

# Supporting People Shadow Strategy For Swindon 2003/2004



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### Purpose of this document

This document is the **Supporting People Shadow Strategy for Swindon**. The shadow strategy is an interim document prepared under guidance and templates from the Office of the Deputy Prime Minister (ODPM). It sets out the initial plans and priorities for the successful implementation of the first year of the *Supporting People Programme* in Swindon.

This shadow strategy must be seen as the first stage of an ongoing process that will inform the longer term (five year) strategy for Swindon to be produced in 2003 and as such is a position of the current state of supply of housing related support services.

Consultation with stakeholders is fundamental to the Supporting People Programme.

**SECTION A**  
**EXECUTIVE MANAGEMENT SUMMARY**

**SUPPORTING PEOPLE MISSION STATEMENT**

- The Supporting People programme offers vulnerable people the opportunity to improve their quality of life by providing a stable environment, which enables greater independence.
- It will deliver high quality and strategically planned housing-related services, which are cost effective and reliable, and complement existing care services.
- The planning and development of services will be needs led.
- Supporting People is a working partnership of local government, service users and support agencies.

*( ODPM National vision)*

**Supporting People in Swindon – SP Partnership Board Statement of Values**

- It should be the fundamental right of an individual to have a home
- An individual's home should be determined by his/her needs and wishes
- Individuals should be able to exercise influence and choice wherever possible regarding their home setting \*
- Care and Support services should be designated to enable individuals to stay in their chosen home setting for as long as possible.
- The home and its environment should be physically accessible, to enable people to remain in their homes and neighbourhoods.
- Individuals should be enabled to live at home with the maximum dignity and independence possible.

**We will aim to develop locality-based mechanisms to consult, facilitate and develop new and diverse integrated options for housing related support services.**

We will recognise the expertise of Stakeholders, Providers, Users and Carers and treat them as partners in the process with equality, dignity and respect.

Supporting People is a working partnership between housing, social services, health and probation agencies. It will bring together 9 separate funding streams into a single funding mechanism – Supporting People grant, from April 2003. The agencies above will be responsible for managing the Supporting People “pot” and for commissioning and reviewing housing related support services locally. Supporting People aims to increase flexibility in providing these services by removing the link between support and tenure and will enable more people to access support services no matter where they live.

## **What is Housing Related Support and who is it for?**

Housing related support specifically targets the needs of vulnerable people and provides help and support to enable people to remain living independently. Support can be accommodation based – i.e. linked to particular property or housing scheme or floating which is available to people living in different types of accommodation in the community and with varying levels of service.

Many Registered Social Landlords (RSL's) and Local Authorities provide supported housing and other support services in addition to their general needs housing, and a large number of voluntary and charitable organisations also provide housing related support.

Such services may include:

- Warden services in sheltered housing
- Community alarms
- Support in specific accommodation such as homeless hostels, refuges for women fleeing domestic violence or a shared house for people with learning disabilities
- Floating support which is available to people in their own homes – for example a visiting support service for people with mental health problems, elderly or young people
- Preventative support services such as advocacy, befriending and advice

Housing related support is available to a wide range of individuals who all need a level of housing support to enable them to live independently in the community. This may include:

- Older people
- People with learning disabilities
- People with mental health problems
- Women escaping domestic violence
- Young people at risk
- Offenders
- People with drug and alcohol problems

Supporting People will be able to fund support related to helping someone maintain independent living. It is not able to meet care costs or pay for day services or supported employment.

## **Background**

Swindon Borough Council incorporates an area of 23,009 hectares and has a population of 181,000. This is a new Unitary Authority formed in 1997. The Borough Council has a combined Housing and Social Services Department and will be covered by one Primary Care Trust. This complements the existing Mental Health Joint Commissioning Board and the Wiltshire Area Probation Service who are the local commissioners of this programme.

Swindon is a predominately urban area, however there are considerable rural fringes and smaller towns such as Highworth (population 8,300) and Wroughton (population 7,200) within the area. The Borough has experienced phases of rapid growth and has a distinctly youthful age profile due to economic growth and the movement of persons from surrounding areas.

Geographically we are situated between Wiltshire to the South and West and Gloucestershire and Oxfordshire to the North and East. Swindon is aligned to the M4 corridor and is a prominent town within the South West Region. We experience movement into the Borough from transient groups moving from other areas such as Reading, Bath and Gloucester.

Swindon is seen as a relatively affluent Borough, although this belies significant areas of deprivation and poor health, significant skills shortages and a relatively young population with significant social and community needs. We have an estimated ethnic minority population of 6% (Swindon BC Housing Needs Survey 2001) which although below national levels, is concentrated in particular wards of the town and may require specifically tailored support services in the future.

Swindon is still set to grow and the population has been estimated to reach 207,000 by 2011. In terms of housing stock we have a relatively low level of privately accessible rented accommodation with high rent levels and a low level of socially rented accommodation. This results in significant numbers of families living in temporary accommodation hostels with the associated effects of poor health. More recently employers, particularly those in the social and voluntary sector, have noted the difficulty in recruiting and retaining staff due to escalating house prices.

***This is the first SP strategy, which is a position statement outlining results of the supply mapping exercise and comparisons with profiles from ODPM and supplemented by limited local needs information.***

### **The Planning Approach**

Swindon and the neighbouring councils in Wiltshire have chosen to build on their existing Joint Housing and Community Care mechanisms to deliver the Supporting People Programme locally. This has resulted in the pooling of resources to recruit a joint team to oversee this process. As the sophistication, complexity and size of the programme continues, it has been necessary to review this approach to ensure the maximum benefit for strategic delivery for commissioners, providers and more importantly service users.

In light of this we have changed the delivery with the establishment of separate systems and local strategic Commissioning bodies for Swindon and Wiltshire – the SP Partnership Board for Swindon. However, in doing so officers will continue to meet to oversee the common elements of the programme, to discuss our unique cross authority issues and to ensure the desired continuity for service users and providers and ensure best value through the maximisation of resources and expertise.

### **Links to other Strategies**

For this first strategy and the emerging Supporting People Programme we have taken a view to consolidate upon existing work and strategies currently available. We have therefore drawn from base documents such as: Community Care Plan, Housing Strategy, Health Improvement Plan, Community Safety Plan, Best Value Reviews, JIPS and National Service Frameworks.

### **Summary of strategic priorities for investment in 2003/04**

The following are the broad priorities identified for the first year of the Supporting People programme. These priorities have been identified using comparison with indicative national profiles and from the results our local supply mapping exercise, along with our strategic priorities locally and reference to the ODPM strategic steer for the first year of the programme. Comments from consultation with users, providers and other stakeholders have also been included.

The following table sets out the broad priorities identified, along with recommendations for new service development to meet identified need.

<b><u>Frail Older People/ Older People with Mental Health Problems</u></b>	▪
Recommendation	<p>New flexible models of greater support complementary to intensive rehabilitation schemes/frail elderly eg, temporary flats for hospital discharge</p> <p>Greater use of community based sheltered schemes and review of information technology.</p> <p>To support the newly established Home Improvement agency particularly within the wards where we believe ethnic minorities may be concentrated.</p> <p>Further research and consultation with ethnic minority groups in the town towards the potential establishment of a specifically tailored services and improved access to existing services</p> <p>Research into further preventative services linking with initiatives with Social Services and Health particularly in respect of intermediate care and resettlement.</p>
<b><u>Learning Disabilities</u></b>	▪
	Cancellation of registration where appropriate for both residential accommodation and adult placements.
Recommendation	<p>To consider jointly commissioning schemes with Wiltshire County Council to the north west of Swindon and to reduce the number of persons placed out of Swindon.</p> <p>Greater self-contained supported housing and floating support or community support networks</p> <p>Particular attention to be given towards the needs of former hospital patients, those living with older carers and younger clients</p> <p>Consideration of a high level supported service for those clients exhibiting challenging behaviour.</p> <p>Research and evaluation into the success of the newly established specific sheltered schemes for people with learning disabilities and the consideration of a complementary outreach service.</p>
<b><u>Mental Health</u></b>	▪
Recommendation	More high level, accommodation based and floating support services for people with challenging needs.
	<p>Expansions in floating support and tenancy sustainment services in Swindon together with self contained accommodation linked to the mental health accommodation panel.</p> <p>Remodeling of registered accommodation where appropriate to provide self contained accommodation</p> <p>Research is required to establish the level of black and minority ethnic groups accessing established services and the need for a culturally specific floating support service.</p> <p>Research into the feasibility of a high level support scheme for those with dual diagnosis linking with Drug and Alcohol services</p>
<b><u>Offenders</u></b>	▪
Recommendation	<p>Establish a Wiltshire wide floating support/bed manager service for offenders.</p> <p>The needs of mentally disordered offenders to be fully investigated.</p>

	The needs of clients with less than 1 year sentences to be identified specifically linking to the new Homelessness legislation and provision of temporary accommodation
	Formalised specific move on accommodation linking Wiltshire County wide.
<b><u>Young Vulnerable Persons ( 16-25)</u></b>	▪
Recommendation	Encourage more flexible models of provision including “night stop”/mentoring scheme linked to supported accommodation and the usage of Rent Deposit schemes.
	Review use of support services and capacity take up / outcomes.
	Investigate the impact of the new Homelessness Legislation on housing and support needs for young vulnerable people, working closely with neighbouring Wiltshire.
	Establish whether there is movement of young persons from neighbouring authorities and establish if this is by choice or through a lack of alternatives.
	Standard monitoring of secondary needs for young people is required to make the links with other specialist services.
<b><u>Teenage parents</u></b>	▪
Recommendation	Establish a specialist floating support service for this group and resettlement support from existing supported housing into permanent accommodation.
<b><u>Drugs and Alcohol</u></b>	▪
Recommendation	More accommodation based and floating support solutions particularly for single homeless persons.
	A feasibility study into the use of a Drugs and Alcohol floating support service.
	Encourage cross cutting services linking to mental health, offenders and vulnerable young people.
	Review accommodation needs and support services for prison leavers.
<b><u>BME Groups</u></b>	
Recommendation	Research into the feasibility of culturally specific support services linking to Mental Health, Frail Older People and Vulnerable Young People

## The Consultation Process

The Wiltshire & Swindon Supporting People Joint Officer Group is committed to user consultation and has commissioned the Wiltshire & Swindon Users’ Network to support and facilitate the views of service users. This is being undertaken through an ongoing series of user network meetings and a consultation questionnaire. A separate user consultation document was produced to facilitate discussion at the meetings.

Providers and other stakeholders have been involved in the strategy process from the early stages. Two Wiltshire wide forums were held early in 2002 to begin the consultation process, one in Swindon and one in Devizes. Local inclusive forum groups meet at least quarterly in each area and in Swindon the Supported Housing Group (a multi agency group) has commented on the shadow strategy in draft form. In addition, the consultation summary of the strategy document was sent to providers, elected members, and other stakeholders in the area for comment.

Swindon Supporting People Shadow Strategy 2003/2004

The Joint Members Group and Joint Officers Group have reviewed the comments made as part of the consultation process in order to draw up the main priorities for investment in 2003/04 to be recommended to the SP Partnership Board.

The SP Partnership Board formally signed off the Shadow Strategy for Swindon on 9<sup>th</sup> September 2002.

## **Contingencies and Risks**

The priority for the first year of the Supporting People programme in Swindon is to focus on ensuring continuity of service for providers and users. Risk assessment and contingency planning to ensure continued provision of good quality services across the County will therefore form an important part of the programme.

Main risks identified:

- Failure or collapse of services dealing with High Risk clients
- High cost schemes
- Failure or collapse of services provided by small providers – a significant proportion of the supply of housing related support in Swindon
- Providers canceling registration status inappropriately
- Financial risks
- Disaster – fire, flood or other emergency

The SP Partnership Board will work to identify those services or providers where there are risks involved through a local accreditation process. Those providers or services who do not meet the accreditation criteria may be highlighted for early review.

In planning for major incidents such as fire, flood or other emergency, it will be necessary to work closely with the Council's emergency planning team.

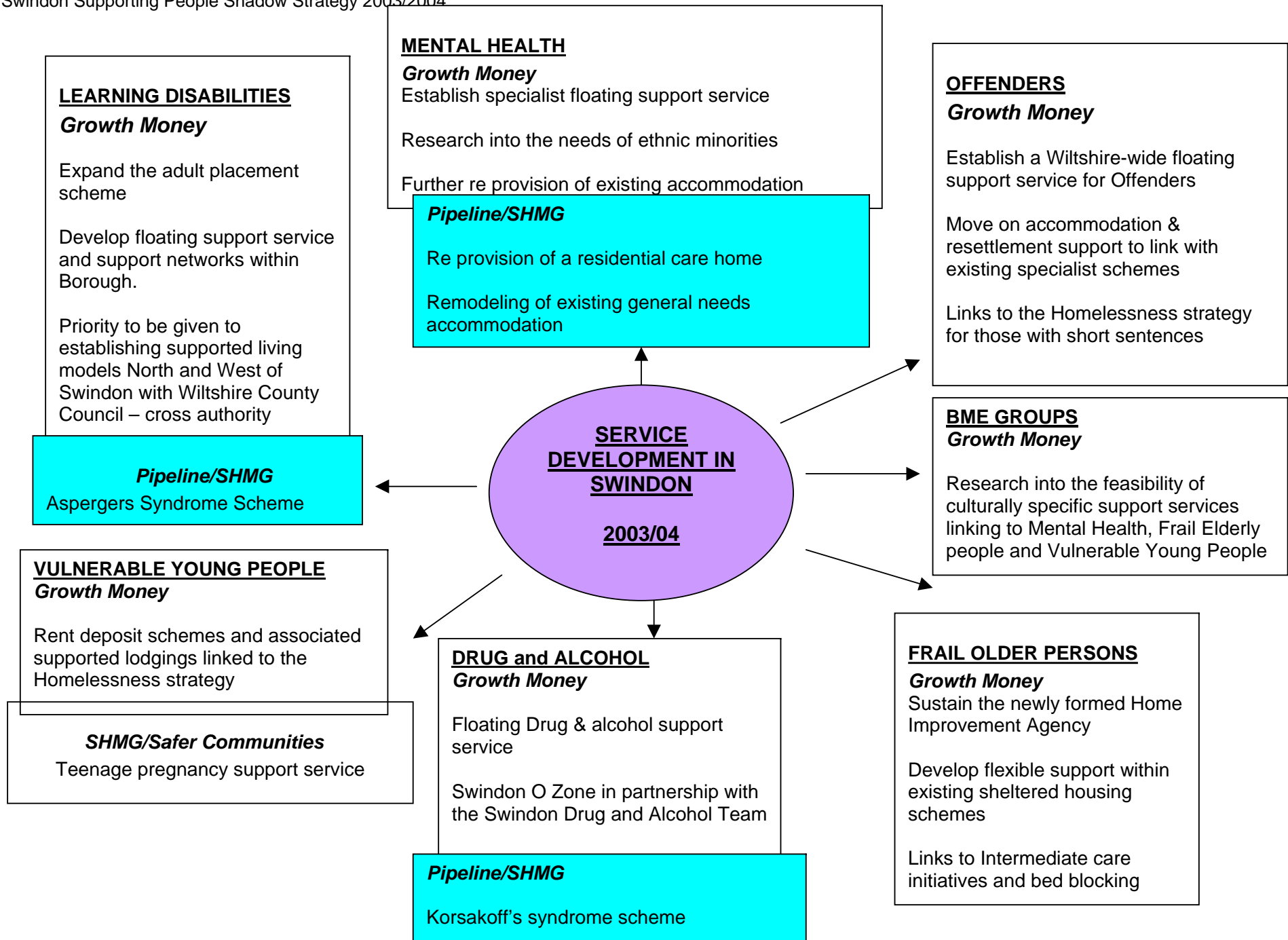
## **Summary of Annual Statement**

The priorities for investment in 2003/04 are set out above. The annual statement sets out our proposals for service development in 2003/04 to meet these identified needs should an additional 10% funding be allocated to Swindon.

Those services identified as deliverable in 2003/04 are:

- **Sustain/develop the Home Improvement Agency**
- **Develop flexible support within existing sheltered housing schemes**
- **Develop a specialist floating support service for people with drug and alcohol problems**
- **Shared supported housing for people with drug problems**
- **Rent deposit scheme and support service for vulnerable young people**
- **Increase in Adult Placements for people with Learning Disabilities**
- **Develop floating support and community support networks for people with Learning Disabilities living independently**

- **Self contained supported living in North / West Swindon – joint provision with North Wiltshire**
- **Establish specialist floating support service for people with Mental Health problems**
- **Further re-provision of existing accommodation to create supported living options for people with mental health problems**
- **Establish a Wiltshire wide floating support service for Offenders**
- **Research into the housing support needs of those living with HIV and Aids**
- **Research into the needs of Offenders who have served less than a 12 month sentence**
- **Research into the feasibility of a culturally specific support services linking to Mental Health, Frail Elderly people and Vulnerable Young People**



## **SECTION B** **DETAIL**

### **1.1 The Vision**

#### **Supporting People- Statement of Values**

**The following Values are taken from the jointly approved Housing and Community Care strategy agreed in 1995. This was locally the forerunner of the newly promoted ODPM Supporting People programme. These values continue to be relevant today and show our joint commitment and responsibility as a SP Partnership Board.**

- It should be the fundamental right of an individual to have a home
- An individual's home should be determined by his/her needs and wishes
- Individual's should be able to exercise influence and choice wherever possible regarding their home setting
- Care and Support services should be designated to enable individuals to stay in their chosen home setting for as long as possible.
- The home and its environment should be physically accessible, to enable people to remain in their homes and neighbourhood.
- Individuals should be enabled to live at home with the maximum dignity and independence possible.

*"Home setting" covers an individual's home (rented, part or wholly owned) whether this is the person's own, the family home or a dwelling of multiple occupancy*

#### **How we as Commissioners intend to implement the Supporting People Programme**

To develop locality-based mechanisms to consult, facilitate and develop new and diverse integrated options for housing related support services.

To recognise the expertise of Stakeholders, Providers, Users and Carers and to treat them as partners in the process with equality, dignity and respect. In doing so, ensure all communication is clear and consistent and in an accessible format as required.

To improve information sharing between organisations including joint training, protocols and assessment where appropriate to facilitate this programme.

To constantly review and update the supply and needs information to evidence the development and review of the strategy and subsequent services; making this available to all stakeholders.

To ensure Supporting People services reflect, complement and are consistent with the aims and objectives of wider community strategies and where possible to maximise resources and influence available to assist these.

To promote good quality, cost effective sustainable services with clearly identified and monitored outcomes that give choice and dignity to individuals and vulnerable groups within our communities.

To ensure that monies released through from the re provision of existing services (i.e. through the sale of properties or land) are redirected towards the development and provision of appropriate local replacement services.

To ensure that revenue savings identified through Best Value Reviews and schemes reviews by all partners are recycled through the SP Partnership Board to ensure the savings are spent on sustaining existing services or expanding services.

To have an accountable, equitable and consistent approach towards the distribution and bidding for existing and future funding.

To show equality and choice to all individuals recognising diversity and cultural sensitivities within our community and to those transient groups who require assistance albeit only of a temporary nature.

