

**Appendix 1 Draft Kent Supporting People Strategy 2010-2015**

# **KENT SUPPORTING PEOPLE STRATEGY 2010-2015**

**Kent Supporting People Programme  
Final Draft**

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## 1. Executive Summary

The Supporting People Programme is a delivery vehicle for the strategic objectives of partnerships across the County of Kent to enable vulnerable people to maintain their housing situation, manage their finances, co-exist successfully in their community, acquire independent living skills, stay safe, liaise with other agencies, and access training, education, and employment. The Programme is closely inter-linked to other statutory and non-statutory agency strategies that aim to achieve similar or overlapping objectives. The Programme facilitates the delivery of the Local Area Agreement and contributes to achieving the Kent Partnership's jointly agreed targets relating to housing and independent living. The strategy will be supported by a Commissioning Plan/Framework that will set out in detail the delivery of the Supporting People Strategy over the next five years based on a strategic review of need, investment and resources.

The assessment of need has identified that the programme for 2010 -2015 must develop additional services for young people at risk, people who have mental health problems as well as substance misuse problems (dual diagnosis), **people fleeing domestic abuse**, single homeless people and families with support needs. These are set out as the priority area for **new** service delivery and resource allocation.

The Programme aims to focus services on prevention and provide most services within people's own homes. Resources will be targeted more effectively on those in need of support rather than on people living in particular types of services/accommodation.

Services will be commissioned where there is more emphasis on time limited objectives and interventions that clearly link people to social and economic resources in the community as a route to maximising independence.

Over the lifetime of the strategy, any investment in new services will have to be funded at least in part by savings generated through decommissioning other services and priority will be given to short-term accommodation based and floating support services.

The Strategy will be delivered using a range of mechanisms and tools:

- Keeping service users at the heart of the programme, including capacity building
- Enhanced partnership working, with partners involved from identifying need to commissioning services
- Improving service efficiency, effectiveness and the use of resources
- Benchmarking

The Kent Supporting People Programme will retain the existing governance arrangements.

The Supporting People Programme will publish Annual Plans with details of spending plans, policy development for the following year and work to be undertaken to achieve our objectives.

## 2. Introduction

The Supporting People Programme is a government programme implemented in 2003 to provide a framework for the local planning, commissioning, regulation and funding of housing-related support services that are defined as “*support services which are provided to any person for the purpose of developing that person’s capacity to live independently in accommodation, or sustaining his (sic) capacity to do so...*”<sup>1</sup>. It is a partnership of Housing, Kent County Council, Health, Probation, providers and service users and currently supports over 23,000 vulnerable people.

Service recipients have “*vulnerabilities which render them in need of support services; and it is provided to a service recipient as part of a package of support services agreed between the Administering Authority and the service provider...*”<sup>2</sup>. Service recipients may include:

- People who are/have been homeless or slept rough
- Offenders and those at risk of offending
- People with physical or sensory disabilities
- People at risk of domestic abuse
- People with alcohol or drug problems
- Teenage parents, young people at risk and care leavers
- Older people
- People with learning disabilities or mental health problems
- Travellers
- People living with HIV/Aids
- Refugees

This strategy builds on the success of the 2005-2010 strategy but will reflect the following new key developments and strategic drivers:

- The National Supporting People Strategy
- The Transfer of the Supporting People grant to the Area Based Grant
- The move towards an outcome based programme
- The social care agenda on the personalisation of services.
- The potential development of self-directed support mechanisms including individual budgets
- The financial pressures including the risk of a reduction in grant funding

(See Appendix A for more details on strategic contexts.)

### 2.1 Profile of Kent

The strategy will operate within the context of Kent County Council’s geographic and demographic profiles and the challenges posed by diverse local needs and priorities.

The area covered by Kent County Council is one of the largest counties in the UK with a population of 1,394,700 (mid-2007 population estimates) and is comprised of 12 local authority districts/boroughs. 77% of Kent people live in urban areas and towns and 23% in rural areas. The age composition of the Kent population is changing: the number of children is forecast to decline and the number of 35 to 44 year-olds will gradually decline. The number of 65+ year-olds has not grown

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<sup>1</sup> Supporting People Grants (England) Conditions 2003

<sup>2</sup> Ibid

significantly in Kent since 1994 but is forecast to increase by just fewer than 30% in the next 10 years. By 2020 half the population of Kent will be over 50 and 21% will be aged over 65, many of whom will be living in areas of economic and social deprivation.

The Supporting People strategy must address significant factors within the demographic profile:

- Kent's population is economically diverse with areas of some affluence and pockets of great poverty, sometimes in close proximity.
- **Nearly a quarter of Kent's population lives in rural areas**
- **Potential growth in older population**
- Overall, Kent is the second most deprived County Council in the South East behind East Sussex.
- Deprivation links to health inequalities with premature death rates being highest in east Kent. The gap in life expectancy between the 20% least deprived wards in Kent compared to the 20% most deprived wards is 6.5 years.
- In comparison to other authorities in the South East the Kent County Council area has a larger proportion of residents with a limiting long-term illness and 'not good' health: 1.7 people in every 10 have such an illness.
- Average household income in Kent is lower than in the rest of the south east
- Kent is below the regional average for skills - 28% of the working population have no qualifications
- A person living alone is expected to increase by 25% over the next 20 years.
- Kent's population is becoming more ethnically diverse.
- North Kent has the greatest concentration of people from Minority Ethnic communities with Gravesham recording the highest proportion with 12.9% of its population.
- An increase in population originating from Eastern European countries.
- In some districts travellers and gypsies are the largest minority ethnic group.
- Kent contains two of the government's major growth areas: Dartford, Gravesham and Swale are part of the Thames Gateway and Ashford has been separately designated as a major housing growth area.

**Any reduction in area based grant funding relating to the Supporting People Programme will jeopardise not only current provision, but also an ability to respond appropriately to the additional pressures of an increase in population relating to the growth areas.**

## **2.2 Developing the strategy**

This strategy has been produced by the Kent Supporting People team with the assistance of and using information from a wide range of organisations. The Programme recognises the potential of a limited and reducing Supporting People grant and the need to define the priorities for service delivery that may conflict in some instances with local area priorities and demands. The development work in preparation for the Strategy has demonstrated extensive consultation with partners to identify and agree the best possible use of the available resources (see Appendix E for summaries of stakeholder consultations).

### 3. Vision and Objectives of the Kent Supporting People Programme

#### The Supporting People Vision 2010 - 2015

The overarching aim for the Supporting People Programme in Kent is:-

**Working in partnership to deliver needs led, value for money, high quality housing support services for vulnerable people.**

**In addition the programme aims to ensure that these services are;**

- **accessible to those who need them**
- **promote independence and well being**
- **enable people to take control over their lives**
- **participate fully in the social and economic life of their communities**
- **complement services delivered by statutory and non-statutory agencies**
- **support service users who have little or no recourse to alternative statutory or non statutory services**

The vision embodies a commitment to the following principles that underpin the work to deliver the strategic objectives:

#### **Independence in accommodation and living**

Services will be commissioned where the primary objective of housing-related support is to enable individuals and households to acquire and subsequently sustain independent accommodation that is stable, appropriate to their needs and provides them with choice and who promote “independent living”. “Independent living” means vulnerable persons enjoying the same choice, freedom, dignity, control and substantive opportunities as persons who are not ‘vulnerable’.

#### **Prevention**

Services will be commissioned that have clear preventative benefits, promote well being and meet identified need. Preventing social exclusion and/or the deterioration in emotional, physical or mental health and well being among vulnerable people is fundamental to the successful maintenance of a home.

Housing-related support services are particularly aimed at preventing:-

- Loss of home or having to move unnecessarily
- **Vulnerable people being isolated and feeling afraid or unsafe where they live**
- Having to be admitted to hospital or other forms of institutional care
- Anti-social behaviour including crime and substance misuse
- Inability to control one’s own life

#### **Partnership working**

Services will be commissioned that link with the objectives of our partners in delivering the Programme. **Our partners contribute to the Supporting People Programme achieving its intended outcomes and include districts/boroughs, Health, Probation, Kent Drug And Alcohol Action Team, Youth Offending**

**Service, Kent Adult Social Services, Children, Families and Education, providers and service users.**

Partnership working will involve service providers and service users in the shaping and planning of services. The Strategy makes a commitment to keeping providers informed and involved in the development of the programme and putting service users at the centre of the Programme by creating opportunities for their meaningful involvement in deciding what support services they receive now and in the future and how they are delivered.

**Focus on outcomes**

Commissioning and investment decisions for the Programme will be focused on the priority outcomes including the maximisation of independence and prevention. This will determine the eligibility criteria, service specifications and performance monitoring. Success for the Supporting People Programme will include **contributing to** following broad outcomes:

- A reduction in homelessness and repeat homelessness
- Vulnerable people with a history of homelessness or inadequate housing more able to secure and sustain stable, independent housing
- People able to live in their own accommodation as long as they wish as an alternative to more institutional or less independent living options **such as residential or nursing care**
- A reduction in crime and anti-social behaviour among specific groups
- An increase in community cohesion
- A reduction in social exclusion and greater levels of community involvement by currently excluded groups **as well as use of the Programme for cross generational work within service user groups**
- A natural result of the interventions of the programme should be access to education, training and employment **(including voluntary work as conduit to employment)**, with providers and the programme having a clear leadership role in delivering this
- An expectation that service users will work with and support each other to make a successful transition from supported living to independence

**The Supporting People Programme in Kent endorses and will continue to adhere to the Communities and Local Government Department outcomes framework. The overarching outcome is supporting and enabling independence and this includes the following five outcome domains:-**

- **Achieve economic well being**
- **Enjoy and achieve**
- **Be healthy**
- **Stay safe**
- **Make a positive contribution**

**Many of the outcomes are not within the sole gift of the Supporting People Programme and can only be achieved by working in partnership with the stakeholders within the Programme.**

**Diversity**

Services will be commissioned that address the needs of socially excluded groups, particularly in areas of high deprivation, whose needs are not met by current support

provision and apply principles of equal opportunities and fair access. This will enhance diversity and social inclusion in local communities. Socially excluded groups include not only groups such as Minority Ethnic populations and gypsies and travellers, but also **lesbian, gay, bisexual and transgender people. Non-heterosexual sexual orientation compounds other vulnerability factors in terms of isolation, discrimination and difference/inadequacy of treatment.**

The Programme will promote good practice in making services available for all and will monitor that services address equality issues and do not discriminate against minority groups.

### **Safeguarding**

**The safeguarding of vulnerable adults and children is a primary objective of the Programme. This is achieved via contractual requirements relating to providers, the monitoring and reviewing of services, the involvement of service users within the Programme and participation in safeguarding protocols and processes across the key stakeholders.**



## 4. The Strategic Objectives

The strategic objectives for the period 2010-2015 are:-

<b>Objective 1</b>	To target resources on clearly evidenced housing related support needs of vulnerable people living in Kent's communities that prioritise service delivery for those most in need ensuring that Supporting People funded support meets the criteria set out in the Kent eligibility policy.
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### How:

- De-commission services that are not strategically relevant (e.g. they are not proportionate to the needs within that area)
- Preference is given to the people who have a local connection within Kent
- Limit the maximum number of hours of delivery within long-term supported housing (Sheltered housing is already limited to a weekly cost per service user per week) **to 10 hours per service user per week**
- **With the exception of people in sheltered accommodation, challenge** the assumption that **all** people in long-term supported housing will remain there for the rest of their lives.
- Limit the provision of floating support services to one year (but with a potential to extend **up to a maximum of two years** on a case by case basis)
- Review the eligibility criteria
- Disinvest from services that continually accept out of area referrals without a valid justification for doing so e.g. specialist client groups or reciprocal agreements between neighbouring authorities
- **To try and ensure that as many people in private rented, social rented and owner occupied properties have access to generic/specialist floating support services including older people with housing related support needs.**
- Balancing a potentially decreasing budget and ensuring that resources and funding streams are maximised to deliver services

<b>Objective 2</b>	To commission services that enable partner agencies to deliver their priorities, contribute to achieving targets prioritised by the Local Area Agreement and use resources and funding available across the key strategies to deliver better outcomes for service users and partners, in particular the enhancement of social capital and reduction in social inequality through the promotion of social and economic inclusion.
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### How

- Retain the Commissioning Body, Core Strategy Development Group, Inclusive Forums, and Executive Board of providers, and Service User Panel
- Jointly commissioning services
- Link the Eligibility Criteria more closely to Outcomes
- Remodel where possible all shared housing within the Programme **in a partnership approach with providers**, and to only commission self-contained **short term** supported accommodation **in the future**
- Commission a range of services in a transparent way that address defined service priorities and prioritise the needs of the vulnerable people of Kent **of**

all age groups but ensuring that there is a balance in provision that meets the needs of 21 client groups

<b>Objective 3</b>	To generate additional income to reduce the reliance on the Programme
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#### How

- Consider and develop the opportunities for charging for the services provided by the Home Improvement Agencies and the handy person services.
- Negotiate with providers where appropriate to seek housing benefit to fund concierge services where the vulnerability of the client group dictates additional safety and security requirements
- Actively seek joint funding of services from key stakeholders including Health, Housing, Probation and Social Care as well as considering other options
- Require Home Improvement Agencies to charge for handy person services on a means tested basis

<b>Objective 4</b>	To deliver services that are efficient and demonstrate value for money, operate to best value principles, and achieve locally and nationally defined quality standards, and challenge services that underperform.
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#### How

- All floating support services will be re-tendered/reviewed on the basis of strategic relevance
  - Floating support will be provided for two/three hours depending on client group
  - Floating support for rough sleepers will be retained
  - Outreach services will be strategically reviewed
  - Services that under-perform will be re-tendered or de-commissioned.
  - Withdraw specialist floating support services for the following client groups
    - Older people where the level of investment is not strategically relevant and limits the ability to invest in services for other client groups in need
    - People with learning disabilities
    - People with physical or sensory disabilities
    - People living with HIV/Aids
- Floating support for teenage parents will be amalgamated within floating support for young people at risk.

The Programme will invest in these client groups via other specialist and generic floating support provision.

<b>Objective 5</b>	To improve fair access and diversity to existing services and ensure that services are flexible and accessible to the wider local communities.
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#### How

- Review the reconnection policy and its success in reducing pressure on specific districts and boroughs

- Prevent restrictive practices in relation to access to services
- **Strategically review access to short term supported accommodation and determine whether or not there should be a centralised referral mechanism for these services**
- **Publicise the Programme widely in order to maintain its profile and distributing information about access to the Programme as widely as possible**

<b><u>Objective 6</u></b>	To ensure that vulnerable people do not become dependent on support and that they can maximise their independence by moving on to independent living in a timely fashion and capacity building in their communities.
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#### How

- Work with strategic partners to provide move-on accommodation to prevent silting up within short and long-term supported housing
- Work with the National Landlords Association, Joint Policy and Planning Board (Housing) to facilitate access to private accommodation with appropriate support

<b><u>Objective 7</u></b>	Service user involvement and consultation will be at the heart of the programme, as will enabling services users to no longer require the services within the Programme
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#### How

- Providers will be expected to provide opportunities to services users to access training education and employment opportunities including volunteering and direct employment
- Peer support will be encouraged in order to enable service users to be empowered to move on from housing related support and contribute to Kent
- Recognise the skills and expertise of services users both before and after they accessed housing related support services and utilise these to enhance services delivery and Kent's future
- Setting new targets in enabling hard to reach and excluded groups to effectively contribute to the strategic, operational, and performance management of the Programme
- Engage service users in the self-directed support pilot **that is being undertaken in a long term supported accommodation scheme for people with learning disabilities. The pilot will be evaluated by August 2010.**

(See Appendix D for more details on delivering the strategy.)

## 5. Commissioning Priorities

Most people prefer to receive housing-related support in their own accommodation and this strategy will ensure that new services will provide floating support wherever people live.

There remains a need for accommodation-based provision for people who are making the transition from institutional or care settings, or chaotic life styles towards independence. This Strategy recognises the need to continue to provide, a supportive environment within which to develop independent living skills. Such accommodation-based provision will only be developed where it is short-term in nature and self contained and where:-

- Floating support cannot be provided effectively
- Existing accommodation which meets service users' needs is not available
- Service users need an intensive or specialist service that can only be met in an accommodation-based setting

The Strategy will lay the basis on which the programme will move towards a determination on whether or not it should continue to fund services which can be considered to be underwriting statutory responsibilities.

