and commission future services.

**Implications for the client groups:****A. Substance misuse**

47 of the total of 428 people who were recorded in the snapshot survey (11%) had substance misuse problems. This is an unusually small number in comparison with other similar surveys conducted by the consultants. This may be a result of the type of support and advice agencies who have responded to the survey or the result of the current lack of specialist provision. Many substance misusers know (or believe) that they will be excluded from some more general forms of provision if it is known that they have a substance misuse problem. As a result they choose not to volunteer this information.

There were significant overlaps between the client groups being considered for this research: of the 47 in these groups, 21 (47%) were under 25 and 6 (13%) were victims of domestic violence. 47% were Offenders or ex-offenders.

**Table 32 Current housing situations of substance misusers**

<b>Current housing situation</b>	<b>SM</b>
<b>With Parents</b>	1
<b>With Other Family</b>	0
<b>With Friends</b>	3
<b>Private Tenant</b>	0
<b>RSVT/WHG/WATMOS Tenant</b>	5
<b>Housing Association Tenant</b>	24
<b>Hostel (inc Bail Hostel)</b>	2
<b>Other Supported Housing</b>	11
<b>B&amp;B</b>	0
<b>Children's Home</b>	0
<b>Foster Care</b>	0
<b>Psychiatric Ward</b>	0
<b>Sleeping Rough</b>	0
<b>Prison or YOI</b>	1

Examining the housing situations of the group reveals that large proportions of the substance misusers are Housing Association tenants (51%), only 11 % were council tenants. Agencies were asked to include not only those with a housing and support need, but to include those whose tenancy was at risk, for example because of their substance misuse problem. As would be expected, a significant number of people in this group are in supported accommodation (23%).

A number of factors are known to affect the chances of people in vulnerable groups achieving and sustaining rehousing. 30% felt that their tenancy was at risk. Many had financial problems which included rent arrears owing from either the current or a previous tenancy, and others had histories of violence

or anti-social behaviour which could well influence an application for social or private housing. Very few were sex offenders.

**Table 33 Anticipated housing problem for substance misusers**

	Substance misusers with this problem
No Long Term Housing solution	7
Rent Arrears Outstanding	9
Anti-Social Behaviour	7
History of Violence	8
History of Sex Offending	2
Mental Health Issues	18
Physical Health or Disability	3
Current Offending	4
Other Risk to Current Home	5
Location of House Unsuitable	1
Need for rehousing for other reason	4

Substance misusers were thought to have a range of other problems that could impact upon their chances of securing housing and their needs for support. The table below shows that 47% of the group had financial problems and a slightly smaller proportion (45%) had mental health issues. Poor physical health was a problem for 13%. Social isolation and a lack of life skills are common factors for people who have been in prison or who have been involved in drug abuse for some time and affected 19 and 17 people respectively.

**Table 34 Support needs of substance misusers**

Substance Misuse	Financial Problems	Social Isolation	Lack of Life Skills	Mental Health Problem	Physical Health or Disability	Child Protection Issues	Domestic Violence
Drugs	9	7	7	4	0	1	1
Alcohol	11	12	9	15	6	2	3
Both	0	0	0	1	0	1	2
Been in Rehab	2	0	1	1	0	0	0

*(NB people can have more than one of these problems)*

### Key conclusions drawn from the snapshot survey

- 11% of people included in the survey had a substance misuse problem, and of these 47 people just over a third had a drug problem, just over half had an alcohol problem, and 4 people had problems with both drugs and alcohol. Only 2 had been through rehabilitation



- Just under a third of the group are aged between 18 and 24, with a slightly smaller number in the 25-40 group
- Over two thirds of the group are men
- By far the largest group in household types was single people
- 62% of the group were existing tenants, and a small group had no fixed accommodation, with large numbers staying with friends or family or staying in some form of temporary accommodation including supported accommodation
- Every one had support needs, and most had needs for supported accommodation or floating support
- Financial problems, including rent arrears, affected just under half of the group, whilst much larger numbers had histories of behaviour which might affect their chances of being rehoused
- A significant number (45%) had mental health issues as well as substance misuse problems, though there is no indication of the severity of those difficulties

## B. Offenders and Young Offenders

Of the total 428 people recorded in the snapshot survey 208 (48%) were reported as offenders. This figure appears to be low when compared to the need for supported housing services estimated by West Midlands NSP. However, the survey figures are a snapshot and probably cover cases that reflect between a quarter and half of the year. The majority of recordings are for August-October so that total numbers may be closer to a range between 400 and 800.

The following table shows the age breakdowns for offenders and that the majority of offenders or ex-offenders are young people (59%).

**Table 35 Ages**

Age	Number
25 and under	122
Over 25	86

**Table 36 Accommodation currently occupied by offenders**

With Parents	9
With Other Family	9
With Friends	16
Private Tenant	1
WHG/WATMOS	28
Housing Association	56

<b>Tenant</b>	
<b>Hostel (inc Bail Hostel)</b>	3
<b>Other Supported Housing</b>	67
<b>B&amp;B</b>	1
<b>Foster Care</b>	1
<b>Sleeping Rough</b>	3
<b>Prison or YOI</b>	1
<b>Other</b>	10

In analysing the current accommodation of offenders the data reveals that a significant proportion, (32%), of those included in the survey are currently occupying supported accommodation and 40% occupying WHG/WATMOS tenancies. In analysing the figures, those currently staying with family, friends and no fixed accommodation represent 15% of offenders, and again identify unmet needs in relation to service provision.

Those responding to the survey were asked to identify the anticipated housing problems for offenders and these are shown in the table below.

**Table 37 Anticipated problems for obtaining housing**

<b>Problem</b>	<b>Number</b>
No Long Term Housing solution	76
Rent Arrears Outstanding	10
Anti-Social Behaviour	3
History of Violence	69
History of Sex Offending	4
Mental Health Issues	54
Physical Health or Disability	14
Current Offending	5
Other Risk to Current Home	24
Location of House Unsuitable	0
Need for rehousing for other reason	5

It is not surprising to see that those anticipating the most difficulties in obtaining accommodation in the future are those with a history of anti-social behaviour and violence (27%). From the data obtained via interviews the policies and procedures of providers tend to exclude such offenders on the grounds of risk to others. According to those interviewed many housing providers employ restrictive policies that exclude such offenders. 4% of offenders with outstanding arrears problems anticipate problems, and although this is a small number, from the feedback provided via interviews, it would seem that this is a legitimate area of concern as many providers do appear to exclude those with arrears problems.

26% have identified mental health issues and this suggests that a significant number will have more complex problems.

It is generally recognised that substance misuse, particularly drug abuse, is often a problem for those with a history of offending and the data collected during this survey, suggests that only a comparatively small number confirmed having this problem 11% (Table 39). This does not reflect national research or the results of other surveys and therefore should be treated with caution.

**Table 38 Support Needs**

<b>Financial Problems</b>	<b>Social Isolation</b>	<b>Lack of Life Skills</b>	<b>Mental Health Problem</b>	<b>Physical Health or Disability</b>	<b>Child Protection Issues</b>	<b>Domestic Violence</b>
45	132	94	57	16	14	74

*\* Needs can cover more than one category*

The most significant support needs of offenders are identified as Social Isolation and life skills, with over 52% of those taking part in the survey being identified as needing such support. 17% identified themselves as victims of domestic violence. Support with mental health issues was identified as being needed by 13%, an insignificant number.

## **Conclusions**

The survey showed that the bulk of people with unmet needs (59%) were 25 or under. A significant proportion of the group were living in supported housing or had no fixed accommodation, staying in someone else's home, or due to come out of prison with no housing solution as yet.

Amongst offenders, those anticipating the most difficulties in obtaining accommodation in the future have a history of anti-social behaviour and violence. Exclusion from access to social housing is therefore a key issue.

### **C. Young people and young people leaving the “looked after” system**

228 people from the 431 recordings fell into the category of young people (under 25), a total of 53%. 150 were female and 78 were male. 76 were under 18, (33%). 47 have a Social Worker (20%).

**Table 39 Client Group overlaps**

Overlapping needs	
	YP
Substance misuse	22
Offending	122
Teenage Pregnancy	44
Domestic Violence	44
Mental health issues	20
Physical disability or sensory impairment	6

The level of overlap is the highest in any survey so far conducted by the consultants. All but 8 young people overlapped with at least one other client group.

72% could be identified as occupying stable accommodation including supported accommodation (40%). A significant number are living in some form of temporary arrangement (6%) while 21% live with family or friends. 3 were identified as sleeping rough. This is likely to be an underestimation of the true position as we described earlier within this section.

**Table 40 Current housing situation**

Current housing situation	Ages	
	16-17	18-25
With Parents	7	9
With Other Family	2	15
With Friends	8	8
Private Tenant	0	3
WHG/WATMOS Tenant	1	15
Housing Association Tenant	7	47
Hostel (inc Bail Hostel)	2	2
Other Supported Housing	36	56
B&B	1	0
Children's Home	1	0
Foster Care	1	0
Sleeping Rough	2	1
Prison or YOI	1	1
NASS Accommodation	0	1
Other	1	4

A very significant proportion of young people included here occupy stable accommodation but continue to have support needs. This builds a strong argument for floating support type services to help them maintain their tenancies. A significant number also occupy supported accommodation and will require access to permanent accommodation at some stage and they will

also need some support to make this transition further, supporting the need for floating support type services.

It is not at all surprising, considering the client group, to find that life skills emerge as the main need followed by social isolation and financial problems. All of these are key factors in the reasons why so many young people fail to maintain a tenancy.

Evidence of this is found in the following table:

**Table 41 Young People's support needs**

Financial Problems	Social Isolation	Lack of Life Skills	Mental Health Problem	Physical Health or Disability	Child Protection Issues	Domestic Violence
92	125	134	20	6	10	44

**Table 42 Young People's housing problems**

No Long Term Housing solution	84
Rent Arrears Outstanding	22
Anti-Social Behaviour	14
History of Violence	33
History of Sex Offending	2
Mental Health Issues	16
Physical Health or Disability	6
Current Offending	5
Other Risk to Current Home	23
Location of House Unsuitable	4
Need for rehousing for other reason	18

22 young people were in current rent arrears. 14 including 2 from the "looked after" system had a history of anti-social behaviour. Care leavers (6) disproportionately have possible tenancy failure related problems (13%). These returns demonstrate some of the reasons why housing providers are sometimes reluctant to house young people. It also demonstrates that there should be an appropriate support service to address these complex challenges. The level of problems with either past or existing tenancies is not an argument to exclude young people but rather an argument for ensuring that the right levels of support are provided to ensure that the tenancy is successful.

## **Conclusion**

It is clear that the number of young people who are in need exceeds supply of support services by some distance. However, the scale of overlap is also a very significant factor suggesting that many young people have more complex needs than would first appear and that some have multiple needs that will require intensive support.

It is also clear that for those who access permanent accommodation the need for support to maintain the tenancy may continue.

### **D. Teenage pregnancies**

Of the 44 people recorded, 18 were 17 or under, 9 were pregnant and 9 had children; none were in a relationship. 11 18-year-olds had children.

Like other client groups there is a significant overlap in need (table 39). 7 people have been the victims of domestic violence while one has come from the “looked after” system. All suggested that they had a support and accommodation need. Social isolation and lack of life skills are again the main support needs.

**Table 43 Support needs Teenage Pregnancies**

<b>Financial Problems</b>	<b>Social Isolation</b>	<b>Lack of Life Skills</b>	<b>Mental Health Problem</b>	<b>Physical Health or Disability</b>	<b>Child Protection Issues</b>	<b>Domestic Violence</b>
4	23	24	1	0	2	7

Obviously, most of this group is likely to be seeking re-housing as a result of a pregnancy. 23% currently occupy stable accommodation and 32% are in supported accommodation. It should be noted however that one was sleeping rough and another was living in a B&B, both are covered by the Council's statutory obligations:

**Table 44 current housing situation**

<b>With Parents</b>	11
<b>With Other Family</b>	3
<b>With Friends</b>	1
<b>Private Tenant</b>	1
<b>RSVT/WHG/WATMOS Tenant</b>	2
<b>Housing Association Tenant</b>	8
<b>Other Supported Housing</b>	14
<b>B&amp;B</b>	1
<b>Sleeping Rough</b>	1
<b>Other</b>	2

Just under a quarter have identified a risk of losing their current accommodation while slightly less than half have no long-term housing. This included a significant number living in supported accommodation who are now seeking a more independent setting.

**Table 45 Housing problems**

No Long Term Housing solution	21
Rent Arrears Outstanding	1
History of Violence	4
Mental Health Issues	1
Other Risk to Current Home	7
Location of House Unsuitable	1
Need for rehousing for other reason	8

### **Conclusions**

The numbers involved in this category are small. The very low numbers make estimating extremely difficult, but it would be safe to assume that between 80 and 160 teenagers who fall into this category will require a support service each year.

The overlap between this group and other client groups is as great as we found between the other client groups. A small number of people were demonstrating complex needs that will need to be addressed within service provision.

### **E. Domestic violence**

The numbers of people fleeing domestic violence are the third largest in the survey, totalling 95. This represents 22% of the total returns. In the main section on Domestic Violence (Section 7) we note that both national and local research suggests that domestic violence is still very much a hidden issue. It is clear from comparisons of a range of local evidence that the occurrences of domestic violence are much greater than the numbers of people who then go on to seek out either support or alternative housing. This supports the findings outlined in Section 7 that women experiencing domestic violence may approach a range of agencies for help, and either may not reveal they have an issue with domestic violence, or the domestic violence issue is not picked up on/addressed by staff. This supports the recommendations for developing comprehensive training programmes for generic workers across all sectors, and cross-boundary working at a strategic level to improve early detection and intervention for domestic violence.

Of those cases recorded a significant proportion had another overlapping need. For example, 46% of the samples were young people and 7% fell into the category of teenage pregnancies.

8% identified child protection issues, while social isolation emerges again as a major problem. Mental health issues are a significant factor for this group (9%).