**How we intend to work with other stakeholders, Providers, Users and Carers:**

Stakeholders, Users and Carers will be involved at all stages within the Supporting People process from the development and implementation of the strategy to the consultation during service reviews and subsequent outcomes.

Users and Carers have expertise to contribute to the planning and development of new services, for example in terms of design, and to the training of professionals, and this expertise should be drawn upon.

Providers have expertise in the evidencing of need, development and maintenance of services. They should be involved and consulted at all stages from development of the strategy and commissioning and reviewing of services.

When reviewing services and possible changes to contracts and funding, Providers will be treated as a partner with commissioners throughout the process in an accountable and transparent process and Stakeholders and Users views will be taken account of.

Providers will be encouraged and monitored to demonstrate good quality, cost effective services and staff training to ensure respect for the individual and all vulnerable groups.

To have an accountable, equitable and consistent approach towards the distribution and bidding for existing and future funding.

To show equality and choice to all individuals recognising diversity and cultural sensitivities within our community and to those transient groups who require assistance albeit only of a temporary nature.

**How we intend to work with other stakeholders, Providers, Users and Carers:**

Stakeholders, Users and Carers will be involved at all stages within the Supporting People process from the development and implementation of the joint strategy to the consultation during service reviews and subsequent outcomes.

Users and Carers have expertise to contribute to the planning and development of new services, for example in terms of design, and to the training of professionals, and this expertise should be drawn upon.

Providers have expertise in the evidencing of need, development and maintenance of services. They should be involved and consulted at all stages from development of the strategy and commissioning and reviewing of services.

When reviewing services and possible changes to contracts and funding, Providers will be treated as a partner with commissioners throughout the process in an accountable and transparent process and Stakeholders and Users views will be taken account of.

Providers will be encouraged and monitored to demonstrate good quality, cost effective services and staff training to ensure respect for the individual and all vulnerable groups.

## **1.2 Service Delivery, Contingencies and Risks**

From previous County joint working and together with Swindon, we have shared new investment. 10% of Housing Corporation capital funding has traditionally been top sliced across Wiltshire to deliver more specialist or high need schemes. This way of working will need to continue to maximise our existing capital resources and should future remodeling be required.

This will also allow both Wiltshire and Swindon to continue to take a strategic approach to developing schemes for more transient groups across both Authorities. This approach will also need to be expanded to work with other strategic partners and neighbouring Authorities where we have a clear picture of movements.

With the lack of existing affordable housing and scarcity of development land, many existing service providers are noticing the lack of move-on accommodation and this will need to be addressed. Other models of dispersed and flexible supported housing should be encouraged such as supported lodging and adult placements and bed managers to deliver housing related support services in our community.

In future years we may see a number of current residential schemes looking to change or adapt their services to align with the Supporting People programme rather than with the National Care Standards Commission. Whilst acknowledging this gives benefits to Providers, Commissioners and service users, this will require careful planning, contracting, quality assurance and liaison with the relevant partners.

Our current supply of supported housing relies on a mixture of private and voluntary sector providers, traditional RSL's and one existing local authority landlord and associated support services provided through the Social Services based teams. These providers have responded positively to the current operating environment and Supporting People has been well received as an opportunity to consolidate, expand and diversify services. However, to continue to diversify and promote models of good practice we would seek to attract new providers in order to introduce some innovation and to look to work with neighbouring Commissioning bodies in this respect.

***The Homelessness Act 2002 extends the categories of people in priority need and to whom Local Authorities have a duty to provide accommodation. Those in priority need now include 16 and 17 year olds who are not intentionally homeless and those leaving an institutional background – e.g. forces applicants and ex-offenders. The Act also places a duty on all local authorities to publish strategies to tackle and prevent homelessness, stresses the importance of different agencies and local authority departments working together and strengthens the duty to provide advice and assistance to non-priority homeless people. This is likely to increase the need for linked housing and support services for offenders, young people, people leaving the forces and people leaving institutions and Supporting People is working closely with the Borough Council to ensure these new responsibilities are reflected in the shadow strategy.***

## **1.3 Key objectives and outputs**

The Joint Officers Group will oversee the implementation of the programme in Swindon and acts as an advisory group to each SP Partnership Board.

Our key objective for the first year of the Supporting People programme is to ensure continuity of service and a successful transition to the new funding and contracting arrangements.

We are committed to ensuring that the services provided to vulnerable people in Swindon are of a high quality.

Underpinning this approach is the development of a local provider accreditation programme to ensure we are aware of the potential risks to the delivery of Supporting People services in the early stages of the programme. Our programme of reviews will seek to minimise risks and address these in 2003/04 where possible. We will use the guidance published by the core monitoring and review group to inform this process.

Our longer-term objectives will be to continue to promote quality services and diversity and the 5-year strategy published in 2003 will set out targets and arrangements for the long term monitoring of the programme in Swindon.

#### 1.4 Summary of Strategic priorities for investment in 2003/4

The following are the broad priorities identified for the first year of the Supporting People programme. These priorities have been identified using comparison with national data and from the results of the supply mapping exercise, along with our strategic priorities locally and reference to the ODPM strategic steer for the first year of the programme. Comments from consultation with users, providers and other stakeholders have also been included.

<b><u>Frail Older People/Older People with Mental Health Problems</u></b>	▪
Recommendation	<p>New flexible models of greater support complementary to intensive rehabilitation schemes/frail elderly e.g. temporary flats for hospital discharge</p> <p>Greater use of community based sheltered schemes and review of information technology.</p> <p>To support the newly established Home Improvement agency particularly within the wards where we believe ethnic minorities may be concentrated.</p> <p>Further research and consultation with ethnic minority groups in the town towards the potential establishment of a specifically tailored services and improved access to existing services</p> <p>Research into further preventative services linking with initiatives with Social Services and Health particularly in respect of intermediate care and resettlement.</p>
<b><u>Learning Disabilities</u></b>	▪
	Cancellation of registration where appropriate for both residential accommodation and adult placements.
Recommendation	To consider jointly commissioning schemes with Wiltshire County Council to the north west of Swindon and to reduce the number of persons placed out of Swindon.

	Greater self-contained supported housing and floating support or community support networks
	Particular attention to be given towards the needs of former hospital patients, those living with older carers and younger clients
	Consideration of a high level supported service for those clients exhibiting challenging behaviour.
	Research and evaluation into the success of the newly established specific sheltered schemes for people with learning disabilities and the consideration of a complementary outreach service.
<b><u>Mental Health</u></b>	▪
Recommendation	More high level, accommodation based and floating support services for people with challenging needs.
	Expansions in floating support and tenancy sustainment services in Swindon together with self contained accommodation linked to the mental health accommodation panel.
	Remodeling of registered accommodation where appropriate to provide self contained accommodation
	Research is required to establish the level of black and minority ethnic groups accessing established services and the need for a culturally specific floating support service.
	Research into the feasibility of a high level support scheme for those with dual diagnosis linking with Drug and Alcohol services
<b><u>Offenders</u></b>	▪
Recommendation	Establish a Wiltshire wide floating support/bed manager service for offenders.
	The needs of mentally disordered offenders to be fully investigated.
	The needs of clients with less than 1 year sentences to be identified specifically linking to the new Homelessness legislation and provision of temporary accommodation
	Formalised specific move on accommodation linking Wiltshire County wide.
<b><u>Young Vulnerable Persons ( 16-25)</u></b>	▪
Recommendation	Encourage more flexible models of provision including “night stop”/mentoring scheme linked to supported accommodation and the usage of Rent Deposit schemes.
	Review use of support services and capacity take up / outcomes.
	Investigate the impact of the new Homelessness Legislation on housing and support needs for young vulnerable people, working closely with neighbouring Wiltshire.
	Establish whether there is movement of young persons from neighbouring authorities and establish if this is by choice or through a lack of alternatives.
	Standard monitoring of secondary needs for young people is required to make the links with other specialist services.

<b><u>Teenage parents</u></b>	▪
Recommendation	Establish a specialist floating support service for this group and resettlement support from existing supported housing into permanent accommodation.
<b><u>Drugs and Alcohol</u></b>	▪
Recommendation	More accommodation based and floating support solutions particularly for single homeless persons.
	A feasibility study into the use of a Drugs and Alcohol floating support service.
	Encourage cross cutting services linking to mental health, offenders and vulnerable young people.
	Review accommodation needs and support services for prison leavers.
<b><u>BME Groups</u></b>	▪
Recommendation	Research into the feasibility of culturally specific support services linking to Mental Health, Frail Older People and Vulnerable Young People

## **1. The Planning Approach**

### **2.1 How the vision and the strategy has been developed and produced in Swindon:**

The Mission Statement and decision making framework has been developed through the Supporting People Officers group, a multi agency joint officer working group, formed from the Wiltshire and Swindon joint Housing and Community Care group. This builds on the unique established joint working between the two commissioning areas of Wiltshire and Swindon and representation from Users and Providers.

We are in the process of formalising the legal framework to formally establish two separate partnership boards by December 2002 and a service level agreement regarding the Supporting People staff team.

Each partnership Board will be responsible for signing off their own strategy, commissioning of services and budgetary control within the each administrative area. The Joint Officers Group will continue to be responsible for the common areas of work and cross authority services.

The Supporting People Team was engaged to work on the implementation and strategy development based on the philosophy and values above. This is a joint administrative team for both Swindon and Wiltshire.

The Team has built up links with colleagues in Housing, Community Safety, Social Services and Health, to establish the level of support being provided and gather information regarding the needs of clients. This has helped to complete the supply mapping exercise and look at linked priorities.

Regular meetings held between the team and Housing Benefit managers are helping mutual understanding of the requirements especially the need to have uninterrupted payments over the transitional period March/April 2003.

Informal visits to providers, forums and meetings with other strategic groups have helped to gather information to inform the strategy.

### **2.2 Arrangements made to involve users and other representatives in the strategy development process and involvement of hard to consult groups:**

The Wiltshire and Swindon joint officer group are committed to user consultation and have commissioned the Wiltshire and Swindon Users' Network to support and facilitate the views of service users through a series of user network meetings and a consultation questionnaire.

Work to involve the users of more vulnerable and hard to reach groups, including women fleeing domestic violence, black and minority ethnic groups and rough sleepers, is at an early stage. Our approach in the short-term is to work in partnership with the various statutory agencies to identify the appropriate consultation methods and to incorporate best practice in the longer term and within the five-year strategy (e.g. HOSTS - *Homelessness organisations stick together in Swindon* - and Swindon Racial Equality Council and Coalition and Wiltshire and Swindon Domestic Violence Intervention Partnership).

### 2.3 Arrangements made to involve providers in the development of the strategy:

Two Countywide forums were held for support providers early in 2002, in Swindon and Devizes. The purpose of these events was to update providers on the latest developments in the *Supporting People* programme and to begin the consultation process as part of the shadow strategy. Colleagues from Social Services, Health and the voluntary sector organisations also attended the forum and were encouraged to take part in the consultation process.

As part of the initial supply mapping exercise, the *Supporting People* Team established links with all providers in Swindon and Wiltshire and visited over 90% of all providers of supported housing between November 2001 and April 2002. This allowed providers to discuss any issues or concerns about the programme with one of the team in person and to identify services that cross both authority areas.

The Swindon Supported Housing Group meets bi-monthly to review issues and consultation papers. In addition, specific provider reference groups have been set up focusing on sheltered housing and meetings have been held on relevant issues.

The issues raised by providers during the programme of visits, forums and consultations have been collated and have been incorporated into the strategy development process.

The Supporting People Newsletter is produced quarterly in Swindon and Wiltshire and copies have been distributed to a range of providers and stakeholders in the programme. The Newsletter has provided information and guidance on the Supporting People programme and has also included opportunities for readers to feedback their comments or questions about Supporting People.

As part of the formalisation of the Partnership Boards and Joint Officers Group, we will also be looking to develop more formal elected representation of Providers from within the current consultative arrangements to inform the development of the local programme.

### 2.4 Agreement and consensus reached on the vision and the strategy:

JAN/FEB 2002	Countywide consultation with support providers and other stakeholders. Initial feedback collected to influence shadow strategy
APR/MAY/JUN 2002	Supply information and main conclusions considered and agreed by Swindon Supported Housing Group.
20 MAY 2002	First draft for consultation with Joint Officers Group
17 JUNE 2002	Consultation summary of shadow strategy circulated to providers, partners and stakeholders
JUN/JUL/AUG 2002	User consultation meetings across Swindon and Wiltshire
29 JULY 2002	Consultation comments reviewed by Joint Members Group and priorities recommended
5 AUGUST 2002	Consultation comments reviewed by Joint Officers Group and priorities recommended
19 AUGUST 2002	Final draft approved by Joint Officers Group
09 SEPTEMBER 2002	Swindon Supporting People Partnership Board Approval and recommendation for formal ratification by all partners.
24 SEPTEMBER 2002	Ratification of strategy by Swindon Social Housing Inclusion and Health Commission ( direct link to Cabinet)
30 SEPTEMBER 2002	Submit to ODPM

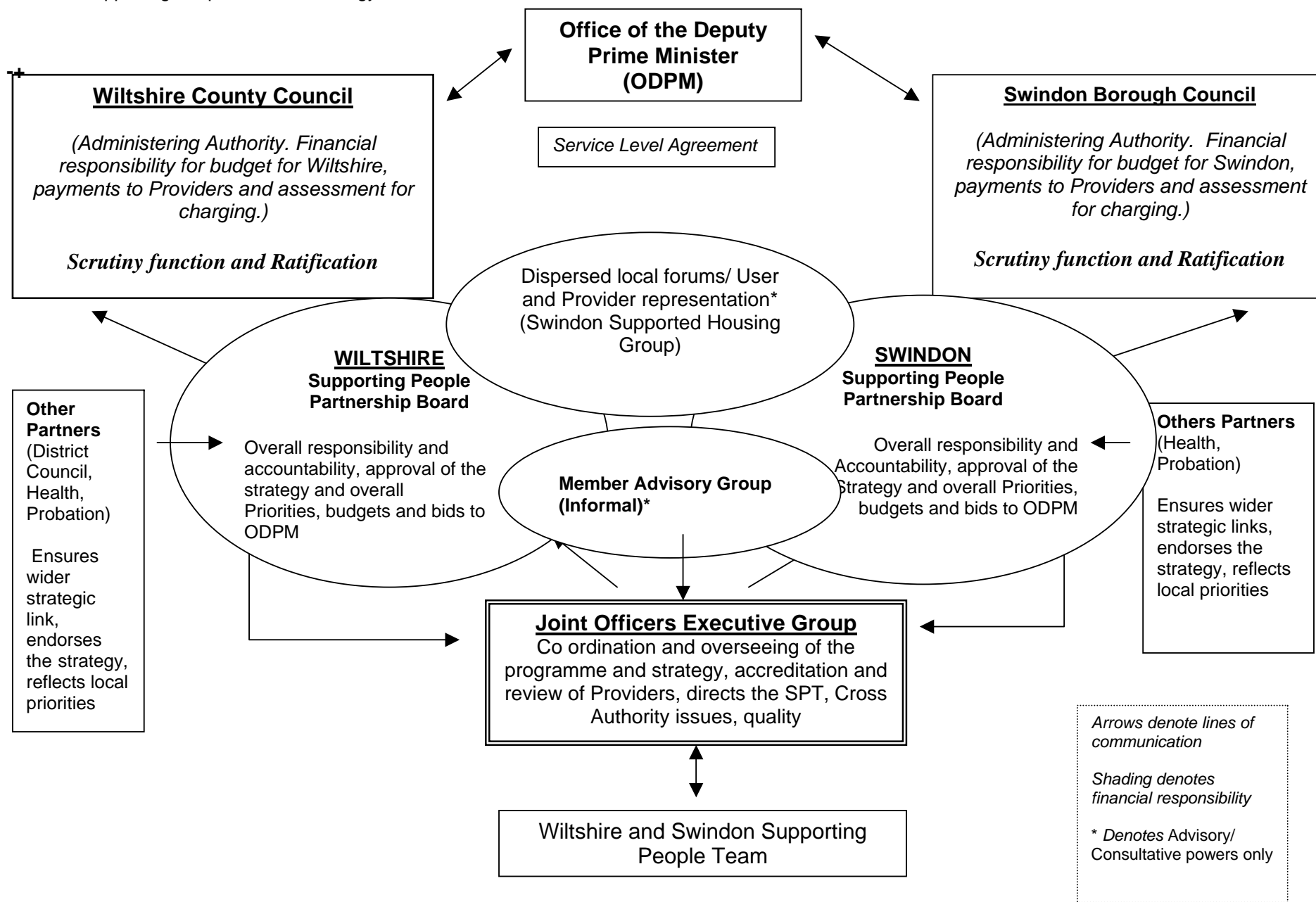
**2.5 Arrangements set in place to formalise the structure of the SP Partnership Board and its relationship to the Administering Authority:**

Wiltshire and Swindon have chosen to build on their existing Joint Housing and Community Care mechanisms to deliver the Supporting People Programme locally. This has resulted in the pooling of resources to recruit a joint team to oversee this process.

As the sophistication, complexity and size of the programme continues, it has been necessary to review this approach to ensure the maximum benefit for strategic delivery for commissioners, providers and service users.

In light of this the following diagram shows the proposed changes to the delivery with the establishment of separate systems and a local Partnership Board for Swindon. This Board has senior Officer and Elected member representation of all of the partner organisations, with a formal link to the Swindon Cabinet. The formal links are currently evolving with a view towards linking this Board to the newly established Local Strategic Partnership.

However, officers from both Swindon and Wiltshire will continue to meet to oversee the common elements of the programme. The Joint Officers Groups will discuss our unique cross authority issues, ensure the desired continuity for service users and providers and ensure best value through the maximisation of resources and expertise.



**2.5 How the vision and strategy will be monitored locally to ensure that the programme outputs are achieved:**

The Joint Officers Group will oversee the implementation of the programme in Swindon and Wiltshire and acts as an advisory group to each of the SP Partnership Board. The 5-year strategy published in 2003 will set out targets and arrangements for the long term monitoring of the specific programme in Swindon including formal corporate scrutiny arrangements within the Borough.

## 2. Supply analysis

### 3.1 Forms SP1 and SP2

With the emergence of the local programme, a priority has been to build on the existing Wiltshire Supported Housing database. *Supporting People* forms SP1 and SP2 were sent to all housing and support providers, residential and nursing homes and to agencies such as Social Services and Health Trusts early in 2001.

The results of the initial SP1 and 2-supply mapping were collated and published on a *Wiltshire and Swindon Supporting People* website ([www.spinwas.org](http://www.spinwas.org)) in order to make this information accessible to colleagues and to the public.

A link was made with Housing Benefit colleagues to establish those recipients of support services being met by Transitional Housing Benefit. This information was then cross-referenced with the supply data held to help identify any gaps.

Local established housing and community care consultation groups are being used to ensure providers and stakeholders are informed about the Supporting people process and to share information about the housing related support services in Swindon and across Wiltshire. In Swindon the Swindon Supported Housing Group meets bi monthly and has taken on this role, over time and with the complexity of the this and other related initiatives the membership of this group has expanded to ensure the wider strategic and joint planning links.