The priorities for new service development are based on analysis of need, consultation with partner agencies and a methodology prioritising risk. (See Appendices B and C for data on current supply and client group summaries containing key statistics from the needs analysis).

The Strategy highlights the **highest** need for services to be for vulnerable people:-

- Who are at high risk of harm to themselves or to the community if services are not provided
- For whom there are relatively few services either in the county as a whole or in particular areas
- Who have few advocates in the form of organisations with statutory responsibilities

### STRATEGIC ACTIONS

The groups for whom the factors exist to the highest extent, and where the needs analysis identified the highest level of need are:-

- Young people at risk, in particular 16 and 17 year olds across the county, including former relevant children and young offenders. To address this need Supporting People will need to:
  - Commission short-term accommodation-based support exclusive to the client group where there are gaps in provision
  - Consider decommissioning poor performing providers and commissioning alternative providers
  - Consider redesigning services for other client groups into services for young people at risk
  - Consider restricting access to services that are designed to meet the needs of 25 year olds plus in order to safeguard vulnerable young people

- Link young people at risk into mediation services in order to try and reconnect them to the family home
- Ensure that all services for young people at risk have access to a concierge service (this is considered to be non-housing related support).
- Consider decommissioning all supported lodgings services **and commission services for young people at risk that are accessible to all and include former relevant children and young offenders**
- People who have serious mental health problems and misuse substances (Dual Diagnosis). To address this need Supporting People will need to:
  - Identify where there is a need for additional resources
  - Consider the decommissioning of some services for people with mental health problems where there is overprovision and redesigning for other client groups
- **People fleeing Domestic Abuse. There have been recent increases in demand leading to long waiting lists for floating support which may put the safety of individuals at risk. To address this need Supporting People will have to:**
  - **Continuously monitor and review trends in referrals for floating support**
  - **Where required, commission additional services**

**There are particular socially excluded groups, where there may be unidentified housing related support need:**

- Gypsies and Travellers and other Minority Ethnic communities, **and lesbian, gays, bisexual and transgender (LGBT)** people across the county. To address this need Supporting People will:
  - Carry out an assessment of housing-related support need **of these groups** that includes **examining** the **potential support** need of eastern European Gypsy communities living in private rented accommodation

The **second highest** need for services for people:-

- Who are at limited risk of harm to themselves or to the community if services are not provided
- For whom there is a reasonable supply of services but there are some gaps in services in particular areas of the county
- Who have some advocates in the form of organisations with statutory responsibilities

## **STRATEGIC ACTIONS**

The client groups for who service improvements required are:-

- Single homeless people (including offenders), rough sleepers and families with support needs (including teenage parents). To address this need Supporting People will need to:

- Consider commissioning additional accommodation-based services for single homeless people where there are gaps in services
  - Target support on families (including teenage parents) at risk of homelessness
  - Develop peer support and other informal support networks in the community to minimise isolation of vulnerable people in the community
- Refocus support for people with physical/sensory disabilities to those living independently in the community. We will consider decommissioning services that are specific to an individual having physical disabilities on the basis that having a physical disability does not give an inherent right to receive housing related support services.
  - Continue supporting people living with HIV/Aids but mainstream support services ensuring that the confidentiality of service users is paramount
  - Ensure that vulnerable refugees given leave to remain have access to support services

The **third highest** need for services to be for people:-

- Who are at minimal risk of harm to themselves or to the community if services are not provided
- For whom there is an adequate supply of services with only minimal gaps in services in particular areas of the county
- Who may be the responsibility of statutory social care services

## **STRATEGIC ACTIONS**

Within this priority setting, the aims are:-

- Extending choice for older people
  - More effective targeting of older people in need of support, both in sheltered accommodation and those living in the community
  - Strategically targeted funding of older people's services according to population figures, indices of deprivation and relevant priority to other service user groups and resources available
  - Seek more consistent service models for Home Improvement Agencies and handyman services
  - Carry out a strategic review of Home Improvement Agencies and handyperson services which will define desired outcome and the role and scope of agencies as social enterprises as well as
  - Existing housing related support in extra care sheltered housing will be funded on the same basis as sheltered accommodation and additional services will only be funded on the basis of prioritised need and subject to the growth bid process
  - Develop peer support and other informal support networks in the community to minimise isolation of vulnerable people in the community
- Contribute to implementing Valuing People for people with a learning disability

- Focus resources on enabling individuals to access independent living in the community, with emphasis on time-limited objectives and practical interventions to sustain people's independence.
  - More targeted support on those individuals currently not in receipt of significant care packages (individuals with mild to moderate learning disabilities)
  - Develop peer support and other informal support networks in the community to minimise isolation of vulnerable people in the community
- People with mental health problems
    - Focus resources on enabling individuals to access independent living in the community, with emphasis on time-limited objectives and practical interventions to sustain people's independence.
    - Improve support for this client group and carry out a strategic review of supported housing for this client group to consider the establishment of pathways through the different levels and types of service intervention

### **5.1 Overall Direction of Travel**

The Supporting People programme will focus on ensuring that the services funded are clearly defined as housing-related support meet the intended outcomes of maximising independence and are explicitly linked into the priority targets of the Local Area Agreement. Eligibility criteria for housing-related services will be reviewed and explicitly define high, medium and low support levels as well as be explicitly linked to required outcomes.

The Programme will prioritise services that focus on prevention and help people to stay in their own accommodation. More emphasis will be placed on assisting service users to link to social and economic resources in the community as a route to greater independence. This will require planning with service users for the long-term. We will work with service providers to ensure that they become more effective in delivering this support.

Whilst floating support is the most flexible way to support vulnerable people, there remains a clear place for accommodation-based services, for example in crisis situations. However, over the next years the Supporting People Programme will prioritise short-term supported housing.

It is vital for service users to move on to independent living when they are ready, to prevent them becoming dependent on support and institutionalised the programme will address and promote measures that monitor timely move on.

Where services for older people with support needs, people with learning disabilities, people with mental health problems and people with physical/sensory disabilities are concerned, services should be focused on prevention and working with those who do not currently have significant care packages in place. There will be more emphasis on time-limited objectives and practical interventions such as those delivered by Home Improvement Agencies / handyman services to sustain independence.

Any new investment in services will at least in part have to be funded by savings generated through decommissioning of services that are not strategically relevant or where performance has been poor, access restricted or where there is a lack of aspiration for service users to become independent.

The programme will promote and develop a shift towards more joint commissioning opportunities with agencies sharing targets and objectives.

The Programme will take account of the need to divert investment away from Margate Central and Cliftonville West in order to enable these two areas to reduce the residualisation that exists within those communities.

## **5.2 Measuring effectiveness**

The effectiveness of the Supporting People Strategy meeting the objectives will be measured by the extent to which there is:-

- Clear understanding and demonstration of the contribution that housing-related support services can make to locally set priorities within local strategic partnerships and the Kent Partnership
- Effective targeting of services on identified priority needs
- Improved throughput through short-term services
- Delivery of effective outcomes in line with locally set priorities
- Services provide good value for money and service quality continues to improve
- Joint commissioning and funding of services, including funding aligned through the Local Area Agreement

This strategy is supported by the Commissioning Plan/Framework providing a detailed exposition on individual services, and their future.

## **5.3 Budget**

The Kent Supporting People Programme has an allocated grant of £32 million but currently spends just under £35 million in 2009. The same amount will be spent in 2010. This is funded out of a previous underspend. However, in 2011/12 grant funding may drop to £28 million.

Therefore the strategy needs to determine priorities and which services will be decommissioned once the Programme has no further underspend to commit from previous years of saving to cushion the potential blow.



## **6. Conclusion**

The Supporting People Programme will be working with key stakeholders, providers and service users to deliver this strategy.

The implementation of the strategy will involve tendering, decommissioning and in some cases recommissioning services. There will also be a need to consider whether or not there should be a strategic withdrawal from accommodation-based service provision in Cliftonville West and Margate Central.

The strategy is complemented by a commissioning framework which will provide detailed analysis of the services that the Programme currently funds and an evaluation of their strategic relevance in relation to needs, performance and outcomes.

## **APPENDIX A**

### **1. Strategic Contexts**

#### **1.1 Kent Community Strategy – Vision for Kent 2006-2026**

Vision for Kent provides a context for the contribution of the Supporting People programme on Kent's wider aims and cross-cutting objectives and is delivered by the Kent Partnership. Supporting People is one of many partnerships working and coming together under the Kent Partnership. The Supporting People partnership's work relates to the pledge contained within Kent's community strategy to making Kent a place "*where housing needs are met and decent, high quality homes help create attractive, safe and friendly communities*"<sup>3</sup>.

Supporting People services contribute to particular key themes:-

- People leading healthier lives and enjoying high quality services that meet their needs for health, care and wellbeing
- Communities being stronger, safer and confident in the face of change
- Housing needs are met and decent, high quality homes help create attractive, safe and friendly communities

#### **1.2 Local Area Agreement (LAA) and the Local Public Service Agreement 2**

The agreement brings Kent Partners together to work for the people of the county with the aim of increasing independence and raising personal fulfilment, and acts as a vehicle for taking forward the ambitions contained in the vision for Kent. It includes key targets agreed jointly between the Kent Partners and government and encourages agencies to pool resources to achieve the targets. The targets are designed to be challenging but achievable, and they reflect a move towards preventing problems rather than simply tackling them at a later stage.

The Kent Local Area Agreement for 2008-11 includes as one of its many targets National Indicator 141 which specifically covers the impact of the Supporting People programme by measuring people moving in a planned way from short-term accommodation-based services to independence.

However, Supporting People through supporting particular client groups to maintain stable accommodation and linking them to other services also contributes to other LAA targets including:-

- Reducing the number of 16 to 18 year olds in Kent who are not engaged in Education, Employment and Training
- Reduce rate of Hospital Admissions per 100,000 for Alcohol Related Harm-improve access to treatment and as a consequence reduce alcohol consumption which will lead to reductions in alcohol related crime and alcohol related illness.
- Increase number of drug users recorded as being in effective treatment
- Reduce the number of first time entrants to the youth justice system in Kent (young people aged 10-17) - promoting the welfare of children and young people with the express objectives of reducing the risk of them offending

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<sup>3</sup> KCC, 2006, Vision for Kent 2006-2026

- Domestic abuse—Reduce Repeat Victimisation within MARAC (Multi Agency Risk Assessment Conference).

**Other national targets the programme contributes to include:-**

- **N 116 Proportion of children in poverty**
- **N 124 People with a long term condition supported to live independently**
- **N 127 Health life expectancy at age 65**
- **N 187 Fuel poverty**
- **N 152 Working age people on out of work benefits**
- **Delivering PSA16**

### **1.3 Area Based Grant**

Nationally, as from April 2010 the Supporting People grant will be included within the local area based grant which is likely to remove existing grant conditions.

Local authorities are free to use the totality of their non-ring fenced funding as they see fit to support the delivery of their local, regional and national priorities in their areas.

This presents a major risk in that the focus on housing related support might become diluted unless Supporting People Programme can evidence its contribution to the wider targets of the Kent Partnership.

### **1.4 The National Supporting People Strategy <sup>4</sup>**

The national strategy focuses on four key areas:

- Keeping service users at the heart of the programme and local delivery including user focussed models of support informed by best practice, developing a Service User Charter for Independent Living, and enhancing service user choice and control by learning from individual budget pilots and other choice led funding mechanisms.
- Building on partnerships with the third sector (Voluntary Organisations) through compliance with the Third Sector Compact, and adherence to full cost recovery principles, as well as further develop capacity building to support and encourage smaller providers.
- Delivering effectively in the new local government landscapes through the new performance framework set out in the Local Government white paper which envisages that Supporting People will be delivered through the new area based grant by April 2009.
- Working towards optimising efficiency and less bureaucracy and tackling unmet need

### **1.5 Other key local and national strategies**

Other key local and national strategies include:-

- Building Better Lives (Audit Commission, 2009) – targeting spending on existing housing stock to make communities more sustainable, through measures such as improving public health, tackle empty homes

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<sup>4</sup> CLG, 2007, 'Independence and Opportunity'

- Sustainable Communities: Settled Homes: Changing Lives (CLG, 2005)
- National Reducing Reoffending Delivery Plan (home office, 2004)
- Our Health, Our Care, Our Say (Department of Health, 2006) – key objectives include greater use of direct payments and individualised budgets, improving access to services and increase integration of services; more preventative services
- National Drug and Alcohol Strategies
- Kent Children's and Young People Plan (2008-11)
- District and Borough Homelessness Strategies, Housing Strategies and Crime Reduction Strategies
- Community Safety Plan
- Kent & Medway Domestic Violence Strategy
- **Kent Strategy for Later Life**
- Single Conversation (Homes and Communities, 2009) – place based approach that delivers local authorities' vision and ambitions through partnership working and a single investment framework agreement. Recommendations under the framework include:
  - Councils with housing responsibilities to work with partners to gather information about housing needs and markets and using the information to look at trends in supply and demand for market areas beyond the local authority administrative boundary
  - Councils with housing responsibilities to work with partners to review and develop joint working arrangements between councils especially neighbouring districts
  - County councils in two tier areas should create effective partnerships with their districts, building on the good examples from the Supporting People Programme, use their well-being powers to assist in achieving strategic housing objectives in their LAAs and review their land holdings to assess the potential for releasing land for new and affordable housing.

A Kent Housing Strategy is currently being developed.

## **1.6 Benefits of Supporting People**

Two recent reports outline the benefits of Supporting People:

A recent piece of research commissioned by CLG demonstrated the financial benefits of Supporting People in that its services save money that would otherwise have to be committed from other budgets.

The research published in 2008 by Cap Gemini<sup>5</sup> examined particular client groups and compared the cost of a Supporting People package with support using the most appropriate alternatives. The findings suggested that for each £1 invested by Supporting People, there is a net saving of 75p. A removal of Supporting People services would lead to increased costs in the areas of health service, homelessness, tenancy failure, crime and residential care packages.

The research also identified non-financial benefits of Supporting People services which included:-:

- Improved health and quality of life for individuals

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<sup>5</sup> Cap Gemini, 2008, Research into the Financial Benefits of the Supporting People Programme

- Increased participation in communities
- Greater access to appropriate services
- Improved educational outcomes for children
- Reduced anti-social behaviours

An **Audit Commission report** dated July 2009<sup>6</sup> clearly highlights the value of the Supporting People Programme and what has been achieved since the last report four years ago.

The report states that overall improvements achieved 2005-09 include more targeting of provision on identified need, service quality, and value for money and the active involvement of service users in the Programme.