**Table 46 Support needs - Domestic Violence**

Financial Problems	Social Isolation	Lack of Life Skills	Mental Health Problem	Physical Health or Disability	Child Protection Issues
5	11	5	9	1	8

Table 47 shows that some of the sample had additional housing problems. In particular 4 women had no long-term housing solution and 3 had problems with current and former rent arrears. It is quite possible that some of these women could have been excluded from accessing social rented housing.

**Table 47 Housing Problems**

No Long Term Housing solution	4
Rent Arrears Outstanding	3
Anti-Social Behaviour	1
Mental Health Issues	4
Other Risk to Current Home	1
Need for rehousing for other reason	5

It is evident that the types of support provided for this client group needs to be flexible and staff must have a good knowledge of domestic violence as well as a sufficient range of skills to address complex mixes of needs. It is also clear that some people will have long term support needs that will go beyond the point where domestic violence was a reason for providing for support.



# **Walsall Supporting People 5-Year Strategy 2005-2010 Final Draft**

## Foreword

The Supporting People programme funds housing-related support for people who require assistance to live independently. It funds, for example, staff based in hostels for homeless people, support workers in group homes for people with learning disabilities, and scheme managers in sheltered housing. It also funds support workers providing 'floating support' to people in their own homes. The aim of the programme is to assist people to continue to live independently and, where possible, to progress to a more independent lifestyle.

The programme, (which is a gathering together of a number of other funding sources rather than a new funding initiative) began in April 2003.

The Supporting People programme has improved the previously disjointed ways of planning and funding support services. A Commissioning Body, drawn from the local authority social services and housing departments, health agencies and probation, now plans all support services, whoever they are provided by, in a co-ordinated way. Service developments are based on an analysis of the needs of local people. The aim is to enable vulnerable people to exercise choice and independence in their own lives. All providers are required to work to a certain quality, and to improve their services year by year. If services are not meeting people's needs, they can be changed or replaced.

This strategy sets out:

- An analysis of the needs of the local population
- An analysis of the current supply of support services
- Proposals for changing and developing services over the next five years so that they are better at meeting needs

CONTENTS	PAGE
----------	------

Section 1: Executive Summary .....	5
Section 2: Introduction .....	11
Section 3: The Vision and Future Direction .....	13
Section 4: Progress .....	21
Section 5: Context .....	24
Section 6: Supply .....	27
Section 7: Needs and Strategic Relevance .....	34
Section 8: Gap Analysis .....	41
Section 9: Financial Projections and Value for Money .....	44
Section 10: Performance Management .....	49
Section 11: Risk .....	51
Section 12: Commissioning Intentions .....	52
Section 13: Annual Plan .....	61
Section 14: Review of Future Progress .....	63
Section 15: Conclusions .....	64

## COMPANION DOCUMENT: SUPPORTING PEOPLE AND HOMELESSNESS NEEDS ANALYSIS

### LIST OF APPENDICES:

1. Glossary of Terms .....	65
2. References .....	72
3. List of Consultation Events and outcomes .....	73
4. Decision-Making Structure .....	83
5. Outcomes from Focus Groups .....	84
6. Service User Engagement Strategy .....	99
7. Strategic Linkages .....	131
8. Cross Authority Statement .....	132
9. Supply Analysis .....	134
10. Prioritising Methodology .....	145
11. Charging Policy .....	149
12. Accreditation Procedure .....	150
13. Risk Register .....	158
14. Annual Plan .....	176

15. Scheme Review Programme.....	179
16. 5–Year Action Plan.....	183
17. Statement on Procurement.....	186
18. Eligibility Criteria.....	188

## Figures

Fig 1 Strategic priorities for Supporting People .....	6
Fig 2 Scenarios.....	9
Fig 3 Delivering the Vision .....	14
Fig 4 Presenting a Social Inclusion Approach to housing-related Support .....	15
Fig 5 Philosophy: Enabling Service Delivery Model Enhancing Safety .....	17
Fig 6 Strategic Priorities .....	19
Fig 7 Current pattern and expenditure on services.....	27
Fig 8 Services Funded in 2004/5 .....	28
Fig 9 Expenditure .....	29
Fig 10 Nos. supported by different types of organisation .....	30
Fig 11 Average weekly unit costs .....	30
Fig 12 Scenario.....	45
Fig 13 Summary of Financial Position .....	47
Fig 14 Development Programme .....	52
Fig 15 Scenario 1 .....	53
Fig 16 Scenario 2 .....	53
Fig 17 Scenario 3 .....	54
Fig 18 Investment.....	56

## 1. Executive Summary

This strategy has been produced at a time of further changes for Supporting People. The introduction of Supporting People signalled many cultural and operational changes in the way that low level housing related support was to be delivered. The development of the Supporting People Shadow Strategy in 2002 was the first time that these diverse ranges of services were brought together into one plan. The two years since then have seen the understanding of low level support evolve and Supporting People develop as a programme managing a complex range of challenges.

While planning and administrative structures have been successfully put in place the situation concerning the funding of Support People has been uncertain as Government debated the size of the national budget and the way funding will be distributed in future.

### 1.2 Links to Local Strategic Partnership and Corporate Vision

Supporting People is essentially a partnership between social services, housing, the primary care trust and the probation service.

Some services are commissioned and funded entirely by the Supporting People programme. In other cases, the Supporting People programme contributes towards a service that is also funded by a partner agency. But in all cases, Supporting People services must contribute to the authority's strategic priorities. The programme therefore needs to be sufficiently flexible to adapt to emerging priorities within a wide range of other strategies. At the same time, it must do more than simply react to other strategies; Supporting People itself has a strong, distinctive vision, as set out below:

*"The Supporting People Programme aims to make quality, affordable housing options and support services available to everyone in Walsall, allowing vulnerable people to maintain their independence, whilst providing them with real choices and inclusion within the community."*

The vision is supported by four key themes:

- Partnership
- Prevention
- Social Inclusion
- Access to services

We want the Supporting People programme to be driven by outcomes for Service users, not by existing supply of services, or by finance. We will therefore measure how successful support services are at promoting and sustaining independent living, using a range of tools and results will be monitored within the decision-making structures. We see this as an evolving

process that must be linked to structured and meaningful dialogue with service users. These measures will also link to agreed key performance indicators from other related strategies to ensure an integrated approach to delivering service outcomes.

### 1.3 Strategic priorities for Supporting People

As part of the development of this strategy we have:

- Commissioned an extensive needs analysis (Companion Document)
- Carried out Extensive Service User consultation (Appendix 3 and 5)
- Carried out extensive Service Provider and Stakeholder consultation (Appendix 3)

In total we have talked to about 500 people and they have helped to shape this strategy. Over the next five years we will:

- Reshape and retarget existing accommodation-based services to ensure most effective use of scarce resources
- Commission a number of carefully targeted new accommodation-based services to fill the most pressing gaps i.e. Extra Care Housing and other re-provision plans as identified in the Housing Strategy.
- Reshape floating support services to allow a more flexible service to be provided, which varies as people's needs fluctuate
- Reshape floating support services to facilitate more focused services for BME communities
- Expand the amount of floating support which is available

Set out below are the priority areas for attention as we re-shape our services. It is our intention to develop a methodology for prioritisation in the longer term (Appendix 10):

**Fig1**

<b>Priority</b>	<b>Measure-</b>
Addressing needs for specialist services	<ul style="list-style-type: none"> <li>• Increase in the number of people who have complex needs who receive a service</li> <li>• Increased number of Extra Care Housing</li> </ul>
Providing more services to prevent the home loss:	<ul style="list-style-type: none"> <li>• Services provided to people who are owner-occupiers and private tenants, as well as to those who live in publicly funded rented sector</li> <li>• Reduction in numbers being made</li> </ul>

	<p>homeless particularly focused on the early stages after re-housing. As an example young people who have left the “Looked After” system</p> <ul style="list-style-type: none"> <li>• Reduction in numbers entering hospital through emergencies. For example, Older People</li> </ul>
Continue to change the balance between floating support and accommodation based solutions	<ul style="list-style-type: none"> <li>• More services delivered to people in need who live in their own home including people with Mental health issues and Learning Disabilities</li> <li>• Proportionately fewer people in supported accommodation</li> <li>• Reduction in time in supported accommodation before moving into the community</li> </ul>
Increasing focus on needs of groups who face barriers in accessing services	<ul style="list-style-type: none"> <li>• Re-modelling of existing services to address more complex and specialist needs</li> <li>• Increase in numbers receiving either general or specialist support</li> <li>• Reducing rates of re-offending</li> <li>• Increase in support services for Substance Misusers</li> <li>• Development of a support service to Travellers</li> </ul>
Growth in culturally specific services and ensure all services are culturally sensitive	<ul style="list-style-type: none"> <li>• Numbers of people receiving services from BME communities</li> </ul>
Cross Authority and sub-regional/regional	<ul style="list-style-type: none"> <li>• Commissioning of cross-services boundary services for complex and specialist needs. For Example HIV/AIDS, Refugees and the development of a “Wet” hostel</li> </ul>
Accessing “move-on” accommodation	<ul style="list-style-type: none"> <li>• Reducing length of stay in supported accommodation for example families awaiting re-housing from the refuge</li> </ul>
Access to permanent accommodation	<ul style="list-style-type: none"> <li>• Agree protocols with housing providers</li> <li>• Increase in numbers who directly access permanent accommodation with a support service (Floating Support)</li> <li>• Address the issues concerning those who have been “excluded” for permanent housing. For</li> </ul>

	example those who have previously been evicted.
Managing service change	<ul style="list-style-type: none"> <li>• Completion of the service review programme</li> <li>• Number of contracts that are altered to more closely meet strategic themes</li> <li>• Development of performance measures</li> </ul>
Funding support services	<ul style="list-style-type: none"> <li>• Look for ways to lever in additional funds particularly in relation to the regeneration and health programmes</li> </ul>
Addressing future needs	<ul style="list-style-type: none"> <li>• Consultation with service users</li> <li>• Research programme</li> <li>• Maintenance of Partnerships</li> <li>• Flexibility in service provision</li> </ul>

## 1.4 Financial Position

This strategy has been drafted in an uncertain financial climate, where future allocations are unknown. We have already been subject to a cash freeze for 2004/05, and a 4.4% reduction in 2005/06. However, the long-term prospects are more positive, since the 2005/06 reduction was less than 5%, and ODPM have advised that this should be taken as an indication of an increased allocation in the long term as a result of a “distribution formula” that they are developing.

The indicative costs of the priorities outlined in this strategy are set out below. In view of the continuing uncertainty over future funding levels, we have prepared three scenarios:

1. In this, the most pessimistic scenario, we have assumed two further annual budget reductions of 2.5%. We have then assumed that the budget will level out.
2. In the second scenario we have assumed a stand still position followed by two years of very modest growth (2%).
3. In the third scenario, we assume a modest benefit as a result of the distribution formula of 2% for two years followed by 3% growth.

In producing these scenarios we have assumed that further reductions will be required in the national budget over the next two years to meet the national budget target of £5 Billion over 3 years.

**Fig 2**

Scenario	2006/07	2007/08	2008/09	2009/10
----------	---------	---------	---------	---------



1	£6.98m	£6.81m	£6.81m	£6.81m
2	£7.16	£7.16	£7.3	£7.4
3	£7.3	£7.44	£7.6	£7.75

Over the life of the strategy there is a £940000 difference between the three scenarios. These scenarios are translated into commissioning implications in section 12.

We consider the lower of these options to be the absolute baseline required to fill the most pressing gaps in services. The higher option would allow for a much speedier implementation of the highest priorities, along with an innovative programme of additional developments. For planning purposes we have produced development plans covering all three options.

If we were to receive increases in excess of what has been estimated over five years, we would bring forward priorities from the 'unmet needs' identified in the Needs Analysis. We also need to plan the use of some of these resources on a sub-regional level. We would therefore expect to see a much stronger sub-regional or regional focus on commissioning.

Under these scenarios, a proportion of these service developments will be funded by:

- Achieving efficiency savings, service change and service decommissioning through service reviews
- Developing funding packages between Supporting People and partner agencies.

In all cases, the developments in 2005/06 will have to be managed within a context of a reduced budget.

## **1.5 Value for Money**

The delivery of this strategy is based on significant levels of service change. As part of the process we intend to introduce a range of measures that will ensure that we gain the best value possible from the services we commission. These include:

- The introduction of a new procurement process
- The use of competitive tendering for services
- Bench-marking of costs
- Working in collaboration with other Commissioning Bodies

## **1.6 Delivering the strategy**

We see this strategy as the platform for the next phase of development of Supporting People in Walsall. There is no doubt that we face a number of difficult challenges and that we are dealing with a dynamic set of circumstances. We therefore recognise that we need to constantly review and

up-date this plan to take account of the impact of our work and changing needs.

We now have established decision-making systems to monitor and review progress and are adding additional mechanisms for Service User involvement. We particularly want to build on the success we have had in engaging Service Users in the development of this plan

We are also fully aware that financial uncertainty and rapid change will create risks. We are concerned that Service Providers are also facing a particularly difficult period and will work closely with them to ensure stability in services while implementing change.

## **1.7 Conclusions**

Over all we have been cautious but optimistic in setting the direction for the next 5 years. We have set out key strategic areas of change that will begin to re-shape the pattern of services to more closely align with our analysis of needs. We know that as these changes are made new issues will emerge and we expect to see further changes in the wider environment. We have therefore set out to develop a set of mechanisms and tools that will be sensitive to these changes and help us to plan for the future while delivering the best possible range and quality of services now.

## **2. Introduction**

### **2.1 About this plan**

This is the first full strategy that has been produced in Walsall for Supporting People. In 2002 we publish a “Shadow Strategy<sup>1</sup>” while the Supporting People programme was still being developed both nationally and locally.

The Supporting People Strategy forms part of a raft of inter-related plans and strategies to help to deliver on the strategic priorities that are contained in the Local Strategic Partnership’s Community Plan. The performance of services commissioned by Supporting People will help to meet performance requirements for such diverse areas as Health, Probation and Housing. This reflects the broad range of service areas covered by Supporting People’s 16 client groups.