Visits to providers were made to ensure a complete knowledge of supply and understanding of the services being provided and to verify the SP1/2 information that was already held on the database. The Council's Homelessness and Allocations' section were asked to check for any gaps and the former Registration Section were contacted for further information.

The Team developed a set of interview questions to use as a tool and as a means of discussion to ensure information was mapped correctly.

It was stressed that the information collected was intended to establish an overview of supported housing services in Wiltshire and Swindon and to develop links with providers as well as to inform the *Supporting People* strategy. It was also confirmed that the information collected would not form the basis for a contract or grant awarding process at that time. This set the scene for Providers and the *Supporting People* Team to start to look at the issues.

### 3.2 The SP3 process

Requesting providers complete the form SP3 during April and May 2002 carried out the formal process of collection of information. This was undertaken to standardise the type of data being collected and to produce tables to inform the strategic direction needed in the first year of the (2003 / 2004) local delivery of the *Supporting People* Programme.

The supply profile tables attached at Appendix 1 provide useful insight into the supply of housing related support in Swindon. In order to provide a complete picture of the support available to vulnerable people, the tables contain details of all housing and support services in Swindon, including those not part of the Supporting People programme and funded through other sources. The main points identified from analysis of each table are as follows:

- Table 1 – Client Group by Service Type

Support provision for older people with support needs forms the vast majority (80%) of the provision in Swindon. Support for people with mental health problems is very low at under 4 % of the total, with support for people with learning disabilities representing just over 2%. Support to young people and single homeless people represent just fewer than 4% of total support provision.

- Table 2 – Service Type by Ethnic Origin

There is no culturally specific support service in Swindon. Further work will be required to identify the need for this type of service and to consider whether existing services are accessible to all groups of our community.

- Table 3 – Client Group by Service Provider Type

The Local Authority itself as an organisation is providing the majority of housing related support services in Swindon, reflecting the fact that the largest type of provision is traditional sheltered housing based in local authority stock. There are also a large number of people receiving support from RSL's, highlighting the high number of traditional supported housing services provided by RSL's in Swindon – particularly to young vulnerable people. There are a number of private individuals and companies and this reflects a high number of small registered care homes.

- Table 4 – Client Group by Service User Exclusions

Only around 14% of all services mapped do not have specific exclusions. Of the majority of services that do, a significant number exclude people with arson convictions, people with a history of violence and serious offenders. These groups in particular have been highlighted as particularly difficult to access housing and support for.

- Table 5 – Support Provision Capacity Summary

The high proportion of sheltered housing and services to older people is demonstrated within this table, which shows that warden and community alarm services form the largest type of support provision. Floating and visiting support forms a relatively small proportion of support provided.

- Table 6 – Analysis of Property Registration Status

Although there is a large proportion of support provided to older people, the table illustrates that there is no provision other than registered or nursing provision for frail elderly people or older people with mental health problems. Independent living options for people with learning disabilities are also in short supply.

- Table 7 – Analysis of Designated Cross Authority Services

Full results of the ODPM baseline cross authority survey are not yet available, therefore details of designated cross authority services are not included at this time. However, we expect designated services in Swindon to be limited to the domestic violence refuge, 2 direct access hostels and a rehabilitation/support service for people recovering from alcohol addiction.

- Table 8 – Funding of Services

In common with points raised in earlier tables, support for frail elderly people and older people with dementia are not traditionally funded through SP eligible sources. Around half of learning disability services are not funded through Supporting People streams, and the majority of support for people with mental health problems is not funded via Supporting People.

- Table 9 – Provider Type by Accommodation Manager Type

The Local Authority and RSL's are providing most support. This illustrates the high proportion of services managed by these landlords. Again, the majority is sheltered housing, although as discussed earlier, there is a significant provision of supported housing to single homeless people. There is a relatively low proportion of services provided by voluntary and charitable providers.

- Table 10 – Service Provider by Landlord Org Type

Again, the Local Authority and RSL's own the majority of supported housing, although there is also some housing owned by the private sector. This is likely to be small registered care home provision.

### 3.3 Further evidence from supply mapping:

The supply mapping exercise asked providers to state the primary and secondary client group the scheme or service is providing for. This data suggests that more provision is available to certain groups than is apparent from looking at primary client groups only. An example of this is within sheltered schemes for older people where many are making provision for other client groups.

However, it must be noted that where secondary provision is available, this may be in a very small number of a scheme's total units. It must also be noted that accommodation and support provided within sheltered housing will not always be appropriate for some client groups, particularly for younger clients.

<b>Sheltered Housing for Older People Secondary Client Group</b>	
	No schemes
No secondary group defined	2
Frail Elderly	18
Older people with mental health problems/dementia	1
Older people with support needs	8
People with a Physical or Sensory Disability	7
People with Learning Disabilities	32
<b>TOTAL</b>	<b>66</b>

Similarly where homeless is the primary client group, the temporary supported accommodation map for homeless people is showing secondary provision for client groups who have "complex needs" in 12 of the 17 schemes.

### 3.4 Summary and conclusions:

The prominent findings from the Supply Mapping exercise and comparison to the ODPM profiles supplied are:

- **There is a lack of provision for people with a mental health problem.** There is particular need for higher level support and crisis services for people moving on from hospital or as an alternative to hospital admission. There is a limited floating support service for people with mental health problems living independently and there are opportunities to develop this service further.
- **Housing options for people with a Learning Disability are limited in Swindon** and historically there has been a reliance on residential care. This leaves a shortage of supported living across the Borough. There is also a need to develop a range of supported living models including self contained housing and floating support rather than relying on traditional shared housing. This may be addressed to some extent by the re-provision of some existing sheltered housing in the near future, and these new services may need to be reviewed with a view to establishing a linked community support network.
- **There is an adequate supply of accommodation and support targeted at the needs of young people and single homeless people.** However, the majority of this accommodation is in hostels or other short term solutions. There is a lack of move-on accommodation and longer term housing and support. There is evidence of movement into Swindon amongst these client groups and demand for housing and support services continues to increase. There are particular needs for housing and support for teenage parents in Swindon.
- **A lack of floating support provision for offenders.** Accommodation based Support provision is concentrated mainly in the Swindon area and there is a need for increased housing related support and move on support services across the whole of Wiltshire. There is a lack of provision for high risk offenders and housing and support needs must be considered within the multi agency risk assessment for high risk offenders.
- **A shortage of support for people who use drugs and alcohol.** With the exception of one hostel due to open in the near future, there is no housing based provision for people with drug problems and no specific floating support service in Swindon. There are particular needs amongst young people with drug and alcohol problems and former prisoners being released into Swindon who may have substance misuse problems.
- **Support for older people represents approximately 85% of Supporting People funded services in Swindon.** There appears to be sufficient sheltered housing for older people in Wiltshire, however this centres on generic provision and there is a lack of provision for frail elderly people or older people with dementia. There is an opportunity to increase the use of technology and community alarms and to promote the preventative services of the newly formed Home Improvement Agency.
- **A Lack of Move on accommodation and resettlement has been identified** across various needs groups as a priority and a lack of move on provision is putting pressure on services and preventing support services being used to best effect.
- Many of the issues identified include a lack of accommodation based support provision in some areas. However, there are particular problems with regard to scarce resources for capital development and time-scales are often prohibitive. **There are opportunities to look at more flexible support provision or other innovative models of support**

**provision** such as supported lodgings and night-stop schemes, which do not rely on capital funding to such an extent.

- **Floating support or resettlement type provision with Signposting to more specialist provision** is lacking together with preventative work in the areas of homelessness, drug and alcohol misuse, mental health and HIV/AIDS.
- **There are no culturally specific support services in Swindon.** Further floating support may be required linking to Black and Minority Ethnic communities in the area and it may be necessary to review the accessibility of existing services to people from minority communities.

### 3. Comparison to ODPM supply Profiles (Supporting People funded services only)

The following tables compare the ODPM supply profile on the left and the *Supporting People* supply mapping data for Swindon on the right. The figures relate to numbers of household units.

**TABLE 1**

Primary Client Group	ODPM supply profile				SWINDON( SPINTLS) supply map	
	Accommodation based		Floating Support		Accommodation based	Floating
Catered for in / by	Minimum	Maximum	Min	Max		
Older people with support needs	1170	2359	14	308	2810	0
Older with mental health problems/dementia	<i>Included above in Older people</i>					
Frail elderly	<i>Included above in Older people</i>				8	0
People with mental health problems	66	276	46	66	56	8
People with learning disabilities	33	149	4	13	40	40
People with a physical/sensory disability	25	172	0	1	37	0
Single homeless with support needs	2	132	3	88	221	0
Rough sleepers	<i>Included in Single homeless above</i>				0	0
Travellers	<i>Included in Single homeless above</i>				0	0
People with alcohol problems	13	20	1	3	12	0
People with drug problems	5	51	1	4	0	0
Offenders / at risk of offending	3	10	1	133	13	20
Mentally disordered offenders	<i>Included above in Offenders</i>				0	0
Young people at risk / leaving care	23	58	6	54	120	0
Women at risk of domestic violence	3	19	0	2	20	0
People with HIV / AIDS	8	164	4	46	0	0
Homeless families in need of support	1	27	0	3	148	0
Teenage parents	<i>Included above in Homeless families</i>				23	0
Refugees	0	3	0	1	0	0
Generic	<i>Not previously recorded</i>				6	87
<b>Total client count</b>	<b>1352</b>	<b>3440</b>	<b>80</b>	<b>722</b>	<b>3514</b>	<b>155</b>

**TABLE 2**

Accommodation mix according to number of households	ODPM Profile		SWINDON (SPINTLS) data
	Range		Units/bedspaces
Accommodation based provision	Lower	Higher	
Supported Housing (shared or self contained)	152	329	<b>270</b>
Homeless Hostel, B and B or other temporary accommodation	26	196	<b>331</b>
Women's Refuge	3	19	<b>20</b>
Adult Placement registered	2	5	<b>6</b>
Adult Placement unregistered	Included in registered		<b>0</b>
Sheltered housing for older people	1098	2745	<b>2569</b>
Very sheltered housing for older people	47	112	<b>8</b>
Other accommodation including foyer for young people	25	35	<b>60</b>
Teenage parent accommodation	Not previously recorded		<b>9</b>
Almshouses	Not previously recorded		<b>4</b>
Leasehold schemes	Not previously recorded		Not available
Supported lodgings	Not previously recorded		<b>27</b>
<b>Total number of accommodation units</b>	<b>1353</b>	<b>3441</b>	<b>3304</b>

**TABLE 3**

Units provided for / served by	Typical prevalence per 1,000 residents (average)	Equivalent no of clients for Swindon area	SWINDON (SPINTLS) data
Home Improvement Agency	1.244	227	<b>0</b>
Community or Social Alarms	3.604	657	<b>2812</b>
Outreach services	N/k		<b>0</b>
Floating support services	N/K		<b>155</b>
Resettlement services	N/K		<b>0</b>

ODPM supply profile tables and analysis are set out for Swindon in the above tables

**All Local Authorities have collected supply information in a standard format. This involves a provider specifying a primary and secondary client group to whom it provides the service (e.g. older people with support needs or frail older people). This information is then collated in order to indicate the actual supply of housing related support for each client group.**

**The data in the above tables has been compiled with reference to the primary client groups specified by providers. We recognise that this does not provide a completely accurate picture of service provision as some services provide for a primary client group but will accept many other vulnerable people. However, the data is intended to be a starting point in analysing the current supply of housing related support in Swindon and identifying gaps in provision.**

**A detailed comparison of these tables within each client group together with needs data and other information follows in part 5 below.**

## 5. Needs Profiling and detailed comparisons

<b>1. Supply for Older People with Support Needs</b>		
<b>ODPM Typical Profile:</b>	<b>Accommodation based:</b>	<b>Floating support:</b>
	<b>1170 to 2359</b>	<b>14 to 308</b>
<b>Current supply:</b>	<b>2810</b>	<b>0</b>

The above supply profile shows an adequate supply of accommodation based provision but insufficient floating support, although many older people in the community are supported by the Homeline community alarm service in Swindon.

We have an expanding and ageing population in Swindon and there will be a higher need for provision in the future. The Housing Needs Survey 2001 states there is an expected increase in the elderly population by 2011. An increase is forecast in the 65+ age group of 1,850 from 1996 to 2001 and a further increase of 2,300 by 2006.

	<b>1991</b>	<b>1996</b>	<b>2001</b>	<b>2006</b>	<b>2011</b>	<b>Change</b>
Population Age 65+	22,500	24,100	25,950	28,250	31,550	+9,050

(Housing Needs Survey 2001)

Within sheltered schemes locally there is some mixed usage by vulnerable groups such as those with physical or sensory disabilities and people with learning disabilities. This cannot be reflected separately in the above supply figures as the requirement by ODPM is to map housing related support services in respect of the main client groups.

Voids rates within sheltered schemes are reported to be running at an average of 4% overall. *(source -small survey of sheltered schemes in Swindon)*

The current supply of accommodation-based support to older people is predominantly in sheltered schemes. However the above figures also include the Council's Semi-Warden Service. This is a good neighbour type, very low level service in which a regular call is made to elderly tenants within the home locality of the Semi-Warden. This accounts for around 327 of the 2810 units above. These residents also have a community alarm service installed, which is linked to the Homeline warden service and there may be opportunities to review the use of the semi warden service in conjunction with community alarms.

The figures above do not include a Volunteer Visiting Service run by Age Concern for older people (aged 50+) with support needs. We are currently discussing how this service may be brought overall into *the Supporting People programme*. Many clients and providers have expressed a need to include social related support needs and activities promoting well being, preventing isolation, depression and loneliness.

A short Supporting People survey carried out by Swindon's Princess Margaret Hospital and Clarence House Social Services Adult Teams during February–May 2002 found that older people from Swindon ready to leave hospital were mostly aged 75+, were mainly owner occupiers living alone, and needed care and/or support packages in their own homes on discharge. The details of this survey are in the unmet need table at **annex 2**, and are summarised below:

- Number of people surveyed - 98
- Number in owner occupation – 51
- Number living alone - 56
- Number needing care services - 4
- Number needing care and support services - 52
- Number needing support services - 24

A new Intermediate Care Hospital in Swindon catering for older people discharged from hospital will reduce bed blocking and with joint follow-on care and support at home could prevent re-admission and aid continuing independence. The service should also take referrals from Housing Agencies and others and be a preventative service.

There is an overall ethnic population within Swindon of 6% (housing Needs Survey 2001) which rises in certain wards. Informal care is a major form of support among BME groups, in particular older members of the Pakistani and Bangladeshi communities in Swindon, but the departure from traditional influences by younger members of both groups may increasingly influence the demand for more formal types of support. A sheltered scheme for elderly Asian people is being developed within Swindon but research in respect of current needs for home improvement type support and floating / visiting support is required.

**There is a gap in support provision for frail older people, particularly for clients within the non-sheltered sector and those who may be isolated in the community. We need to look at the use of current resources within sheltered schemes and assess whether links can be made with older people in nearby communities. Planned floating support services need to be explored with emphasis on owner-occupiers aged 75 and over and BME groups and this needs to link with the newly established Home Improvement Agency.**

**2. Supply for Older People with Mental Health Problems**

<b>ODPM Profile:</b>	<b>Accommodation based: Included above</b>	<b>Floating support: Included above</b>
<b>Current supply:</b>	<b>0</b>	<b>0</b>

There is no profile figure from ODPM or count to date of current supply specifically for Older People with Mental Health problems. Some work is needed to identify specific needs for housing related support for this group.

Mental health problems experienced by Older People is predominantly dementia. *Supporting People* services could help people to maintain their independence in the early, mild stages of this illness, complimentary to advancing medical treatment. It could be particularly targeted to those who live alone and need help sustaining normal functionality.

***(There is a current research project within the Borough, being carried out into the needs of older adults with Korsakoffs Syndrome. The results of this will be evaluated to determine if housing related support should be established for the needs of this group locally)***

Advocacy is also an expressed need for other Older People with mental health problems, especially within communal living where behavioural problems are an issue. Domiciliary Care Agencies are currently the providers of support for this client group.

**We need to explore the use of housing related support for Older People with mental health problems, particularly linking with other stakeholders and strategies such as Intermediate Care, National Service Framework priorities and with drug and alcohol services.**

**3. Supply for Frail Older People**

<b>ODPM Profile:</b>	<b>Accommodation based:</b>	<b>Floating support:</b>
	<b>Included above</b>	<b>Included above</b>
<b>Current supply:</b>	<b>8</b>	<b>0</b>

The ODPM profile includes figures for the supply of support services for frail older people within those for older people above. Swindon Abbeyfield provides housing and support for 8 frail older people and there are also 272 units in residential/nursing homes for frail older people in Swindon, not included in the above figures. The latter are not *Supporting People* funded. *Supporting People* funded services for this client group in Swindon are generally provided within sheltered schemes and 18 of these schemes have described their secondary client group as frail older people. In practice, support for frail older people in sheltered housing care agencies attending to residents' care and support needs, independently of the sheltered housing service.

Mixed sheltered housing schemes, including active older people with flexible support being provided to more frail tenants has been expressed as preferable by many users and providers, rather than schemes providing support specifically for frail older people. Experience of previous models in Swindon reinforces this approach.

Two RSL's are currently working with care agencies to provide additional support to Frail elderly people within their schemes.

The Housing Needs Survey 2001 forecasts a 68% increase in the over 80 age group by 2011. There is a projected increase of 1,300 by 2006.

	mid year 1991	1996	2001	2006	2011	Change
<b>Population age 80+</b>	4,900	4,400	5,950	7,250	8,250	+3,350 (68%)

(Housing Needs Survey 2001)

Within the SBC Best Value review of older person's services, it has been demonstrated that to provide more independence for users and cost effectiveness for commissioners, a greater usage of the sheltered housing resource within Swindon should be explored.

Whilst this is currently being reviewed within SBC, SP support services need to be looked at together with preventative outcomes that are required across all sheltered housing providers.

**Flexible support within existing sheltered accommodation and short-term respite type service models should be fully investigated and good practice models evaluated as a priority for our five-year plan in partnership with stakeholders in Health and Social Care.**

#### 4. Supply for People with Physical or Sensory Disability

<b>ODPM Profile:</b>	<b>Accommodation based:</b>	<b>Floating support:</b>
	25 to 172	0 to 1
<b>Current supply:</b>	37	0

The above supply profile comparison highlights an under supply for physically / sensory disabled people. A small number of the units within sheltered schemes for elderly people are let to disabled people under 60 years and this is not included above. There is no floating support service specifically for this group, although there are specific registered care services and people with physical and sensory disabilities can access a generic floating support service in Swindon.

**For a number of years Swindon Borough Council has had a corporate policy of encouraging all developers to build to 'Lifetime Home standards'. The success of this policy may count towards the fact that there are a limited number of specific schemes for this need group.**

Recently a support worker has been employed specifically to support 10 people with head injuries. This is not currently being funded by *Supporting People* funding streams but from Community Care pending tenancy variations. This is an innovative way of allowing these people to live independently within the community.