The report also identified some new and on-going challenges that need to be addressed and which include:-:

- Moving to expand choice and personalisation to meet the aspirations of service users
- Increased profile of safeguarding issues for adults and children
- Changes to regulatory frameworks with the advent of Local Area Agreements and Comprehensive Area Assessments
- Supporting People being integrated into Area Based Grant
- Keeping needs data up to date and linking it to Joint Strategic Needs Assessment arrangements
- Sustaining and improving partnership working

There are particular successes that are germane to the Programme which need to be built upon, in particular:-

- The balance of local provision of housing related support compared to identified local need
- The potential usage of rent deposit schemes and the additional provision of floating support to create more opportunity to move people into suitable private rented accommodation
- The usage of the outcomes framework to inform service development and the commissioning of new services and within Kent to determine future investment in services

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<sup>6</sup> Audit Commission, 2009, Supporting People Programme 2005-2009

## APPENDIX B

### 1. Current Supply

#### 1.1 Distribution of Supporting People grant and units by primary client group, as at 9.11.2009

Client Group	Unit Nos.	% Of Units	% Of Grant	Total Cost £ 09/010*
Frail Elderly	189	0.65%	1.08%	£369,688
Generic	1184	4.08%	7.61%	£2,597,948
Homeless Families with Support Needs	215	0.74%	3.06%	£1,045,101
Offenders or People at Risk of Offending	159	0.55%	3.05%	£1,040,070
Older Persons with Support Needs	24203**	83.42%	25.84%	£8,826,920
People with a Physical or Sensory disability	180	0.62%	1.37%	£467,782
People with Alcohol Problems	68	0.23%	0.68%	£233,550
People with Drug Problems***	132	0.45%	1.52%	£518,140
People Living with HIV/Aids	20	0.07%	0.18%	£61,692
People with Learning Disabilities	464	1.60%	13.97%	£4,769,920
People with Mental Health Problems	731	2.52%	12.89%	£4,402,977
Rough Sleeper	75	0.26%	0.76%	£261,263
Single Homeless with Support Needs	479	1.65%	9.68%	£3,307,238
Teenage Parents	161	0.55%	2.18%	£746,255
Those at risk of Domestic Abuse	283	0.98%	6.19%	£2,113,332
Young People at Risk	389	1.34%	7.48%	£2,555,923
Young People Leaving Care	77	0.27%	2.41%	£821,495
Gypsies and Travellers	4	0.01%	0.05%	£15,391
<b>TOTAL</b>	<b>29013</b>	<b>100%</b>	<b>100%</b>	<b>£34,154,694</b>

\*Figures for cost have been rounded up

\*\* This includes services provided by Home Improvement Agencies and Community Alarms

\*\*\*This includes Floating Support for people who misuse drugs or alcohol

## 1.2 Units and cost by client group by district, as at 9.11.2009

### Single Homeless

	Short-term Accommodation based Units	Cost 09/10*	Short-term Floating Support units	Cost 09/10*
Ashford	11	£98,100		
Canterbury	118	£942,354		
Dartford	52	£151,652		
Dover	24	£371,649		
Gravesham	6	£55,685		
East Kent			68	£161,746
Maidstone	42	£366,969		
Swale	84	£471,962		
Thanet	4	£52,056		
T & M	13	£66,314		
T'Wells	54**	£561,502		
West Kent	3	£7243		
<b>TOTAL</b>	<b>411</b>	<b>£3,145,491</b>	<b>68</b>	<b>£161,746</b>

\* Figures on cost have been rounded up \*\* some units shared between T'Wells, T&M and Sevenoaks

### Generic Provision

	Short-term Floating Support Service	Cost 09/10*
Ashford		
Canterbury	58	£146,627
Dartford	6	£13,689
Dover	18	£37,184
East Kent	291	£605,268
Gravesham	44	£91,789
Kent	75	£190,519
Maidstone	96	£226,946
Sevenoaks	55	£117,002
Shepway		
Swale	128	£303,166
Thanet	32	£73,579
T&M	86	£164,833
T'Wells	72	£150,388
West Kent	223	£476,952
<b>TOTAL</b>	<b>1184</b>	<b>£2,597,948</b>

\*Figures on cost have been rounded up

### Families with Support Needs

	Short-term accommodation-based services	Cost 09/10*	Short-term Floating Support Service	Cost 09/10*
East Kent			70	£238,696
Sevenoaks			18	£43,322
Swale	14	£136,650		
Thanet	20	£211,962		
T'Wells	17	£165,883		
T&M	6	£9,888		
West Kent			70	£238,696
<b>TOTAL</b>	<b>57</b>	<b>£524,385</b>	<b>158</b>	<b>£520,715</b>

\* Figures on cost have been rounded up

### Rough Sleepers

	Short-term accommodation-based services	Cost 09/10**	Short-term Floating Support Service	Cost 09/10**
Canterbury	1	£8,926.32		
East Kent			37	£126,168
West Kent			37	£126,168
<b>TOTAL</b>	<b>1</b>	<b>£8,926.32</b>	<b>74</b>	<b>£252,336</b>

\* Figures on cost have been rounded down

### People with Mental Health Problems

	Long-term accommodation-based units	Cost 09/10*	Short-term accommodation-based units	Cost 09/10*	Short-term Floating Support units	Cost 09/10*
Ashford	10	£53,912			33	£93,636
Canterbury	6	£57,342	10	£120,571	11	£31,440
Dartford	30**	£167,206	8	£51,045		
Dover			7	£79,558	41	£126,468
East Kent					121	£352,961
Gravesham			10	£73,562		
Kent			17	£262,862	85	£266,445
Maidstone	12	£129,015	12	£153,487		
Sevenoaks	13	£119,735	24	£419,869	6	£17,982
Shepway	12	£86,800	18	£229,941	44	£136,750
Swale	4	£23,775	29	£210,729		
Thanet	30	£239,050	6	£62,702		
T&M			6	£104,347		
T' Wells	18	£127,603	7	£42,796		
West Kent	29	£333,653			72	£227,722
<b>TOTAL</b>	<b>164</b>	<b>£1,338,095</b>	<b>154</b>	<b>£1,811,473</b>	<b>413</b>	<b>£1,253,408</b>

\*Figures on cost have been rounded up \*\*Service also includes units in Gravesham

### Young People at Risk

	Short-term accommodation-based units	Cost 09/10*	Short-term Floating support units	Cost 09/10*
Ashford	21	£252,149		
Canterbury	17	£355,853		
Dartford				
East Kent			120	£426,954
Gravesham	18	£172,459		
Maidstone	59	£466,070		
Sevenoaks			6	£17,081
Sevenoaks, T'Wells, T&M			73	£227,117
Shepway				
Swale	52	£378,428		
Thanet	23	£259,811		
<b>TOTAL</b>	<b>190</b>	<b>£1,884,771</b>	<b>199</b>	<b>£671,152</b>

\* Figures on cost have been rounded up

### Young People Leaving Care

	Short-term accommodation-based units	Cost 09/10*
Kent	77	£821,495
<b>TOTAL</b>	<b>77</b>	<b>£821,495</b>



### Teenage Parents

	Short-term accommodation-based units	Cost 09/10*	Short-term Floating Support units	Cost 09/10*
Canterbury	6	£75,369		
Dartford	9	£96,777		
East Kent			88**	£332,442
Gravesham	7	£47,228	18	£72,866
Maidstone			27	£98,572
Swale	6	£22,998		
<b>TOTAL</b>	<b>28</b>	<b>£242,373</b>	<b>133</b>	<b>£503,882</b>

\*Figures on cost have been rounded up \*\*This data covers 3 services delivered by 3 different providers

### Offenders or those at Risk of Offending

	Short-term accommodation based units	Cost 09/10*	Short-term Floating Support units	Cost 09/10*
Dover	16	£165,596		
East Kent			22	£80,284
Gravesham	6	£46,341		
Maidstone	31**	£377,459		
Shepway	4	£28,234		
Swale	8	£50,177		
Thanet	9	£54,013	30	£108,211
T & M	6	£46,341		
West Kent			27	£83,410
<b>TOTAL</b>	<b>80</b>	<b>£768,164</b>	<b>79</b>	<b>£271,906</b>

\* Figures on cost have been rounded up \*\*These units include a scheme for ex-offenders who misuse substances.

### People with Drug Problems

	Short-term accommodation based units	Cost 09/10*	Short-term Floating Support Units	Cost 09/10*
East Kent			58	£164,463
Maidstone	2	£3,847		
Shepway	11	£160,596		
West Kent	15	£59,394	46	£129,837
<b>TOTAL</b>	<b>28</b>	<b>£223,839</b>	<b>104**</b>	<b>£294,301</b>

\* Figures on cost have been rounded up \*\*Service also delivers support to people misusing alcohol

### People with Alcohol Problems

	Short-term accommodation based units	Cost 09/10*	Short-term Floating Support Units	Cost 09/10*
Canterbury	18	£97,856		
West Kent			50	£135,694
<b>TOTAL</b>	<b>18</b>	<b>£97,856</b>	<b>50</b>	<b>£135,694</b>

\*Figures on cost have been rounded down

### People Fleeing Domestic Abuse

	Short-term accommodation based units	Cost 09/10*	Short-term Floating Support units	Cost 09/10*
Dover			14	£43,250
East Kent			78	£250,411
Kent	91**	£1,528,310		
Sevenoaks, T'Wells, T&M			45	£122,124
West Kent			55	£169,235
<b>TOTAL</b>	<b>91</b>	<b>£1,528,310</b>	<b>192</b>	<b>£585,021</b>

\*Figures on cost have been rounded up

\*\*Kent accommodation incorporates refuges in all districts with the exception of T&M and Sevenoaks

### People with Learning Disabilities

	Long-term accommodation based units	Cost 09/10*	Short-term accommodation based units	Cost 09/10*	Short-term Floating Support units	Cost 09/10*
Ashford	18	£90,251			11	£22,000
Canterbury	9	£83,379				
Dartford	26	£180,843				
Dartford and Gravesham					36	£70,088
Dover	12	£168,268			12	£24,476
Gravesham	5	£73,908				
Kent	49	£245,649				
Maidstone	53	£970,572	5	£81,983		
Sevenoaks	12	£166,282				
Shepway	57	£617,112			8	£15,917
Swale	23	£252,420	6	£99,639		
Thanet	54	£679,529				
T & M	18	£223,436				
T Wells	36	£526,588				
West Kent	14	£177,560				
<b>TOTAL</b>	<b>386</b>	<b>£4,455,803</b>	<b>11</b>	<b>£181,623</b>	<b>67</b>	<b>£132,483</b>

\* Figures on cost have been rounded up \*\*service delivered across Dartford and Gravesham

### People with Physical and/or Sensory Disabilities

	Long-term accommodation based units	Cost 09/10*	Short-term Accommodation based units	Cost 09/10	Short-term floating support units	Cost 09/10	Community Alarms	Cost 09/10
Ashford	8	£58,813						
Dartford			8	£90,223				
Gravesham	18	£10,276						
Kent	8	£4,630			36	£98,698	30	£5,427
Swale	8	£33,082						
Thanet	3	£52,611						
T&M	53	£83,648						
TWells	8	£30,369						
<b>TOTAL</b>	<b>106</b>	<b>£273,433</b>	<b>8</b>	<b>£90,223</b>	<b>36</b>	<b>£98,698</b>	<b>30</b>	<b>£5,427</b>

\*\* Figures on cost have been rounded up

### Older Persons with Support Needs

	Long-term accommodation based units	Cost 09/10*	Short-term floating support units	Cost 09/10*	Home Improvement Agency units	Cost 09/10*
Ashford	452	£288,463			200	£109,057
Canterbury	452	£241,328	25	£52,843	800	£109,057
Dartford	526	£333,395				
Dartford and Gravesham					200	£218,114
Dover	357	£227,835			200	£109,057
East Kent	17	£9,076				
Gravesham	478	£253,321			200	£109,057
Kent	1187	£555,553	141	£304,215		
Maidstone	989	£631,173	493**	£301,383	300	£109,057
Sevenoaks	732	£703,844				
Shepway	547	£345,650			300	£109,057
Swale			320	£408,443	400	£109,057
Thanet	265	£154,782			220	£109,057
T & M	232	£148,060	1449	£1,318,362	178	£109,057
TWells	568	£322,700				
West Kent					440	£218,114
<b>TOTAL</b>	<b>6802</b>	<b>£4,215,187</b>	<b>2428</b>	<b>£2,385,249</b>	<b>3238</b>	<b>£1,308,689</b>

**Cont.**

	<b>Community Alarms</b>	<b>Cost 09/10*</b>
Ashford	1172	£91,662
Canterbury	1177	£92,053
Dartford	526	£41,138
Dartford and Gravesham		
Dover	1092	£85,405
East Kent	17	£1,329
Gravesham	1092	£85,405
Kent	1348	£105,427
Maidstone	1280	£100,108
Sevenoaks	772	60378
Shepway	877	£68,590
Swale	1252	£97,918
Thanet	297	£23,228
T & M	247	£19,317
T*Wells	586	£45,831
West Kent		
<b>TOTAL</b>	<b>11735</b>	<b>£917,794</b>

\* Figures on cost have been rounded up \*\* **Service include both short and long term floating support**

**Frail Elderly**

	<b>Long-term accommodation based units</b>	<b>Cost 09/10*</b>
Canterbury	163	£327,121
Thanet	26	£42,567
<b>TOTAL</b>	<b>189</b>	<b>£369,688</b>

\*Figures on cost have been rounded down

**People Living with HIV/Aids**

	<b>Short-term Floating Support units</b>	<b>Cost 09/10*</b>
Kent	20	£61,692
<b>TOTAL</b>	<b>20</b>	<b>£61,692</b>

\* Figures on cost have been rounded down

**Travellers and Gypsies**

	<b>Short-term accommodation based units</b>	<b>Cost 09/10*</b>
Sevenoaks	4	£15,391
<b>TOTAL</b>	<b>4</b>	<b>£15,391</b>

\* Figures on cost have been rounded down

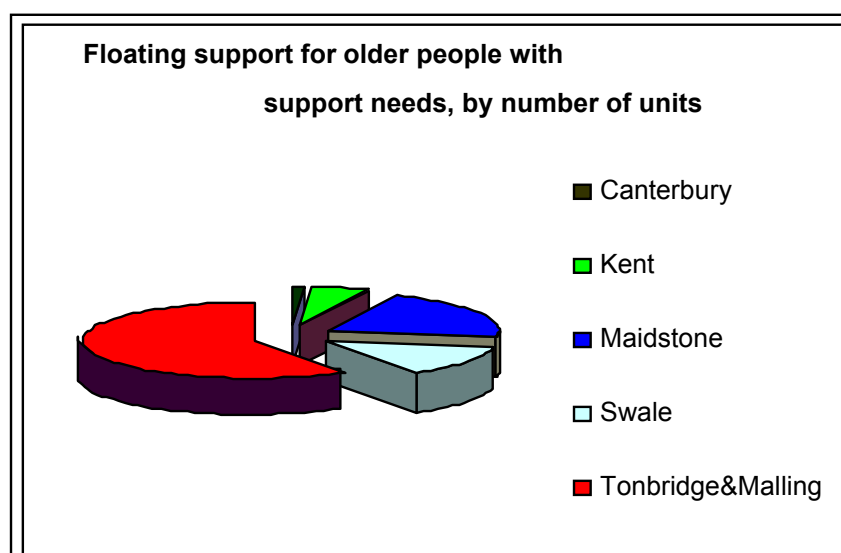
**1.3 Data highlights**

- More than half of grant is spent on what might be termed ‘traditional’ client groups such as older people with support needs, people with learning disabilities, people with mental health problems and people with physical/sensory disabilities.
- Services to older people with support needs (which include Home Improvement Agencies) represent a total spend of 25% of the grant and 83% of all units of provision is 83%.

- Whilst people with learning disabilities receive the second highest amount of Supporting People grant they only deliver 1.6% of the total units. It might be inferred that this reflects most service users' need for more intensive support.
- Client groups with relatively minimal client group-specific provision are people misusing alcohol and/or drugs, offenders, homeless families with support needs and gypsies and travellers.
- Client groups such as older people with mental health problems or mentally disordered offenders and refugees are served within existing mainstream provision but their housing-related support needs continue to be monitored and evaluated.

Most of the services currently funded by Supporting People are legacy services and client groups-specific services are not equally distributed across districts/boroughs according to identified need. With regard to accommodation-based services this means that in some districts service users have to move across boundaries to access services.