To cover all the issues and topics relating to Supporting People in detail in this document is not practical. We have tried to keep this plan as concise as possible and in doing so have summarised much of the information that was produced to develop this plan. We have included a Glossary of terms (Appendix 1) to aid the reader in dealing with the many technical terms that are inevitable part of any discussion of Supporting People. We have also not repeated information that can be found in other plans. We have referenced our source material (Appendix 2) and we have included a number of Appendixes that form an evidence base to support this plan. A number of the Appendix are included as part of the updating of administrative processes that have taken place during the development of this plan.

Details of the original purpose of this programme can be found in the Support People Shadow Strategy. Access to that plan and others referred to in this documents can be gained via the Council’s Website [www.walsall.gov.uk](http://www.walsall.gov.uk). We commissioned a full Needs Analysis as part of the development of this strategy. This is an extensive document that covers, in detail, the needs across all of the client groups and forms an essential companion document to this strategy.

### **2.2 How the plan was developed**

This strategy has been developed as part of an on-going process of engagement with a wide range of people and organisations that have an interest in Supporting People. We have held special events and made use of planning and consultation mechanisms inside and outside the council. In the region of 500 people have been involved in the consultation process. In Appendix 3 we lists the events and summarise the out puts from them.

---

<sup>1</sup> Walsall Supporting People Shadow Strategy, published October 2002

The strategy has been developed by the Supporting People Walsall Supporting People Planning Group and overseen by the Commissioning Body and included consultation with Service Users, Service Providers and a wide range of Stakeholders. All the formal partners in Supporting People, Health, Housing, Probation and Social Services had signed up to this strategy before it was presented to Walsall's Council's Cabinet for final approval and submission to ODPM (Appendix 4 Decision-making structure).

### **2.3 Provider and Service User Involvement in developing our direction**

Since the spring of 2004, we have been holding regular provider forums, with a representative of the Commissioning Body attending. We also held two sessions with providers aimed specifically at developing this strategy. The input from these gatherings proved extremely valuable and has influenced our strategic approach to future service delivery.

In order to ensure that service users had a meaningful say in the development of Supporting People in Walsall, we have consulted with service users extensively holding 9 separate focus groups (Appendix 5). We have involved service users in the Inclusive Forum as well as engaging with them in the development of the plan so that they could enrich our understanding of current needs and how well support and other services combine to deliver effective outcomes. Service users have also been extensively consulted as part of the process for signing up to this plan.

To formalise the role of Service Users within the planning and decision-making processes in Supporting People we have adopted a service user engagement strategy to ensure that they have full and appropriate involvement (Appendix 6).

### 3. Links to Local Strategic Partnership and Corporate Vision

#### 3.1 Vision

The Supporting People 5-year strategy is part of a range of plans that come together under the Local Strategic Plan<sup>2</sup> to address the needs of our local communities. The vision for Walsall is:

**“Walsall will be a prosperous, inclusive and competitive borough in which its diverse communities feel involved, safer, healthier and can take a pride in the future”**

The vision sets out the following relevant aims:

- *Make Walsall a healthy and caring place by helping more people to live at home with care tailored to their needs*
- *Providing more choice to vulnerable people about where they live and involving service users in planning and improving the way we deliver our services*
- *Make it easier to access local services by introducing standards of customer service for all services so that people can know what to expect and what to do if things go wrong and new ways of providing services using the latest technology in libraries building on pilot projects*
- *Listen to what people want by establishing local neighbourhood partnerships that will ensure local people and stakeholders have an opportunity to have a real say in the issues affecting their neighbourhood*
- *Transform Walsall into an excellent local authority by working with partners to deliver the community strategy*

This Strategy also contributes to the council’s priority of making “Walsall a healthy and caring place” and to the pledge that **“we will support more vulnerable people to live in their own homes”**

In the Shadow Strategy our vision for Supporting People was:

*“The Supporting People Programme aims to make quality, affordable housing options and support services available to everyone in Walsall, allowing vulnerable people to maintain their independence, whilst providing them with real choices and inclusion within the community.”*

As a result of the review of progress that took place when developing this plan we can now clarify that vision by adding the following:

---

<sup>2</sup> Community Plan 2003

- The Supporting People programme plans, commissions, funds and monitors a wide range of support services based on a “whole systems” approach to understanding needs
- The aim of these services is to enable vulnerable people to exercise choice and independence in their own lives by providing the support services necessary to achieve this

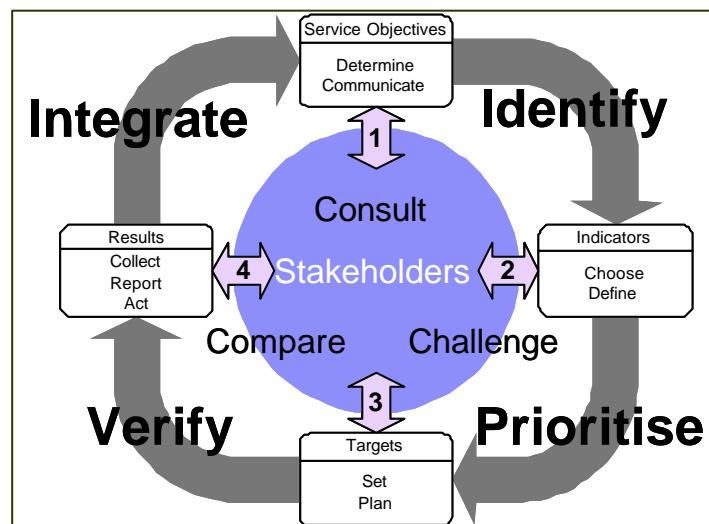
### ***Delivering the vision***

To deliver the vision the Commissioning Body will:

- Take responsibility for ensuring that Supporting People maintains or strengthens its strategic links to other key plans (See Appendix 7)
- Set performance and quality measures to monitor progress
- Engage with service users, service providers and other stakeholders to ensure the services are able to meet future as well as current needs
- Make use of agreed key performance indicators from other related strategies to ensure an integrated approach to delivering service outcomes.

Set out below is the Council’s model for performance management that will be adopted by Supporting People:

**Fig 3 Delivering the vision**



### **3.3 Outcomes for Service Users- key themes**

The main purpose of Supporting People is to provide “housing related support services” to vulnerable people with the aim of helping them, as far as possible, to remain independent within the community. There is very clear message from our discussions with service users that independence is a very important objective for them. Our focus therefore is commissioning services

that deliver this outcome within the context of broader local strategic objectives.

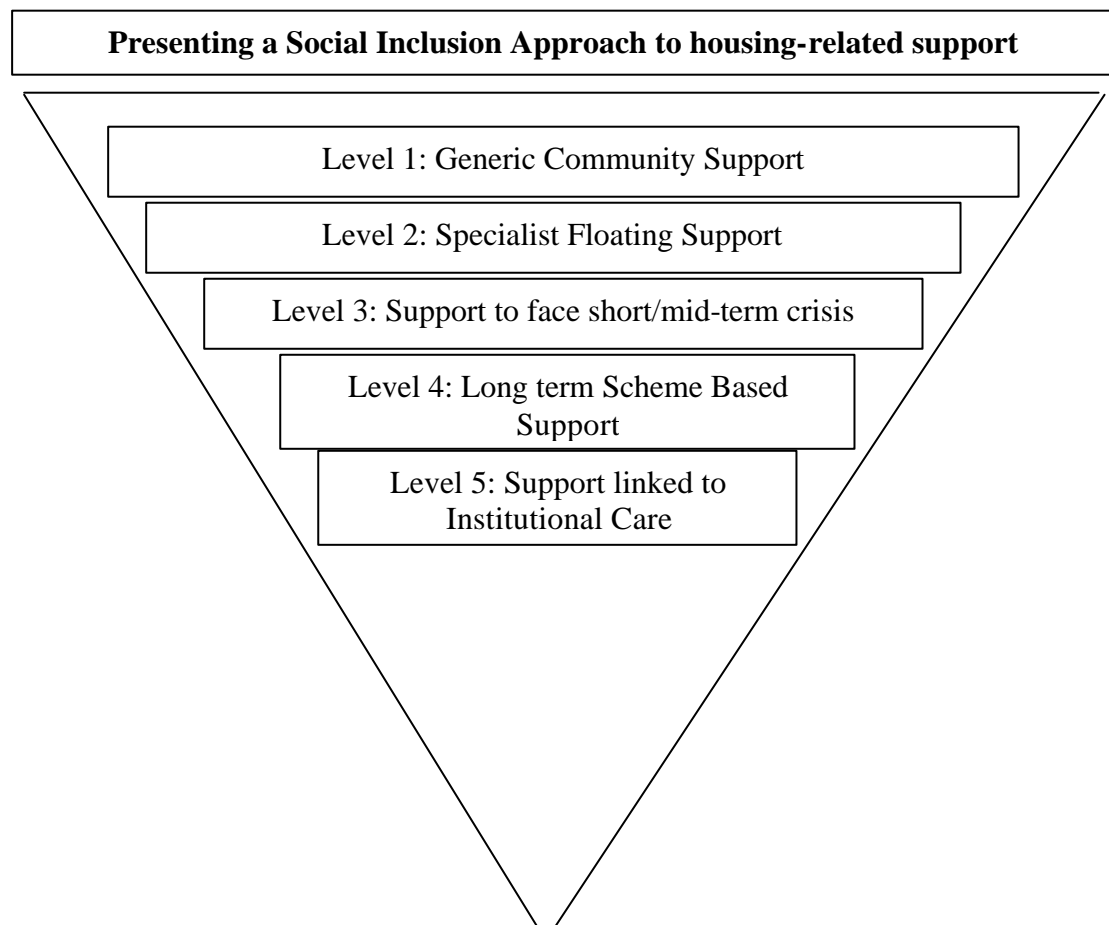
To set about this task we have developed four key themes:

### **A. Social Inclusion**

A key purpose of Supporting People is to ensure that vulnerable members of the community who are able to make informed choices and play a valued role with in the community.

The approach to social inclusion found in the “Whole Systems” model in figure 4 assumes that there is no natural hierarchy in the field of housing support, since a person needing support may wish to access a service at any of the levels shown in the diagram. In aiming to prevent a move into institutional care, there is the possibility of progression from one level to another. It further assumes that points of access would be local and based on an assessment of individual needs, rather than access being through different agencies for each type of support. The aim is to shift the balance of services upstream in terms of promoting independence and choice from levels 5 and 4 to levels 3, 2 and 1.

**Fig 4**



**The key challenges are:**

- To take a person centred approach to the delivery of services and meeting needs
- Measure services by the part that they play in enabling people to perform a normal role within the community
- Generally people should be supported in normal community settings and only where there is a specific need should specialist accommodation be used
- Addressing pre-conceptions about the risks and difficulties in supporting people in the community
- Addressing the needs of BME communities sensitively
- Making contact with and addressing the needs of groups who are in need but for various reasons do not access services
- Continuing to research the needs of service users and maintaining a dialogue about their current and future needs

***B. Prevention***

Prevention of the loss of independence is the key purpose of Supporting People services. Services should either be helping to maintain or enabling service users to become more independent.

The objective is to shift services towards early interventions, but it also needs to be recognised that service users have differing levels of need and therefore that not all services can play that role and there will be a need for services to deal with emergencies and crisis. It is important to the Commissioning Body that in developing this strategic approach it is able to identify the roles that services play and ensure the right balance exists in the context of local needs.

A chart widely used in thinking about the provision of services for older people can be summarised as set out below and applied to other client groups<sup>3</sup>. It shows independence and risk as the two axes, and the top right quadrant as the area in which services should ideally be located.

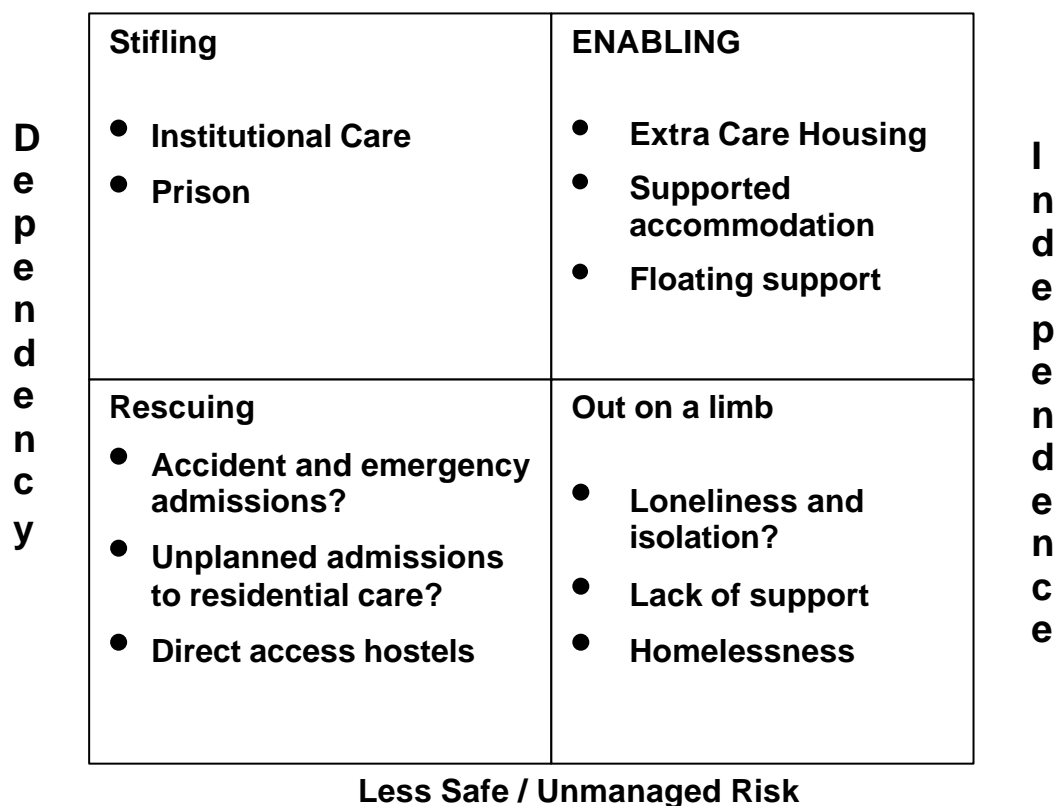
---

<sup>3</sup> Adapted by Peter Fletcher Associates



**Fig 5 Enabling Service Delivery Model**

**Philosophy: Enabling Service Delivery Model  
Enhancing Safety**



This is an adapted model of the Enabling Service Delivery Model, developed by the Audit Commission and the Social Services Inspectorate (SSI) as part of the Joint Review process and suggests the different roles that accommodation and services play.