The Swindon Borough Council Housing Needs Survey 2001 identified 15,970 households in the borough were affected by a disability. In around 75% of cases only one household member was involved, in 25% two members were involved. 56% of all disabled households were over the age of 60 years, 22% under 45 years. 72% said they were receiving sufficient care / support, 37% indicated a need for additional care / support.

**Further research and evaluation with voluntary agencies such as PHAB/ TADSA and the Swindon coalition for disabled people will be required to identify the needs of these households.**

**5. Supply for People with Mental Health Problems**

<b>ODPM Profile:</b>	<b>Accommodation based:</b>	<b>Floating support:</b>
	<b>66 to 276</b>	<b>46 to 66</b>
<b>Current supply:</b>	<b>56</b>	<b>8</b>

Housing for people with mental health problems has been identified as a priority over a number of years within Swindon and Wiltshire. The National Standards Framework for Mental Health further reinforces that there is a need to ensure that a wide range of accommodation and support is available to people with mental health problems to enable them to live as independently as possible.

The need for move-on accommodation from residential and supported housing, particularly short-term placements, has been expressed by providers as a shortfall, as well as the need for more self contained accommodation and flexible, floating support rather than traditional shared housing.

A study involving a sample of 10,000 adults in private houses across Great Britain in 1995 identified that people who rent their home had the greatest prevalence of symptoms of mental ill health, often up to 50% higher than owner-occupiers. There was a higher prevalence of symptoms amongst those who rented from local authorities or housing associations compared with people renting in the private sector.

Information from the Joint Wiltshire and Swindon Mental Health Commissioning Board and Avon and Wiltshire Partnership Trust suggested that in 1999 a total of 1,417 Swindon people needed specialist mental health or social care at any one time. It also states that, in Wiltshire, Swindon will have the highest rates of diagnosed schizophrenia, mania and all other disorders.

A Mental Health Joint Commissioning strategy for 2003- 2006 is currently establishing priorities for future service delivery and future funding will be required to help to deliver these priorities in partnership. Key areas under consideration at present are re-modeling a current registered care home to provide a combination of support and specialist mental health services and to consider the feasibility of an intensive crisis service supplemented by community support workers.

There are developments happening locally within the next year to address the problems regarding poverty, age, housing tenure and the lack of support services available. A scheme is being developed which will enable people with mental health problems to set up independent homes, teach independent living skills and include a handy person role made available through partnership funding. This service will also help to sustain tenancies where persons are accommodated through the mental Health Accommodation Panel (multi agency referral system). The panel successfully housed approximately 20 persons into independent tenancies in 2001/2

Many people already living independently need additional support and education to address additional needs in relation to drug and alcohol abuse and problems with neighbours. The Supporting People Team together with Mental Health and DAAT teams are working together to address this problem. There is scope to use housing workers as key identifiers of emerging problems for this client group with the help of a linked support worker. Discussions are taking place as to how this can be achieved.

**Collection of needs data to further establish priorities to be addressed and the use of joint *Supporting People* and Health Funding is to be explored. To address the shortfall in accommodation based and floating support services there is a need to explore capital and revenue investment. Supporting People opportunities are actively being explored through the Mental Health Accommodation Plan implementation Group**

**6. Supply for People with Learning Difficulties**

<b>ODPM Profile:</b>	<b>Accommodation based:</b>	<b>Floating support:</b>
	<b>33 to 149</b>	<b>4 to 13</b>
<b>Current supply:</b>	<b>40</b>	<b>40</b>

The ODPM supply profile shows there is a lack of accommodation based and floating support services for people with Learning Disabilities. Within 2001/2, two sheltered schemes for older people have been remodelled to accommodate people with learning disabilities and there are some adult placements included in the supply above. This however has not met demand and people have been placed in areas outside Swindon. This is a key area to address.

The Learning Disability Teams, Housing and the *Supporting People* Team are looking at ways of funding housing related support to clients already living independently, which is currently funded by Community Care budgets.

There are currently 40 people living independently who receive visiting support services delivered by Swindon Support Team, which is funded entirely through the Community Care Budget pending tenancy variations. There is a perceived need among social care staff and local advocacy projects that this number could be much higher if access to independent accommodation was more generally available to this client group. Traditionally there has been a preference, mirrored nationally, for clients with learning disabilities to live within a registered setting. With the emergence of the *Supporting People programme* and drivers such as the Valuing People strategy, this is an area where there will be a requirement for more capital and revenue investment in the future.

The Swindon BC Learning Disabilities Database has information regarding unmet needs 1999/2000.

In 1997 there were 571 people recorded with learning disabilities on the database. In 2000 there were 636

The statistics for 2000 show;  
 46% (291) of adults with learning disabilities live in residential homes, 32 % (206) live with family and 6% (40) live in health accommodation. Only 15% (96) live independently. Although 84% (539) stated they were happy with their living arrangements 15% (98) want to move now or in 2 years time and will require support services to achieve this.

Types of home people want to move to;  
 36% (35) want to live independently in their own home, 9% (9) in warden controlled accommodation and 14% (14) in a group home. 16 % (16) wanted to live in a residential care home.

There is an expectation that some existing residential schemes will move to provide independent housing with support through the drivers of *Supporting People* and the National Care Standards Act in the future.

**Overall there is clearly a need to develop a full range of supported living models and choices to this needs group.**

<b>7. Support for Single Homeless People with Support Needs</b>		
<b>ODPM Profile:</b>	<b>Accommodation based:</b>	<b>Floating support:</b>
	<b>2 to 32</b>	<b>3 to 88</b>
<b>Current supply:</b>	<b>221</b>	<b>0</b>

The Homelessness Act 2002 and the Priority Needs Order (Housing Act 1996) extends the categories of people in priority need to whom Local Authorities have a duty to provide accommodation and strengthens the duty to provide advice and assistance to non-priority homeless people.

Within Swindon a majority of providers stated that there is a lack of support when moving into new homes and a lack of good supported move-on accommodation. This causes problems within schemes and prevents the service being used most effectively. A need was also highlighted for resettlement support when leaving Council owned short-term / temporary accommodation which is to be addressed by the Borough Council through the development of a resettlement service.

Monitoring figures for 2000/2001 from one of the direct access hostels (including refusals) shows the complex needs of this group. A number of people leave and return, possibly showing the lack of alternative available accommodation in both the public and privately rented sectors.

<b>Charitable run Single Person's Hostel statistics 2000/2001</b>			
<b>Referrals and applications</b>	<b>500</b>	<b>Actually Accommodated</b>	<b>200</b>
<b>Additional problems of clients accommodated:</b>			
Discharged from prison	3	Learning disabilities	7
Budgeting problems	3	Physical health problems	15
Limited Social network	17	Alcohol problems	40
History of abuse	9	Drugs problem	85
Aggression / violence	12	Medication misuse	8
Mental Health problem	33	None	36
Have spent time in care	10	Have spent time in psychiatric unit	
Have spent time in prison	28		6

The hostel accommodated 210 people in the previous year. The numbers with associated drug problems and limited social network have also steadily increased over this time. Swindon as a whole has a proportionally younger profile and in turn a significant number of people move to the area who may not have traditional family support networks.

Interestingly, as shown below a higher proportion of the ethnic minority population access the services of Direct Access Hostels. We need to undertake more research to understand why this is so and whether there is a link with accessing permanent accommodation in the socially rented and privately rented sectors in Swindon and the needs of transient groups and asylum seekers.

Black Minority and Ethnic Groups

Direct Access Hostel Homeless Stats:

23 out of 194 were from BME groups during 2000/2001

White Irish	3
White European	1
Black African	10
Black Caribbean	3
Indian Asian	2
Other	4

The above shows a higher use by BMR groups, at 11%, than the overall Swindon ethnic minority population, of 6%. More research into appropriate support models for these groups is required. The cross authority base line survey will also indicate movement of people in and out of the area.

Housing and support will be an important feature of the Borough Council's homelessness strategy. The strategy will give an important indicator of the likely need for housing related support for single homeless people.

**We need to review needs for suitable move-on accommodation and floating support to address the multiple needs of this client group, and reduce the cycle of homelessness. Potential greater use of the Swindon Foyer, shared tenancies and usage of rent deposit schemes may alleviate the issues and should be explored.**

<b>8. Supply for Homeless Families with Support Needs</b>		
<b>ODPM Profile:</b>	<b>Accommodation based:</b>	<b>Floating support:</b>
	<b>1 to 27</b>	<b>0 to 3</b>
<b>Current supply:</b>	<b>148</b>	<b>0</b>

A lack of affordable housing has been exacerbated following Swindon's success in attracting large companies to set up in the Borough, pushing up private rents and excluding poorer families from accessing the private rented sector. There are high expectations regarding housing opportunities, which historically were met as Swindon experienced rapid economic growth. However, the amount of affordable accommodation has not kept pace with the growth and needs of the population.

The council accommodated 322 homeless households in priority need during 2001/2002. Whilst not all homeless families are in need of support, a significant number of clients present support needs to duty officers. Initially the type of support need is often not evident at a traumatic time, but subsequent needs have been identified and a targeted support service could help to address these issues.

A new computer system is being developed by the Borough Council, which will hold ODPM homelessness statistics and include more specific information about clients presenting as homeless. This is due to come on line in October 2002 and will become a useful tool in identifying trends in needs to shape the future direction of support services. 2001/2002 statistics held are as follows:

**Homeless Statistics 01/04/01 – 31/03/02**

Households for which decisions were taken	2322
Households found to be ineligible for assistance	11
Intentionally homeless but in priority need	19
Households found to be eligible but not homeless	991
Eligible but not in priority need	979

<b>Households found to be eligible for assistance</b>	
(Unintentionally Homeless and in priority need)	322
Parents unable or unwilling to accommodate	74
Other relatives or friends unable/unwilling	62
Breakdown of relationship	
violent	12
non-violent	31
Mortgage arrears	9
Rent arrears	11
Loss of rented or tied accommodation	102
Ex-institution/care	10
Other	11
<i>Referrals to other authority for accommodation</i>	2
<i>Accepted from another authority</i>	1
<b>Homeless households accommodated by Swindon BC</b>	
B and B	7
Private sector landlord	258

Within SBC stock	273
With RSL	12
Homeless at home	4
Hostels	107
Women's Refuge	4
Other	4
<b>Total</b>	<b>669</b>

(Homelessness ODPM statistics)

The new Homelessness strategy will consider the housing and support needs of households accepted as homeless, will assist in determining the level and type of support services required and will have a preventative agenda.

Preventative services such as debt counselling, mentoring and short-term accommodation with support may help to alleviate some of the problems. A Homeless resettlement service and floating generic support service is being developed which will be funded through Transitional Housing Benefit initially and *Supporting People Grant* after 2003.

With the lack of available development land and escalating house prices many people are being priced out of the housing market and people are losing tenancies within the private sector as large companies relocating to the town are driving rent levels upwards.

There is a need to develop more flexible and creative responses and there is a hope that the Supporting People programme will allow this. There is currently a rent deposit scheme for homeless families which could be expanded to other vulnerable groups.

Other Government initiatives such as Key worker schemes may allow more flexibility to prevent homelessness, and in partnership with Bromford Housing Association, the will open a new 40 bed unit this Autumn specifically to cater for this need.

The main key causes of Homelessness as recorded relate to loss of accommodation due to parents and relatives unable to accommodate members of the family.

As a preliminary exercise, information on tenancy breakdown has been requested from local Landlords. The implied figures so far show 20 vulnerable people were evicted during 2001/2002 from SBC housing stock that may have, with timely intervention of planned tenancy support, been able to keep their tenancies. The cost of legal, voids, arrears write off and staff time needs to be evaluated. The Audit Commission (1998) suggests that each tenancy breakdown costs landlords £2100. Other landlords have been asked to identify the number of tenancy breakdowns (abscond or eviction) where unmet support needs was a factor and where homelessness could possibly have been prevented. Information is not yet available but will assist further in identifying appropriate support.

<b>9. Supply for Rough Sleepers</b>		
<b>ODPM Profile:</b>	<b>Accommodation based:</b>	<b>Floating support:</b>
	<b>Included above</b>	<b>in single homeless</b>
<b>Current supply:</b>	<b>Included above</b>	<b>in single homeless</b>

The rough sleeper counts carried out by the Borough Council have shown single figures over the last few years. The latest count, held at the start of May 2002, found eight people sleeping roofless. We are aware that this does not reflect an accurate picture, as this group

of people is often hard to find and approach. There is also an unknown number of people who are using friends' sofas and garages that are potential rough sleepers. However, the low numbers identified does recognise the preventative work carried out within Swindon and demonstrates the success of the work to alleviate the problems faced by rough sleepers.

Future work with HOSTS (*Homelessness organisations Stick together in Swindon*) and through the Homelessness Strategy should look to incorporate future opportunities within the Supporting people programme locally.

<b>10. Supply for People with Drug and Alcohol Problems</b>			
<b>ODPM Profile:</b>		<b>Accommodation based:</b>	<b>Floating support:</b>
	<b>Drug</b>	<b>5 to 51</b>	<b>1 to 4</b>
	<b>Alcohol</b>	<b>13 to 20</b>	<b>1 to 3</b>
<b>Current supply:</b>		<b>12</b>	<b>0</b>

Addressing housing and support issues is integral in addressing drug and alcohol misuse. This is a strategic priority for the Borough Council and the profile identifies a very low supply of accommodation-based services and no floating support although a voluntary organisation in the Borough (Druglink) provides some support not currently funded through Supporting People.

**There is currently no specific housing related floating support service catering for people with drug problems.**

The specific current supply figures above relate to a cross authority accommodation based service, which had only one Swindon resident at the time of visiting. This would indicate a closer working relationship in terms of referrals is required for those persons who need to enter or leave the area and more formal links with neighbouring authorities as required. The results of the ODPM cross authority base line survey will help to address this.

**Prison Resettlement - Statistics from Druglink (voluntary sector advice service):**

Numbers released from prison to Swindon area showed:-

- 40 releases
- 6 were from BME groups, 2 were young offenders.
- 25 needing housing
- 10 -15 also needed support – single people

*The above relates to people who were using drugs prior to going to prison and released not using or on a methadone programme. We are told high relapses occur due to a lack of housing and support in clean areas. There is also a gap in relation to clients whose sentences are less than 12 months and there is no probation involvement. Due to a shortage of accommodation and a lack of support services, ex-prisoners often find it difficult to obtain permanent housing. This may result in people sleeping rough, or in hostels, where there may be other users. Use of private landlords has been hampered by a lack of support services and difficulties in accessing rent deposit schemes and Housing Benefit.*

A new 4-bed project and an 8-bed open house crisis centre due to open this year will improve the supply of housing related support for this client group, but this may not be sufficient to match the profile in the longer term. Recently funding has been made available through Communities Against Drugs to:

- Employ a drug worker in the Council's Homelessness team, to address the problems around housing,

- Employ an outreach worker at a direct access hostel, to address the growing use of drugs there,
- Employ a part time resettlement worker at Druglink.

The Council’s Community Profile shows the number of service users using Communities Against Drugs services and Druglink. It reveals a clear gender separation, where male service users are significantly greater in all services and across all age groups. A model of good practice from Bristol O- zone is being evaluated presently with a view to replicate this in Swindon. Recent statistics monitored from a voluntary sector homeless hostel show that of 200 people accommodated, 85 had a drug history as evidence of their potential support needs.

**We need to prioritise action for appropriate accommodation based and floating support services for this group. In conjunction with Housing, Providers, DAAT, Druglink and Probation we need to establish the level of needs for housing and linked support for offenders, especially those released into the community from prison who are homeless with drug and alcohol problems.**

<b>11. Supply for Offenders/People at risk of offending</b>		
<b>ODPM Profile:</b>	<b>Accommodation based:</b>	<b>Floating support:</b>
	<b>3 to 10</b>	<b>1 – 33</b>
<b>Current supply:</b>	<b>13</b>	<b>20</b>

There appears to be adequate supply of specific accommodation based support services within Swindon in comparison with the indicative profiles. However, there is a lack of floating support and there are insufficient structured move on arrangements from specialised accommodation. There are a small number of Swindon people placed in out of Borough accommodation, primarily Adult Placement included in the above figures, including young offenders. It is perceived that Swindon takes in offenders from other parts of Wiltshire as traditionally services have been concentrated here.

Wiltshire Probation Area (which comprises Swindon and Wiltshire area) carried out a one day audit of the housing and support needs of it’s clients on 1<sup>st</sup> March 2002. The housing needs analysis showed that of 868 offenders surveyed, 264 (30%) were in poor or temporary housing. 118 people (14%) were having difficulty maintaining their accommodation, whilst a further 106 (12%) could sustain their accommodation with additional support. This exercise identified that:

- Provision of dedicated offender housing has historically been too concentrated in the Swindon area,
- Housing services to high risk offenders need to be strengthened
- There needs to be a greater availability of direct access provision for offenders, particularly those leaving custody
- There is a need to have much greater availability of move-on accommodation (with and without support) from specific provision within both Wiltshire and Swindon (short stay hostels provision for ex-offenders).

To some extent this will hopefully be achieved within our joint *Supporting People* structures in Swindon and Wiltshire and through the Multi Agency Protection Protocol Panel.

A theme emerging from the consultation by Probation on the type of new services stakeholders would like to see developed was flexible, floating support delivered to people in their own homes – particularly for groups such as offenders, who risk carrying a ‘label’ in traditional shared supported housing.

Providers highlighted a need for a more flexible, floating support services as opposed to traditional supported housing schemes. A lack of move on accommodation and resettlement for people leaving short-term supported housing was highlighted as a particular difficulty.

**Currently Offenders who have served less than a 12 month sentence have no formal Probation Service involvement and there is little support for this group locally. However within the new Homelessness Act and local Homelessness strategy we will look to address this gap.**

<b>12. Supply for Mentally Disordered Offenders</b>		
<b>ODPM Profile:</b>	<b>Accommodation based:</b>	<b>Floating support:</b>
	<b>Included above</b>	<b>Included above</b>
<b>Current supply:</b>	<b>Included above</b>	<b>Included above</b>

Support provision for mentally disordered offenders is included in the Offenders figures above. There is little information available that specifically relates to this group. The Providers of supported accommodation primarily for people with mental health problems report a high proportion of tenants who have offended previously or are at risk of offending although strictly speaking they may not relate to this category.

**More work is required to measure needs in conjunction with Mental Health( Joint Commissioning Board) and the Probation Service in Swindon and Wiltshire.**

<b>13. Supply for Young People</b>		
<b>ODPM Profile:</b>	<b>Accommodation based:</b>	<b>Floating support:</b>
	<b>23 to 58</b>	<b>6 to 54</b>
<b>Current supply:</b>	<b>120</b>	<b>0</b>

The above shows an apparent oversupply against indicative profiles. However, within this figure we have included the Swindon foyer, which is a bi-lateral facility shared with some Wiltshire Districts and one District in Gloucestershire. The scheme was developed using the Foyer federation good practice model and with a very low level of support. As this scheme is evolving and needs of referrals are being evaluated, support provision may increase or conversely, some cluster units will revert to general needs/ move on provision (current average occupation is 45 of the 60 units available).

Within Swindon generally, there is also a mixture of hostel accommodation, group homes and supported lodgings within the borough.