The unequal distribution of resources is best demonstrated by the geographic spread of floating support services for older people:



## 2. Types of services

Overall, as proportions against total numbers of provision and grant the Programme delivers the following types of services:

%	Units	Funding
<b>Accommodation based</b>	30.24%	63.96%
<b>Community Alarm</b>	40.43%	2.67%
<b>Floating Support</b>	18.21%	29.60%
<b>Home Improvement Agency</b>	11.13%	3.78%

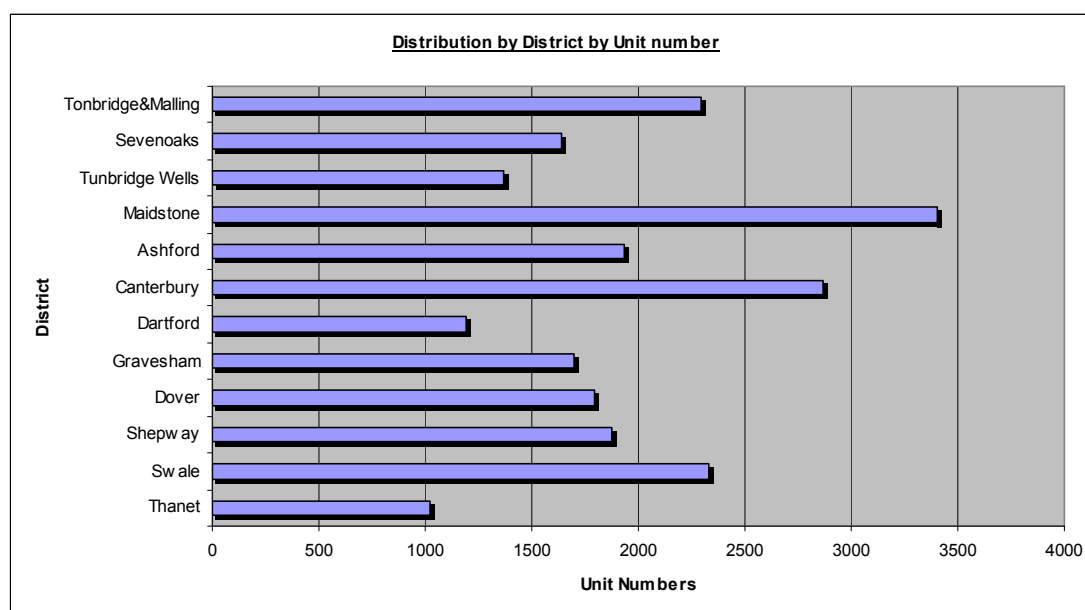
### 3. Distribution of grant and units by district/borough

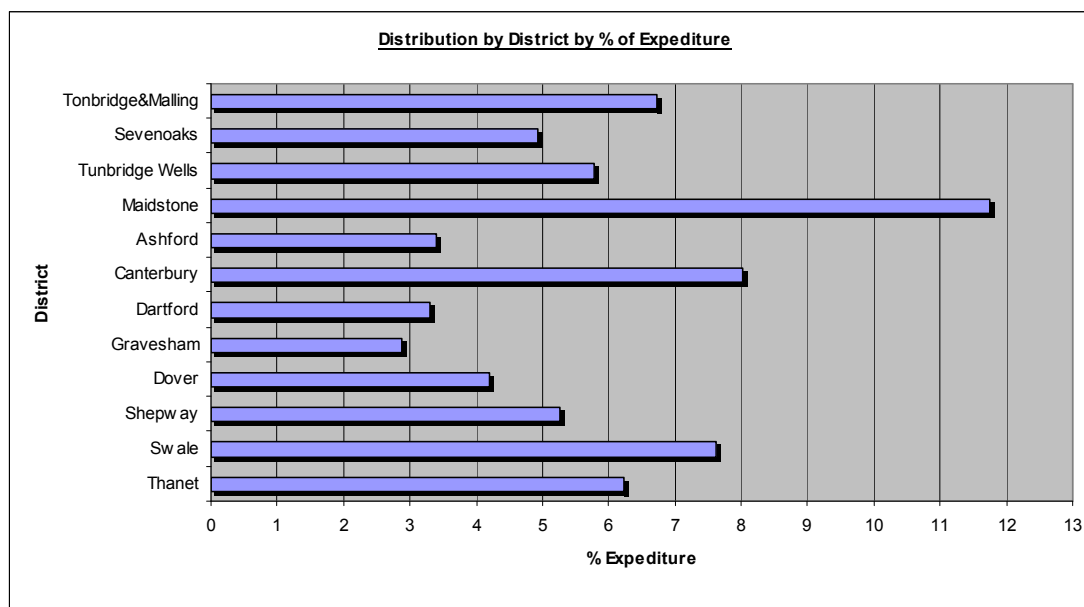
With the exception of Swale, proportions of Supporting People grant spent by district/ borough do not reflect deprivation levels and hence, potential need:

Indices of deprivation x/354	District	Unit No.	Cost 09/10*	% of Total Expenditure
85	Thanet	1019	£2,123,164	6.22%
130	Swale	2334	£2,598,452	7.61%
131	Shepway	1878	£1,798,651	5.27%
154	Dover	1793	£1,438,750	4.21%
158	Gravesham	1702	£982,844	2.88%
170	Dartford	1191	£1,125,972	3.30%
190	Canterbury	2871	£2,742,126	8.03%
233	Ashford	1936	£1,158,047	3.39%
270	Maidstone	3401	£4,016,649	11.76%
283	Tunbridge Wells	1366	£1,973,664	5.78%
303	Sevenoaks	1642	£1,680,898	4.92%
304	Tonbridge&Malling	2294	£2,293,609	6.72%
-	Sevenoaks, Tonbridge&Malling	45	£122,124	0.36%
	Sevenoaks, T&M and T'Wells	73	£227,117	0.66%
-	County	3164	£4,450,928	13.03%
-	East Kent	987	£2,749,803	8.05%
-	Dartford & Gravesham	200	£218,114	0.64%
-	West Kent	1081	£2,383,685	6.98%
	<b>Grand Total</b>	<b>29,013</b>	<b>£34,154,694</b>	<b>100.00%</b>

\*Figures for cost have been rounded up

Overall distribution of grant spent and unit numbers reflects overall deprivation levels to only a limited extent. The following charts demonstrate unequal distribution, with districts being grouped in ascending order of indices of deprivation:





### 3.1 Data highlights

- Services in Maidstone receive the highest proportion of grant expenditure as well as unit numbers. This reflects to some extent a concentration of (high cost) services to people with learning disabilities.
- Grant spend in Canterbury and Swale reflects high concentration of services in larger urban areas.
- Grant expenditure in Maidstone, Canterbury and Swale correlates with the areas delivering most units of provision.
- Another district providing high unit numbers and having the fourth highest grant spent is Tonbridge & Malling: here the vast majority of services are provided to older people with support needs.
- When comparing grant spend with deprivation levels, some of the most deprived districts in Kent (Thanet, Dover, Shepway, Dartford and Gravesham) have less grant monies spent than some of the more affluent districts.

### 4. Distribution of services for older people by population estimates

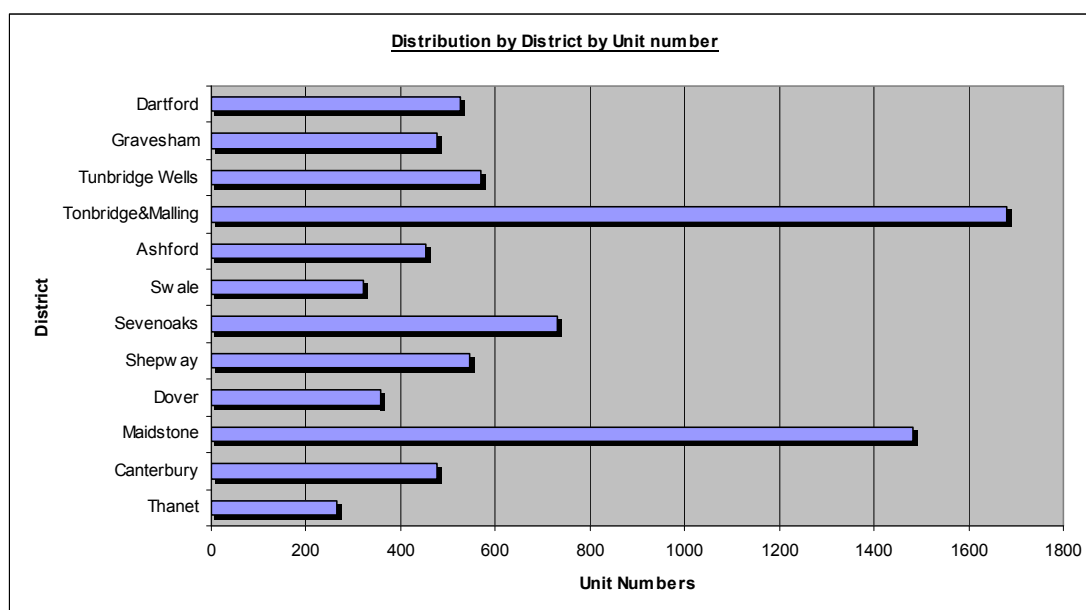
Where services for older people are concerned, current distribution of unit numbers does not reflect population size.

Using mid-2007 population estimates, and excluding Home Improvement Agencies and Community Alarms, the following table shows that the district with the highest estimated population aged 65+ has the least provision of client-group specific services funded by Supporting People:

Indices of deprivation x/354	District	Unit No.	Population Aged 65+*
85	Thanet	265	31,600
130	Swale	320	22,800
131	Shepway	547	23,400
154	Dover	357	23,800
158	Gravesham	478	17,300
170	Dartford	526	14,600
190	Canterbury	477	31,000
233	Ashford	452	20,700
270	Maidstone	1482	26,700
283	Tunbridge Wells	568	20,200
303	Sevenoaks	732	23,100
304	Tonbridge&Malling	1681	20,700

\* Mid-2007 estimates

The chart below illustrates the data further, with districts in ascending order of numbers of populations aged 65+ (Thanet having the highest numbers of older people aged 65+ and Dartford the lowest):



## APPENDIX C

### Needs Analysis - Client Group Summaries

#### 1. Single homeless

##### Key statistics

- According to Client Records 2008-09, 1,092 new clients identified as 'single homeless' accessed services. A third slept rough immediately prior to entering the service and 15% 'sofa surfed'.
- According to Client Records 2008-09 and excluding those refusing to disclose their ethnicity, 8% of new clients in this client group were identified as belonging to Minority Ethnic groups.
- Many homeless people have multiple needs such as alcohol or/and drug problems and/or mental health problems.
- Whilst statutory acceptances shows a steady reduction in overall homelessness acceptances in Kent in 2008–09 districts/boroughs received 1,778 homeless applications overall (of which 973 were accepted as being owed a duty).
- According to homelessness data, the Kent districts/boroughs prevented or relieved homelessness in 1,620 cases. According to data on temporary accommodation, as at March 2009 71 households were placed in temporary accommodation. It can be assumed that many of the individuals concerned have housing-related support needs that render them at risk of homelessness.
- April 2008-March 2009 the outreach and resettlement service received 939 referrals. Most of the individuals were sofa surfing.

##### Key issues

- Lack of direct access and other schemes for single homeless people, or insufficient provision, in some districts/boroughs. Individuals are forced to leave existing social and other networks to access resources elsewhere.
- Need in some highly deprived areas such as central wards in Margate is most pressing: many vulnerable single homeless people with often very complex needs are inappropriately placed in Bed & Breakfast accommodation.
- Countywide need for improved move-on accommodation from supported housing, particularly for homeless people with mental health problems, young people at risk, people who misuse substances and ex-offenders.

##### Key actions

- Design and implement new accommodation-based resources where there are gaps.
- Increase accommodation-based provision for single homeless people in Thanet, outside of the most deprived areas, and potentially in North Kent.
- Improve throughput in accommodation-based services through the promotion of private rented housing and the use of the Supporting People funded rent deposit scheme.
- Link homeless people to primary health care and support them to manage their physical health better
- Improve outcomes through better linking of individuals to social and economic resources in the community and the establishment of peer support in the community.
- Develop peer support and other informal support networks in the community to minimise isolation of vulnerable people in the community.



- Improve access to services by prioritising the needs of vulnerable people of local communities and Kent. The eligibility and reconnection policies to be revised accordingly.
- Work with service providers to further improve access to services further by establishing the principle that when deciding whether they can work with homeless people should depend on the level of risk they present at the point of referral rather than past history.
- Review the Outreach and Resettlement Service to establish the need (or not) for recommissioning the service beyond 2011
- Consider monitoring the number of people who are still occupying their move-on accommodation one year after moving on from a service.

#### Key measures of success

- An increased number of homeless people able to access support services
- An increased number of people maintain accommodation and avoid eviction<sup>7</sup>
- Revised eligibility criteria and reconnection policy
- An increased number of vulnerable people achieving independent living<sup>8</sup> and accessing training, education and employment work and being linked to social resources in the community<sup>9</sup>
- An increased number of people managing their physical health better<sup>10</sup>
- Development of peer support schemes underpinning independent living in the community

## **2. Rough Sleepers**

#### Key statistics

- Client records April 2008-March 2009 show that out of a total of 3,598 new clients accessing services 495 (14%) slept rough immediately prior to accessing services, including a third of single homeless with support needs, 13% of offenders and nearly 10% of young people at risk. 6% of new clients were identified as belonging to Minority Ethnic groups.
- A snapshot survey of single homeless people carried out in Kent in 2007 found that out of 731 individuals nearly half had slept rough in the preceding year.
- The Outreach and Resettlement Service received 939 referrals April 2008-March 2009: 55% of individuals had slept rough, 59% had convictions, 19% were under Probation or Licence, 40% had mental health problems, 38% had drug problems and another 38% had alcohol problems.

Key issues, actions and key measures for success are the same as for single homeless people.

## **3. Families with support needs and**

## **4. Teenage Parents**

#### Key statistics

- Client records April 2008-March 2009 show that out of a total of 3,598 new clients accessing services 400 of all new clients had dependent children below the age of 18. 100 new clients were identified as 'teenage parents' of

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<sup>7</sup> Outcomes Monitoring Data 4 a (maintain accommodation and avoid eviction)

<sup>8</sup> National Indicator 141

<sup>9</sup> Outcomes Monitoring Data 2 d (establish contact with external services)

<sup>10</sup> Outcomes Monitoring Data 3 a (better manage physical health)

whom 35 were aged 16 and 27. Only 4 new clients were identified as belonging to Minority Ethnic groups.

- Client records April 2008-March 2009 show that a total of 71 new clients where the primary client group was classified as 'homeless families with support needs' gained access to Supporting People services. 7% of new clients identified as families with support needs belonged to Minority Ethnic groups.
- Families accepted as statutorily homeless are mainly young with a majority headed by lone women. Many have problems managing financially and were unemployed and in receipt of benefits.
- Overall, households with dependent children and those containing a pregnant woman make up the bulk of homelessness acceptances. They constituted 63% of a total of 973 acceptances in Kent in April 2008-March 2009.
- In 2008-09, 10% of all homelessness acceptances in Kent came from members of Minority Ethnic groups, which is above mid-2007 estimates of Minority Ethnic populations in Kent. The highest such acceptances were recorded in Dartford, Gravesham and Maidstone. The vast majority of Minority Ethnic acceptances were for homeless families with children.
- Children of teenage mothers are generally at increased risk of poverty, low educational attainment, poor housing and poor health. The highest live birth rates to teenage mothers are recorded in Thanet, Swale and Dover which reflects the districts' standing in the index of deprivation.
- Child poverty as measured by parental income increases the risk of mental health problems in children and young people with 15% of children at the lowest incomes levels experiencing mental health difficulties compared to 5% of children and young people at higher end of income level.
- Other likely vulnerabilities and potential support needs may be indicated with regard to families whose children are subject to Section 47 enquiries: according to data from Department of Children, Schools and Families, in 2007-08 3,395 children subject to such enquiries were referred to Children and Families teams in Kent.

#### Key issues

- Need to maintain support for those at risk of homelessness through flexible tenure neutral services
- Consider incorporating the funding for specialist floating support for teenage parents into generic floating support services covering the east and the west of the county.

#### Key actions

- Improve targeting of families at risk of homelessness through early intervention and provision of flexible and generic floating support services.
- Mainstream floating support for teenage parents
- Improve outcomes through better linking of individuals to social and economic resources in the community and the establishment of peer support in the community.

#### Key measures of success

- An increased number of people maintain accommodation and avoid eviction<sup>11</sup>
- An increased number of families with support needs and teenage parents achieving independent living<sup>12</sup>

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<sup>11</sup> Outcomes Monitoring Data 4 a (maintain accommodation and avoid eviction)

- An increased number of people at risk of homelessness supported in their homes and maintain their independence
- An increased number of individuals helped to access education, training, and employment, and establish independent and healthy lives<sup>13</sup>

## 5. People with mental health problems

### Key statistics

- One in six of the working age population surveyed exhibited symptoms sufficient to warrant a diagnosis of a common mental health problem such as anxiety or depression.
- The accepted prevalence for severe mental illness (generally refers to psychotic or serious affective conditions) is found to be stable across cultures and is found in around .05-1% of the population.
- Research shows that 45% of people with mental health problems face eviction because of problems such as rent arrears or problems repairing or coping with maintaining a home
- Based on the national estimates, between 8% and 15% of people with mental health problems on the caseload of mental health teams in Kent and Medway also present with substance misuse problems.
- Data from the analysis of floating support across Kent April 2008-March 2009 indicates that people with mental health problems were, with 557 referrals, the client group with highest demand for services in all districts/boroughs.
- 8% of clients newly accessing Supporting People services 2008-09 were identified as belonging to Minority Ethnic groups.
- Consultation with service users from Ethnic Minority groups at Rethink Sahayak in March 2007 revealed that there are many people with mental health problems that may cause difficulties with maintaining accommodation. However, cultural barriers stop people from seeking aid. Some of these barriers concern cultural concepts such as 'shame' and 'family honour' as well as language problems. Since the commissioning of a dedicated floating support service for vulnerable people from Minority Ethnic groups in North Kent, referral rates for individuals from such communities have increased.