Applying whole systems thinking across all systems and developing an enabling and preventative culture could help to reduce, for example, the numbers of people coming out of treatment for drug abuse and failing to be housed in appropriate accommodation. Another example is the development of Extra Care that may prevent older people entering residential, nursing or hospital care. Assessment of risk as well as the optimum setting for achieving independence and stability, shared across agencies, could help to break some of the cycles of homelessness and institutionalisation which are apparent.

**The key challenges are:**

- Assessing the effectiveness of current services in delivering on this outcome and identifying opportunities to either change or develop services that will lead to an earlier interventions
- Managing service improvement and change while protecting the interests of service users
- Linking to existing performance indicators to measure these out comes
- Understanding the rapid changes that are taking place in Service User needs and expectations

### **C. Partnerships**

At the heart of Supporting People is the partnership between key organisations that have a responsibility for overseeing Supporting People. There are also many other relationships both locally and regionally that need to be maintained. This way of working should inform our approach to all aspects of the development of Supporting People. It is a resource intensive activity that includes planning, review and commission.

#### **Key Challenges are:**

- Maintaining the capacity to sustain all the necessary relationships
- Balancing a diverse range of interests
- Addressing the development of a regional dimension to Supporting People

### **D. Access to services**

The Supporting People programme works within the principles of equality of opportunity. It is important therefore that services provide an equality of access that reflects our diverse communities.

It is also important to recognise that for some service users there are additional disadvantages and they can act as barriers to accessing services. These may include the range and type of information available or the location or design of the building in which the service is provided. Some people do not attempt to access services, as they believe they will be excluded or will not be offered an appropriate solution. It is crucial that we ensure that services are able to address the support needs of all sections of the community. Also important is access to ordinary accommodation so that as people can move out of supported accommodation at the right time as their needs change. It is also important in providing a means of supporting people within the community.

During the consultation process with Service Users strong views were expressed concerning the barriers that are placed in the way of accessing support services and this is therefore now a major challenge that must be addressed. (See Appendix 3)

#### **Key Challenges are:**

Ensuring fair access to services for:

- People from a diverse range of BME communities
- People with a diverse range of physical and health needs
- People who, due to their circumstances face barriers in accessing services
- People such as owner-occupiers and Private tenants who currently receive few services
- That access to “move-on” and permanent accommodation is fairly available

### 3.4 Strategic Priorities

We recognise that the process of deciding upon strategic priorities is a vital component of the development of this strategy. In Appendix 10 we have set out the process for doing this.

In setting the four themes and identifying the challenges that emerge from them the following priorities have been developed and create the structure within which we will re-shape services to meet future needs:

**Fig 6**

<b>Priority</b>	<b>Measure-</b>
Addressing needs for specialist services	<ul style="list-style-type: none"> <li>• Increase in the number of people who have complex needs who receive a service</li> <li>• Increased number of Extra Care Housing</li> </ul>
Providing more services to prevent the home loss:	<ul style="list-style-type: none"> <li>• Services provided to people who are owner-occupiers and private tenants, as well as to those who live in publicly funded rented sector</li> <li>• Reduction in numbers being made homeless particularly focused on the early stages after re-housing. As an example young people who have left the “Looked After” system</li> <li>• Reduction in numbers entering hospital through emergencies. For example, Older People</li> </ul>
Continue to change the balance between floating support and accommodation based solutions	<ul style="list-style-type: none"> <li>• More services delivered to people in need who live in their own home including people with Mental health issues and Learning Disabilities</li> <li>• Proportionately fewer people in supported accommodation</li> <li>• Reduction in time in supported accommodation before moving into the community</li> </ul>
Increasing focus on needs of groups who face barriers in accessing services	<ul style="list-style-type: none"> <li>• Re-modelling of existing services</li> <li>• Increase in numbers receiving either general or specialist support</li> <li>• Reducing rates of re-offending</li> <li>• Increase in support services for Substance Misusers</li> <li>• Development of a support service to Travellers</li> </ul>

Growth in culturally specific services and ensure all services are culturally sensitive	<ul style="list-style-type: none"> <li>Numbers of people receiving services from BME communities</li> </ul>
Cross Authority and sub-regional/regional	<ul style="list-style-type: none"> <li>Commissioning of cross-services boundary services for complex and specialist needs. For Example HIV/AIDS, Refugees and the development of a "Wet" hostel</li> </ul>
Accessing "move-on" accommodation	<ul style="list-style-type: none"> <li>Reducing length of stay in supported accommodation for example families awaiting re-housing from the refuge</li> </ul>
Access to permanent accommodation	<ul style="list-style-type: none"> <li>Agree protocols with housing providers</li> <li>Increase in numbers who directly access permanent accommodation with a support service</li> <li>Address the issues concerning those who have been "excluded" for permanent housing. For example those who have previously been evicted.</li> </ul>
Managing service change	<ul style="list-style-type: none"> <li>Completion of the service review programme</li> <li>Number of contracts that are altered to more closely meet strategic themes</li> <li>Development of performance measures</li> </ul>
Funding support services	<ul style="list-style-type: none"> <li>Look for ways to lever in additional funds particularly in relation to the regeneration and health programmes</li> </ul>
Addressing future needs	<ul style="list-style-type: none"> <li>Consultation with service users</li> <li>Research programme</li> <li>Maintenance of Partnerships</li> <li>Flexibility in service provision</li> </ul>

## 4. Progress

In this section we look at the progress that has been made since the introduction of Supporting People. The main challenges in the shadow strategy are considered and progress on implementation is analysed.

### 4.1 The Shadow Strategy

The Shadow Strategy was produced during the implementation phase of Supporting People and was seen as a platform upon which to build full implementation.

Most of the services that were inherited by supporting People were accommodation-based and the vast majority of services (86%) were focused on Older People with 4.5% of services being provided to those with a sensory or Physical Disability. 96% of the services were included within 5 client groups with very few services for people who could be included in what is sometimes called “Homeless related groups”.

In the period directly before the point when Transitional Housing Benefit stopped there was a significant growth in services. This was similar to the experience of most areas of the country.

The Government’s review of Supporting People<sup>4</sup> funding has led to some questions about the extent to which Supporting People funds are paying for activities beyond the remit of SP. It has also raised questions about the extent to which some services offer good value for money or meet strategic objectives. As a result the overall national budget is being reduced and locally Commissioning Bodies are being asked to:

- Review services to ensure that funding is for “housing related, low level support
- That cost of services offer good value for money through comparison with other services in Walsall, West Midlands and England
- That the services are of sufficient quality to meet strategic objectives
- Commissioning bodies are also being asked to consider ways of commissioning services including considering working across local authority boundaries and at a regional level that will provide greater administrative efficiency and address the needs of smaller client groups or more complex needs

In Walsall we have targeted a number of services that were identified as high expenditure or high risk and they have been subject to an early review.

Within the Shadow Strategy we identified these key issues:

---

<sup>4</sup> Rhodes Robson Independent Review January 2004

- Very little supported accommodation of any kind
- Of the Supported accommodation available some services specifically for young people were located in a area of significant social problems and therefore these services need to be reviewed
- BME communities do not appear to be accessing services in sufficient numbers and there were 600 Asylum Seekers for whom there were virtually no services
- In some service areas there were very few or no support services including substance misuse and offenders

In the year after the publication of the strategy there was a very high turnover of personnel working on Supporting People or forming part of the decision-making structure. This was the result of a number of major structural changes made within the Council and Partner organisations. At the same time the ODPM began to intensively review the level of funding in Supporting People introducing a high degree of uncertainty about future levels of funding. This created a period of uncertainty and consolidation in Walsall.

### ***Key Achievements***

The current SP team has now been together for a year and all work backlogs that they inherited have been dealt with. A new decision-making structure has been put in place and they are now taking a pro-active approach in the shaping of future services:

- **The Supporting People Team** in Walsall has undergone significant change and improvement over the last twelve months since the arrival of a new Supporting People Manager and other team members. The team has established new methods of partnership working and introduced a robust performance management culture across a diverse provider sector to meet all requirements of the ODPM and the Audit Commission.

The manager and team are also widely acknowledged as leading the regional agenda for the programme in a number of areas i.e. procurement of new services, contracting, strategy development, user involvement, and performance management. Over time, the team will be fully integrated into the commissioning support and procurement functions of Social Care and Supported Housing.

- The decision-making structure has been reviewed resulting in changes in membership and a much more robust structure being established. To further improve the existing governance arrangements the Supporting People Commissioning Body has requested that the Portfolio member for Health and Social Care should become a member of this body.
- **Developing innovative approaches to service development**  
A feature of the development of Supporting People in Walsall has been the way that addressing unmet needs have been approached. The Supporting People Team were awarded the Annual Cabinet Award for Corporate

Initiative of the year in 2004 for commissioning a range of new services that met the needs of the most socially excluded vulnerable people in the Borough:

- The funding of a number of short-term contracts to test out the effectiveness of these services in meeting unmet needs. This has provided better information on current and future needs but also informed our future commissioning process
- The funding of a training video that provides information to aid the better delivery of existing services

## **4.2 Conclusions on progress**

Over the past three years a considerable amount of work has been put into implementing the Supporting People programme but particularly the past 18m months. It has proved to be both complex work and resource intensive.

When Supporting People was introduced there were very limited services for some client groups such as people with a substance misuse problems and in some areas services needed to be reviewed, while BME communities were under-represented as service users. This last issue was a particular concern, as it is known that disproportionate numbers from these communities suffer from a range of disadvantages. Our ability to address these problems has been limited but through the creative use of funding we have begun to address these needs.

## 5. Context

This section is intended to provide a brief introduction to Walsall and the influence the region has on Supporting People to help orientate the reader. Detailed information can be found in the regional plans and Walsall's community strategy.

### 5.1 About Walsall

Walsall has a population of 253000 of which 55000 are over 60, 22% of the total population and 17800 (7%) are over 75. About 13% come from BME communities the largest of which are the Indian community (5%) followed by the Pakistani community (4%)<sup>5</sup>.

20%<sup>6</sup> of the population identified themselves as having a long-term limiting illness ranking Walsall 91st highest in England and Wales.

Walsall is also a mix of the legacy of industrial decline in the west and new growth in the east that splits the borough in two. The consequences of this can be seen in levels of deprivation, poor health and educational attainment.

A detailed description of Walsall can be found in the Needs Analysis document. The long-term strategic plans for the borough can be found in the Walsall Community Strategy.

### 5.2 The Regional Dimension

The Sustainable Communities Plan<sup>7</sup> published by the ODPM in 2003 and the companion document for the region "Sustainable Communities in the West Midlands"<sup>8</sup> are key documents that set the broad regional agenda. In particular these documents set the structure for the Regional Housing Strategy<sup>9</sup>.

Three other documents also help to create a strategic framework:

1. The Government Office for the West Midlands action plan for Health Inequalities.
2. Health Partnership (GOWM and West Midlands Regional Assembly) response to Choosing Health consultation.
3. West Midlands Prisoner resettlement strategy framework document.

---

<sup>5</sup> Census 2001

<sup>6</sup> Neighbourhood Statistic Website

<sup>7</sup> Sustainable Communities Plan 2003 GOWM

<sup>8</sup> Sustainable Communities in the West Midlands"2003 GOWM

<sup>9</sup> West Midlands Regional Housing Strategy 2003



Within Supporting People regional and sub-regional structures have also been established. Walsall is a member of the West Midlands Regional Implementation Group, which has developed Regional Supporting People<sup>10</sup> and Homelessness Strategies<sup>11</sup> that sit under the Regional Housing Strategy.

The Regional Supporting People strategy provides a view of the key support issues affecting the region. It has key two themes:

- Access to housing
- Joint commissioning and strategy development

In this context it sets a number of priorities for action:

- There is an uneven distribution of Supporting People Resources across the region and a regional overview could contribute to creating more fairness in access to these services and resources
- There is a clear need to link capital and revenue funding streams to ensure continued development of Supported People services
- Services are being provided at reasonable cost, on the whole
- There is scope for much more partnership working with other commissioners and between Supporting People authorities to develop strategies and commission services
- There are issues affecting areas with high property prices that are neither urban nor rural
- Solutions must be found to problems in accessing move on accommodation
- More accurate information is needed on needs analysis
- Better information needs to be established to assess the need for provision or redistribution of resources to the non-conurbation's
- Agreed definitions are needed for eligibility and services.

The Regional Supporting People and Homelessness Strategies have proved useful in the following areas:

- Pulling together Homelessness and Housing Strategies in a way that can inform Supporting People strategies
- Helping to plan specialist provision where it would not be economic for each individual authority to do so
- Providing an overview of the way some users access services outside of tier home area but within the region
- Identifying patterns and causes of homelessness examined against "sub-regional" housing market areas

---

<sup>10</sup> Regional Supporting People Strategy is currently still in draft

<sup>11</sup> Regional Homelessness Strategy is currently in draft

- Sharing good practice around needs identification, partnership working, performance benchmarking and value for money
- Sharing approaches to Supporting People service reviews
- Building links between capital funding of housing and Supporting People

The development of the Supporting People Regional Strategy should particularly help in the future co-ordination of the development of specialist housing. The uncertainty over Supporting People revenue funding has led to some Commissioning Bodies being unable to commit future funding and this has raised questions about the viability of some projects. As a consequence the specialist-housing programme has reduced across the region.