It is documented and the young age profile of Swindon suggests that a number of young people come into Swindon from surrounding rural areas. They are drawn by active social life opportunities, higher employment and education opportunities and the perception of easier housing availability, but without local family support networks, vulnerable young people are failing.

The SBC Independent Living Team works with young people leaving the care system and assists other vulnerable young people in the community. They have experienced increasing need and are looking to increase the number of supported housing placements for young people with support needs, which will include a small number of care leavers. A significant number of assisted vulnerable young people will be seeking funding from *Supporting People* for support services.

Many of these vulnerable young people have a mixture of complex needs due to mental health problems, drug problems, alcohol problems and problems relating to abuse. The hostel providers and the Independent Living Team state they are working with more and more young people with multiple needs.

There is currently no comprehensive complete needs information kept on young people going through supported accommodation provision. Providers of support for young people expressed a need to have standard data collected in the future to include secondary needs, which will allow for clearer information and better planning across all support services (health, education, housing and social services).

Hostels specifically for vulnerable young people have provided young people with very short stays of up to two months, after which some have chosen to return home to their families better able to cope. More formal use of short cooling off stays need to be investigated coupled with preventative flexible models such as mentoring and rent deposit.

**Monitoring of standard needs for support of young people is required, including ethnicity and complex needs. We need to look into the use, appropriateness and outcomes of crisis support – including supported accommodation or floating support options for short cool off periods and homelessness prevention.**

<b>14. Supply for Teenage Parents (including homeless families)</b>		
<b>ODPM Profile:</b>	<b>Accommodation based: Included above</b>	<b>Floating support: Included above</b>
<b>Current supply:</b>	<b>23</b>	<b>0</b>

The ODPM profile is not specific for this group despite a recognised need in Swindon relating to the high incidence of teenage pregnancies in this area. It is therefore inappropriate to include this group in the Homeless Families profile and inflate the comparable supply figures. However, accommodation based support has recently been developed in order to meet the needs of teenage parents. This is a strategic priority and funding is also required to enable the creation of a new floating support service for teenage parents.

The Wiltshire and Swindon Community Profile shows Swindon has a substantially higher teenage conception rate amongst 13-15 year olds (12 per 1,000) than the English and Welsh rate (9.1 per 1,000), and is the highest of the South West (7.4 per 1,000).

Office of national statistics figures show the conception rates for 15-17 year olds as 58.1 per 1,000 in Swindon, which is higher than the national average (46 per 1000).

Housing with support is needed during the transition from child to young person to adult for young people without any support network or living in a deprived family situation. Finishing education and learning parenting skills are a priority.

Providers are experiencing an increasing need for accommodation for teenage parents and providers have experienced a larger number of approaches in the last 10 months. Needs still exceed available vacancies. There is also a need for supported housing for teenage parent couples and teenagers with 2<sup>nd</sup> and / or 3<sup>rd</sup> babies.

There are no figures available regarding support for young people from black and minority ethnic groups or the prevalence of teenage parents in need of support within these groups.

**There is a need for continued work with Housing and the Teenage Pregnancy Strategic group to explore the need for accommodation and support for those teenage parents unable to remain in the family home and to develop and monitor the new support service for teenage parents.**

**15 Supply for Domestic Violence**

<b>ODPM Profile:</b>	<b>Accommodation based:</b>	<b>Floating support:</b>
	<b>3 to 19</b>	<b>0 to 2</b>
<b>Current supply:</b>	<b>20</b>	<b>0</b>

A total of 311 women stayed in a refuge in Wiltshire and Swindon in 2001, the aggregated length of stay being 3 months.

- 163\* families were given support with accommodation in the Swindon refuge
- 1,209 were given legal or other helpful advice where no accommodation was required

*\*Numbers dropped from 216 in 1999 due to Police Domestic Violence Units and other agencies becoming aware of how to deal with domestic violence.*

The supply for accommodation based service is adequate (against indicative profiles) but the Borough Community Safety Team and Refuge staff have expressed a need for outreach and resettlement services to provide support to women unable or unwilling to access the refuge and to women who have recently left.

This is a corporate strategic priority and the figure of 2 units for floating support included in the profile seems inadequate compared to the needs being experienced.

The 1998 British Crime Survey recorded 19,000 incidents of domestic violence. Generally only 20% of all domestic violence incidents are actually reported. Swindon accounts for 52% of the reported domestic violence incidents in Wiltshire - equating to the rest of Wiltshire combined.

Police attended 2,563 incidents in 2000/2001 that involved partners or ex-partners. Given that only around 20% of incidents are reported, this implies 12,815 domestic violence incidents in Swindon during 2000/2001

The Domestic Violence Intervention Partnership is a multi-agency funded team set up to provide a centralised reporting database for domestic violence incidents and a centralised point of contact. DVIP works with victims of domestic violence to provide support and advice and supports refuge providers in Wiltshire and Swindon. The Partnership has highlighted a need for ongoing resettlement and floating support to victims of domestic violence who are unable or unwilling to access refuges and to women moving into settled accommodation from refuges.

Support to women fleeing domestic violence is exclusively accommodation-based at present although there is 24-hour telephone advice and limited outreach support available. The above figures show that 311 women left a refuge with virtually no ongoing resettlement provided and although not all of these women will have moved to permanent, settled housing, a significant number will have and could have benefited from support in setting up and maintaining a tenancy.

Although it is generally accepted that Women fleeing domestic violence in black and minority ethnic groups are less likely to approach accommodation based services, statistics show that the Swindon refuge has been used by people from various ethnic groups.

Women's' refuge last 12 months BME stats:

Statistics:	Black African	6
	W.Indian / Caribbean	1
	Indian Asian	1
	Irish	13
	Italian	1
	White UK	137
	Other UK	2

The use of the scheme by ethnic minorities is predominantly Irish people and not those who have culturally sensitive needs.

**Further work with the Wiltshire wide Domestic Violence Intervention project and the recently formed Vulnerable Persons Committee will identify the direction of need for this client group and this will play a larger part in future Supporting People strategies locally.**

<b>16. Supply for HIV/Aids</b>		
<b>ODPM Profile:</b>	<b>Accommodation based:</b>	<b>Floating support:</b>
	<b>8 to 164</b>	<b>4 to 46</b>
<b>Current supply:</b>	<b>0</b>	<b>0</b>

Swindon and Marlborough NHS Trust record a 92% increase in the number of HIV positive people attending Princess Margaret Hospital in Swindon for regular care from 1999/2000 to 2001/2002. Planned national health education programmes and HIV testing campaigns are likely to lead to a further increase in the number of people identified as being HIV positive in Swindon, and who may need to access support services.

We are aware that there are a number of people with HIV/AIDS housed in general needs accommodation within our community. However, there is no specific housing related support service for people with HIV/AIDS in Swindon. We are aware that the PCT are working with a number of agencies including the voluntary sector to address the needs of this client group and we will seek to establish the future level of need for housing related support.

<b>17. Supply for Refugees</b>		
<b>ODPM Profile:</b>	<b>Accommodation based:</b>	<b>Floating support:</b>
	<b>0 to 3</b>	<b>0 to 1</b>
<b>Current supply:</b>	<b>0</b>	<b>0</b>

Swindon has not been actively involved in the national dispersal programme of asylum seekers to date. The Council employs an Asylum Seeker Worker and an accommodation officer to assist asylum seekers who are already supported by Social Services to find accommodation within the private rented sector. Other Housing options are made available following a final decision on their application.

Families are then referred to the Homelessness Section for priority housing and are assisted but in most cases, the Council has not accommodated single people. Housing is mainly with private landlords within the Central Area with associated groups accommodating each other.

**There are currently up to 150 Asylum seekers/ refugees supported by the Council in Swindon, although an additional 350 may be unsupported by Social Services. Observation shows there are communities in Swindon from Somalia, Turkey and The Former Yugoslavia (Kosova and Macedonia) and a growing number from Afghanistan. Somali and Afghani nationals are most likely to hold refugee status or exceptional leave to remain and be eligible for *Supporting People* funded support. As are a small number from Africa and the Middle East with refugee status.**

**There is a need for housing and housing related support amongst these groups but further investigation to quantify this is required.**

It is expected that Swindon will soon have a more formal role within the national dispersal programme and further work with the national agency Clear Spring and partner Supporting People agencies will be required in the future to provide appropriate support options.

<b>18. Supply for Generic</b>		
<b>ODPM Profile:</b>	<b>Accommodation based:</b>	<b>Floating support:</b>
	<b>Not known</b>	<b>Not known</b>
<b>Current supply:</b>	<b>6</b>	<b>87</b>

Providers have expressed a need for generic support services and some are looking at the provision of this type of support from accommodation-based schemes where appropriate. Monitoring of take-up, cost-effectiveness and outcomes will be needed in the future based on these new schemes being initiated through the Transitional Housing benefit mechanisms. There particularly appears to be a gap in provision relating to older persons where traditional funding routes have been unable to be accessed and towards the needs of minority ethnic communities, people with physical and sensory disabilities and people with HIV/AIDS within Swindon.

The Housing Needs Survey 2001 regarding Supported accommodation found 13% of existing households intending to move (900 implied) indicated an interest in supported accommodation. Of those 54% (490 implied) gave Council / Housing Association sheltered (with warden support) as one of their choices. Others chose private sector or independent housing with support.

**Within *Supporting People* “generic” refers to a support service available to all with no planned primary client group.**

**Investigation is required into the type of support and the appropriateness of non-specialist generic support to fill the gap identified for older persons, ethnic minorities, people with physical and sensory disabilities and people with HIV/AIDS.**

<b>19. Supply for Home Improvement Agencies</b>	
<b>ODPM Profile:</b>	<b>227</b>
<b>Current supply:</b>	<b>0</b>

**Currently within Swindon there is no home improvement agency or equivalent although there are currently plans to establish one through partnership funding secured from Health and Social Services in 2002/3. The emphasis will be on improving quality of stock, health improvement and adaptations to facilitate hospital discharge. As part of this it would be useful to consider targeting some of their work in town centre wards where there is a higher level of housing improvement required and also a significant ethnic minority population.**

An existing Agency from Wiltshire will be asked to provide the new Home Improvement Agency (HIA) service in Swindon due to the uncertainty of long term funding. Home Improvement Agencies in Wiltshire are keen to promote their services, particularly to colleagues within the health service and GP's. These HIA agencies are also keen to increase preventative services such as hospital discharge schemes and handyperson services. This service will also need to link with other initiatives such as the *Bobby Van*, which provides home safety checks and fits locks to alleviate fear of crime and promote safety and security.

The new Home Improvement Agency also has a role to play in improving the housing of people with physical disabilities living in the private sector.

The Housing Needs Survey 2001 found that 64% of adapted houses for disabled people were in the rented sector and 16% in owner occupied tenures. Only 31% of the respondents indicated that they were aware of Local Authority grants for aids, adaptations and home improvements

**Funding for the long-term sustainability of a Swindon Home Improvement Agency is a priority. There is a need to target and monitor the take up of this new Home Improvement Agency especially within the predominantly owner occupied central area.**

**20. Supply for Community Alarms**

**ODPM Profile: 657**

**Current supply: 2812**

The demand for the dispersed service is considerably higher than the ODPM indicative profile, although the profile is not specific to the needs of our local community. The Borough Council runs the Homeline Alarm System, available to persons over 50 and people and with disabilities. Where appropriate, payment is assisted through Transitional Housing Benefit, which will move into *Supporting People* funding. Subscriber numbers change monthly as systems are removed or new clients sign up.

This service locally is 100% self financing and costs for those not in receipt of benefits are £3.25 Per week. As well as providing an alarm monitoring system and emergency checks through mobile wardens, service recipients receive a system check and Next of kin details check once a month. As part of this service if any deterioration in health is identified or other assistance is required the wardens will refer to other more specialist services.

Homeline installed in council run sheltered schemes is not included in the above supply.

Council monthly statistical analysis for April 2002/May 2002:

- Council category 1 accommodation 1,497/1,767
- Private sector 1,051/1,045

(Private sector includes owner-occupiers mainly, with a very small number of private rented and Housing Association tenants)

55% to 63% receive Transitional Housing Benefit to help pay for the service.

**Eligibility for *Supporting People* funding of this service will be further investigated following clear direction from ODPM. This is a well-supported service locally and the intention is sustain and develop future growth opportunities for this service linking to wider initiatives such as prevention of falls.**

**21. Supply for Travellers**

<b>ODPM Profile:</b>	<b>Accommodation Based</b>	<b>Floating</b>
	<i>Included in Single Homelessness figures</i>	
<b>Current supply:</b>	<b>0</b>	<b>0</b>

The Borough Council employs a Traveler Liaison Officer who manages 37 family pitches at a permanent facility and an associated temporary facility.

This person is primarily involved in the management of the site and facilities. However, an element of his work with these residents and with those identified as living in unlawful encampments is housing related support. The Officer advises on support services, undertakes welfare checks and liaises with specialist health and education services.

## 6.0 Strategic Links

### 6.1 The strategy formulation process

***As previously stated this shadow strategy for Swindon is very much a statement of current issues relating to the supply of housing related support services locally.***

For this reason, this strategy draws heavily on existing local strategies and research. The strategy formulation process has involved reviewing this information and making links with the agencies involved, in order to work towards integrating housing related support services with existing frameworks.

Many areas of planning and consultation are already in place but other areas required the creation of new planning and consultation mechanisms.

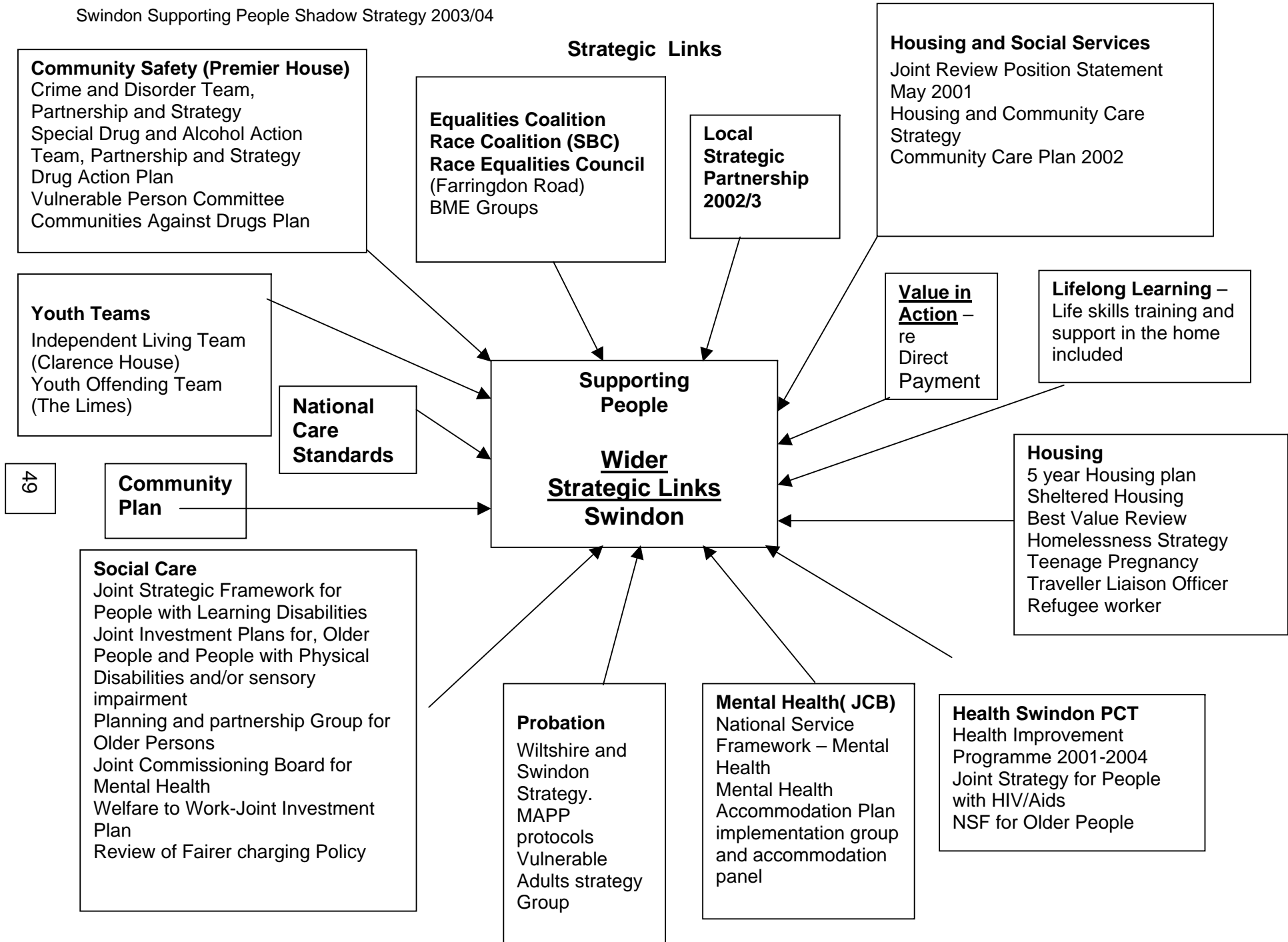
*Supporting People* will continue to align and integrate with the planning for other strategic priorities such as the housing strategy, crime and disorder strategy and social care strategies.

*Supporting People* in Swindon has made and continues to make links with other strategic groups in order to establish the priorities, which can be aided or complemented by housing related support services.

Groups formed include the Wiltshire and Swindon Joint *Supporting People* Officers Group and the Joint Members Group. These groups have met and have agreed their terms of reference, establishing roles and responsibilities, shared definitions, and a planning approach with representatives from housing, health, social care and probation attending.

The Supported Housing Group is the local *Supporting People* forum with Supporting People and Housing Development as priority business. This links into a Housing Advisory group within the Adult Strategy Group and informs the Housing, Social Services and Health commission which both feed directly to cabinet.

**Strategic Links**





### **Key Strategic Links**

Specific targets and action points within existing strategies with links to Supporting People are listed below.

### **Housing and Social Services Joint Review**

#### Initiatives that link to *Supporting People* services

Development of a range of jointly funded health and social care community based services that enable vulnerable people to stay at home rather than enter hospital.

Increase the number of working age adults helped to live at home.

Development of a Vulnerable Persons Committee which will have strategic oversight of child protection, domestic violence and adult protection.

Sustain the established multi-agency Independent Living Team supporting care leavers, vulnerable 16-21 year olds and unaccompanied asylum seeking young people.

*(Joint Review Position statement May 2001)*

### **Housing Strategy ( 2003- 2005)**

The 2001-2 Housing Needs survey and Supporting People data is being used currently to inform the Council's new Housing Strategy and Council Plan.

new strategy priorities

- Affordable housing for those in need including key workers
- Regenerate existing dwellings (private and public sector)
- Home Improvement Agency
- Multi agency drug and alcohol services
- Homelessness strategy
- Quality services for own tenants.

### **Homelessness**

The Homelessness Act 2002 and the Priority Needs Order (Housing Act 1996) extends the categories of people in priority need and to whom Local Authorities have a duty to provide accommodation. Those in priority need include 16 and 17 year olds who are not intentionally homeless and those leaving an institutional background – e.g. forces applicants and ex-offenders.