### Key issues

- Existing accommodation-based services are unable to meet the needs of people with dual diagnosis.
- Distribution of services across the county is uneven, with some districts/boroughs experiencing some oversupply (and correspondingly finding it difficult to fill vacancies) whereas other districts lack resources.
- Time-limited floating support seemingly unable to resolve issues with individuals continuing to be re-referred for support.
- Lack of move on of individuals in some long-term supported accommodation.
- Access to some floating support services is restricted through application of statutory criteria.
- Maintaining a specific floating support service for vulnerable people from Minority Ethnic groups in districts/boroughs where such communities constitute a higher percentage of the total local population than the Kent average.

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<sup>12</sup> National Indicator 141

<sup>13</sup> Outcomes Monitoring Data 2 a, b, and d (Participate in social and economic activities)

### Key actions

- Design and implement accommodation-based services for people with dual diagnosis where there are gaps
- Carry out a strategic review of services for this client group to consider the establishment of pathways through the different levels and types of service intervention.
- Establish more effective move on arrangements through the promotion of private rented housing and the use of the Supporting People-funded rent deposit scheme and linking to floating support services.
- Focus on time limited and practical interventions to sustain people's independence.
- Improve move on rates from long-term supported accommodation.
- Improve outcomes through better linking of individuals to economic resources and long-term social resources in the community and the establishment of peer support in the community.

### Key measures of success

- An increased number of people supported to move on to independent housing<sup>14</sup>
- An increased number of individuals helped to access social and economic resources in the community that can support them in independent living in the long-term<sup>15</sup>.
- Reduction in re-referrals for floating support
- More jointly commissioned services
- Reductions in homelessness due to mental health and in delayed discharge from hospital for people with mental health problems through an increased number of people supported to manage their mental health better<sup>16</sup>
- Increased service efficiency through improving throughput and access
- More targeted approach to service delivery

## **6. Young People at Risk (including former relevant children and young offenders)**

### Key statistics

- A total of 195 new clients where the primary client group was classified as 'young people at risk' gained access to Supporting People services April 2008-March 2009 of which nearly half were aged 16 and 17 and only 59 individuals were in training, education or work. 10% were identified as belonging to Minority Ethnic groups.
- A total of 50 new clients where the primary client group was classified as 'young people leaving care' gained access to Supporting People services 2008-09. None were identified as belonging to a Minority Ethnic group.
- One in five 16-24 year olds experience homelessness at some time in their lives.
- Homeless young people are almost three times more likely to experience mental health problems, which are more likely to be chronic and severe. A third of young homeless people have attempted suicide.
- 95% of homeless young people had committed an offence at some point in their lives and 50% of them linked offences with drug use.

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<sup>14</sup> National Indicator 141

<sup>15</sup> Outcomes Monitoring Data 2 a, b, c and d (Participate in social and economic activities and establish contact with external services)

<sup>16</sup> Outcomes Monitoring Data 3 b (better manage mental health)

- Many young people aged 16 and 17 accepted as statutorily were extremely vulnerable and in need of extensive support. In 2008-09, 114 such individuals and 16 former care leavers aged 18-20 were accepted as being owed a duty in Kent.
- At the end of March 2009, 69 young people aged 16 and 17 were placed in temporary accommodation, including 19 in Bed & Breakfast.
- The outreach and resettlement service dealt with 939 referrals April 2008-March 2009 of which 51 were for young people aged 16 and 17.

#### Key issues

- Many currently funded accommodation-based services cannot meet the needs of young people with complex needs and chaotic life styles.
- Many young people who need support find it difficult to access some accommodation-based services because they do not meet the eligibility criteria of services, for example supported lodgings.
- Many vulnerable young people access services that are designed to meet the needs of older service users
- There is a lack of client-specific services in the areas of most need, e.g. Shepway, Dover and Dartford.

#### Key actions

- Design and implement new accommodation-based services for young people, with a particular focus on areas that currently lack such resources and ensuring they are exclusive to the client group.
- Restrict access to services that are designed to meet the needs of people aged 25 +.
- Develop jointly commissioned services for chaotic young people with high levels of support need.
- Need to review young persons' services to ensure that the balance of provision is right.
- Considering decommissioning supported lodgings services.
- Improve access to existing services and ensure all Supporting People funded services are of good quality.
- More proactive work by providers to help young people to move on to independent accommodation, including private rented accommodation.
- Improve outcomes through better linking of individuals to social and economic resources in the community and the establishment of peer support in the community.

#### Key measures of success

- Reduction in youth homelessness
- End of use of B&B accommodation for 16 and 17 year olds, except in an emergency, by 2010
- More young people at risk accessing support services and an increased number of young people achieving independent living<sup>17</sup>
- An increased number of young people access education, training, and employment, and establish independent and healthy lives<sup>18</sup>
- A reduced numbers of young people misusing substances<sup>19</sup>
- increased number of people supported to manage their mental health better<sup>20</sup>

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<sup>17</sup> National Indicator 141

<sup>18</sup> National Indicator 117 (reducing numbers of young people not in education, employment or training)

<sup>19</sup> National Indicator 115

<sup>20</sup> Outcomes Monitoring Data 3 b (better manage mental health)

## **7. Offenders or those at risk of offending**

### Key statistics

- 261 new clients identified as 'offenders' accessed Supporting People services in April 2008-March 2009. 9% were identified as belonging to Minority Ethnic groups. Only 4 had been accepted as being owed a duty. However, providers considered another 152 as homeless.
- Nationally, up to 55% of prisoners have no stable home to return to.
- A homeless prisoner is twice as likely to re-offend as one with a stable home.
- 90% of prisoners have a mental health problem, substance misuse or both.

### Key issues

- We need to work more closely with probation to ensure offenders are referred in a timely fashion for floating support.

### Key actions

- More proactive work by providers to help offenders to move on to independent accommodation, including private rented accommodation.
- Offenders to be able to access accommodation-based services for single homeless people.
- Improve outcomes through better linking of individuals to social and economic resources in the community and the establishment of peer support in the community.

### Key measures of success

- An increased number of offenders helped to live in stable accommodation and avoid eviction<sup>21</sup>
- A reduced number of offenders re-offending
- An increased number of offenders access education, training, and employment, and establish independent and healthy lives<sup>22</sup>
- A reduced number of offenders people misusing substances<sup>23</sup>

## **8. People with drug problems and 9. People with alcohol problems**

### Key statistics

- Between 0.4% and 1.4% of the population are problem drug users. This indicates that the Kent population aged 18-64 predicted to be dependent on illicit drugs in 2010 is 32,098 of which 9240 are female.
- According to Home Office data 7.4% of the population is alcohol dependant. In Kent, this indicates about 60,000 people aged 15-65. The estimated numbers aged 18-64 predicted to have alcohol dependence in Kent in 2010 are 3,826 individuals of which 440 are females.
- Community Mental Health Teams (CMHTs) typically report that 8-15% of people on their caseload are likely to have mental health and substance abuse (dual diagnosis).
- There is generally a high overlap between both drug and alcohol users and other groups such as those with mental health problems, offenders, rough sleepers and single homeless.

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<sup>21</sup> Outcomes Monitoring Data 4 a (maintain accommodation and avoid eviction)

<sup>22</sup> Outcomes Monitoring Data 2 a, b, c and d (Participate in chosen training and/or education, participate in chosen work, leisure activities and establish contact with external services)

<sup>23</sup> Outcomes Monitoring Data 3 c (better manage substance misuse)

- 30% of single homeless people have drug problems and 33% of single homeless people have alcohol problems; for rough sleepers, this figure is 50%.
- 7% of all people with drug problems newly accessing Supporting People services in 2008-09 were identified as belonging to Minority Ethnic groups. For people with alcohol problems, the figure was 6%.
- Qualitative research conducted by KCA among the South Asian community in Dartford and Gravesham between February and March 2005 reported that regardless of age and gender communities reported high levels of alcohol misuse as common. In the younger generation, drug use was identified with problematic female drug use. It is difficult to establish prevalence rates because there was an intrinsic denial of substance due to shame and stigma associated with it within communities.

#### Key issues

- Countywide gaps in accommodation-based provision specifically for people with dual diagnosis.
- Gaps in accommodation-based provision for people with alcohol problems in the **west and north districts of the county**.
- Potential low levels of awareness among Minority Ethnic communities about support services.

#### Key actions

- Work closely with the Kent Drug and Alcohol Action Team to align services to treatment provision.
- Accommodation-based services give priority to those engaging with or completing a programme of treatment.
- Design and implement new accommodation-based service for people with dual diagnosis in west Kent.
- Raise more awareness about specialist support services for these client groups
- Improve outcomes through better linking of individuals to social and economic resources in the community and linking to peer support in the community

#### Key measures of success

- An increased numbers of people with drug or alcohol problems achieving independent living<sup>24</sup>
- An increased number of service users supported to manage their substance misuse issues better<sup>25</sup>
- An increase number of drug users in effective treatment<sup>26</sup>
- An increased number of service users supported to manage their mental health better<sup>27</sup>
- An increased number of service users to participate in training or education or supported to obtain paid work<sup>28</sup>

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<sup>24</sup> National Indicator 141

<sup>25</sup> Outcomes Monitoring Data 3 c (better manage substance misuse)

<sup>26</sup> National Indicator 140

<sup>27</sup> Outcomes Monitoring data 3 b (better managing mental health)

<sup>28</sup> Outcomes Monitoring Data 2 a, b, c (Participate in chosen training and/or education, participate in chosen work)

## 10. People fleeing domestic abuse

### Key statistics

- According to figures from the Home Office, 1 in 4 women and 1 in 6 men will experience Domestic Abuse in their lifetime.
- According to Government Equalities Office (2008) 85% of all domestic abuse victims are women.
- Domestic abuse has more repeat victims than any other crime. On average, there will have been 35 assaults before a victim calls the police.
- 75% of domestic abuse cases result in physical injury or mental ill health
- 'Violent breakdown of relationship' is a factor in around 16% of homelessness acceptances every year.
- From April 2008-March 2008, there were 16,992 recorded incidents of domestic abuse across Kent (excluding Medway).
- From April 2008-March 2009 there were 259 referrals for floating support in Kent.
- Women fleeing domestic abuse are the ethnically most diverse client group: 22% of new clients accessing Supporting People services 2008-09 were identified as belonging to Minority Ethnic groups.
- According to a research report published by Rethink Sahayak in 2006 and involving 60 participants from South Asian communities: 55% had experienced Domestic Abuse, in many cases for over 5 years. The most significant barriers cited as preventing access to support were language difficulties, cultural concepts such as 'shame' and 'family honour' and fear of deportation.

### Key issues

- Some of the current services cannot support women with older sons or women with complex needs or single women without children
- There is insufficient refuge provision in west Kent
- **Over the last 2-3 months, there has been a marked increase in referrals leading to long waiting lists for this client group which may put individuals at risk.**
- Ensuring that men at risk of domestic abuse can access specialist floating support
- Need to monitor numbers of members of Asian communities in Kent accessing refuge provision in Kent

### Key actions

- Work with other agencies to ensure specialist floating support is accessed by all who need it
- **Constantly monitor and analyse referral levels for floating support and where required, commission additional floating support**
- Continue monitoring ethnicity of women fleeing domestic violence and originating from Kent districts/boroughs
- Investigate the scope for HIAs in making properties more secure for women either moving into new accommodation or once a perpetrator has left the property they live in.
- Design and implement a new refuge for women fleeing domestic abuse in west Kent, potentially for women with more complex needs



### Key measures of success

- An increased number of women supported to minimise harm/risk from others<sup>29</sup>
- A reduced number of repeat incidents of domestic violence<sup>30</sup>
- An increased number of women achieving independent living<sup>31</sup>

## **11. People with learning disabilities**

### Key statistics

- Of 101 new clients with learning disabilities accessing Supporting People services April 2008-2009, 71 were provided with floating support. 6% were identified as belonging to Minority Ethnic groups.
- According to national prevalence rates, an estimated 27,896 people in Kent have learning disabilities of which 20,602 are of working age.
- About 3,600 people with Learning Disabilities aged 18-64 are known to Kent Social Care of which 30% are in nursing and residential care (1,200 people).
- 25% of people with learning disabilities become known to statutory agencies only later in life and until then live with carers/families.
- Many people with learning disabilities have complex issues such as mental health problems or misusing substances.

### Key issues

- Most current recipients of Supporting People services live in long-term supported accommodation, often have very high levels of support needs and only few move on to more independent accommodation.
- Some support delivered in long-term supported accommodation and funded by Supporting People is social care rather than housing-related support.
- Referral routes are not always clear and some people with housing-related support needs cannot access accommodation-based services because of restrictive eligibility criteria.
- There are increasing numbers of older carers with adult children with a learning disability living at home.
- Service users do not have enough choice of different types of services

### Key actions

- Clear referral routes into services
- More joint commissioning of services with Supporting People only funding housing-related support
- Examine how Supporting People can contribute to self-directed support
- Greater emphasis on outcomes as the basis for commissioning
- Target and prioritise support for people with learning disabilities living independently in the community through the use of home-based care, floating support and assistive technologies
- Generally increase access to ordinary and self-contained accommodation
- Improve outcomes through better linking of individuals to long-term social resources and meaningful activities/work in the community and the establishment of peer support in the community.

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<sup>29</sup> Outcomes Monitoring Data 4 d (better minimise harm/risk of harm from others)

<sup>30</sup> National Indicator 32

<sup>31</sup> National Indicator 141

### Key measures of success

- An increased number of people with learning disabilities supported to maintain accommodation and avoid eviction<sup>32</sup>
- An increase number of individuals helped to access social and economic resources in the community that can support them in independent living in the long-term<sup>33</sup>.
- More jointly commissioned services with Adult Social Care and Health
- An increased number of service users having more choice and/or involvement and/or control in their own lives<sup>34</sup>

## **12. People with Physical and / or Sensory Disabilities**

### Key statistics

- In 2010, 90,009 individuals out of the total Kent population aged 18-64 are predicted to have a moderate or serious physical disability.
- Currently, nearly half of all disabled people of working age are economically inactive compared with 15% of non-disabled people
- Much of the housing stock is physically unsuitable for people with mobility or other impairments. Inadequate and inappropriate housing can make their conditions worse.

### Key issues

- Most housing strategies across Kent identify a high demand for adaptations, which would enable many people with physical disabilities to stay in their own homes.
- Having a physical disability does not mean an automatic need for housing related support. This calls into question some provision of long term supported accommodation.
- There appears to be little support for people with physical disabilities to move from long-term supported accommodation to independent living and in some instances Supporting People seems to subsidise social care.
- The current need is around ensuring that the existing supplies of supported housing or adapted accommodation is effectively utilised rather than commissioning new services.

### Key actions

- Target support on jointly commissioned short-term services that will be rehabilitative and support people to move into independent living
- Increase housing options for people with a physical disability partly through the development of better intelligence about adaptations and the suitability of properties.
- Target and prioritise support for people with physical disabilities living independently in the community through the use of home-based care, floating support, HIA/Handyperson services and assistive technologies.
- Consider decommission services that are specific to an individual having physical disabilities on the basis that having physical disabilities does not confer an automatic right to receive housing related support.
- Mainstream the provision of floating support for people living with HIV/Aids.

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<sup>32</sup> Outcomes monitoring Data 4 a (maintain accommodation and avoid eviction)

<sup>33</sup> Outcomes Monitoring Data a, b, c, d (participate in chosen training and/or education, participate in chosen leisure activities, participate in chosen work, establish contact with external services)

<sup>34</sup> Outcomes Monitoring data 5 a (greater choice/involvement and/or control at service level and within the wider community)

- Examine how Supporting People can contribute to self-directed support.
- Greater emphasis on outcomes as the basis for commissioning.
- Improve outcomes through better linking of individuals to long-term social and economic resources in the community and the establishment of peer support in the community.

#### Key measures of success

- An increased number of people with physical disabilities supported to maintain their independence in their own homes in the community
- An increase number of individuals helped to access social and economic resources in the community that can support them in independent living in the long-term<sup>35</sup>.
- More jointly commissioned services with Adult Social Care and Health
- An increased number of service users having more choice and/or involvement and/or control in their own lives<sup>36</sup>
- An increased number of older people supported to maintain independent living including as a result of adaptations<sup>37</sup>

### **13. Older Persons with Support Needs and 14. Frail Elderly**

#### Key statistics

- Kent has an ageing population: in 2001, 22.3% of the population was aged 60+ against a national average of 21%. Demographic trends forecast an increase of 36% in the population of over 65 year olds across the whole of Kent from 2005-2020.
- There are correlations between age and mental health problems: 15% of the population aged over 65 experience depression.
- According to prevalence figures, in Kent there were an estimated 18,377 dementia sufferers over the age of 65 in 2007. In line with projected population growth, this figure will rise by 3,800 (21%) by 2017 and 10,826 (59%) by 2027.
- The proportion of people reporting a limiting long term illness increases with age. Around 26% of those aged 60 to 64, around 40% of those aged 65–84 years and just under 70% of those aged 85 and over have a limiting long-term illness.
- A total of 231 new clients where the primary client group was classified as 'older people with support needs' gained access to Supporting People services 2008-09 of who 6% were identified as belonging to Minority Ethnic groups.