### **5.3 West Midlands Cross Authority Group**

Some services that are now included within Supporting People also help people who come from outside of the borough. As part of the implementation of Supporting People Cross-Authority Groups were established. The West Midlands Cross-Authority Group aims are to:

- To identify service cross authority service providers
- To establish joint policies and procedures where appropriate
- To develop joint allocation procedures
- As far as possible to remove barriers and enable clients to access services easily across borders
- To develop cross authority provision for specific client groups where appropriate

A full statement of the aims and intentions of this group can be found in Appendix 8. There is also a sub-regional group, the Black Country Cross Authority Group that is currently piloting new mechanisms for cross boundary commissioning of services in partnership with ODPM.

### ***Conclusions***

The Regional dimension has evolved along side the development of Supporting People. Its importance to local planning is likely to continue to strengthen as more emphasis is placed on cross-boundary initiatives led by the Governments approach to regional and sub-regional markets in housing as well as in support.

Planning and commissioning of support services at both the regional and sub-regional level is now being tested across the country and Walsall along with neighbouring authorities is actively participating in this process. We are also likely to see further development linked to administrative issues such eligibility criteria and benchmarking of services.

## 6. Supply Analysis

Within this section we consider the current range of services that are provided in Walsall, which client groups are receiving support and what sorts of support. We will also examine the cost of these services. We will then go on to draw conclusions from this analysis about what changes or additions need to be made to current and future services. In Appendix 9 we provide detailed analysis of supply.

In section 8 we discuss the results of the needs analysis and in section 9 we bring the results of the supply and needs analysis together to set out which areas need action taking.

### 6.1 Current pattern and expenditure on services

On 1<sup>st</sup> April 2004, 4364<sup>12</sup> people in Walsall were receiving support funded by the programme. Of these, 943 people were living in specialist accommodation, such as sheltered housing, group homes, or hostels, and receiving support from staff based there. 3,006 were receiving floating support from staff visiting them in their own homes. The remaining numbers are made up of those receiving services from the Home Improvement Agency. The breakdown between different client groups is set out in the table below.

Walsall is unusual in comparison to other authorities in the extent of the floating support services. This is a result of the reorganisation of the Council's NCO service that originally provided services to people mainly living in the Council's Older People's accommodation.

**Fig 7**

Primary Client Group	Accommodation based services	Floating support services	Total	% of Total
Frail elderly	155	-	155	3.93%
Generic	19	-	19	0.48%
Homeless families with support needs	2	-	2	0.05%
Offenders or people at risk of offending	4	12	16	0.41%
Older people with support needs	362	2,727	3,089	78.22%
People with a physical or sensory disability	13	52	65	1.65%
People with drug problems	16	-	16	0.41%
People with HIV / AIDS	1	5	6	0.15%
People with learning disabilities				3.09%

<sup>12</sup> Figures and tables produced from local Supporting People supply information

	75	47	122	
People with mental health problems	79	41	120	3.04%
Single homeless with support needs	49	63	112	2.84%
Teenage parents	14	12	26	0.66%
Women at risk of domestic violence	23	11	34	0.86%
Young people at risk	131	36	167	4.23%
	<b>943</b>	<b>3,006</b>	<b>3,949</b>	

(Certain Services are excluded from these figures: Home Improvement Agencies, Community Alarms, Leasehold Schemes, and Pipeline Services).

The vast majority of services are provided to residents of public sector housing.

Additionally, 12 new services have been commissioned (these are being temporarily funded by SP while and until the uncertainty over Walsall's future Supporting People grant allocations is resolved):

**Fig 8 Services Funded in 2004/5**

Primary Client Group	Accommodation based service	Floating support service	Total	% of Total
Generic	0	36	36	8.41%
Offenders or people at risk of offending	0	8	8	1.87%
Older people from BME communities with support needs	0	250	250	58.41%
People with a physical or sensory disability	0	64	64	14.95%
People with learning disabilities	6	0	6	1.40%
People with mental health problems	0	10	10	2.34%
Traveller	0	30	30	7.01%
Refugees	0	24	24	5.61%
	<b>6</b>	<b>422</b>	<b>428</b>	

## 6.2 Cross Authority Import/Export

Since the introduction of Supporting People in April 2003 information has been recorded on all new service users<sup>13</sup>. For the full year 2003/4 75% of new service users have originated from within Walsall and 25% from other areas. Of those coming from outside, the vast majority, 79% accessed domestic violence services, 8% substance misuse and 7% homeless. Two thirds of

<sup>13</sup> Client Record returns - All Service Providers are required to provide information on new service users

those coming from outside into Walsall did so from authorities within the region.

This contrasts with those that lived in Walsall before accessing services in Walsall, 30% was made up of older people, 28% were homeless, 13% accessed domestic violence services and 10% accessed mental health service.

The relationship between supply and turnover can also be illustrated using the client data. The number of referrals for homeless families was 43 times greater than the number of available units, for domestic violence the ratio was 8 times greater and for young people leaving care it was 7 times greater than the number of available units.

Some notable illustrations are evident concerning those accessing services:

1. People with alcohol problems were referred into mental health or homeless services – there is no specific alcohol service in Walsall
2. More than half of Offenders were referred into single homeless services – there are 16 household units supported for this client group in Walsall, 12 of these being provided as floating support
3. People with a physical or sensory disability were referred into older people, mental health or single homeless services - there are 55 units of support for this client group in Walsall, 52 as floating support
4. Refugees were placed mainly into single homeless services – there is no provision for this client group in Walsall

### 6.3 Expenditure

Spending on 1<sup>st</sup> April 2004 was £6,681,468. This was divided between the client groups as follows (£000s):

**Fig 9**

<b>Primary Client Group</b>	<b>Accommodation based service</b>	<b>Floating support service</b>	<b>Total</b>	<b>% of Total</b>
Frail elderly	£402,224	£0	£402,224	6.02%
Generic	£114,282	£0	£114,282	1.71%
Offenders or people at risk of offending	£12,095	£51,594	£63,689	0.95%
Older people with support needs	£295,904	£1,032,671	£1,328,575	19.88%
People with a physical or sensory disability	£138,891	£377,194	£516,085	7.72%
People with drug problems	£148,833	£0	£148,833	2.23%
People with HIV / AIDS	£14,967	£0	£14,967	0.22%
People with learning disabilities	£1,117,638	£120,092	£1,237,730	18.52%
People with mental health problems	£598,895	£216,500	£815,395	12.20%
Single homeless with support needs	£220,182	£85,341	£305,523	4.57%
Teenage parents	£165,434	£0	£165,434	2.48%
Women at risk of domestic violence	£469,513	£6,984	£476,496	7.13%

Young people at risk	£1,057,617	£33,589	£1,091,206	16.33%
Young people leaving care	£1,029	£0	£1,029	0.02%
	<b>£4,757,503</b>	<b>£1,923,965</b>	<b>£6,681,468</b>	

In April 2004, providers were given contracts to run 73 services for 4296 people. Two thirds of those supported were older people and most of them received their support from Walsall Housing Group. The largest percentage of the budget (26%) goes to older people who make up 82% of the total service users. This contrasts with Learning Disabilities where 19% of the budget is committed to 3% of the service users

Over all 71% of the budget is spent on accommodation based services but only supports 24% of the service users.

The number of people supported by different types of organisation was as shown below (note that these figures include the HIA):

**Fig 10**

<b>Service Provider Type</b>	<b>Accommodation based service</b>	<b>Community or social alarm service</b>	<b>Floating support service</b>	<b>Home improvement agency (HIA) service</b>	<b>Outreach service</b>	<b>Grand Total</b>
Charitable Organisation	31		67	275		373
Local Authority - Housing Dept	119		2566			2685
Local authority - Social Services Dept			28			28
LSVT(RSL)			12			12
Private Company	37		4			41
Private Individual	26					26
RSL	692	72	328			1092
Voluntary not for profit Organisation	38				1	39
<b>Total</b>	<b>943</b>	<b>72</b>	<b>3005</b>	<b>275</b>	<b>1</b>	<b>4296</b>

Since some services are very much more intensive in comparison with others the spending by each type of provider gives a different pattern, as shown below. This shows the extent of the range of service which Supporting People is funding, with the average voluntary organisation contract totalling £50.93 per person per week, and the average for a Private sector company of £344.29.

Average weekly unit costs (calculated using weighted averages for each service) by provider organisation type are shown below:

**Fig 11**

	<b>Accommodation based service</b>	<b>Floating support service</b>	<b>Outreach service</b>	<b>Resettlement service</b>	<b>Overall Average</b>

Charitable Organisation	226.75	27.78			<b>50.93</b>
Local Authority - Housing Dept	130.01	7.70			<b>13.12</b>
Local authority - Social Services Dept		242.13			<b>242.13</b>
LSVT(RSL)		71.98			<b>71.98</b>
Private Company	370.43				<b>334.29</b>
Private Individual	131.30				<b>131.30</b>
RSL	72.13	38.42		85.83	<b>47.77</b>
Voluntary not for profit Organisation	171.69		33.24		<b>168.14</b>
	<b>102.43</b>	<b>15.11</b>	<b>33.24</b>	<b>85.83</b>	<b>23.45</b>

## 6.4 Comparison of costs

Compared to ODPM tables<sup>14</sup> the costs of services generally can be described as average. However there are exceptions:

### **High Cost services**

High cost services have been prioritised within the review programme. The reviews have used a number of tools to judge costs including:

- Regional benchmarks
- Evidence from the QAF
- Service users views
- Test of strategic relevance

We have already noted that Learning Disabilities has 19% of the budget and only 3% of the services making this the most expensive area.

### **Low Cost services**

A number of schemes fall below national averages. This is a concern because low cost can also mean poor quality. Again these schemes have been targets within the review programme.

We have also noted older people receive 26% of the budget to provide 82% of the service users. This results in the lowest cost services.

## 6.5 Ineligible services

Supporting People funding totalling £183000 is currently being paid to five Registered Care Homes. These schemes are a legacy of the Housing Corporation development programme and were originally categorised as Part "21/2". They were allocated Supported Housing Grant at the time they were

<sup>14</sup> Strategic Tables produced by ODPM after "platinum cut" 2003

commissioned and this funding was transferred into the Supporting People budget.

ODPM have indicated that Supporting People funding should not be provided to Registered Care Homes. Consequently we are obliged to withdraw this funding and this will become effective in 2006/7. 12 months notice will be served on these services in 2005/6. The withdrawal of funding will be handled sensitively and in negotiation with the service providers and relevant other partners to ensure that the interests of service users are protected.

## **6.6 Managing the market**

Walsall has historically had a relatively underdeveloped supported housing sector. Currently there are 9 housing associations with Supporting People contracts. The voluntary sector in the housing/social care field is also underdeveloped, with 7 charitable and voluntary groups providing Supporting People services.

We are aware of the risks inherent in having a small number of providers delivering services so we are working to ensure that we continue to have a balance of differing types of provider. We also work in close partnership with providers to minimise the chance of vulnerable people being left unsupported for any length of time as a result of service failure.

Over the long term, we would expect to see growth of services and this will provide an opportunity to ensure that we have a better mix and range of providers to meet local needs.

There will also be opportunities as a result of the review process to work existing providers to improve the mix of services.

## **6.7 Changes as the result of Reviews**

To date 35 reviews have been started which covers 43% of the providers we work with. This group includes all of the high cost services and high-risk client groups. These are the most complex services that are being reviewed first and they inevitably will take the most time.

3 service reviews have been completed to date, some were required to implement minor improvements but in other areas significant changes were required to meet strategic objectives. The main areas where service improvements have been achieved are:

- Improved staff training around policies and procedures, such as for lone working and the recording of service user complaints and feedback



- Improvement of initial and ongoing assessment of clients to take account of religious and cultural needs
- The development of written documentation of a range of procedures
- A more focused approach to risk assessments and support plans
- We have also been part of a strategic review of support service to sheltered housing for older people that has suggested a refocusing of services

## **6.8 Conclusions on supply**

- The current range of services is very limited – particularly in extra care sheltered housing
- Service users are accessing services whose main aim may not be their main need. This is happening because of the limited range of services
- High cost services are being reviewed and action is being taken to ensure all costs come into line with regional benchmarks
- Some services currently do not meet the objectives set in the Shadow strategy
- The current range of providers is limited and this presents risks that are being addressed
- There are noticeable costs differences when comparing client groups and these need to be explored further as part of the review programme
- The budget is largely focused on funding accommodation based services(7%) but only supports 24% of service users

## 7. Strategic Relevance and the Needs Analysis

### 7.1 Strategic relevance

In this section we consider what the current drives are of both national and local policy and how they will influence our thinking on the development for existing services and any new services which we would choose to prioritise.

The government has identified a number of key areas within which they wish to see progress:

- Reduction in the numbers of people who re-offend
- A reduction in the numbers of substance misusers who are not accessing treatment and achieving a degree of stability
- Reductions in the numbers who are experiencing homelessness
- Reductions in the numbers of teenage pregnancies and support for those who fall pregnant
- There are also priorities for people with mental health, learning disabilities and for older people, all related to maintenance of independence or enabling people to become more independent

The Government has two over-arching strategies:

- To shift service towards prevention
- Work towards social inclusion

The development of Walsall's **Community Strategy** has set the strategic framework within which Supporting People will develop. The Council's corporate plan has provided further context for the development **Commissioning plans for Older People, Mental Health and Learning Disabilities**. Within the Older People's Commissioning Plan<sup>15</sup> the decision was taken to begin to shift resources away from residential care and nursing care towards preventative services such as very sheltered housing (Extra Care), the use of assistive technology the HIA. This change created an opportunity to provide more choice for a range of needs by offering models of accommodation and support that are focused on retaining independence. The plans for both Mental Health and Learning Disabilities has focused on the development of community based services and reducing numbers who live in more institutional settings.

This is an on-going process and set out in the **Housing Strategy**<sup>16</sup> are a number of proposals that continue this work. They are seen as important to achieving the Communities overall vision.