The act also places a duty on all local authorities to publish strategies to tackle and prevent homelessness, stresses the importance of different agencies and local authority departments working together and strengthens the duty to provide advice and assistance to non-priority homeless people.

Housing Support Services driven through the Supporting People programme will assist the formulation and action on emerging priorities.

### **Health Improvement and Modernisation**

***2003-2005 currently out to public consultation and integrated structures with the Community Care plan being discussed)***

- Strengthening disadvantaged communities
- Prioritisation of home improvement
- Health impact assessment of new policies and strategies.

### **Local Strategic Partnership and Community Plan**

- Address residential segregation due to social exclusion, unemployment and low income
- Address competition for jobs, housing and other services due to wider catchment area.

### **Town expansion requirements**

New stock v old housing stock (latter providing social housing) showing unfitness and dilapidation resulting in social, economic and physical decline in these areas. This contributes to poor health, poor education and under achievement.”

### **Joint Investment Programme (JIP) for Adults with Learning disabilities**

ODPM states that for people with learning disabilities, *Supporting People* could help them to move from institutional home to their own flat, for example within a cluster of flats where they can receive support. This move will let them live far more independently in the community, taking part in many community activities, whereas before they might have been more limited and more institutionalised in what they did and how they enjoyed life. It would also allow them to make a lot more of their own decisions.

Some of the linked key priorities within the JIP are:

- re-patterning of services for people with severe challenging behaviour
- to establish protocols for the identification of the type and level of need amongst people with learning disabilities living with older carers
- partnership working.

Links also to *Quality Protects Framework, Person Centred Planning, Valuing People*.

### **Probation**

- Provision of dedicated offender housing has historically been too concentrated in the Swindon area, with virtually no provision in the Salisbury/South Wiltshire area
- Housing services to high risk offenders need to be strengthened
- There needs to be a greater availability of direct access provision for offenders, particularly those leaving custody

- There is a need to have much greater availability of move-on accommodation (with and without support) from the Halve in Wiltshire and Bridge Services in Swindon (short stay hostels provision for ex-offenders).

### **National Service Framework for Older People**

The National Service Framework for Older People has introduced standards that apply where an older person is being cared for at home.

#### Key areas

- Rooting out age discrimination
- Providing person centred care
- Promoting older people's health and independence
- Fitting services around people's needs.

The planning / advisory group which is steering this in Swindon is the PPOP

A member of the *Supporting People* Team attends the decision making group where *Supporting People* services are on the agenda. Joint planning and joint health, care and support are discussed around support funding for older people; promoting independence, autonomy and ability where appropriate, to remain in their own home. Further discussions are taking place to qualify how services can be developed to help older people with support needs.

### **Strategy for Older Peoples Services**

The draft commissioning strategy for older people's services 2002-2005 (Jan 2002) states "where feasible Health and Social Services will utilise supported housing schemes, which maximise the '*Supporting People*' initiative, instead of requiring people to use residential homes".

### **Community Safety Plan**

The Swindon Crime and Disorder Reduction Strategy sets out the work being done to reduce crime, and the fear of crime, in Swindon.

Linked priorities include;

Dealing with;

- Anti social behaviour
  - Drugs and Alcohol misuse
  - Young People as victims and perpetrators of crime
  - Vulnerable people who are victims and survivors of violence
  - Race and homophobic hate crime
- and:

- Communities Against Drugs Plan
- Creating safer neighbourhoods
- Setting up of a vulnerable persons committee
- Development of a 24 hour hotline for victims of racially motivated abuse

### **Neighbourhood Renewal**

Priority now is developing a programme of activity around finance that the Regional Development Agency is likely to commit to the Parks and Walcot area in Swindon.

As an Authority we are aware of the requirement to have a renewal strategy in place by next year - its production will be linked to the emerging Local Strategic Plan.

## **7 Cross Authority Links and Issues ( baseline survey exercise June/July 2002)**

The SP Partnership Board for Swindon is committed to maintaining a level of provision of specialist support for people who need to access services outside of their host authority area. We have already recognised that most cross authority provision in Swindon is through bi-lateral agreements with the Borough Council in Wiltshire, and we are therefore starting from a strong base in considering cross authority issues. Although cross authority links with neighbouring authorities have yet to be formally established, we are keen to encourage specialist services and good practice, and welcome opportunities to work across authority boundaries to plan the provision of such services.

We are waiting for the results of the ODPM baseline exercise, which should establish the nature of national schemes in Swindon, and give further information as to the level of cross authority provision currently. This information is not yet available, however, we expect the level of designated cross authority provision to be as follows:

- Swindon Women's Refuge – 20 units for women at risk of domestic violence
- Davis House – 145 units – direct access hostel for single homeless people
- Culvery Court – 20 units – direct access hostel for single homeless people
- Gloucester House – 12 units – rehabilitation facility for people with alcohol addiction

As part of the supply mapping exercise, as a starting point to mapping the level of cross authority provision in Swindon, information relating to where people are coming from to access services was collected.

For drug and alcohol rehabilitation services current clients on visit were from Reading, Bradford, Oxford, Bath, Leicester with one from Swindon. Previous referrals have included clients from North Somerset, Stroud, and Gloucester. Also referrals have been from other detox centres.

Homeless hostels accommodate transient people from along M4 corridor – Bristol, London, Cardiff and Reading.

The women's refuge accepts people from outside the authority but priority is for Swindon women first, then Wiltshire area. Will take women from outside Local Authority but only if capacity is within set threshold. Usually because extended family are living in this area. Using links will find places for women in other refuges if requested. The service is demand led.

Some sheltered schemes took referrals from surrounding areas outside the authority (e.g. Lechlade) based on need and others from farther afield based on local connections.

In addition, there are a number of supported housing schemes and support services provided between Wiltshire and Swindon Commissioning areas.

**There are a number of key priorities for the first year of the programme, which have relevance to both the Swindon and Wiltshire areas, and there are identified opportunities for bi-lateral commissioning of services. The key priorities identified within the shadow strategy are:**

- **Learning disabilities – provision of supported living options in North and West Swindon and in the area north of the M4 in North Wiltshire.**
- **Offenders – to establish a Wiltshire wide floating support /“bed manager” service and a move-on/resettlement service for people moving from hostel based support**

## **8 Service quality and reviews**

- 8.1 The SP Partnership Board's priority for the first year of the Supporting People programme in Swindon is to focus on ensuring continuity of service for providers and users. The supply mapping exercise has not identified any substantial over supply, therefore we want to focus on developing services to meet identified needs and on improving the quality of existing services. With this in mind it is not realistic to expect high levels of savings as a result of scheme reviews in the early years of the programme.
- 8.2 The review programme needs to take account of the issues identified as risks to the successful delivery of Supporting People locally and address any potential problems highlighted by the accreditation process at an early stage. The review programme also needs to amalgamate with SMHG Reviews and Best Value Reviews already scheduled.
- 8.3 The SP Partnership Board has decided that in order to deliver our objective of improving quality and promoting best practice, it will be important to carry out a cross section of reviews across the County. Reviews will not be restricted to particular client groups or types of services in order that good practice can be shared and that continuous improvement is encouraged across a range of services at all times.
- 8.4 Reviews will therefore be scheduled by Provider, although those services where concerns are identified, perhaps from information obtained from accreditation, will be scheduled for early review in 2003/04. Those services due for review under existing funding or best value arrangements and where there is potential for re-provision of the service will also be reviewed in the first year of the programme. Once these early reviews have been carried out, a further 25% of services will be covered each year.

### **Best Value Reviews scheduled for 2003/04 that may be relevant:**

#### Swindon Borough Council

Mental Health over 65's

Mental Health under 65's including Drug and Alcohol Service, Community Psychiatric Rehabilitation Service.

Community Team Learning Disability including Elsie Millen Court.

Crime and Disorder

Housing Allocations and Homelessness

**SECTION C**  
**THE OPTIONS AND STRATEGY**

The priority for the first year of the Supporting People programme in Swindon is to focus on ensuring continuity of service for providers and users. The supply mapping exercise has not identified any substantial over supply, therefore we want to focus on developing services to meet identified needs and on improving the quality of existing services. With this in mind it is not realistic to expect high levels of savings as a result of scheme reviews in the early years of the programme.

The following table shows the recommendations for service development within the priorities identified in the shadow strategy. We recognise that some of these recommendations are unlikely to be achieved in the first year of the programme, and therefore the table sets out how we will link the shadow strategy objectives to the longer-term strategy. Some recommendations will therefore be carried forward into the 5-year strategy to be published in 2003.

<b>CLIENT GROUP</b>	<b>SERVICE</b>	<b>SP FUNDING REQUIRED</b>	<b>ACTION PLAN FOR DELIVERY</b>
Drug & Alcohol users	Supported housing for people with Korsakoff's syndrome	<b>£56k</b>	Pipeline SP grant bid
Learning Disabilities	Supported service for people with asperger's syndrome	<b>£17k</b>	Pipeline SP grant bid
Mental Health	Self contained supported housing – refurbish existing general needs flats	<b>£109k</b>	Pipeline SP grant bid
Mental Health	Shared supported housing – cancellation of registration	<b>£105k</b>	Pipeline SP grant bid/ SHMG
Teenage Parents	Specialist floating support & resettlement service	<b>£50k</b>	SHMG bid
Frail Older People/Older People with Mental Health Problems	Sustain/Develop the Home Improvement Agency	<b>£60k</b>	10% Growth Money
Drug & Alcohol users	Shared Supported housing (8 units)	<b>£31k</b>	10% Growth Money
Frail Older People/Older People with Mental Health Problems	Develop flexible support within existing sheltered housing schemes – floating support service	<b>£70k</b>	10% Growth Money
Drug & Alcohol users	Specialist floating support service	<b>£50k</b>	10% Growth Money
Learning Disabilities	Supported living models in North & West Swindon (joint service with North Wilts)	<b>£80k</b>	10% Growth Money
Learning Disabilities	Develop floating support service and community support networks	<b>£50k</b>	10% Growth Money
Learning Disabilities	Increase the number of Adult Placements	<b>£75k</b>	10% Growth Money
Vulnerable Young People	Rent Deposit Scheme	<b>£20k</b>	10% Growth Money (joint area with Homelessness strategy)

Vulnerable Young People	Increase Supported Lodgings	<b>£60k</b>	10% Growth Money
Mental Health	Specialist floating support service	<b>£70k</b>	10% Growth Money
Offenders	Wiltshire wide floating support service	<b>£35k</b>	10% Growth Money
BME Groups	Culturally specific floating support services linking to Mental Health, Frail Older People, Vulnerable Young People	<b>£35k</b>	10% Growth Money
BME Groups	Feasibility of a specific sheltered scheme for Ethnic Elders	<b>tbc</b>	5 Year Strategy 2004-2009
Frail Older People/Older People with Mental Health Problems	Greater use of community based sheltered schemes and review of Information Technology	<b>tbc</b>	5 Year Strategy 2004-2009
Frail Older People/Older People with Mental Health Problems	Develop links to Intermediate Care initiatives and bed blocking	<b>tbc</b>	5 Year Strategy 2004-2009
Learning Disabilities	Cancellation of registration where appropriate	<b>tbc</b>	5 Year Strategy 2004-2009
Learning Disabilities	High level supported housing for people with challenging behaviour	<b>tbc</b>	5 Year Strategy 2004-2009
Vulnerable Young People	Nightstop/Mentoring scheme	<b>tbc</b>	5 Year Strategy 2004-2009
Mental Health	High level supported housing for people with challenging behaviour	<b>tbc</b>	5 Year Strategy 2004-2009
Mental Health	Supported housing for people with dual diagnosis	<b>tbc</b>	5 Year Strategy 2004-2009

### **Action for 2003/04**

There are opportunities to remodel existing services where providers have expressed an interest and are keen to develop new services or improve existing services. The opportunities below take into account the shortage of capital funding and development land available in Swindon and seek to utilise existing buildings or develop non-accommodation based services where possible

#### **1. Action over the next 12 months created by opportunities to remodel or expand services.**

<b>Client group</b>	<b>Prioritised service development/ Reconfiguration/ decommission</b>	<b>Cost implications</b>
<b>Offenders</b>	Refocus floating support and develop a Wiltshire wide service	<b>SP Revenue Funding = £35k</b>
<b>Learning Disabilities</b>	Increase the number of Adult Placements	<b>SP Revenue Funding = £75k</b>
<b>Frail Older People</b>	Sustain/Develop the Home Improvement Agency	<b>SP Revenue Funding = £60k</b>
<b>Frail Older People</b>	Develop flexible support within existing sheltered housing schemes	<b>SP Revenue Funding = £70k</b>
<b>Mental Health</b>	Remodel existing general needs housing	<b>SP Revenue Funding = £109k</b>
<b>Vulnerable Young People</b>	Increase supported lodgings	<b>SP Revenue Funding = £60k</b>

### **2 Pipeline Schemes**

Providers have identified further opportunities to address the priorities included in the shadow strategy through a number of potential new services. Where these proposals meet the needs identified as priorities for the first year of the Supporting People programme, the SP Partnership Board will support bids for pipeline SP grant to ODPM. Those services that have already been proposed to the SP Partnership Board have been included in the table above.

### **3 Other innovations**

The priorities identified within the shadow strategy will form the basis for investment in 2003/04. When commissioning new services to meet these identified needs, the SP Partnership Board is particularly keen to encourage innovative, flexible models that address the lack of move-on accommodation and the lack of land and capital funding available in Swindon. We are also keen to commission research into identifying the needs of hard to reach groups and areas where it has been difficult to measure need for the shadow strategy.

#### **Opportunities identified:**

- Nightstop/Mentoring scheme for vulnerable young people

- Where there is adequate floating support, explore opportunities to secure housing for vulnerable people in the private sector. There are opportunities to work with the Borough Council through landlord forums and rent deposit schemes
- Review the accommodation and support needs of prison leavers
- Investigate the impact of the new Homelessness legislation on housing and support needs for vulnerable young people, and establish whether there is movement of young people from neighbouring authorities through choice, or due to a lack of alternatives
- Evaluate the success of the newly established sheltered scheme for people with learning disabilities and consider a complimentary outreach service/community support network
- Commission research to identify levels of need and good practice models for BME groups, mentally disordered offenders and offenders who have served a sentence of less than 12 months

#### **4 Contingencies, Risks and Issues**

The priority for the first year of the Supporting People programme in Swindon is to focus on ensuring continuity of service for providers and users. Risk assessment and contingency planning to ensure continued provision of good quality services across the County will therefore form an important part of the programme.

In planning for contingencies such as collapse of a service, or incidents such as fire or other emergency, the SP Partnership Board has adopted the following approach:

##### IT systems unable to set up/make payments to providers

- Addressed within IT contingency plans

##### Failure/collapse of high risk schemes – dealing with tenants who pose a high risk to the public

- Address through accreditation prior to awarding of interim contracts to highlight potential problems.
- Address problems or issues highlighted by the accreditation process through early review to ensure the required standards are met and any issues resolved at an early stage of the programme
- Ensure particular reference to high risk schemes in monitoring and review process
- Involve other agencies with statutory responsibilities – e.g. probation – in review/monitoring process
- Establish dialogue with alternative specialist support providers with a view to ensuring alternative providers are available should a provider collapse or give notice
- Ensure adequate support is available to providers locally and nationally

##### High cost schemes – demand an increasing share of the pot or collapse leaving very vulnerable people with no support service

- Consider early review to ensure costs are realistic

- Address through accreditation prior to awarding of interim contracts to highlight potential problems, particularly for small providers
- Involve Social Services/PCT in review/monitoring process

Reliance on Small, voluntary providers who may have not been monitored/accredited in the past by Statutory agencies. This forms a small proportion of the support provision in Swindon.

- Address through accreditation prior to awarding of interim contracts to highlight potential problems for small providers
- Address problems or issues highlighted by the accreditation process through early review to ensure the required standards are met and any issues resolved at an early stage of the programme
- Ensure adequate support is available to providers locally and nationally
- Work with National Housing Federation, Supporting People Implementation Team and SITRA to ensure quality, Best practice and training

Providers cancel registration of services inappropriately

- Develop local protocol for cancellation of registered care models, in partnership with NCSC, to ensure re-provision of service to supported living is appropriate for all service users affected.

Recruitment and retention of key support workers in the Borough due to escalating house prices affecting the delivery of services

- Initiatives being developed to address this locally include and the opening of Isambard Court( 40 unit) key worker schemes in Autumn 2002

Disasters – fire, flood, other emergency

- Establish links to the Emergency planning process and Homelessness team and ensure the provision of housing and support is included in contingency plans

Financial Risks - Figures used to calculate legacy funding/SP grant are inaccurate and the SP Partnership Board faces an overspend in the first year

- Address with providers before Interim contracts in place – provide support to providers on calculating THB accurately
- Ensure risk sharing protocols make it clear what the responsibility of each partner on the SP Partnership Board is should there be an overspend.

## **Section D Annual statement template**

This section provides a high level overview of the services that the SP Partnership Board would seek to develop if 10% additional funding were made available by ODPM. It is important to note that there is no guarantee that this amount of additional funding will be made available.

The proposals included in this section are a broad statement of the services that would meet identified needs and fit strategic priorities locally. It has not been possible to provide detailed costing information and further discussion will be necessary when the size of the Supporting People pot is announced in 2003 to determine priorities within this list.

It should also be noted that the SP Partnership Board will support bids to the Housing Corporation for SHMG, and to ODPM for pipeline SP grant for 2003/04 where proposals for services meet the priorities identified in this strategy. Should any of these bids be unsuccessful, the SP Partnership Board will wish to consider using any growth money made available to Swindon to develop these services.

Providers have been notified of the priorities and proposals below and the SP Partnership Board will invite expressions of interest from October 2002 in order that commissioning decisions can be made as soon as the level of funding for 2003/04 is confirmed.

**Costs**

This sub section provides a summary description of the costs associated with all planned actions within the strategic plan for 10% additional services. It has not been possible to give accurate costings for each planned service at this stage, and the SP Partnership Board will seek expressions of interest from providers wishing to develop these services in October/November 2002.