#### Key issues

- Most older people want to stay in their own homes for as long as possible
- The current split between accommodation-based and other types of support does not reflect identified need. There is an overemphasis on dedicated accommodation-based services and lack of flexible support for older people living in their own homes in the community.

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<sup>35</sup> Outcomes Monitoring Data 2 a, b, c, d (participate in chosen training and/or education, participate in chosen leisure activities, participate in chosen work, establish contact with external services)

<sup>36</sup> Outcomes Monitoring data 5 a (greater choice/involvement and/or control at service level and within the wider community)

<sup>37</sup> Outcomes Monitoring data 3 d (better manage independent living as a result of adaptations)

- Delivering housing-related support services into people's own homes is an effective way of preventing or delaying the onset of more significant issues at a later stage.
- **Many older people live in fuel poverty which contributes to poor health, loneliness and social isolation**
- Not all older people living in sheltered accommodation need housing-related support.
- Districts in north Kent have sizeable numbers of Minority Ethnic elders in their populations. Increasingly, extended families are becoming less the norm so that in future years older people will not be able to depend upon family support under the same roof. To this end there is a need for a variety of culturally appropriate care and support, including housing related support services.

#### Key actions

- Deliver more flexible support services targeting those who need support both in sheltered accommodation as well as in their own homes in the community and continue monitoring take up by ethnicity.
- Use HIA/handyperson resources to provide effective preventative support for older people with support needs **including action to address fuel poverty**.
- Greater emphasis on outcomes as the basis for commissioning.
- More joint commissioning of services with Adult Social care and Health.
- Any changes in service configuration to be introduced over time.
- Ensure that Supporting People funded accommodation-based services are of a sufficiently high physical standard to enable physically frail and/or mentally infirm older people to live there independently.
- Service providers will support older people to effectively link with community day services to help reduce social isolation.

#### Key measures of success

- An increased number of older people supported to maintain independent living including as a result of adaptations<sup>38</sup>
- A reduced number of emergency hospital admissions<sup>39</sup>, **including reduction in admissions due to Affordable Warmth**
- Increased numbers of older people with support needs linked with social resources in the community<sup>40</sup>

### **15. People Living with HIV/Aids**

#### Key statistics

- According to a report about sexual health by the South East Public Health Observatory published in July 2008, in 2006 there were an estimated 20-40 people per 100,000 population living with HIV in the West Kent Primary Care Trust area and 40-60 people per 100,000 population in the East Kent Coastal Primary Care Trust area.
- Adult Services, Kent County Council currently provides support to 193 service users living with HIV/Aids. Support includes some housing-related support
- April 2008–March 2009, there were no floating support referrals for anyone under the primary client group heading of 'HIV / Aids'.

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<sup>38</sup> Outcomes Monitoring data 3 d (better manage independent living as a result of adaptations)

<sup>39</sup> Outcomes Monitoring data 3 a (better manage physical health)

<sup>40</sup> Outcomes Monitoring Data 2 d (establish contact with external services)

#### Key issues

- There is anecdotal evidence that people living with HIV/Aids do access mainstream services
- Just because individuals are living with HIV/Aids may not necessarily mean that they are in need of housing-related support.
- With the exception of Adult Social Services, there is consensus among stakeholder that any housing-related support need can be delivered as part of mainstream Supporting People services.

#### Key actions

- Mainstream the delivery of floating support to this client group whilst ensuring that the confidentiality of service users is paramount.

#### Key measures of success

- People living with HIV/Aids can access housing-related support and are supported to live independently

### **16. Gypsies and Travellers**

#### Key statistics

- There are estimated to be 9,600 Gypsies and Travellers living in Kent. This represents about 0.6% of the total Kent population.
- In many areas of Kent Gypsies and Travellers are significant Minority Ethnic populations. A considerable number live in permanent housing of which exact numbers can currently not be established.
- Some travellers and gypsies access mainstream services but rarely disclose their ethnicity for fear of being stigmatised.
- The prevalence of homelessness amongst gypsies and travellers is 18% compared to about 1% for the general population.
- Gypsies and Travellers have less access to health services and are prone to ill-health, and many lack literacy skills.
- Gypsies and travellers in bricks and mortar housing report experiencing harassment from neighbours and many suffer mental health problems; these issues put their tenancies at risk.
- In some areas of Kent sizeable numbers of Roma live in often poor private rented housing.

#### Key issues

- Lack of understanding of gypsies and travellers' need for housing-related support.
- Need to address disadvantages experienced by gypsy and traveller communities by improving their access to housing-related support

#### Key actions

- Review the housing-related support needs of gypsy and traveller communities (and other ethnic minority communities) and assess the need for client-group specific outreach-type services.

#### Key measures of success

- Increased numbers of gypsies and travellers accessing housing-related support services

## 17. Other client groups

With regard to refugees given leave to remain, mentally disordered offenders and older people with mental health problems, Supporting People will ensure that people have appropriate access to mainstream support services. The programme will continue to monitor need in case more client-specific support is required.

## 18. Minority Ethnic Groups

With regard to service users from Minority Ethnic communities, when analysing data from Client Records April 2008-March 2009, excluding those refusing to identify their ethnicity:

- 91.6% of service users newly entering Supporting People-funded services classed themselves as White British.
- The most ethnically diverse client groups were women fleeing domestic abuse (22% ME, up 5.5% from the previous year), people with mental health problems (10%ME), offenders/at risk of offending (9%ME, down 6.2% from the previous year) and young people at risk (9%ME). With the exception of people with mental health problems, these groups also tend to be among the most mobile.
- Many individuals from Minority Ethnic communities originate from outside of Kent and access accommodation-based services. Thus, whilst data points to Minority Ethnic groups accessing services, members of such groups may predominantly be individuals moving into Kent and accessing accommodation-based services rather than floating support.

When analysing data from floating support referrals April 2008-March 2009, out of a total of 2,951 referrals:-

- 2,394 identified the client as White British (81.1%, up 12.1% from the previous year).
- 6% of all referrals did identify Minority Ethnic groups. (379 referrals did not identify ethnicity (13%). This data is commensurate with mid-2007 estimates of Minority Ethnic populations in Kent.
- However, referrals do not reflect the size of such populations in Kent. For example, whilst people of Indian origin represented the largest Minority Ethnic group in Kent in 2007 with 1.4% of the total population, floating support referrals for individuals of such ethnicity only constitute 0.7% of all referrals.
- Most referrals for vulnerable individuals from Minority Ethnic groups were recorded under the heading of 'White Other' (36).

When comparing floating support data with revised mid-2007 estimates of Minority Ethnic populations in the Kent districts/boroughs:-

- Referrals in most districts do not reflect the size of local Minority Ethnic populations.
- However, the highest rates of referrals for Minority Ethnic groups were recorded in Dartford and Gravesham which is commensurate with known prevalence data about such groups in the areas.
- Any obstacles to such populations in those areas accessing Supporting People resources will continue to be monitored and addressed.

## **APPENDIX D**

### **1. Delivering the strategy**

#### **1.1 Keeping service users at the heart of Programme**

The Kent Supporting People Programme has set and achieved targets in consulting with service users. We will continue utilising a range of methods to consult with people using services. We will be setting new targets in enabling hard to reach and excluded groups to effectively contribute to the development and monitoring of the programme.

We want to ensure that existing consultation structures are built on and are committing dedicated officer time to further develop true partnership working with service users.

This will include making links to and maintaining links with marginalised groups. We will ensure that information on services is available in appropriate languages, vocabularies and forms.

#### **Capacity building**

We will encourage providers to work with their service users to enable them to move on successfully from accommodation-based or floating support services by facilitating social networks and peer support to sustain them.

The Supporting People Programme in Kent has already funded an innovation and good practice grant via Richmond fellowship relating to the development of peer support.

We will encourage providers to take on volunteers and apprentices with the eventual possibility of service users accessing employment either with that particular provider or being enabled to access employment elsewhere. We expect to see this in floating support, accommodation based and Home Improvement/Handyperson services.

#### **Self directed support**

Individual budgets, or self directed support, is where funding from a variety of sources is brought together into one bank account. This allows greater choice and control over many aspects of life e.g. housing, community care, health, benefits, income, grants etc. The person can choose to use their individual budget themselves or a third party can manage the funds for them.

We will investigate how self directed support can work within the Supporting People Programme. To this effect, we are running a pilot with one of our provider organisations trialling how giving people their own individual budgets would work in practice. This is a national programme in association with the Housing Association Charitable Trust (HACT).

## **1.2 Enhanced partnership working**

### **Involving service providers and other stakeholders**

The strategy has been developed through wide ranging consultation with providers and other stakeholders. We will continue to use key local and countywide existing fora for regular consultation and planning of future services including:

- Executive Board of Providers
- East and west Kent Inclusive Forums
- Joint Policy and Planning Board (Housing)
- Partnership Boards
- Disability Forums

The consensus amongst stakeholders is to retain the current governance arrangements but to enhance and develop good working relationships with key Boards and Trusts, e.g. Kent Partnership Board, the Kent Children's' Trust, and community safety partnerships.

### **From identifying need to commissioning services**

Meeting needs by developing new services runs on an annual cycle linked to the annual programme budget setting process. From mid-year onwards each year we will be starting to gather needs information which will involve consultation with all our partners and evaluation of gaps in services.

The process is described and agreed within the Commissioning Framework that was agreed in June 2009. We further propose to extend the framework to incorporate a procurement strategy which will make future commissioning of services even more transparent

Any development of new services will be subject to meeting priority need and resource constraints.

The programme is obviously dependent on the outcome of the next comprehensive spending review.

## **1.3 The Efficiency Agenda**

Over the next five years, the Kent Supporting People Programme will use a range of measures and tools to improve service efficiency as well as efficient use of Supporting People resources.

### **Contract and performance monitoring**

The Kent Supporting People Programme will be implementing a risk based service review and contract monitoring process. The Supporting People Programme will use all the available measures to determine the effectiveness or otherwise of service delivery (work books, client records, outcomes framework, national indicators and information gathered from the floating support data base). This will enable the Supporting People Team to monitor the performance of services throughout the year and take action where performance is poor.



Performance indicators will continue to be monitored on a quarterly basis. Regular monitoring has enabled the team to identify particular client group related concerns. We will undertake work to address identified difficulties and will consider the possibility of measuring whether service users who have moved on from supported housing do maintain independence in the long term.

### **Benchmarking costs**

The Supporting People Programme in Kent will continue to work with regional and cross authority partners on benchmarking information whilst these infrastructures are in place.

The programme will evaluate the differential costs between providers for specific services and determine an appropriate cost in consultation which is based upon a risk based performance analysis.

This approach has already been adopted for older people's services (currently excluding older people's floating support in certain areas, Abbeyfields services and extra care).

### **Improving access to services**

We will be reviewing the reconnection policy to ensure that **short term accommodation based supported housing** services funded by Kent Supporting People prioritise the housing related support needs of vulnerable people of local communities and Kent. Communities and Local Government Department permitting, the Programme will consider restricting access to all Kent funded services excepting certain client groups, e.g. people fleeing domestic abuse.

Services will not use restrictive practices or eligibility criteria that exclude vulnerable people. For example, service providers' decisions on whether they can work with homeless people should depend on the level of risk they present at the point of referral rather than past history.

The Supporting People Programme supports the utilisation of choice based lettings for sheltered housing and other long term supported housing. It does not support the utilisation of choice based lettings for short term supported accommodation.

### **Other initiatives**

Other efficiencies concern the provision of certain services and we propose to:

- Review the provision of floating support to different client groups
- Consider mainstreaming floating support for people living with HIV/Aids, teenage parents and people with physical/sensory disabilities
- New commissioning approach for Home Improvement Agencies that expands their role and scope of service provision **including contributing to the prevention of fuel poverty among vulnerable people**

## **2. Managing Resources**

### **2.1 Financial trends**

The Supporting People Programme will overspend its allocated budget in 2009/10 and 2010/11. It will utilise reserves which have been accumulated through careful management of the Programme.

There will still potentially be an under spend in 2011/12. However, if the next comprehensive spending review leads to the implementation of the Supporting People distribution formula in its undampened form, then the Programme in Kent will stand to lose up to four million pounds. The remaining under spend will need to be used to cushion the impact of the shortfall in the short term. If the formula is not implemented in its undampened form, the Programme will utilise the remaining under spend to capacity build within short term services for a limited period of time.

More detailed financial forecasts will be included in our commissioning plan.

The Kent Supporting People Programme is therefore faced with potentially making significant service reductions/savings to balance the budget as from 2012. We will need to consider options to stretch our resources to:

- Increase the available funding
- Reduce average and total cost of delivering housing related support, for example decommission some specialist floating support services and deliver such services as generic floating support
- Prioritise certain types of services for development, such as flexible and time limited practical interventions
- Seek funding from joint commissioning partners, e.g. Crime and Disorder Reduction and Partnerships

The commissioning plan will provide a more detailed analysis of ways in which the Programme can either manage down expenditure or seek financial security via our strategic partnerships.

## **2.2 Generating income**

The Supporting People Programme will look at a range of options in order to secure additional funding for the management of the Programme and the services it funds. There will be an expectation that where services can generate income to reduce public funding they should do so. An obvious example is Home Improvement agencies/Handypersons services charging for a range of different interventions, e.g. gardening, decorating and household clearance.

## **2.3 Improving utilisation and throughput**

There is evidence that the average length of stay in some accommodation-based services reflects lack of access to housing rather than need for housing related support. We have already undertaken work to improve move on from supported housing with the provision of a Supporting People funded rent deposit scheme. We will continue to work with partners to improve move on through examining access to rent deposit schemes, impact of allocation policies for social housing (e.g. offenders) and the potential increased use of private rented housing. The programme has highlighted this as an issue for the Kent Housing Strategy. There is a need to access affordable housing and more secure, good quality and stable private rented sector housing options (rented, intermediate market rent and models securing access into the owner occupied sector). This could include 'stair casing' up or down

depending on economic status and personal circumstances, e.g. older people selling an equity stake in their property.

We will limit the provision of floating support services to one year but with (as currently) the potential to extend on a case by case basis. As part of support provision, we expect providers to link service users to resources in the community that will be available to them in the long term. We will review the floating support protocol and processes to ensure that we can monitor the timely move on of service users. We wish to see a cohort of service users supported by ex-service users within the community and contributing to the community building and cohesion of Kent.

## **2.4 Eligibility Policy**

We will review the eligibility policy in order to reflect the more effective targeting of support on housing related support need. We need to clarify the relationship between housing related support, housing management, health and social care in order to potentially redraw the relative contributions to service costs. The Programme will also look at service delivery models which meet the collective aspirations of partners by intervening at an early stage in order to alleviate the pressures on statutory services.

We also propose to effectively cap the cost of housing related support by redefining high level, medium level and low level support. We will reduce the maximum hours of housing-related support from 17.5 hours per week per service user to 10 hours per week. This will be implemented in April 2011 when new contracts are let for Supporting People services.

We will also link the eligibility criteria more clearly to outcomes, particularly to services users accessing training, education or employment, and enhancement of social capital in the community.

## **2.5 Commissioning**

Overall, our investment decisions will be:-

- Targeted according to what extent services contribute to delivering our strategic objectives
- Based on agreed priorities and need
- Prioritising effective early intervention and prevention in order to reduce the need for high cost services
- Ensuring that the most marginalised members of society who do not have recourse to statutory services are safeguarded

Details of commissioning services during the lifetime of this strategy are contained within the commissioning plan which will accompany this strategy.

## **3. Managing the programme**

### **3.1 Governance arrangements**

The Supporting People Programme is an inter-agency programme. It is envisaged that current governance arrangements will continue.

Kent County Council is the Administering Authority which provides the legal and administrative based for the programme, including employing the Supporting People

team and entering into contracts with providers on behalf of the Commissioning Body.