---

<sup>15</sup> Commissioning Services for Older People 2003

<sup>16</sup> Housing Strategy 2005-8

Understanding the needs of those people who have a substance misuse problem have proved to be more difficult. Until the **DAT**<sup>17</sup> was established information on the scale of need was difficult to obtain. It is now clear that there is a significant and growing problem that is impacting on the level of crime and affecting the quality of life in Walsall. These are also key issues for the community. This is adding additional pressure to Health, Housing and Police services who are dealing with criminal and anti-social activity driven by substance misuse. Linked to this is offending behaviour. The **Crime Reduction Strategy**<sup>18</sup> has set goals for the reduction of offending and repeat offending. Part of the approach here is to recognise the importance that housing pays stabilising the situation and in reducing the risk of re-offending. To do ensure the successful maintenance of accommodation may require a support service. **Domestic Violence Strategy**<sup>19</sup> continues to see Domestic Violence as a major cause of concern and as well as addressing the problems dealing with crisis situations sees more support services as a significant area for development

There are some support services now available for single homeless people and rough sleepers. However the **Homelessness Strategy**<sup>20</sup> identified a large number of young people who are in need of support. Many of these will also overlap with other client groups but particularly with substance misuse and offenders. Therefore it should be possible to tackle some of the needs of a number of client groups by focusing on a key area of need such as substance misuse.

Walsall now has a significant **Asylum Seeker** population coming from a broad range of client groups. Generally the resettlement programme has been successful. The most difficult issue is tracking the needs of people who have passed through the initial phase of support. Information from advice agencies and service providers suggest that there is an on-going need for support to help people maintain their accommodation and this will need further investigation.

Detailed information on the impact of strategic decisions taken within other local plans can be found in Needs Analysis, as part of the detailed needs analysis.

## 7.2 Conclusions on strategic relevance

- The overall strategic direction for Supporting People is set within the Community Plan

---

<sup>17</sup> In 2003 the DAT commissioned research into the housing needs of substance misusers. (Homelessness and Alcohol and Drug problems in Walsall, Dr Ira Unell).

<sup>18</sup> Crime and Disorder Reduction Strategy 2002-05

<sup>19</sup> "No more excuses. A strategy to reduce domestic violence in Walsall" Responsible Authorities Group

<sup>20</sup> Homelessness Strategy and Review 2003

- A range of local plans aid the delivery of the Community Plan and they help to inform both the general strategic direction and the performance of Supporting People funded services
- The test for the review of existing services and the commissioning of new services will be their relevance to these plans

### **7.3 Local Needs Mapping**

Within this section the results of an extensive needs mapping exercise are summarised. The Supporting People and Homelessness Needs Analysis report is a companion document to this report. It contains a full description of the methodology used, the strategic linkages that are made between the needs analysis and this strategy and then goes on to consider the changing pattern of future needs. It makes a number of recommendations some of which are related to areas not directly under Supporting People but which have a significant impact on the delivery of this programme. The report looks in detail at the needs of each client group and makes detailed service development suggestions. As far as possible we have addressed the needs of the BME communities within the client groups and not as a single entity.

The estimates are the result of an extensive desktop research of current information together with primary research focused on what are commonly known as marginalised groups. This is supported by detailed interviews with planners and discussions with providers and extensive discussion with service users.

We found that across the client groups there were many areas of unmet need confirming the work done within other plans and strategies. Mapping support needs is still in its early stages of development and for some client groups information is still scarce. We therefore chose to conduct a multi-agency survey in conjunction with the Homelessness section of Housing to produce more accurate estimates of need for those client groups where needs are often hidden and overlap.

The needs analysis report sets out the extent of all unmet need and the solutions that would need to be commissioned to address these identified needs. The extent of the needs identified suggest that we will be unable to meet all of these needs within the life of this strategy. In section 12.0 we set out our priorities for development.

### **7.4 Conclusions on needs mapping exercise:**

Below we set out the conclusions as the Needs Analysis and to aid the reader we have cross-referenced results with the appropriate sections of the needs analysis

#### ***General***

It is clear from the overall results that there is unmet need in all of the client groups. Through the research a number of issues were identified that come up consistently within each of the client groups. These are:

- Co-ordination of planning and service delivery needs to be improved. Service users in particular raised this as a key concern
- Access to move-on accommodation is affecting the delivery of support services. There is evidence from service providers and users of the silting up of supported accommodation as people wait to be re-housed
- Restrictions and exclusions from permanent housing by some RSL's are causing difficulties for service users and providers
- Support services have to be more flexible to meet what are often fluctuation and changing needs
- Many service users have multiple and complex needs and therefore differing levels of service may be needed to address these challenges
- There is evidence of large numbers of people who have multiple or complex needs living in temporary or private accommodation. It is thought that this is related to the lack of specialist services that can deal with these challenges.
- More services are needed that provide early interventions to prevent loss of accommodation and in particular to support people who are making the transition from Supported Accommodation to independent living
- The growth in BME communities has to be responded to through both culturally specific and culturally sensitive services

### ***Specific***

The largest gap between needs (based on hard evidence from planners and service providers) and supply is in **Substance and Alcohol Misuse**<sup>21</sup> where there is a very significant gap but this is not confirmed within the survey. There may be a number of reasons for this including unwillingness by service users to admit to service providers that they had a problem for fear of exclusion. Similar research conducted by the consultants in other areas and other local research suggest that this client group is the fastest growing with the potential to create the most risk for plans to reduce crime and build stable communities.

The smallest gap seems to be on **Travellers**<sup>22</sup> and **Teenage Pregnancies**<sup>23</sup>. However, there may be reasons why this must be considered with some caution and this is explored in detail within the Needs Analysis. Evidence from Service User consultation suggest that particularly in relation to Travellers

---

<sup>21</sup> Needs analysis Page 77

<sup>22</sup> Needs analysis Page 131

<sup>23</sup> Needs analysis Page 71

there are a number of complex issues that need to be addressed concerning access to services.

**Offenders**<sup>24</sup> are the second largest group identified. There are significant overlaps between this group and other client groups. 26% identified mental health issues while a surprisingly low number identified substance misuse as a problem. As we mentioned earlier this does not reflect a range of evidence and experience, but particularly for this client group. It is not normally unusual to find a 60-80% overlap with some form of substance misuse. Although the support needs of Offenders and **Young Offenders**<sup>25</sup> are to some extent being addressed within general support there is still a large unmet need. 122 of those included in the survey were under 25 and all of them had support needs. Both of these client groups present a number of significant risks and potential costs to the wider community and specific services if their needs are not addressed and therefore they must be a priority for action. We have also identified a significant overlap between these two groups and vulnerable young people (under 25's). This strengthens the argument for focusing on offending as it will also address needs in other categories as well.

We do need to particularly mention **Young People**<sup>26</sup> and those leaving the "looked after" system. It is estimated that in the region of 600 - 800 young people are in need of a support service in the future but all but a few of these fall into other client groups. **Care Leavers**<sup>27</sup> are entitled to continued support from Social Care services but they will also need specific support to maintain their accommodation and this has implications for Supporting People. We do know that this is the most vulnerable group of young people and national research confirms that this is the group who are most likely to fail to maintain stable accommodation. There is evidence that some people leaving the looked after system are living in accommodation with mixed age groups where there is potential for exploitation.

All of the needs of care leavers are not currently being met and neither are the general support needs of young people. Many have accommodation needs as well. Also we have to take account of the numbers of young people who are currently in some form of supported accommodation who will need access to permanent accommodation and at least in the initial stages of the transition need to receive support.

It would be unwise to suggest that all the remaining needs of young people could appropriately be addressed within service developments for substance misusers or offenders, although the needs of some do fall into these categories. The overall needs of young people could at least partially be addressed through increasing the numbers of young people supported by floating support and therefore creating some capacity to address the needs within supported accommodation.

---

<sup>24</sup> Needs analysis Page 87

<sup>25</sup> Needs analysis Page 87

<sup>26</sup> Needs analysis Page 77

<sup>27</sup> Needs analysis Page 77

We found that much of the need for support for **Homeless Families**<sup>28</sup> is covered within other groups but that the needs of people who are victims of **Domestic Violence**<sup>29</sup> are not being fully addressed. There is a shortage of safe accommodation. There are also issues about access to other accommodation and there is a specific issue about families with more complex needs. The needs of people from within BME communities present a particular problem

By far the largest current unmet need in terms of numbers is **Older People**<sup>30</sup>. Overall numbers will continue to rise and significantly the numbers of over 75s that will be most in need of support will grow. Also, we are seeing a rapid increase in the numbers of those who are now owner-occupiers, a group who in the past have not received many services. They are also a group who generally would only consider accepting a service as a last resort. There are a number of overlapping needs within this group as well. The growth in numbers from BME communities will also be an important aspect of future service development for this strategy and beyond. A key element of the Council's approach to addressing these needs is the development of Extra Care.

The strategic shift in direction that the Council and its partners have signalled by setting targets for maintaining more people at home, or within the community, means that older people, particularly the needs of owner-occupiers, have to be prioritised. To fully address the range of needs within this group will need a broad strategic approach that pulls together many strands including Supporting People. Closely linked and overlapping with older people are those with a **Physical Disability or Sensory Impairment**<sup>31</sup>. There are some difficulties in identifying the needs of this group, as information on support needs is difficult to obtain. This is partly because many of those below 65 choose to be as independent as possible and therefore issues of accessible housing and adaptations tend to dominate planning masking evidence of support needs. However, shortages of suitable accommodation does suggest that there made be a need for additional support services but further work is needed to clarify the level of need.

**Learning Disabilities**<sup>32</sup> are following a similar strategic approach to Older People by increasingly focusing on community based services. However community based services are underdeveloped and a significant part of this programme to develop community services will include non-Supporting People funded developments. However, there would seem to still be a significant need for support services and as this forms part of a wider strategic plan this must also have some priority.

---

<sup>28</sup> Needs analysis Page 94

<sup>29</sup> Needs analysis Page 100

<sup>30</sup> Needs analysis Page 46

<sup>31</sup> Needs analysis Page 61

<sup>32</sup> Needs analysis Page 121

**Mental Health**<sup>33</sup> has a slightly different set of problems. Although there is a current shortage of supported accommodation the general view from providers is that the provision of a floating support service would allow people who are currently occupying supported accommodation to move to a more appropriate setting. This would free spaces for those who currently need supported accommodation.

**HIV/Aids**<sup>34</sup> is a growing problem but the support needs of this client group are small and at this stage may only be met through a cross boundary approach to commissioning support services.

Although Walsall has a long history of being host to **BME Communities** numbers accessing support services is comparatively small. The growth in these communities suggests that a range of specialist provision is now required alongside ensuring a culturally sensitive approach from existing services. The needs of these communities are addressed within the individual client group sections. Walsall has also been host to a large number of **Refugees**<sup>35</sup>. These are now tending to be single people rather than families. Even though 6-700 may be living in the area they come from a diverse range of backgrounds. The overall picture therefore is of a number of small BME communities most of which could not sustain viable culturally specific services. There is some evidence that a small number will need a support service. However, in view of the diverse range of people and the scale of need it is suggested that a sub-regional response would be most appropriate.

Overall we did identify a very significant number of people who could also fall within another client group. This is an important point, as the way services have historically been planned has tended to be through identifying a main need, and then people are categorised within that need masking their other needs. The result has been that services have often been planned in isolation, and focused on a specific need. As an example, it is not unusual to find schemes designated for young people that do not have staff that are fully trained for dealing with substance misuse or mental health problems, and an allocation policy that takes no account of the complex needs of the client group. To further compound the problem other services such as health and social care may not be working closely enough at a local level to ensure appropriate and flexible packages of support are available, placing pressure on scheme-based staff to cope with the problems.

The survey confirms that the needs are much more complex than the planning categories would suggest, and this has implications for allocation policies, staff training and joint working. It also has implications for the way that Supporting People reviews existing services and commissions future services.

---

<sup>33</sup> Needs analysis Page 110

<sup>34</sup> Needs analysis Page 106

<sup>35</sup> Needs analysis Page 127



## 8. Gap Analysis

In this section we bring together the needs and supply analysis to assess the overall picture.

### 8.1 Needs and Supply

The Needs Analysis concluded that there are unmet and growing needs in each of the client groups. However, the scale of unmet need varies considerably with large numbers of **Older People** now reaching 75 and beyond this is by far the largest growing group. However the current pattern of service provision does not address the increasing needs of this group and in particular the need for specialist provision such as Extra Care. Although support services are now all floating support more needs to be done to provide services to people who live in owner-occupation and the private sector. A floating support service has already been commissioned to older people in BME communities but the level of growth in needs suggest that this service will need further expansion

It was also noted that **Substance and Alcohol Misuse** is a hidden and very rapidly growing problem. In related areas **Offenders** and **Single Homeless/Rough Sleepers** also have significantly levels of unmet need. Some of these people are accessing Supported Accommodation but generally needs exceed supply. In many cases access to permanent accommodation with a floating support service would be the right solution. However, some people would need supported accommodation at the initial stages particularly those offenders who could be termed “high risk”. Service providers have noted that their services could support more people if there were better arrangements for service users to “move on” when they are ready. If this problem can be address through negotiation with housing providers then this would create some flexibility to create some specialist supported accommodation services as well as meeting the needs of more people. The Council’s Housing Services are currently addressing this issue with housing providers

This problem has impacted on the **Women’s Refuge** and associated services. However, even with better turnover evidence suggest that more flexible accommodation based support is needed such a “safe Houses” and that more needs to be done for those who come from BME communities.

**Homeless families** are occasionally still accessing B&B accommodation but this is exceptional. Most support needs appear to fall within other categories and are addressed there. However, the is an unmet need for floating support for families with complex needs after they have been re-housed.

Issues relating to **mental health** appear within most of the client groups particularly relating to homelessness and substance/alcohol abuse. Some of these needs may be addressed within developments of service for people

with complex needs but there is a particular need that is not being addressed within the BME community for a floating support service.

**Learning Disabilities** continues to have unmet needs but also currently provides the most expensive services. This will be taken account of within the review process with the potential for strong elements of service change enabling unmet need to be addressed within existing costs. The issues of people falling in to Old Age and Older Carers also need to be addressed and this will need to be done in conjunction with development in older people's services

This contrasts with areas such as **teenage parents** where number with an unmet need appear but service provision is also small. The success for the Teenage Pregnancy strategy will, in the longer-term lead to reducing numbers. However, in the medium term additional floating support services are needed. A support service has recently been commissioned for **Travellers**. There is some clear evidence of need by it is difficult to judge the full extent and therefore this service will need time to gather information and then the position can be reviewed.