<b>Additional Service 1</b>	
Accommodation Based or Floating?	Floating
Service Type	Home Improvement Agency
Client Group	Frail Older People
Capacity	
Description	Develop preventative services
Reason for Priority (refer to Options and Strategy section and linkages to other strategic objectives)	Gaps identified in supply mapping exercise Strategic Priorities linking to Health modernisation & improvement programme, Community Care plan, Housing strategy
Capital Requirement (£) and sources	Nil
Capital bid made and approved (Y/N)?	N
Total Revenue Requirement	£100,000
Required SP funding	£60,000 2003/4

Is this a remodeling of an existing service? (Y/N) If Y, which? Details of existing funding saved and details of the service being withdrawn.	N
Non-SP Sources of Revenue and status (agreed, bid for, etc.)	Secured Partnership funding from Health and Social Services 2002-3£40,000 and 2003/4.... £20,000
Provider Identified (Y/N). Detail if Y.	Local exiting providers are currently being asked for expressions of interest to run the new HIA from April 2003 but in a shadow form from Winter 2002
Consultation status	Joint Planning approval given, identified within 2003-5 Housing Strategy as a priority

<b>Additional Service 2</b>	
Accommodation Based or Floating?	Floating
Service Type	Flexible support within sheltered housing
Client Group	Older People with Mental Health problems
Capacity	30 units
Description	Flexible support including high level support for older

	people with mental health problems
Reason for Priority (refer to Options and Strategy section and linkages to other strategic objectives)	Gaps identified in supply mapping exercise Strategic Priorities linking to Health modernisation & improvement programme, Community Care plan, Housing strategy
Capital Requirement (£) and sources	Nil
Capital bid made and approved (Y/N)?	N
Total Revenue Requirement	£70,000
Required SP funding	£70,000

Is this a remodeling of an existing service? (Y/N) If Y, which? Details of existing funding saved and details of the service being withdrawn.	N
Non-SP Sources of Revenue and status (agreed, bid for, etc.)	
Provider Identified (Y/N). Detail if Y.	N
Consultation status	

<b>Additional Service 3</b>	
Accommodation Based or Floating?	Accommodation Based
Service Type	Supported Housing for people with drug & alcohol problems
Client Group	People with drug & alcohol problems
Capacity	8 units
Description	Supported housing for people with drug & alcohol problems – joint funding with Swindon DAAT
Reason for Priority (refer to Options and Strategy section and linkages to other strategic objectives)	Gaps identified in supply mapping exercise Strategic Priorities linking to Community Safety strategy, Health improvement & modernisation programme
Capital Requirement (£) and sources	
Capital bid made and approved (Y/N)?	
Total Revenue Requirement	£65,000
Required SP funding	£31,000

Is this a remodeling of an existing service? (Y/N) If Y, which? Details of existing	N
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funding saved and details of the service being withdrawn.	
Non-SP Sources of Revenue and status (agreed, bid for, etc.)	DTTO Funding – Swindon DAAT
Provider Identified (Y/N). Detail if Y.	N – based on Bristol O Zone
Consultation status	

<b>Additional Service 4</b>	
Accommodation Based or Floating?	Floating
Service Type	Specialist floating support service
Client Group	People with drug & alcohol problems
Capacity	22 clients
Description	Tenancy support/sustainment service for people who use drugs & alcohol who are at risk of losing their tenancy
Reason for Priority (refer to Options and Strategy section and linkages to other strategic objectives)	Gaps identified in supply mapping exercise Strategic Priorities linking to Community Safety Strategy, Swindon DAAT annual plan, Health modernisation & improvement programme
Capital Requirement (£) and sources	Nil
Capital bid made and approved (Y/N)?	N
Total Revenue Requirement	£50,000
Required SP funding	£50,000

Is this a remodeling of an existing service? (Y/N) If Y, which? Details of existing funding saved and details of the service being withdrawn.	N
Non-SP Sources of Revenue and status (agreed, bid for, etc.)	
Provider Identified (Y/N). Detail if Y.	N
Consultation status	

<b>Additional Service 5</b>	
Accommodation Based or Floating?	Accommodation Based
Service Type	Supported living – self-contained

Client Group	People with Learning Disabilities
Capacity	6 units
Description	Self contained supported living opportunities for people with learning disabilities in North/West Swindon – joint service with North Wiltshire
Reason for Priority (refer to Options and Strategy section and linkages to other strategic objectives)	Gaps identified in supply mapping exercise Strategic Priorities linking to LD JIP, Valuing People
Capital Requirement (£) and sources	Remodeling only
Capital bid made and approved (Y/N)?	Y
Total Revenue Requirement	£80,000
Required SP funding	£80,000

Is this a remodeling of an existing service? (Y/N) If Y, which? Details of existing funding saved and details of the service being withdrawn.	Y – Remodeling of NHS retained beds. Kennet & North Wilts PCT own the site and are acting as lead authorities.
Non-SP Sources of Revenue and status (agreed, bid for, etc.)	Section 28a revenue funding for care packages
Provider Identified (Y/N). Detail if Y.	N- Expressions of interest currently being sought
Consultation status	Approval within joint commissioning strategy for LD

<b>Additional Service 6</b>	
Accommodation Based or Floating?	Floating
Service Type	Floating Support Service / Community Support Network
Client Group	People with Learning Disabilities
Capacity	20 units
Description	Floating Support / Community Support networks for people with learning disabilities living independently – particularly people living with older carers
Reason for Priority (refer to Options and Strategy section and linkages to other strategic objectives)	Gaps identified in supply mapping exercise Strategic Priorities linking to LD JIP, Valuing People
Capital Requirement (£) and sources	Nil
Capital bid made and approved (Y/N)?	N
Total Revenue Requirement	£50,000

Required SP funding	£50,000
Is this a remodeling of an existing service? (Y/N) If Y, which? Details of existing funding saved and details of the service being withdrawn.	N
Non-SP Sources of Revenue and status (agreed, bid for, etc.)	Additional care packages through community care funding
Provider Identified (Y/N). Detail if Y.	Y – Swindon Support Team
Consultation status	Linked to Joint Investment Plan for LD

<b>Additional Service 7</b>	
Accommodation Based or Floating?	Accommodation Based
Service Type	Adult Placements/Supported Lodgings
Client Group	People with Learning Disabilities
Capacity	Increase by 8 units
Description	Supported lodging placements offering supported living and a range of support to people with Learning Disabilities
Reason for Priority (refer to Options and Strategy section and linkages to other strategic objectives)	Gaps identified in supply mapping exercise Strategic Priorities linking to LD JIP, Valuing People
Capital Requirement (£) and sources	Nil – although private landlords willing to act in this capacity will need to be identified
Capital bid made and approved (Y/N)?	N
Total Revenue Requirement	£75,000
Required SP funding	£75,000

Is this a remodeling of an existing service? (Y/N) If Y, which? Details of existing funding saved and details of the service being withdrawn.	N – Expansion of existing service
Non-SP Sources of Revenue and status (agreed, bid for, etc.)	Additional care packages if required
Provider Identified (Y/N). Detail if Y.	Y – Swindon Adult Placement Service
Consultation status	Linked to LD JIP

<b>Additional Service 8</b>	
Accommodation Based or Floating?	Floating
Service Type	Rent Deposit Scheme
Client Group	Vulnerable Young People
Capacity	60 deposits (at £350 each)
Description	Rent Deposit scheme to enable vulnerable young people to secure good quality accommodation in the private rented sector
Reason for Priority (refer to Options and Strategy section and linkages to other strategic objectives)	Gaps identified in supply mapping exercise Strategic Priorities linking to Housing strategy, Homelessness strategy
Capital Requirement (£) and sources	Nil
Capital bid made and approved (Y/N)?	N
Total Revenue Requirement	£20,000
Required SP funding	£20,000

Is this a remodeling of an existing service? (Y/N) If Y, which? Details of existing funding saved and details of the service being withdrawn.	Y – Link to homelessness strategy/existing rent deposit scheme
Non-SP Sources of Revenue and status (agreed, bid for, etc.)	Charitable funding/Homelessness prevention funding
Provider Identified (Y/N). Detail if Y.	N
Consultation status	

<b>Additional Service 9</b>	
Accommodation Based or Floating?	Accommodation Based
Service Type	Supported Lodgings
Client Group	Vulnerable Young People
Capacity	Increase by 8 units
Description	Supported lodgings providing a range of support to vulnerable young people
Reason for Priority (refer to Options and Strategy section and linkages to other strategic objectives)	Gaps identified in supply mapping exercise Strategic Priorities linking to Homelessness strategy, Housing Strategy, Leaving care strategy
Capital Requirement (£) and sources	Nil – although private sector landlords willing to act in this capacity will need to be identified

Capital bid made and approved (Y/N)?	N
Total Revenue Requirement	£60,000
Required SP funding	£60,000

Is this a remodeling of an existing service? (Y/N) If Y, which? Details of existing funding saved and details of the service being withdrawn.	N – Expansion of Independent Living/Youth Offending service
Non-SP Sources of Revenue and status (agreed, bid for, etc.)	Specialist support from YOT & Social Services teams
Provider Identified (Y/N). Detail if Y.	As above
Consultation status	

<b>Additional Service 10</b>	
Accommodation Based or Floating?	Floating
Service Type	Specialist Floating Support Service
Client Group	People with Mental Health problems
Capacity	30 units
Description	Specialist intensive floating support service offering housing related support to people in mental health crisis living independently
Reason for Priority (refer to Options and Strategy section and linkages to other strategic objectives)	Gaps identified in supply mapping exercise Strategic Priorities linking to NSF Mental Health, Health improvement & modernisation programme, community care plan
Capital Requirement (£) and sources	Nil
Capital bid made and approved (Y/N)?	N
Total Revenue Requirement	£140,000
Required SP funding	£70,000

Is this a remodeling of an existing service? (Y/N) If Y, which? Details of existing funding saved and details of the service being withdrawn.	N
Non-SP Sources of Revenue and status (agreed, bid for, etc.)	Match funding from Swindon PCT/Swindon Borough Council Mental Health Prevention Grant
Provider Identified (Y/N).	N

Detail if Y.	
Consultation status	Within 2003/06 Mental Health draft strategic plan

<b>Additional Service 11</b>	
Accommodation Based or Floating?	Floating
Service Type	Floating Support for Offenders
Client Group	Offenders
Capacity	Increase by 15 units
Description	Wiltshire wide floating support service for Offenders with low level support needs, living independently. Joint Service with Wiltshire Districts
Reason for Priority (refer to Options and Strategy section and linkages to other strategic objectives)	Gaps identified in supply mapping exercise for Swindon and Wiltshire Strategic Priorities linking to Probation Offender housing strategy, Crime & Disorder strategy
Capital Requirement (£) and sources	Nil
Capital bid made and approved (Y/N)?	
Total Revenue Requirement	£107,000
Required SP funding	£35,000

Is this a remodeling of an existing service? (Y/N) If Y, which? Details of existing funding saved and details of the service being withdrawn.	Yes, existing PAGES funding re distributed to develop this service Wiltshire Wide £37,000 allocated from existing service £35,000 identified within Wiltshire Strategy
Non-SP Sources of Revenue and status (agreed, bid for, etc.)	
Provider Identified (Y/N). Detail if Y.	Stonham Housing Association
Consultation status	Joint Priority with Wiltshire Supporting People Board (cross authority service)

<b>Additional Service 12</b>	
Accommodation Based or Floating?	Floating
Service Type	Culturally specific floating support for BME groups
Client Group	BME groups
Capacity	20 units
Description	Culturally specific support services linking to services for mental health, frail older people, vulnerable young people
Reason for Priority (refer to	Gaps identified in supply mapping exercise

Options and Strategy section and linkages to other strategic objectives)	
Capital Requirement (£) and sources	N
Capital bid made and approved (Y/N)?	N
Total Revenue Requirement	£35,000
Required SP funding	£35,000

Is this a remodeling of an existing service? (Y/N) If Y, which? Details of existing funding saved and details of the service being withdrawn.	N
Non-SP Sources of Revenue and status (agreed, bid for, etc.)	Proportion of staff & Office accommodation on costs to be made available from the Borough Council/Voluntary organisations
Provider Identified (Y/N). Detail if Y.	
Consultation status	Linked to corporate objectives

**Summary financial table**

Total New Capital Required	
Existing SP Revenue Funding Saved from remodelling or service changes	£37,000
New SP Funding Required	£636,000
Total non-SP revenue required	£852,000

**SUPPLY TABLES 1 to 10**

<b>Table</b>	<b>Title</b>	<b>Table Versions</b>
Table 1	Service Type by Client Group	<ul style="list-style-type: none"> <li>• A sum of Household Units per Client Group/Service Type (and corresponding percentages of totals).</li> </ul>
Table 2	Analysis of Service Type by Ethnic Origin	<ul style="list-style-type: none"> <li>• A count of Services per Service Type/Ethnic Origin</li> </ul>
Table 3	Client Group by Service Provider Type	<ul style="list-style-type: none"> <li>• A sum of Household Units per Client Group/Service Provider Type</li> </ul>
Table 4	Analysis of Client Group Exclusions	<ul style="list-style-type: none"> <li>• A count of Services per Client Group/Exclusion Type</li> </ul>
Table 5	Support Provision Capacity Summary	<ul style="list-style-type: none"> <li>• A sum of Household Units per Support Provision (and corresponding percentages)</li> </ul>
Table 6	Analysis of Property Registration Status	<ul style="list-style-type: none"> <li>• Percentage of Properties per Registration Status for each Client Group</li> </ul>
Table 7	Analysis of Designated CAG Services	<ul style="list-style-type: none"> <li>• A sum of Household Units per Client Group/Service Type</li> </ul>
Table 8	Funding of Services	<ul style="list-style-type: none"> <li>• A percentage of Services per Client Group/Funding Mix</li> </ul>
Table 9	Service Provider Type by Accommodation Manager Organisation Type	<ul style="list-style-type: none"> <li>• A count of Properties per Service Provider Type/Accommodation Manager Type</li> </ul>
Table 10	Service Provider Type by Landlord Organisation Type	<ul style="list-style-type: none"> <li>• A count of Properties per Service Provider Type/Landlord Organisation Type</li> </ul>

### 01 Client Group By Service Type

Client Group	Service Type								Total	Percentage
	Accommodation Based Service	Accommodation based with floating/resettlement/outreach support	Community or Social Alarm Service	Floating Support Service	Home Improvement Agency (HIA) Service	Outreach service	Resettlement Service			
Frail Elderly	272	0	0	0	0	0	0	272	3.0%	
Generic	70	0	0	15	0	0	0	85	0.9%	
Homeless Families with Support Needs	148	0	0	0	0	0	0	148	1.7%	
Mentally Disordered Offenders	0	0	0	0	0	0	0	0	0.0%	
Offenders or People at risk of Offending	13	0	0	0	0	0	20	33	0.4%	
Older people with mental health problems/dementia	49	0	0	0	0	0	0	49	0.5%	
Older people with support needs	3536	0	2812	640	0	220	0	7208	80.5%	
People with a Physical or Sensory Disability	45	0	0	20	0	0	0	65	0.7%	
People with Alcohol Problems	12	0	0	0	0	0	0	12	0.1%	
People with Drug Problems	0	0	0	0	0	0	0	0	0.0%	
People with HIV / AIDS	0	0	0	0	0	0	0	0	0.0%	
People with Learning Disabilities	109	0	0	75	0	0	0	184	2.1%	
People with Mental Health Problems	254	0	0	80	0	0	0	334	3.7%	
Refugees	0	0	0	150	0	0	0	150	1.7%	
Rough Sleeper	0	0	0	0	0	0	0	0	0.0%	
Single Homeless with Support Needs	221	0	0	0	0	0	0	221	2.5%	
Teenage Parents	23	0	0	0	0	0	0	23	0.3%	
Traveller	37	0	0	0	0	0	0	37	0.4%	
Women at Risk of Domestic Violence	20	0	0	0	0	0	0	20	0.2%	
Young People at Risk	115	0	0	0	0	0	0	115	1.3%	
Young People Leaving Care	0	0	0	0	0	0	0	0	0.0%	
<b>Total</b>	<b>4924</b>	<b>0</b>	<b>2812</b>	<b>980</b>	<b>0</b>	<b>220</b>	<b>20</b>	<b>8956</b>	<b>100.0%</b>	
<b>Percentage</b>	<b>55.0%</b>	<b>0</b>	<b>31.4%</b>	<b>10.9%</b>	<b>0</b>	<b>2.5%</b>	<b>0.2%</b>	<b>100.0%</b>		

## 02 Service Type By Ethnic Origin

Ethnic Origin	Service Type							Total
	Accommodation Based Service	Accommodation based with floating/resettlement/outreach support	Community or Social Alarm Service	Floating Support Service	Home Improvement Agency (HIA) Service	Outreach service	Resettlement Service	
Any Other Asian Background	0	0	0	0	0	0	0	0
Any Other Mixed Background	0	0	0	0	0	0	0	0
Bangladeshi	0	0	0	0	0	0	0	0
Black - African	0	0	0	0	0	0	0	0
Black - Any Other Black Background	0	0	0	0	0	0	0	0
Black - Caribbean	0	0	0	0	0	0	0	0
Chinese	0	0	0	0	0	0	0	0
Indian	0	0	0	0	0	0	0	0
Not Stated	0	0	0	0	0	0	0	0
Other Ethnic Origin	0	0	0	0	0	0	0	0
Pakistani	0	0	0	0	0	0	0	0
White - Any Other White Background	0	0	0	0	0	0	0	0
White and Asian	0	0	0	0	0	0	0	0
White and Black African	0	0	0	0	0	0	0	0
White and Black Caribbean	0	0	0	0	0	0	0	0
White British	0	0	0	0	0	0	0	0
White Irish	0	0	0	0	0	0	0	0

### 03 Client Group by Service Provider Type

Client Group	Service Provider Type											
	Charitable Organisation	Local Authority - Housing Dept	Local Authority - Joint Social Services/Housing	Local Authority - Social Services Dept	LSVT(RSL)	NHS Trust	Other	Private Company	Private Individual	RSL	Voluntary Not for Profit Organisation	Total
Frail Elderly	0	0	0	0	0	0	0	272	0	0	0	272
Generic	14	0	0	6	0	0	0	50	0	15	0	85
Homeless Families with Support Needs	0	0	132	0	0	0	0	0	0	16	0	148
Mentally Disordered Offenders	0	0	0	0	0	0	0	0	0	0	0	0
Offenders or People at risk of Offending	0	0	0	0	0	0	0	0	0	33	0	33
Older people with mental health problems/dementia	0	0	0	0	0	0	0	49	0	0	0	49
Older people with support needs	62	0	1958	0	0	43	0	994	40	1111	188	4396
People with a Physical or Sensory Disability	0	0	8	0	0	0	0	20	0	37	0	65
People with Alcohol Problems	12	0	0	0	0	0	0	0	0	0	0	12
People with Drug Problems	0	0	0	0	0	0	0	0	0	0	0	0
People with HIV / AIDS	0	0	0	0	0	0	0	0	0	0	0	0
People with Learning Disabilities	0	0	0	40	0	0	0	6	0	48	90	184
People with Mental Health Problems	0	0	0	6	0	0	0	135	3	145	45	334
Refugees	0	0	150	0	0	0	0	0	0	0	0	150
Rough Sleeper	0	0	0	0	0	0	0	0	0	0	0	0
Single Homeless with Support Needs	125	0	12	0	0	0	0	0	0	38	46	221
Teenage Parents	4	0	0	0	0	0	0	0	0	19	0	23
Traveller	0	0	37	0	0	0	0	0	0	0	0	37
Women at Risk of Domestic Violence	20	0	0	0	0	0	0	0	0	0	0	20
Young People at Risk	0	0	20	0	0	0	0	0	0	75	20	115
Young People Leaving Care	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>237</b>	<b>0</b>	<b>2317</b>	<b>52</b>	<b>0</b>	<b>43</b>	<b>0</b>	<b>1526</b>	<b>43</b>	<b>1537</b>	<b>389</b>	<b>6144</b>