The Commissioning Body provides strategic direction and is comprised of representatives of all the local authorities in Kent, the Probation Board, the two Primary Care Trusts, Adult Social Services and other Kent Directorates, and elected members from both district and county councils.

The Core Strategy Development group has a similar representation on a more operational level and also includes representatives of provider organisations and the Chair of the service user panel. The group is responsible for undertaking detailed policy and analytical work identified as needed to develop and implement the Supporting People Programme.

Other forums for planning and examining work being undertaken are the Executive Board of Providers, east and west Kent Inclusive Fora for providers, and the service user panel.

The Supporting People Team supports these structures and carries out the day to day work of the programme, including developing and monitoring the Supporting People Strategy, monitoring and reviewing services, monitoring contracts and performance and providing information to Communities and Local Government.

### **3.2 Interfaces and regulatory frameworks**

#### **Local Area Agreement (LAA)**

The LAA is the mechanism for agreeing performance targets between central government, the county and partners based on agreed key priorities for the area. Supporting People is embedded in the current agreement through delivering on the National Indicator 141.

The Supporting People programme will work to demonstrate through the outcomes framework how it contributes to a range of LAA targets and to ensure that it is included in the next generation of LAA.

The Programme will strive to enhance the work of local strategic partnerships and the Kent Partnership through a positive contribution to their collective aspirations.

#### **Kent Partnership**

Responsibility for delivering the LAA sits with the Kent Partnership which is the countywide Local Strategic Partnership and is made up of representatives from the public, the private and the voluntary and community sectors.

Its main focus is to initiate and guide joint action by the public, private and voluntary and community sectors on the key issues facing Kent in order to deliver the countywide community strategy – the **Vision for Kent** – and plays a key role in encouraging community leadership, new initiatives and the effective delivery of public services

The Partnership's work is channelled through five boards. Supporting People is already represented on the Safer and Stronger Communities Board. However, the programme's agenda and objectives span the targets of other boards such as Public

Health Board and Children's Trust. The Supporting People Programme will work to raise the profile of its contribution to achieving the Partnership's targets.

### **The Comprehensive Area Assessment (CAA)<sup>41</sup>**

The Supporting People Programme will in future be regulated and inspected by the Audit Commission as part of the CAA. The assessment will pay particular attention to how well an area meets the needs of vulnerable people including those not in receipt of statutory services who need additional assistance to ensure equity of access to services.

The contributions of the Supporting People Programme will be important evidence and will be measured by the CAA using the following: -

- Inspection findings of housing support providers and local authorities
- Analysis of data from the outcomes framework
- Progress against NI 141 and NI 142 and other national indicators that Supporting People contributes to
- Area based intelligence from a range of partners including service users

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<sup>41</sup> Audit Commission, 2009, CAA Framework Document

## **APPENDIX E**

### **1. Consultations**

The new strategy reflects new developments and external environmental changes whilst building on the progress made and provides a framework for future planning and delivery of housing-related support in partnership with local housing, health, social care and Probation services, service providers and service users.

To ensure that our strategy is fit for purpose we reviewed the strategic priorities that were identified in 2005 and updated our needs information wherever possible. We have also consulted with all statutory partners in order to gain a thorough understanding of their strategic priorities.

Consultations employed a range of mechanisms:

- Face to face meetings with officers and elected members of all districts/boroughs, and representatives of Kent Adult Social Services, PCTs in east and west Kent and 26 providers
- 14 focus groups involving 72 service users
- Electronic surveys submitted by 250 service users and 6 providers
- Workshop for members of the Commissioning body
- Consultation conference for members of the Commissioning Body, Core Strategy Development Group, Executive Board of Providers, and service user panel.

Engagement with service users found that knowledge and awareness of the Supporting People Programme was limited with some client groups, more so with people in long-term supported accommodation. Therefore, the consultation exercise itself helped to raise the programme's profile and enabled service users participate in the strategy development.

The consultation process involved asking some critical questions about the services that have been inherited, the way the Programme had been shaped and the potential challenges for the future.

#### **Need and current supply**

- Is there over or under provision of services and for specific client groups?
- Is there clear cut evidence that there are gaps in service provision?
- Are services directed towards the statutory sector (within Adult Social Services or Homelessness for instance)?
- What should our commissioning strategy be?
- Is the balance between accommodation-based, and floating support right?

#### **Floating Support**

- Should the balance between generic and specialist floating support remain or should services becoming entirely generic or specialist?
- Should there be a limit of two years or less on floating support or not?
- Should there be a limit of two or three hours on all floating support services?
- Should we allow floating support to be provided in perpetuity?
- Is the investment in rough sleepers and outreach valid and should it continue?

### **New Governance and Grant Arrangements**

- Should the Commissioning Body continue?
- Should short-term supported housing only be available to people who live in Kent?
- Should we retain an eligibility policy and should we expand the Programme's sphere of activity?

### **Charging**

- Should we means test and charge for certain services?

### **Commissioning**

- Are the client groups prescribed by the Communities and Local Government Department still relevant?
- Should we restrict the number of hours of delivery within specific services?
- What are the solutions to a potential overspend in 2011/12?
- Should we restrict the funding of services according specific criteria relating to the service type of configuration e.g. shared housing?
- If we could begin again how would we do things differently?
- How can we tie outcomes more clearly towards commissioning?

### **Self Directed Support**

- Is this relevant to the Programme and is it workable within the Programme?

### **In General**

- Should we jointly commission services?
- Should we include short-term supported housing within Choice Based Lettings?
- What should the balance be between small and large providers?
- What should the Programme be delivering, and if so how?
- What should the Programme look like in five years time?

## 2. Summary of Provider and other Stakeholder Consultations (excluding Service Users)

CURRENT SUPPLY/GAPS IN SERVICES		
	Providers (N=32)	District/boroughs and other stakeholders (N=20)
<b>Identified gaps in services</b>	<p><u>The top 5 gaps identified were:</u></p> <ol style="list-style-type: none"> <li>1. 68% providers identified gaps in accommodation-based support for young people at risk across the county - often high and complex support levels, becoming younger in age, with conditions such as ADHD, autisms and Obsessive Compulsive Disorders, with particular lack of resources in Dartford, Gravesham, all across the three west Kent districts, Shepway and Thanet.</li> <li>2. 28% providers identified gaps in accommodation-based provision for single homeless –west Kent (Sevenoaks, Tonbridge&amp;Malling), Dartford, Gravesham, Shepway, and Thanet.</li> <li>3. 25%) providers identified a need for more short-and long-term supported accommodation for people with mental health problems – particular gaps in Gravesham and Maidstone.</li> <li>4. 22% providers identified gaps in accommodation-based services for people who misuse alcohol across Kent – particular gaps in Dartford and west Kent</li> <li>5. 19% providers identified gaps in accommodation-based provision for offenders – particular gaps in Swale and west Kent (Tonbridge&amp;Malling).</li> </ol>	<p><u>The top 5 gaps identified were:</u></p> <ol style="list-style-type: none"> <li>1. 58% identified gaps in accommodation-based services for young people at risk across the county</li> <li>2. 42% stakeholders identified gaps in accommodation based provision for single homeless – street homeless in Maidstone, direct access west Kent</li> <li>3. 32% stakeholders identified a gap in provision for older people living in other accommodation but sheltered housing in the community - across the county</li> <li>4. 37% stakeholders identified gaps in provision to cope with an upsurge in incidences of domestic abuse - Maidstone, Thanet, Sevenoaks and Tunbridge Wells.</li> <li>5. 21% stakeholders identified gaps in accommodation based provision for people with mental health problems - Shepway, Thanet and Ashford.</li> </ol> <p>For one district priority was to retain existing provision both with regard to client groups and types of services currently delivered.</p>
<b>Need for types as services not commissioned as yet</b>	<ul style="list-style-type: none"> <li>• 28% providers identified a need for some type of very short-term accommodation-based emergency/crisis service for vulnerable people becoming homeless such as vulnerable young people, women fleeing domestic abuse and homeless offenders released from prison</li> </ul> <p><u>Other suggestions:</u></p> <ul style="list-style-type: none"> <li>• Supported lodgings open to other young people but</li> </ul>	<ul style="list-style-type: none"> <li>• 32% stakeholders identified a need for emergency provision for vulnerable young people - the majority discounted a need for additional such provision and thought that such provision should be incorporated in existing/new services for this client group.</li> </ul> <p><u>Other suggestions:</u></p> <ul style="list-style-type: none"> <li>• Centralised accommodation hub to deal with referrals for single homeless, offenders, maybe</li> </ul>



<b>CURRENT SUPPLY/GAPS IN SERVICES</b>		
	<b>Providers</b>	<b>District/boroughs and other stakeholders</b>
	<p>care leavers.</p> <ul style="list-style-type: none"> <li>Specialist accommodation-based services for women fleeing domestic abuse or young people with mental health or substance misuse problems, and move-on accommodation for vulnerable young people aged 17-19</li> </ul>	<p>young people at risk</p> <ul style="list-style-type: none"> <li>A preventative support service for vulnerable families at risk of break up and hence homelessness</li> <li>Counselling type service-to encompass a mix of befriending/active listening/low key conflict resolution/monitoring people recovering from mental illness</li> </ul>
<b>Current provision too much slanted towards particular client groups that are the responsibility of statutory services</b>	<ul style="list-style-type: none"> <li>Balance of supply has improved - more services for client groups for who statutory services do not have responsibility</li> <li>62% providers did express the view that much of current supply is slanted towards particular groups – the groups most named were people with mental health problems, learning disabilities and older people with support.</li> </ul>	<ul style="list-style-type: none"> <li>21% responded that the balance of supply has improved - more services for client groups for who statutory services do not have responsibility</li> <li>Many stakeholders expressed the view that SP now picks up individuals that are client groups traditionally dealt with by Adult Social Services but that do not meet statutory services' eligibility criteria.</li> <li>Many stakeholders said that Adult Social Services should take more financial responsibility for certain client groups - extra care provision and some services for older people, in some instances services for people with learning disabilities and mental health problems.</li> </ul>
<b>Overprovision of services for particular client groups</b>	<ul style="list-style-type: none"> <li>43% providers do not think that there is any overprovision in services</li> <li>12% providers expressed the view that there was overprovision in sheltered accommodation for older people</li> </ul> <p><u>Other views:</u></p> <ul style="list-style-type: none"> <li>Overprovision of services for people with learning disabilities in Thanet (difficult to fill current vacancies in a service)</li> <li>Overprovision of short-term accommodation-based services for people with mental health problems in Sevenoaks.</li> </ul>	<ul style="list-style-type: none"> <li>57% stakeholders responded that there was no overprovision of services for particular client groups</li> <li>32% stakeholders expressed the view that there was an overprovision of accommodation based services for older people – too much sheltered accommodation the questioning of extra care provision really being housing-related support.</li> <li>11% did not express a view.</li> </ul>

<b>CURRENT SUPPLY/GAPS IN SERVICES</b>		
	<b>Providers</b>	<b>District/boroughs and other stakeholders</b>
<b>Priority groups for new services</b>	<ul style="list-style-type: none"> <li>• 28% providers want to prioritise services for vulnerable young people at risk, including young offenders</li> <li>• 19% providers want to prioritise families with support needs, including teenage parents</li> <li>• 16% providers want to prioritise people with alcohol problems, including those with dual diagnosis</li> </ul>	<ul style="list-style-type: none"> <li>• 55% of stakeholders want to prioritise services for young people at risk</li> <li>• Thanet and East Kent and Coastal PCT want to prioritise geographic areas (deprived areas) rather than vulnerable individuals.</li> </ul>
<b>Statutory vs. non-statutory client groups</b>	<ul style="list-style-type: none"> <li>• 19% providers want new services to target client groups that are not eligible for statutory agencies</li> <li>• 65% providers responded that Supporting People should provide services to both those within and outside the remit of statutory services.</li> </ul>	<ul style="list-style-type: none"> <li>• 11% stakeholders wanted to focus services on individuals for who no agency has statutory responsibilities.</li> <li>• 78% other stakeholders expressed the view that SP should provide services to both those within and outside the remit of statutory services - however, services should not be balanced in favour of clients of statutory services.</li> </ul>
<b>Priorities re. type of support provision</b>	<ul style="list-style-type: none"> <li>• 37% providers want to prioritise accommodation-based services</li> <li>• 44% providers do not want to prioritise particular types of support services and see a need for a mixture of provision</li> <li>• 16% providers want to prioritise floating support services</li> </ul>	<ul style="list-style-type: none"> <li>• 57% stakeholders want to prioritise preventative services - short-term accommodation-based services and floating support</li> <li>• 11% stakeholders want to prioritise floating support services</li> <li>• 21% stakeholders want a mixture/range of long-and short-term accommodation based services and floating support</li> </ul>
<b>FS</b>		
	<b>Providers</b>	<b>District/boroughs and other stakeholders</b>
<b>Generic vs. specialist floating support</b>	<ul style="list-style-type: none"> <li>• 17% providers responded that all floating support should be generic</li> <li>• 6% providers responded that all floating support should be specialist</li> <li>• Specialist floating support - people with mental health problems, people fleeing domestic abuse, people with alcohol or drug problems, people with learning disabilities, and offenders. One provider</li> </ul>	<ul style="list-style-type: none"> <li>• 16% stakeholders responded that all floating support should be generic</li> <li>• 73% stakeholders responded that there was a place for both generic and specialist services</li> <li>• Specialist floating support - people fleeing domestic abuse, people with mental health problems, people with drug or alcohol problems, and offenders, young people.</li> </ul>

FS		
	Providers	District/boroughs and other stakeholders
	<p>stated that specialist floating support is also required for older people and 2 providers want dedicated floating support for young people.</p>	<ul style="list-style-type: none"> <li>Some stakeholders expressed the view that floating support for people with HIV/Aids and teenage parents should be mainstreamed.</li> </ul>
<b>Support hours funded</b>	<ul style="list-style-type: none"> <li>41% stakeholders responded that floating support provision should be set at the same amount of weekly hours for all clients.</li> <li>50% providers believe that there should be differentials in hours</li> <li>9% providers - no view</li> </ul>	<ul style="list-style-type: none"> <li>63% stakeholders responded that floating support provision should be set at the same amount of weekly hours for all clients.</li> <li>28% stakeholders responded that all client groups should receive floating support at 3 hours per week.)</li> <li>37% stakeholders - no view</li> </ul>
<b>Two-year time limit on floating support</b>	<ul style="list-style-type: none"> <li>31% providers expressed the view that there should be a two-year limit</li> <li>41% providers identified a need for long-term low-key floating support for people with long-term conditions requiring long-term support</li> <li>28% providers expressed the view that there should be no time limit on floating support at all</li> </ul>	<ul style="list-style-type: none"> <li>63% stakeholders responded that the two-year limit was appropriate. Support should be closely monitored because of potential co-dependency between worker and client, institutionalisation of support, questionable and effectiveness of service.</li> <li>26% stakeholders identified a need for long-term low-key floating support, for example for people with long-term conditions requiring long-term support and older people with support needs.</li> </ul>
<b>Re-referrals</b>	<ul style="list-style-type: none"> <li>44% providers said that re-referrals should be accepted.</li> <li>37% providers said that re-referrals should not be accepted</li> <li>Many providers noted that re-referrals are indicative of individuals having a need for other types of services, including statutory services or some sort of long-term support services.</li> </ul>	<ul style="list-style-type: none"> <li>26% stakeholder responded that re-referrals should only be accepted based on case reviews to establish why previous support did not meet the needs of the individual</li> <li>32% stakeholders want re-referrals to be accepted but at the same time want some examination of the effectiveness/efficiency of previous support provision.</li> <li>16% stakeholders do not want re-referrals to be accepted at all</li> </ul>
<b>Geographical delivery of floating support</b>	<ul style="list-style-type: none"> <li>68% stakeholders were satisfied with east Kent/west Kent commissioning</li> <li>19% providers preferred services to be commissioned on district basis.</li> </ul>	<ul style="list-style-type: none"> <li>52% stakeholders were satisfied with commissioning on east Kent/west Kent and countywide basis</li> <li>32% of stakeholders - no view</li> </ul>