In two areas, **HIV/ AIDS** and **Refugees** total numbers in needs may be best addressed through cross authority commissioning. There is a small service for people with HIV/AIDS but evidence suggests that the need will out-strip this service. Other authorities have also identified similar levels of need and therefore by working in co-operation a more effective sub-regional service may produce a better quality and more cost-effective service. In the case of Refugees it is more difficult to identify numbers in needs but the position is made more complex by the wide range of ethnic origins and family composition. There is believed to be needs but they may best addressed on a cross authority basis where a larger scale service may be commissioned that can address the range of specialist needs or that a level of specialist co-ordination and advice can be given to local services.

## 8.2 Key strategic priorities

Within this section we identify the client group areas where we need to focus most specific attention. These are the client groups where there is a significant gap between current supply and future needs:

- In terms of delivering on national and local priorities substance misuse is a key area. This leads to crime and poor health and therefore has huge service costs. It also has implications for the wider community. There are also overlapping links into Offending and Youth Offending, Single Homelessness and Mental Health
- Offenders who are classified as particularly high risk and young offenders. This group will continue to create risks for the wider

community and de-stabilise communities unless these needs are addressed as part of a broad strategic response

- Addressing the needs of Older People. This is by far the largest client group and numbers of older people are growing rapidly. The fastest areas of growth are in the numbers over 75 and owner-occupiers. Strategically Walsall also wishes to complete the changes in direction of older people's services and in particular address the needs of people from the BME communities.
- Although there is some provision for Young People and Care leavers there is still a significant gap between needs and services. These are very vulnerable groups but they also extensively overlap with other client groups

There are particular needs within other client groups that will be addressed within the commissioning process

### **8.3 Areas that will need further research over the life of the strategy**

Several areas of additional research have been identified:

- People under 65 with a physical or sensory disability
- Longer term monitoring of Homelessness groups through the multi-agency approach
- The numbers of Asylum seekers who have been given leave to remain and have then chosen to stay in Walsall is having an accumulative impact. Many of these people will not have long-term needs but some will and further research is required to ascertain the extent of these needs
- Monitoring of the needs of travellers

### **8.4 Access**

A key under-pinning issue is access to move-on and permanent housing. These issues are addressed in a number of other places in the plan but it is important to acknowledge here that they are issues that are directly affecting current service delivery and have implications for meeting future needs.

## **9. Identifying Resources and Value for Money**

### **9.1 Revenue Budget 2005/06**

Our revenue allocation for payment of SP subsidy in 2005/06 is £7.16 million. This represents a cut of £329,500 (4.40%) from 2004/05 levels.

### **9.2 Funding beyond 2005/5 - Impact of distribution formula**

In December 2002, the ODPM consulted on a formula for re-allocating Supporting People resources between authorities. Its aim was to enable the ODPM to calculate a share of the national budget for Supporting People resources for each authority ensuring that funding reflected needs. The formula was revised during 2004 and a further version was published.

The formula was designed to take account of differences between the main Supporting People client groups, and:

- The relevant population estimate for the authority (e.g. numbers of people over 60 based on census figures)
- Relative differences in need (each client group has a weighted score for relative need based upon research)
- Relative differences in age (adjusting for the impact of age upon needs)
- Relative differences in cost (adjusting for price differences around the country)

All but one authority nationally had their grant for 2005/6 reduced. However an element of re-distribution was applied in this process and reductions varied. Walsall fell into a category with those authorities that had their budgets cut by less than 5%. A letter from ODPM<sup>36</sup> accompanying the grant settlement for 2005/6 suggested that those authorities with a less than a 5% reduction would, in the longer-term, benefit from the new formula. However, since then, ODPM have announced that a further review of the formula is going to be carried out in 2005/6<sup>37</sup>.

### **9.3 Revenue Budget 2006/07 to 2009/10**

Our revenue budget for 2006/07 and 2007/08 has not been announced. Furthermore, the years 2008/09 and 2009/10 are outside of the Government's

---

<sup>36</sup> Grant Allocation letter 2 December 2004

<sup>37</sup> Confirmed by ODPM at the Inclusive Forum 25 February 2005

usual three-year planning period. So, for financial modelling purposes, we have produced 3 scenarios:

1. In arriving at this scenario, we have assumed two further annual cuts of 2.5%. We have then assumed that the budget will level out
2. In the second scenario we have assumed a stand still position followed by two years of very modest growth (2%)
3. In the third, we assume a modest benefit as a result of the distribution formal of 2% for two years followed by 3% growth

In producing these scenario's we have assumed that further reductions will be required in the national budget over the next two years to meet the national budget target of £5 Billion over 3 years.

**Fig 12**

Scenario	2006/07	2007/08	2008/09	2009/10
1	£6.98m	£6.81m	£6.81m	£6.81m
2	£7.16	£7.16	£7.3	£7.4
3	£7.3	£7.44	£7.6	£7.75

Over the life of the strategy there is a £940000 difference between the three scenarios illustrating the scale of uncertainty for future funding. These scenarios are translated into commissioning implications in section 12.

## **9.4 Maximising Resources and Value for Money**

Our view is that, whilst there is substantial opportunity for us to work with providers to make efficiency savings, it is very unlikely that these savings will be spread evenly across all services. We do not, therefore, intend to make or assume across the board cuts when identifying resources.

However, we cannot rely on an increasing (or even a fixed) pot of money from central government. So, we have to look at our existing expenditure on Supporting People, to see if any savings can be made.

Furthermore, we may not be in a position to grant automatic increases in subsidy levels, year on year. So, providers may not get increases in subsidy in line with inflation, or any increase at all. We will have to review the position on an annual basis

## **9.5 Savings through service reviews**

Our reviews will take account of value for money considerations, as well as strategic relevance and quality. Decisions on future funding levels will, therefore, be taken on a case-by-case basis.

In order to make this process easier, we will be issuing guideline costs per hour for the provision of housing related support and/or suggesting maximum hours per week of housing related support for different levels of need including “sleeping cover”. These will, however, be guidelines not fixed rates.

The general principle we will observe is that Supporting People subsidy cannot normally meet all the running and operational costs of an organisation. In addition, if a part of a service is delivering non-housing related support, we will work to transfer the costs of these services to the appropriate funding stream. Supporting People funding should be used *alongside* other funding streams to make up the full package of services delivered to vulnerable people.

When carrying out the value for money element of service reviews, we will be paying close attention to the following types of service:

- Services that appear overpriced against published norms and benchmarks
- Services that appear to have been “cost shunted” from other funding streams during the transitional period
- Services that are ineligible for subsidy, when compared to our eligibility criteria
- Under utilised services
- Poor quality/ non-accredited services

Where there is clear, justifiable value for money savings to be made, we will adjust contract prices accordingly. This should enable us to ensure that the right balance is struck, between protecting existing funding levels and freeing up resources to meet identified needs.

## **9.6 Savings through decommissioning of services**

To free up some funding for new services, some existing services will have to be decommissioned. Services that are possible targets for decommissioning will be identified through the service review procedures.

Managing decommissioning will require great sensitivity. There are often competing views and emotions can run high. It is therefore, essential that a clear set of transparent processes and principles underpin this activity. Moreover, an independent way of challenging decisions will also be required.

In order to achieve this, we intend to:

- Apply strategic relevance tests to all SP services
- Provide a transparent process which features clear decommissioning steps, appeal mechanisms, customer/stakeholder participation
- Clarify when remodelling should be considered as an option
- Place service user views at the heart of the exercise

## 9.7 Income from Charging - Our Policy

Our charging policy currently remains the same as it was under the shadow strategy (Appendix 11)

## 9.8 Summary of the Financial Position

Taking account of all of the above, our forecast financial position, based on option 2 can be illustrated thus:

**Fig 13**

	2005/06	2006/07	2007/08	2008/09	2009/10	ASSUMPTIONS
ODPM GRANT	7.16	7.16	7.16	7.3	7.4	ANNOUNCEMENT THEN 2.5%
UNDERSPEND B/F	0.50	0.21	0.00	0.00	0.00	CARRY FORWARD ALLOWED
TOTAL AVAILABLE	7.66	7.37	7.16	7.3	7.4	
LEGACY FUNDING	7.54	7.54	7.54	7.54	7.54	BASELINE FIGURE
REVIEW SAVINGS	-0.20	-0.42	-.79	-1.0	-1.1	CUMULATIVE ACTUAL SAVINGS
NEW SERVICES	0.106	0.252	.418	0.614	0.784	CUMULATIVE ACTUAL SPEND
INFLATION AWARD	0.00	0.00	0.00	.17	0.17	NIL THEN 2.5%
TOTAL SPEND	7.44	7.16	7.16	7.3	7.4	
UNDERSPEND C/F	0.21	0.00	0.00	0.00	0.00	NO OVERSPEND ALLOWED

In this scenario, we have assumed an under-spend carried forward from 2004/05 of £0.5 million. The model illustrates that if review savings of £1.1 million are made gradually over the five years, additional new services to a value of £0.800 million can be commissioned. Furthermore, from 2008/09, we will be able to start awarding inflation to providers.

It must be emphasised that this is only an illustration. Our budgets may turn out to be different either through grant funding and/or we may save more (or less) through the review process. The priority in practice will be to monitor the position closely over the five-year period.

## 9.9 Issues related to capital investment

Some of our proposals for the future will require capital funding for the development of purpose-built supported housing. In order to ensure that capital bids from providers are co-ordinated with commitment of revenue funding by the Supporting People, we have agreed that the Housing Corporation should attend Strategy Group meetings. The Corporation want to be confident that any investment in supported housing not easily converted to general needs use is backed up by the revenue funding needed to make the project viable. We hope that close involvement in the discussions leading up to commissioning decisions will help to bring that confidence about.

### **9.10 Issues for Providers**

The financial uncertainties will be of particular concern to Service Providers. We recognise that cost reductions could have an impact on staff retention. We also recognise that there is a critical when cost reductions will have a negative impact on the over-all quality of services. As part of our approach to managing efficiency savings and service change we intend to work closely with Providers to ensure stability and quality in service delivery.

### **9.11 Administrative Costs**

There is clearly a possibility that Walsall will eventually receive additional grant funding for more services as a result of the distribution formula. This will create a new pressure to provide sufficient capacity to quickly take advantage of this funding. Again, until more information is made available this position will have to be carefully monitored.



## 10. PERFORMANCE MANAGEMENT

### 10.1 Findings from the review process to date

Many services have not been subject to a contract review process previously and this has obviously proved to be challenging to some providers. Also, many of the services in Walsall have been supporting differing and complex needs. They have been forced into this position by the limited range of support services available.

### 10.2 Criteria for continued funding

- ***Eligibility/grant conditions***

ODPM have issued new grant conditions with the 2005/6 financial settlement. Largely these conditions are unchanged from the previous year. However, we recognise that over time there will be a need for a better definition focused on the sensitivities within each client group. Over the life of the strategy there is an expectation that the position will evolve both from our perspective and from national guidance. We have therefore produced a set of eligibility criteria (Appendix 18)

- ***Strategic Relevance***

ODPM have issued guidance on a range of matters that help to define strategic relevance. These measures are included within the QAF<sup>38</sup> and will form an integral part of the service review process.

- ***Quality and Performance measures***

ODPM have identified three performance measures:

- Service users who are supported to establish and maintain independent living (for long term services).
- Service users who have moved on in a planned way from temporary living arrangements (for short term services)
- Fair access to people who are eligible for Supporting People services. This relates primarily to BME groups but we will look to examine this against other client groups.

- ***Accreditation***

A new local accreditation process was developed during 2004/5 and details can be found in Appendix 12

- ***Addressing under-performance***

Where under-performance is identified clear improvement targets will be agreed with service providers and these will be monitored within an agreed timetable. We recognise that for small organisations some performance

---

<sup>38</sup> Quality Assessment Framework- This is a self-assessment tool that forms part of the review process

targets will be more difficult to achieve and that in some cases additional support of time will be required. We will therefore assess our response to under-performance on a case by case basis

### **10.3 Procurement**

We will integrate the Supporting People procurement processes more closely with the social care procurement team and develop a clear system of 'embedding' Supporting People commissioning process into Social Care and Social Housing as well as with other key stakeholders. In Appendix 17 we include a draft approach to procurement.

## **11. Risk Assessment and Management**

### **11.1 The Risk Register**

During October 2004, we compiled the first comprehensive risk register for consideration by the Commissioning Body (see Appendix I3 risk register). The aim was to identify the key risks facing the Supporting People programme, assess the seriousness of these risks and propose ways of managing them.

The risks we identified fell under the following headings:

- Strategic risks to the partnership as a whole (e.g. a major partner disengaging from Supporting People)
- Risks to Supporting People operations (e.g. significant vacancies in the SP Team at short notice)
- Financial risks (e.g. unexpected under or overspends against budget)
- Risks associated with reviews and accreditation (e.g. a provider of an important service not getting accredited)
- Other provider related risks (e.g. a major provider pulling out of the city)
- Risks to service users (e.g. from chronic understaffing)
- Risks to the public (e.g. from increased levels of anti-social behaviour following a service closure)

### **11.2 Risk Reporting**

Risk reporting is made to the Walsall Supporting People Planning Group. Over the next five years, we intend to continue with this system, keeping the register up to date and ensuring the Commissioning Body is briefed about the incidence and management of risk.