<b>04 Client Group by Service User Exclusions</b>																	
<b>Client Group</b>	<b>Service User Exclusion Types</b>																
	<b>All offenders</b>	<b>Couples</b>	<b>No specific exclusions: decided on case by case basis</b>	<b>Other</b>	<b>People at risk of self harm</b>	<b>People who misuse alcohol</b>	<b>People who misuse drugs</b>	<b>People with a history of violence</b>	<b>People with arson convictions</b>	<b>People with challenging behaviour</b>	<b>People with dementia</b>	<b>People with mental health problems</b>	<b>People with multiple disabilities</b>	<b>People with pets</b>	<b>Serious offenders</b>	<b>Women with dependent males over a specific age</b>	<b>Services with Exclusions (as percentage of all Services)</b>
Frail Elderly	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0	100.0%
Generic	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	75.0%
Homeless Families with Support Needs	0	0	5	0	0	0	0	1	0	0	0	0	0	0	1	1	100.0%
Mentally Disordered Offenders	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
Offenders or People at risk of Offending	0	3	1	0	0	0	0	0	0	0	0	0	2	0	0	3	100.0%
Older people with mental health problems/dementia	0	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	100.0%
Older people with support needs	1	0	99	0	1	1	1	1	1	1	1	1	1	1	2	1	84.0%
People with a Physical or Sensory Disability	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	80.0%
People with Alcohol Problems	0	1	0	0	0	0	0	0	0	0	1	0	0	1	0	1	100.0%
People with Drug Problems	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
People with HIV / AIDS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
People with Learning Disabilities	0	0	12	0	0	1	1	0	1	2	2	0	0	0	1	0	75.0%
People with Mental Health Problems	0	4	29	0	0	0	0	0	0	0	0	0	1	4	0	1	93.9%
Refugees	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
Rough Sleeper	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
Single Homeless with Support Needs	0	5	2	4	0	2	3	2	5	1	0	0	0	6	3	5	100.0%
Teenage Parents	0	1	1	0	0	2	2	2	3	2	3	0	3	3	2	1	100.0%
Traveller	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
Women at Risk of Domestic Violence	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	100.0%
Young People at Risk	1	5	2	2	1	1	1	3	3	1	4	3	3	4	2	4	83.3%
Young People Leaving Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
<b>Total</b>	<b>2</b>	<b>20</b>	<b>169</b>	<b>6</b>	<b>2</b>	<b>7</b>	<b>8</b>	<b>10</b>	<b>13</b>	<b>7</b>	<b>11</b>	<b>4</b>	<b>10</b>	<b>19</b>	<b>11</b>	<b>17</b>	<b>86.3%</b>

## 05 Support Provision Capacity Summary

Support Provision	Household Units	Percentage
24 hour cover with Sleep in Staff	222	2.5%
24 hour cover with Waking Night Staff	1341	15.0%
Alarm/On Call System	5749	64.2%
Day Time Staff on Site with Emergency Call Out	1010	11.3%
Floating/Visiting Support	1519	17.0%
Live in Landlady / Landlord	28	0.3%
Other	283	3.2%
Peripatetic Warden	3428	38.3%
Warden Support on Site	2808	31.4%

Note – some services have specified more than 1 type of support provision – e.g. warden support on site & Alarm/on call system in a sheltered scheme

## 06 Analysis of Property Registration Status

Client Group	Registration Status						Total
	Dual Registered care/nursing home	Fully Registered as a nursing home	Fully Registered as a residential care home	Not Registered	Part Registered as a nursing home	Part Registered as a residential care home	
Frail Elderly	83.3%	16.7%	0.0%	0.0%	0.0%	0.0%	<b>100.0%</b>
Generic	0.0%	25.0%	0.0%	75.0%	0.0%	0.0%	<b>100.0%</b>
Homeless Families with Support Needs	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	<b>100.0%</b>
Mentally Disordered Offenders	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	<b>0.0%</b>
Offenders or People at risk of Offending	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	<b>100.0%</b>
Older people with mental health problems/dementia	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	<b>100.0%</b>
Older people with support needs	0.6%	4.4%	10.1%	84.9%	0.0%	0.0%	<b>100.0%</b>
People with a Physical or Sensory Disability	0.0%	0.0%	8.3%	91.7%	0.0%	0.0%	<b>100.0%</b>
People with Alcohol Problems	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	<b>100.0%</b>
People with Drug Problems	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	<b>0.0%</b>
People with HIV / AIDS	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	<b>0.0%</b>
People with Learning Disabilities	0.0%	0.0%	73.7%	26.3%	0.0%	0.0%	<b>100.0%</b>
People with Mental Health Problems	0.0%	0.0%	65.7%	31.4%	0.0%	2.9%	<b>100.0%</b>
Refugees	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	<b>0.0%</b>
Rough Sleeper	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	<b>0.0%</b>
Single Homeless with Support Needs	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	<b>100.0%</b>
Teenage Parents	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	<b>100.0%</b>
Traveller	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	<b>0.0%</b>
Women at Risk of Domestic Violence	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	<b>100.0%</b>
Young People at Risk	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	<b>100.0%</b>
Young People Leaving Care	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	<b>0.0%</b>

## 07 Analysis of Designated CAG Services

Client Group	Service Type							
	Accommodation Based Service	Accommodation based with floating/resettlement/outr each support	Community or Social Alarm Service	Floating Support Service	Home Improvement Agency (HIA) Service	Outreach service	Resettlement Service	Total
Frail Elderly	0	0	0	0	0	0	0	0
Generic	0	0	0	0	0	0	0	0
Homeless Families with Support Needs	0	0	0	0	0	0	0	0
Mentally Disordered Offenders	0	0	0	0	0	0	0	0
Offenders or People at risk of Offending	0	0	0	0	0	0	0	0
Older people with mental health problems/dementia	0	0	0	0	0	0	0	0
Older people with support needs	0	0	0	0	0	0	0	0
People with a Physical or Sensory Disability	0	0	0	0	0	0	0	0
People with Alcohol Problems	0	0	0	0	0	0	0	0
People with Drug Problems	0	0	0	0	0	0	0	0
People with HIV / AIDS	0	0	0	0	0	0	0	0
People with Learning Disabilities	0	0	0	0	0	0	0	0
People with Mental Health Problems	0	0	0	0	0	0	0	0
Refugees	0	0	0	0	0	0	0	0
Rough Sleeper	0	0	0	0	0	0	0	0
Single Homeless with Support Needs	0	0	0	0	0	0	0	0
Teenage Parents	0	0	0	0	0	0	0	0
Traveller	0	0	0	0	0	0	0	0
Women at Risk of Domestic Violence	0	0	0	0	0	0	0	0
Young People at Risk	0	0	0	0	0	0	0	0
Young People Leaving Care	0	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## 08 Funding of Services

Client Group	Funding		
	SP Funded	No SP Funding	Mix Funded
Frail Elderly	0.0%	100.0%	0.0%
Generic	25.0%	75.0%	0.0%
Homeless Families with Support Needs	100.0%	0.0%	0.0%
Mentally Disordered Offenders	0.0%	0.0%	0.0%
Offenders or People at risk of Offending	100.0%	0.0%	0.0%
Older people with mental health problems/dementia	0.0%	100.0%	0.0%
Older people with support needs	60.3%	39.7%	0.0%
People with a Physical or Sensory Disability	60.0%	40.0%	0.0%
People with Alcohol Problems	0.0%	0.0%	100.0%
People with Drug Problems	0.0%	0.0%	0.0%
People with HIV / AIDS	0.0%	0.0%	0.0%
People with Learning Disabilities	18.8%	56.3%	25.0%
People with Mental Health Problems	18.2%	69.7%	12.1%
Refugees	0.0%	100.0%	0.0%
Rough Sleeper	0.0%	0.0%	0.0%
Single Homeless with Support Needs	37.5%	0.0%	62.5%
Teenage Parents	100.0%	0.0%	0.0%
Traveller	0.0%	100.0%	0.0%
Women at Risk of Domestic Violence	0.0%	0.0%	100.0%
Young People at Risk	33.3%	0.0%	66.7%
Young People Leaving Care	0.0%	0.0%	0.0%

### 09 Provider Type by Accommodation Manager Type

Service Provider Type	Accommodation Manager Type											
	Charitable Organisation	Local Authority - Housing Dept	Local Authority - Joint Social Services/Housing	Local Authority - Social Services Dept	LSVT(RSL)	NHS Trust	Other	Private Company	Private Individual	RSL	Voluntary Not for Profit Organisation	Total
Charitable Organisation	8	0	0	0	0	0	0	0	0	1	0	<b>9</b>
Local Authority - Housing Dept	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Local Authority - Joint Social Services/Housing	0	10	91	24	0	0	0	0	0	0	0	<b>125</b>
Local Authority - Social Services Dept	0	0	6	0	0	0	0	2	0	0	0	<b>8</b>
LSVT(RSL)	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
NHS Trust	0	0	0	0	0	0	0	1	0	0	0	<b>1</b>
Other	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
Private Company	0	0	0	0	0	0	0	47	0	0	0	<b>47</b>
Private Individual	0	0	0	0	0	0	0	1	0	0	0	<b>1</b>
RSL	0	0	0	0	0	0	0	0	0	78	0	<b>78</b>
Voluntary Not for Profit Organisation	3	0	0	0	0	0	0	0	0	5	20	<b>28</b>
<b>Total</b>	<b>11</b>	<b>10</b>	<b>97</b>	<b>24</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>51</b>	<b>0</b>	<b>84</b>	<b>20</b>	<b>297</b>

### 10 Service Provider by Landlord Org Type

Service Provider Type	Landlord Organisation Type												
	Charitable Organisation	Health Authority	Local Authority - Housing Dept	Local Authority - Joint Social Services/Housing	Local Authority - Social Services Dept	LSVT(RSL)	NHS Trust	Other	Private Company	Private Individual	RSL	Voluntary Not for Profit Organisation	Total
Charitable Organisation	3	0	1	0	0	0	0	0	0	0	5	0	9
Local Authority - Housing Dept	0	0	0	0	0	0	0	0	0	0	0	0	0
Local Authority - Joint Social Services/Housing	0	0	1	99	7	0	0	0	0	18	0	0	125
Local Authority - Social Services Dept	0	0	0	0	0	0	0	0	2	6	0	0	8
LSVT(RSL)	0	0	0	0	0	0	0	0	0	0	0	0	0
NHS Trust	0	0	0	0	0	0	0	0	1	0	0	0	1
Other	0	0	0	0	0	0	0	0	0	0	0	0	0
Private Company	0	0	0	0	0	0	0	0	46	1	0	0	47
Private Individual	0	0	0	0	0	0	0	0	1	0	0	0	1
RSL	0	0	0	0	0	1	0	0	0	2	75	0	78
Voluntary Not for Profit Organisation	0	0	0	1	0	0	0	0	0	0	14	13	28
<b>Total</b>	<b>3</b>	<b>0</b>	<b>2</b>	<b>100</b>	<b>7</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>50</b>	<b>27</b>	<b>94</b>	<b>13</b>	<b>297</b>

**UNMET NEEDS SURVEY FOR SUPPORTING PEOPLE  
(Combined PMH and Clarence – 98 forms)  
LOCAL AUTHORITY – SWINDON BOROUGH COUNCIL  
Team ID: Older People and People with Disabilities**

<b>2. Client Group(s) - Age</b>	18-59	60-74	75+	Unknown
Physical or sensory disabled person with support needs	9			
*Elderly person with support needs		27	60	2

\* Figures for elderly include elderly and disabled clients

<b>.1 Current Accommodation</b>			
		Housing Association tenancy	5
Client is owner occupier	51	Private tenancy	3
Group home	2	With friends of relatives	1
Hostel		Residential care home	2
Lodgings		Nursing home	
Council tenancy	28	Other (please specify) Unknown	6

<b>.2 Needs</b>		
Housing appropriate but need additional/different type of support (list A)		24
Housing appropriate but need additional or different type of care/health/other services (list B)		4
Housing appropriate but need both additional support and care/health, other services (list AandB)		52
Need home improvement or repairs in current housing		1
Need to move to independent housing with support		3
Need temporary stay in other accommodation (eg for specialist treatment or rehabilitation)		
Need to move to independent housing without support		1
No immed or med term change required but will need alternative accommodation in 1-3 yrs		9
Not known		4

<b>.3 Household Status</b>		
Living alone		56
Living with partner		21
Living with parent over 60		5
Living with adult son/daughter		2
Living with relatives or friends		4
Staying with relatives/friends as an emergency measure		
Living with 24 hour support from assistant/carers		2
Other household circumstances		2
Circumstances not known		6

(a) Ethnic Origin		Black (Caribbean)	1	Pakistani	
White UK	86	Black (other)	15	Asian (other)	
White European	3	Bangladeshi		Other ethnic origin (please specify)	
White (other)	2	Chinese		Ethnic origin not known	5
Black (African)		Indian			

<b>(b) Only fill this part in for people living with relatives or friends</b>	
Housing and support appropriate – no immediate or medium term change required (within next 12 months)	1
Need or wish to live independently	
Need alternative housing and support due to family illness, age of carer or stress in household	1
Need to change accommodation for other reasons	
Need additional or different support in current accommodation	1
No immediate or medium term change but will need alternative accommodation or additional support within 1-3 years	

## Glossary

<b>Administering authority</b>	The body, usually a local authority, which will receive Supporting People Grant and administer contracts for Supporting People Services on behalf of the Commissioning Body.
<b>Adult Placement</b>	<p>Housing where a landlord/landlady provides support to someone living in the landlord/landlady's own home.</p> <p>Refers to County, Unitary, District and Metropolitan authorities in England.</p>
<b>Best Value</b>	A duty on local authorities to review the services they provide for local people and improve them by the best means available. This must be done in consultation with the people who use the services and the wider local community.
<b>Capital Funding</b>	Funding for building new homes or housing schemes usually from the housing corporation or district councils
<b>Care Trust</b>	See PCT/Primary Care Trust.
<b>Commissioning Body</b>	The Commissioning Body is a partnership of local authorities, health and probation services. The Commissioning Body may not be formally constituted but will have terms of reference, which define its role and responsibilities.
<b>Community alarm services</b>	Community alarm services include dispersed and "hard wired" services that are usually provided in sheltered and purpose built disabled person's accommodation. Basic community alarm services enable people to call for assistance. Local authorities provide the majority of community alarm services but RSLs and private sector firms also provide them.

<b>Community Care Plan</b>	A plan produced by Social Services to inform the public how the needs of adults who need community care services will be met.
<b>Community Safety Strategy</b>	A strategy produced by each council area identifying priorities to reduce crime and create safer communities
<b>Cross-authority issues</b>	Matters related to services that cross local authority boundaries including assessing needs and supply for services, strategic planning, funding, monitoring, reviewing and decision-making. These are addressed in the formal relationship between the Cross-Authority Group (the CAG) and the local Commissioning Bodies.
<b>CTPLD</b>	Community Team for People with Learning Disabilities
<b>DAAT</b>	Drug & Alcohol Action Team - a local authority team including representatives from all relevant bodies.
<b>Extra care (Also sometimes known as Very Sheltered or Sheltered plus)</b>	While there is no clear general understanding of this term it includes a mix of facilities and services covering a range from sheltered housing with additional personal and domestic care services through dedicated on site teams, to purpose built facilities designed to deal with a high degree of disability.
<b>Floating Support</b>	A visiting support service not linked to a particular unit of accommodation or scheme.
<b>HIMP (Health Improvement &amp; Modernisation Programme)</b>	An action programme to improve health and healthcare locally and led by the Health Authority. The programme usually involves NHS Trusts, Primary Care Trusts, and other primary care professionals, working in partnership with the local authority and community groups.
<b>Home Improvement Agency (HIA)</b>	These agencies enable vulnerable people to maintain their independence in their chosen home for the foreseeable future. Vulnerable people may include older people, people on low incomes, people with disabilities and other groups determined by local circumstances. The homes would usually be in the private rented; leasehold or owner occupied sector.
<b>Housing Related Support</b>	Support targeted to the needs of vulnerable tenants which enables them to remain in an independent tenancy.

<b>Housing Strategy</b>	A document produced by each Housing authority setting out its objectives for developing and improving housing in its area.
<b>Inclusive Forum</b>	The Forum has a central role in working up the priorities of the Supporting People strategy at a local level, and should include all stakeholder groups. Fora bring people and agencies together to exchange views and comments.
<b>Joint Investment Plan (JIP)</b>	Joint Investment Plans – prepared by health authorities and local authorities to support delivery of key aspects of the Health Improvement Programme.
<b>National Scheme</b>	Specialist scheme that is unique in the service it delivers and it is open to application from anywhere in the country
<b>NSF – National Service Framework</b>	Documents published by the department of Health detailing the action required to meet the needs of older people and people with mental health problems
<b>PCT Primary Care Trust</b>	Free standing, legally established, statutory bodies with new flexibilities and freedoms, responsible for delivering better health and better care to their local population. They will have their own budget for local health care, be able to employ staff and develop new integrated services for patients. They will undertake many of the functions presently exercised by Health Authorities, for example commissioning health services and investing in primary and community services. They will also, if they wish and are capable of doing so, be able to directly provide a range of community health services, creating new opportunities to integrate community health services.
<b>Pipeline Scheme</b>	A supported housing or floating support service planned to start up after April 2003 but which has a firm funding commitment
<b>Priority Need</b>	Groups of people within the homelessness legislation which district council's have a duty to provide accommodation for – e.g. families with children or pregnant women.
<b>Provider</b>	An organisation providing housing related support services – includes RSLs, voluntary sector organisations, local authorities and the private sector.

<b>Registered Social Landlord (RSL)</b>	A non profit making housing provider, registered with the Housing Corporation
<b>Rent Deposit Scheme</b>	Schemes which assist homeless people in finding accommodation and may provide a deposit to secure a private tenancy
<b>Revenue Funding</b>	Funding which meets the running costs of providing housing related support.
<b>Rough Sleepers</b>	People who have no fixed abode and are sleeping outside.
<b>Sheltered Housing</b>	This term is used to describe a wide range of housing that is aimed at older and or disabled people. It includes grouped housing with a resident or visiting warden, bungalows and flats that are dispersed and very sheltered or extra care provision. Categories that used to be used to describe this wide range of provision are not helpful and they are not used in the guidance. Instead Commissioning Bodies are encouraged to consider the purpose of individual sheltered schemes and the benefits and services that residents have available to enable them to live independently.
<b>Supported Housing Management Grant (SHMG)</b>	Housing Corporation revenue funding for RSL supported housing services. From 1 April 2003 SHMG will transfer to the Supporting People grant.
<b>Social Housing Providers</b>	Typically local authorities, Registered Social Landlords, co-operatives and charities.
<b>Stakeholder</b>	Someone who has a 'stake'. For example, the staff, the Elected Members or Board Members, the volunteers, the service users, potential service users and neighbours or wider public.
<b>Supported Living</b>	A supported housing scheme that allows people tenancy rights and provides support to help them live independently
<b>Tenancy</b>	A legal agreement between a landlord and someone living in rented housing. It gives the tenant the right to decide who can enter his/her home. There are also conditions the tenant must keep to- for example to pay rent on time and not to cause a nuisance to neighbours.
<b>Two-tier authorities</b>	Authorities with a county and district structure.

**YOT**

Youth Offending Team



If you would like more copies of this document, or if you would like to discuss the Supporting People programme in more detail, please contact:

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This document can be provided in other formats on request.