## 12. Commissioning Intentions and implementation issues over the life of the strategy

### 12.1 Priorities

The future development of Supporting People is to some extent clouded by the uncertainty of the medium-term financial position. However, we set out our general intentions for the next 5 years in this section. It is likely that within the first three years of the strategy there will be no or very little new money. The task will therefore largely be managing service change to meet our strategic objectives. However, we anticipate some money will become available through scheme reviews and are optimistic that eventually additional resources are made available. We intend to:

- Commission floating support rather than accommodation based services, although some accommodation based services will be needed
- Address the needs of BME communities through the commissioning of culturally specific services and ensuring that all services are culturally sensitive
- Increasingly commission services that are meeting the needs of owner-occupiers as well as those in other tenures
- Increasingly Commission Extra Care Sheltered Housing
- Review all services against their ability to enable people to regain or maintain independence and where necessary work with service providers to achieve these aims
- Review the current mix of providers to ensure that we are gaining maximum cost reductions through consolidation of providers but also recognising the need for specialist expertise to address some needs
- Commission changes to existing services and introduce new services in the following service areas:
  - Substance Misuse
  - Offenders and Young Offenders
  - Older People
  - Young people and Care leavers

### 12.2 Development programme

Set out below are detailed proposals based on the three financial scenarios found in section 9. This provides us with a number of clear and detailed options for commissioning as financial circumstances change. Each of the three options related to the financial scenarios produced in 9.3:

**Fig 14**

5 yr spend plans (cumulative totals)
--------------------------------------

	2005/6	2006/7	2007/8	2008/9	2009/10	Total 5 yr spend
Scenario 1	106000	86000	0	0	0	£ 192,000.00
Scenario 2	106000	146000	193000	196000	170000	£ 811,000.00
Scenario 3	106000	426000	473000	496000	520000	£2,021,000.00

Of the funding available a maximum of £774,000 could be committed to Extra Care Sheltered Housing based upon the future funding models decided by the Older People's Strategy.

**Fig 15**  
**Scenario 1**

Project	Comment	Year 2005/6	Year 2006/7	Year 2007/8	Year 2008/9	Year 2009/10
1 existing scheme Re-model to Extra Care	Completion part way through year	56000	56000			
Identify services through the review process that may become either culturally or gender specific	Cost-neutral at early stages On-going					
Remodel existing services and accommodation to meet the needs of people with physical disabilities and sensory impairment	Cost-neutral On-going					
Substance misuse remodelling existing supported accommodation	Cost-neutral	X				
Alcohol- floating support Within remodelling of NCO service	Survey DAT Cost-neutral	X				

Homelessness service- floating support sensitive to SM/ single people Within remodelling of NCO service Additional costs for some specialist staff		50000				
Homeless families- floating support service Within remodelling of NCO service	Cost-neutral	X				
LD complete programme within exiting costs	Cost-neutral			X		
BME OP floating support extension of existing services			30000			
<b>Scenario 1 Total</b>		106000	86000	0	0	0

In this scenario there is no new money available. Service development and service change will have to be managed within reduced resources and through service change.

**Fig 16**  
**Scenario 2**

Project	Comment	Year 2005/6	Year 2006/7	Year 2007/8	Year 2008/9	Year 2009/10
1 existing scheme Re-model to Extra Care	Completion part way through year	56000	56000			
Extra care new	Assume increased costs			163000		
Extra Care new					166000	
Extra Care new						170000
Identify services through the review process that may become either culturally or gender specific	Cost-neutral at early stages  On-going					
Remodel existing services and accommodation to meet the needs of people with physical	Cost-neutral  On-going					

disabilities and sensory impairment						
Substance misuse remodelling existing supported accommodation	Cost-neutral	X				
Alcohol- floating support Within remodelling of NCO service	Survey DAT Cost-neutral	X				
Homelessness service- floating support sensitive to SM/ single people Within remodelling of NCO service Additional costs for some specialist staff		50000				
Homeless families- floating support service Within remodelling of NCO service	Cost-neutral	X				
LD complete programme within exiting costs	Cost-neutral			X		
Offenders supported accom for high risk/complex			60000			
BME OP floating support extension of existing services			30000			
Refugees Cross authority support service				30000		
Domestic violence Safe houses					30000	
Scenario 2		106000	146000	166000	196000	170000

In this scenario an assumption has been made of very modest growth in later years. The majority of new funding in the last three years is focused on the development of Extra Care.

**Fig 17**  
**Scenario 3**

Project	Comment	Year 2005/6	Year 2006/7	Year 2007/8	Year 2008/9	Year 2009/10
1 existing scheme Re-model to Extra Care	Completion part way through year	56000	56000			
Extra care new	Assume increased costs			163000		
Extra Care new					166000	
Extra Care new						170000
1 existing scheme Re-model to Extra Care				163000		
Provision of Dementia support service- community					90000	
Identify services through the review process that may become either culturally or gender specific	Cost-neutral at early stages  On-going				70000	70000
Remodel existing services and accommodation to meet the needs of people with physical disabilities and sensory impairment	Cost-neutral  On-going					
Substance misuse remodelling existing supported accommodation	Cost-neutral	X				
Alcohol- floating support Within remodelling of NCO service	Survey DAT Cost-neutral	X				
Homelessness service- floating support sensitive to SM/ single people Within remodelling of NCO service Additional costs for some specialist staff		50000				
Additional floating support for substance misuse As number grow				50000		
Homeless families-						



Project	Comment	Year 2005/6	Year 2006/7	Year 2007/8	Year 2008/9	Year 2009/10
floating support service Within remodelling of NCO service	Cost-neutral	X				
Specialist support for homeless families re-housed with complex needs						40000
Wet hostel cross authority commission					100000	
Floating support service for people alcohol misuse					40000	
LD complete programme within exiting costs	Cost-neutral			X		
Complex needs Floating Support Cross Authority			100000			
Care leavers Floating Support			80000			
Additional support Teenage parents				67000		
Offenders Floating support			100000			
Offenders supported accom for high risk/complex			60000			
Mental health Specialist service for BME community-floating support						40000
Mental health Floating support						90000
BME OP floating support extension of existing services			30000			
Refugees Cross authority support service				30000		
Domestic Violence Specialist support for BME						70000
Domestic violence Safe houses					30000	
HIA Enhanced service to BME communities-older people						40000

Project	Comment	Year	Year	Year	Year	Year
		2005/6	2006/7	2007/8	2008/9	2009/10
Total Option 3		106000	426000	473000	496000	520000

The final scenario presents our most optimistic estimates with growth in total services from 2005/7 onwards. This would provide opportunities for development across more client groups including Substance Misuse, Offenders and Young People. About a third of the expenditure will still be committed to Older People mainly through the development of Extra Care Housing.

This programme is based on modest expectations. Should we receive more beneficial settlements then we will bring forward additional developments identified and prioritised within the needs analysis. In addition, during the consultation process a number of planners commented on the timing of the commissioning of services. It is possible that some Service Commissioners may be willing to “front-fund” the initial years of key services in order to bring their development forward. We are willing to discuss proposals for this type of initiative as part of our review of progress.

Based on our most optimistic forecast we will provide £2 million in new services. The accumulative effect of commissioning a greater number of new services is that we expect greater savings will be made. This will be partly generated through service remodelling, cost management and de-commissioning:

#### **Fig 18 Investment**

Gross Investment	£2,000,000.
New money	£600,000
Efficiency Savings and service dimensioning	1,400,000

In this scenario, for example funding for services to older people will see the largest growth, by approximately 26% over-all, and that will be partly funded through some new money, changes in older people’s services but also through savings made in other areas.

These scenarios are based a number of assumptions that contain strong elements of uncertainty. Consequently the programme will be kept under review and may change, as the financial position becomes clear.

### **12.3 Accessible services**

- We will work with all providers to improve accessibility of services to people from black and minority ethnic groups. This will involve further research and consultation to understand needs better.

Particular attention will be paid to Asian people, who are currently most under represented in service provision

- All support services within the borough should be accessible to people with disabilities. Providers will be supported to meet the requirements of the Disability Discrimination Act, and to go beyond this to provide best practice
- We do not have sufficient numbers of travellers in the borough to warrant specific services, but travellers must be aware of how to seek support if they need it
- We will make small amounts of funding available to providers to enhance services to meet these requirements (e.g. producing publicity material which is appropriate for travellers, training staff in sign language etc)

## **12.4 Gender-specific services**

There are very few gender-specific services locally, and we will work with providers to review whether services are equally well able to meet the needs of men and women, or whether some single-gender services should be developed. This is particularly an issue in mental health services, but could also be important elsewhere. Since Walsall has such a high proportion of people from Asian backgrounds, there is likely to be higher than average demand for some women-only accommodation-based services. However, factors other than religion and culture also indicate that some services might be better provided for men and women separately.

## **12.5 Move-on accommodation**

The efficiency of several services is being affected by the lack of ordinary housing for people moving out of supported housing. This leads to frustration and loss of confidence in service users, and reduces the availability and value for money of services. We will investigate the options for improving the supply of move-on accommodation through:

1. Working with all the Housing providers in the Borough to ensure that accommodation is available within the existing stock
2. Working with the regeneration programmes to ensure that changes in the supply of accommodation do not adversely impact on the ability to move on
3. Work with the regeneration programmes to identify opportunities to improve supply

Stronger links are needed between the housing strategy and the Supporting People strategy. Supporting People envisages a move towards supporting

people in independent accommodation, but this is only realisable if the independent accommodation is available.

## **12.6 Key issues facing providers**

Support providers are operating in a difficult climate, due to uncertainty about future funding levels, at a national and local level. Involvement in the Supporting People programme has brought new risks to organisations. Some services were historically under funded, and providers face difficulties in meeting the requirements of the programme. Others are much more generously funded and may face requirements to reduce costs. Providers whose services are judged to no longer be strategically relevant or unsuitable in terms of cost or quality will face the possibility of losing contracts or substantially changing their service. Services requiring capital investment bring particular risks if revenue funding is not guaranteed on a long-term basis.

We do intend to make use of a number of tools to drive down costs and ensure Best Value. These have been mentioned earlier and include competitive tendering and benchmarking and it will be important for Providers to prepare for these changes.

We will use Supporting People programme funding to ensure that providers are operating within acceptable levels of risk. Unit costs will not be reduced to levels that compromise quality, in the search for increased volume of services.

Recruitment and retention of staff present serious challenges for providers, and a local strategy for recruitment is needed. Better sharing of skills and experience between and within statutory and non-statutory providers is vital, and joint training / secondments / job shadowing will be developed over the next five years. Areas suggested for joint training include harm reduction strategies for those working with people with alcohol problems.

## **13. Annual Plan 2005/6**

### ***Priorities for 2005/6***

In light of the financial settlement there are going to be very few opportunities for new service development during the early part of life of this strategy. We therefore will have to focus our attention on the review process to bring about service change. A detailed implementation plan can be found in Appendix 14.

### ***Service Development***

Set out in the previous section is our service development options for the next year. There are some specific issues that need comment:

- ***Older People***  
The Older People's Strategy is due to be published shortly and will lead to existing services being re-modelling and some aspects of services being re-focused
- ***Learning disabilities***  
We will investigate options for supporting a small number of people with learning disabilities in sheltered housing schemes. This pilot will be very closely monitored to evaluate the quality of support offered to people placed there and also to ensure the environment created is appropriate for all service users including whose older people are already living there.
- ***Single Homeless, Substance Misuse and Offenders***  
The delivery of the commissioning intentions is based on improved access to public sector and, to a lesser extent, private sector housing. Negotiations with landlords and the development of protocols will be key activities during the year.

### ***Priorities for Review***

We have targeted high cost services within our review programme and those services where there is a potential risk, either through the type of client group supported or through information received in the QAF. We are including all of the remaining services in Walsall that have not been reviewed in 2003/4 or are included in the 2004/5 programme. This is part of the requirement to have reviewed every service by the end of 2005/6. Set out below in Appendix 15 is the review programme.

### ***Risks***

The main concern over the next year will be the management of the reduction in the grant and its impact on existing services. We need to ensure that the interests of service users are foremost in our planning. We recognise that our approach is sensitive to these needs and therefore we will not make across

the board decisions but look at each service individually and in its proper context.

We also know that service providers will be concerned by the implications of the financial settlement. We want to work with providers to reach sensible decisions about how the budget reductions are managed.

### ***Management of the programme***

We maintain a detailed work programme that is updated regularly, and progress is reported to the Core Strategy Group.

## 14. Review of progress

It is our intention that the Supporting People five-year Strategy should be a “live” document subject to regular review by all stakeholders. We see this approach as essential to ensuring that our aims and objectives are achieved – and that we can change tack quickly if necessary.

The main components of this approach will be as follows:

- **Robust Action Planning** – Our detailed action plan is attached at appendix 16. We will be keeping this action plan under continual review and monitoring progress against key targets
- **Regular consultation** – the work of the Commissioning Body , Walsall Supporting People Planning Group and Provider Forum will continue, with their agendas and roles evolving as commissioning decisions are made and the strategy in general unfolds
- **Improved Service User Involvement**– we want to ensure that service users continue to be involved, through a range of means but we will also strive to engage smaller group with more specific needs (See Appendix 6 earlier Service User Involvement Strategy)
- **Keeping the strategic links up to date** – all the strategies mentioned above have their own “planning cycles” of review and revision. Furthermore, terminology changes and service areas are always being linked in new, innovative ways. So, we intend to produce a strategy schedule, which will explain the main links to SP and provides guidance to the various planning cycles. This will be kept up to date so that new strategies and unexpected developments can be taken into account
- **Ongoing supply mapping** – we have been told that one of the most useful things about Supporting People is that it creates an exhaustive list of provision. We intend, therefore, to issue regular, up to date information about Supporting People services. We will also monitor the changing supply map to verify whether the gradually changing pattern of provision is in accordance with the priorities set out in this strategy
- **Ongoing needs mapping and gap analysis** – We have set out a programme of research that we want to see carried forward earlier in the plan (9.4)
- **Updated Annual Plans** – Our Annual Plan for 2005/06 is set out above (13). These plans are required annually and will provide an opportunity to re-visit the Five Year strategy on a regular basis

## 15. Conclusions

Starting from a low base of support services at the introduction of Supporting People, the Supporting People Partnership in Walsall have developed a range of imaginative ways of delivering services to meet current needs. This year and next year are presenting challenges due to the reduced grant being made available. However, there remain both unmet needs and growing needs as demographic pressures, particularly for older people, impact on the Borough.

Everyone involved in the consultation and the development of this Strategy view this as a “live” document. Considerable effort has gone into working through the decisions and commitments that are needed to support the successful implementation of this document. Our view of this Strategy is that it creates a platform upon which we can build, in partnership, a better understanding of the changing needs of vulnerable people and creates a framework within which we can begin to review and commission service to address those needs.