<b>FS</b>		
	<b>Providers</b>	<b>District/boroughs and other stakeholders</b>
<b>Continuance of outreach and resettlement service beyond 2012</b>	<ul style="list-style-type: none"> <li>87% providers want the services to continue beyond 2012 – in their opinion rough sleeping and sofa surfing will continue being issues.</li> <li>13% providers - no view.</li> </ul>	<ul style="list-style-type: none"> <li>58% stakeholders wanted the service to continue beyond 2012 – in their opinion rough sleeping and sofa surfing will continue being issues.</li> <li>21% stakeholders want to first review the effectiveness of the existing service and whether the part of the service focused on rough sleepers still meets a need.</li> <li>21% stakeholders - no view.</li> </ul>
<b>GOVERNANCE</b>		
	<b>Providers</b>	<b>District/boroughs and other stakeholders</b>
<b>Commissioning Body (CB)</b>	<ul style="list-style-type: none"> <li>84% providers want to retain the CB</li> </ul>	<ul style="list-style-type: none"> <li>89% stakeholders want to retain the CB</li> </ul>
<b>Reconnection/Local Connection Policy</b>	<ul style="list-style-type: none"> <li>81% providers want to retain the Reconnection Policy as it is</li> </ul>	<ul style="list-style-type: none"> <li>47% stakeholders want to retain the Reconnection Policy - but reviewed re.greater emphasis placed on priority for local people and then people from Kent.</li> <li>37% stakeholders want to retain the Reconnection Policy as it is</li> </ul>
<b>Eligibility Policy</b>	<ul style="list-style-type: none"> <li>84% providers want to retain the Eligibility Policy of which 68% want the policy to be regularly reviewed and 25% want eligible activities expanded to make the programme more innovative</li> <li>66% providers do not want to ration services by tightening eligibility criteria but 9% providers thought that there should be some framework to ensure that only people willing to address their problems get accepted for services.</li> </ul>	<ul style="list-style-type: none"> <li>84% stakeholders wants to retain the eligibility policy of which 66% want the policy to be regularly reviewed and 60% want to expand the support criteria - activities linked to employment and training, emotional support, developing social skills, linkages to sustainable communities and services targeted at communities rather than individuals</li> <li>42% stakeholders do not want to ration services by tightening eligibility criteria but 32% thought that there should be a criteria requiring a client being willing to engage with the support</li> </ul>
<b>CHARGING POLICY</b>		
	<b>Providers</b>	<b>District/boroughs and other stakeholders</b>
<b>Charging ,based on means-testing, for</b>	<u>Community Alarms</u> <ul style="list-style-type: none"> <li>41% providers - charges should be made</li> </ul>	<u>Community Alarms</u> <ul style="list-style-type: none"> <li>21% stakeholders - charges should be made</li> </ul>

<b>CHARGING POLICY</b>		
<b>support services other than long-term accommodation-based support</b>	<ul style="list-style-type: none"> <li>• 34% providers – no charging</li> <li>• 6% providers - SP should not fund such services</li> </ul> <u>Short-term accommodation-based services and floating support</u> <ul style="list-style-type: none"> <li>• 19% providers –charges made for both accommodation-based and floating support services, on a sliding scale and especially where people are in receipt of disability benefits</li> <li>• 9% provider expressed the view that accommodation-based services should be charged for but not floating support</li> <li>• 59% providers – no charging</li> </ul> <u>HIA/Handyperson services</u> <ul style="list-style-type: none"> <li>• 56% providers –charges should be made, in form of staggered contribution</li> <li>• 13% providers – no charging</li> </ul>	<ul style="list-style-type: none"> <li>• 21% stakeholders – no charging</li> <li>• 16% stakeholders - SP should not fund service</li> </ul> <u>Short-term accommodation-based services and floating support</u> <ul style="list-style-type: none"> <li>• 16% stakeholders –charges made for both accommodation-based and floating support services, on a sliding scale and especially where people are in receipt of disability benefits</li> <li>• 53% providers – no charging</li> </ul> <u>HIA/Handyperson services</u> <ul style="list-style-type: none"> <li>• 83%stakeholders –charges should be made, in form of staggered contribution</li> </ul>
<b>COMMISSIONING</b>		
<b>Funding 21 client groups</b>	<ul style="list-style-type: none"> <li>• 75% providers - fund client groups where a need has been identified</li> <li>• 6% providers expressed the view that services for older people should not be funded by SP at all</li> </ul>	<ul style="list-style-type: none"> <li>• 42% stakeholders – fund client groups where a need has been identified</li> <li>• 16% stakeholders – rationalise client group headings whilst still meeting all vulnerable people’s housing-related support needs, people with HIV/Aids, physical disabilities, mentally disordered offenders and gypsies/travellers.</li> </ul>
<b>Funding 24 hour services</b>	<ul style="list-style-type: none"> <li>• 81% stakeholders – fund 24 hour support for particular client groups</li> <li>• 6% stakeholders - question paying that level of support</li> </ul>	<ul style="list-style-type: none"> <li>• 73% stakeholders – fund 24 hour support for particular client groups</li> <li>• 11% stakeholders - question paying that level of support</li> </ul>
<b>Funding 17.5 support hours per week per service user</b>	<ul style="list-style-type: none"> <li>• 69% providers responded that support could be delivered at that level but not long-term, i.e. support need should be expected to decrease with time and there should be a regular review</li> <li>• 19% providers - such levels of funding should be queried/investigated, queried the housing-related</li> </ul>	<ul style="list-style-type: none"> <li>• 63% stakeholders - such levels of funding should be queried/investigated, queried the housing-related support nature of support</li> <li>• Some stakeholders - maximum level of support hours should be set at 10-12 hours per week per service user.</li> </ul>

COMMISSIONING		
	Providers	District/boroughs and other stakeholders
	support nature of support	
<b>Funding Community Alarms</b>	<ul style="list-style-type: none"> <li>28% providers – do agree with SP funding community alarms</li> <li>25% providers – do not agree with the funding of community alarms, should be the responsibility of Adult Social Services or Health.</li> </ul>	<ul style="list-style-type: none"> <li>21% stakeholders – do agree with SP funding community alarms</li> <li>16% stakeholders – do not agree with the funding of community alarms, should be the responsibility of Adult Social Services or Health.</li> <li>63% - no view</li> </ul>
<b>Support cost</b>	<ul style="list-style-type: none"> <li>62% providers – there can be no equity in cost to different client groups</li> <li>22% providers responded that there should be no cost differentials between groups</li> </ul>	<ul style="list-style-type: none"> <li>57% stakeholders – there can be no equity in cost to different client groups because:                             <ul style="list-style-type: none"> <li>Differential costs reflect different skills</li> <li>Staff require specialist training for particular client groups</li> <li>Differentials in cost needed for value for money considerations</li> </ul> </li> <li>16% stakeholders - there should be no cost differentials between groups.</li> </ul>
<b>Balancing the budget</b>	<ul style="list-style-type: none"> <li>22% of providers - no view</li> <li>78% providers - adopt mixture of measures</li> </ul> <p><u>Suggestions:</u></p> <ul style="list-style-type: none"> <li>40% providers - manage down support hours to a maximum of between 8-12</li> <li>40% providers - decommission all services not strategically relevant, including those not meeting quality criteria or those where there are voids, or those services not really promoting independence</li> <li>22% providers - decommission long-term accommodation-based services for client groups that were regarded as coming within the orbit of statutory services – people with learning disabilities, people with mental health problems</li> <li>20% providers - decommissioning sheltered accommodation</li> <li>16% providers - cost should be shared through joint</li> </ul>	<ul style="list-style-type: none"> <li>36% stakeholders - no view.</li> <li>64% stakeholders - adopt mixture of measures</li> </ul> <p><u>Suggestions:</u></p> <ul style="list-style-type: none"> <li>Reduce support hours (across the board)</li> <li>Reduce units of floating support</li> <li>Make efficiencies, e.g. commissioning services at reduced cost, no inflationary uplift, improve use of resources</li> <li>Decommission services not strategically relevant and strategically reviewing legacy services</li> </ul>

COMMISSIONING		
	Providers	District/boroughs and other stakeholders
	commissioning with other agencies <ul style="list-style-type: none"> <li>8% providers - standardise the cost of services</li> </ul>	
<b>Tying commissioning to outcomes</b>	<ul style="list-style-type: none"> <li>28% providers took no view</li> </ul> <u>72% suggested various mechanisms:</u> <ul style="list-style-type: none"> <li>Clear service specifications Incentivise providers by linking payment to outcomes</li> <li>Augment existing outcome measures with outcomes set by providers and service users and introduce longitudinal measuring of the impact of provision, e.g. what are the outcomes months after clients have left a service</li> <li>Clients to evaluate outcomes</li> </ul>	<ul style="list-style-type: none"> <li>47% stakeholders – no view</li> </ul> <u>53% suggested various mechanisms:</u> <ul style="list-style-type: none"> <li>Incentivise providers by linking payment to outcomes such as moving individuals within a specific period of time</li> <li>Clear service specifications</li> <li>Detailed analysis of service objectives and performance target setting at commissioning</li> </ul>
<b>Small vs. large providers</b>	<ul style="list-style-type: none"> <li>63% stakeholders – services should be provided by a mixture of small and large providers</li> <li>28% stakeholders – does not matter as long as service is of good quality and meets</li> </ul>	<ul style="list-style-type: none"> <li>31% stakeholders – services should be provided by a mixture of small and large providers</li> <li>16% stakeholders – does not matter as long as service is of good quality and meets</li> </ul>
<b>Joint commissioning</b>	<ul style="list-style-type: none"> <li>16% providers - do not want joint commissioning, SP grant would be used to subsidise other services</li> <li>59% providers – look at joint commissioning</li> </ul> <u>Suggestions:</u> <ul style="list-style-type: none"> <li>Generic floating support funded by SP and Adult Social Services/Mental Health funding specialist elements on top</li> <li>Services for mentally disordered offenders with the Mental Health Trust</li> <li>24-hour staffed services for young people at risk with PCTs and Children’s Trust</li> <li>Co-delivery of services for young offenders between SP and Youth offending Service</li> <li>Services for older people (targeting falls prevention, healthy eating, discharges from hospital) with Health</li> <li>Joint commissioning of floating support</li> </ul>	<ul style="list-style-type: none"> <li>74% stakeholders – look at joint commissioning but clarity about what SP funds and what other agencies fund, e.g. the SP grant must not subsidise other services.</li> </ul> <u>Suggestions:</u> <ul style="list-style-type: none"> <li>Services for people with dementia and older people with Adult Social Services and Health</li> <li>Services for people misusing substances with KDAAT and Health</li> <li>Housing gateway for offenders with Probation</li> <li>Preventative family support services with Local Housing Authorities, Health, Youth Offending Services, Children’s Trust and Health.</li> </ul>

<b>SELF DIRECTED SUPPORT</b>		
	<b>Providers</b>	<b>District/boroughs and other stakeholders</b>
<b>Self directed support</b>	<ul style="list-style-type: none"> <li>• 78% providers - self directed support would not work in SP</li> <li>• 17% providers - might work in long-term accommodation -based supported housing</li> </ul>	<ul style="list-style-type: none"> <li>• 84% stakeholders - voiced serious concerns and doubt if it can work in SP. Out of these, 20% thought it might work for older people and people with learning disabilities. Concerns identified:               <ul style="list-style-type: none"> <li>- Such support inappropriate for people in crisis</li> <li>- People will not spend the money on support but other needs</li> <li>- Such a system would destabilise the market</li> <li>- It will become extremely difficult to plan for services</li> <li>- Jeopardise partnership working</li> </ul> </li> <li>• 11% stakeholders - agree self directed support is the way forward</li> </ul>
<b>GENERAL</b>		
	<b>Providers</b>	<b>District/boroughs and other stakeholders</b>
<b>Choice based lettings (CBL) for short-term accommodation -based schemes</b>	72% providers - such accommodation should not be part of CBL	52% stakeholders - such accommodation should not be part of CBL 37% stakeholders – no view



### 3. Service User Survey Consultation Summary

GENERAL INFORMATION							
Topics	Long-Term Supported Housing Service Users			Short term Supported Housing Service Users			Comments
	Yes	No	No Opinion	Yes	No	No Opinion	
Examples of Housing Related Support							<p><u>Examples quoted were:</u></p> <ul style="list-style-type: none"> <li>Residential supported housing or floating support</li> <li>Care workers who you can contact, help and support with rent, benefits, banking and letters.</li> <li>Warden assisted/weekly visits including alarm system and 24hr support.</li> <li>Help with shopping and buses. Help to access services e.g. Occupational Therapy.</li> <li>Weekly visit and a weekly phone call from support worker.</li> </ul> <p><b><i>Note: 25% of respondents in long term supported housing did not know what Housing Related Support meant.</i></b></p>
Awareness of how the support provided is funded.	39%	41%	20%	56%	34%	10%	
Awareness of 5 year plan	17%	64%	19%	28%	64%	8%	
Ability to find help							<ul style="list-style-type: none"> <li>Of service users that responded, 14% of service users in long term supported housing and 24% of service users in short term supported housing found it hard to find help when needed. Service users in long term supported housing sought help from local council offices where they waited on the council list. Service users in short-term supported housing sought help from local council offices, the open centre, probation, GP services and the internet.</li> <li>39% of service users in long-term supported housing and 27% of service users in short term supported housing found it easy to get help and the help mainly came from care managers. Some service users also found help by 'word of mouth' from other service users.</li> </ul>

GENERAL INFORMATION							
Topics	Long-Term Supported Housing Service Users			Short term Supported Housing Service Users			Comments
	Yes	No	No Opinion	Yes	No	No Opinion	
Relocation	17%	61%	23%	46%	54%		<ul style="list-style-type: none"> <li>14% of service users in long term supported housing who had to relocate to another area were <u>happy</u> to do so.</li> <li>In short term supported housing, 34% of service users were <u>happy</u> to do so.</li> </ul>
New Services							<p><u>Service users in long term supported housing made the following suggestions:</u></p> <ul style="list-style-type: none"> <li>A counsellor (8%), transport (17%), Caretaker (17%), Social activities and days out (14%), Shopping service (5%)</li> <li>Other suggestions were – drop-in's, help with domestic chores, home helps, employment support, gardening services, more flats and accommodation and funding for a young parents group.</li> </ul>
Client Groups (prioritising groups)	48%	25%	27%	40%	53%	7%	<ul style="list-style-type: none"> <li>Both service users groups named client groups for prioritisation. However, over half of service users in short term supported housing did not think groups should be prioritised.</li> <li>Service users in long term supported housing highlighted services for older people (16%), young people, people with mental health issues.</li> <li>Service users in short term supported housing named services for older people, street homeless, young people (general) and young offenders, people with Mental Health issues, Substance Misuse, young parents, and victims of domestic violence.</li> </ul>
Concentrate on client groups similar to Social Services	42%	19%	39%	37%	37%	26%	<ul style="list-style-type: none"> <li>A high percentage of service users in long term supported housing believe SP should concentrate on groups similar to Social Services, e.g. older people, physical and learning disability clients.</li> <li>That percentage decreases in service users in short term supported housing. It could be said that this is connected to how aware individuals are about other client groups.</li> </ul>
FLOATING SUPPORT							
Understanding of generic and specialist support	33%	38%	29%	37%	57%	6%	

FLOATING SUPPORT							
Topics	Long-Term Supported Housing Service Users			Short term Supported Housing Service Users			Comments
	Yes	No	No Opinion	Yes	No	No Opinion	
Client groups who should receive generic floating support							<ul style="list-style-type: none"> <li>Service users in long term supported housing identified: Young people leaving care, those with mental health issues, learning disabilities, elderly, substance misuse, people fleeing domestic violence, people with housing support needs</li> <li>Service users in short term supported housing identified: young people, those with mental health issues, learning disabilities, older people, substance misuse and offenders</li> </ul>
Client groups who should receive specialist floating support							<ul style="list-style-type: none"> <li>Service users in long term supported housing identified: mental health, learning disabilities, domestic violence, substance misuse, physically disabled, any person not able to cope in their own home, victims of child abuse</li> <li>Service users in short term supported housing identified : young people leaving care, mental health, learning disabilities, domestic violence, substance misuse and offenders, under 18's</li> </ul> <p><b>Note: The results may reflect absence of definitions of 'generic' and 'specialist' support in the survey question.</b></p>
Type of floating support available							<ul style="list-style-type: none"> <li>55% of service users in long term supported housing and 61% in short-term supported housing said that a mixture of both generic and specialist floating support services were needed.</li> <li>3% in long-term supported housing and 18% in short-term supported housing said there should be one or the other</li> <li>42% of service users in long-term and 21% of service users in short-term supported housing did not reply</li> </ul>
Should there be a 2-year limit to floating support	6%	64%	30%	17%	69%	14%	<ul style="list-style-type: none"> <li>86% of service users in long term supported housing who responded said that the support should not be limited to 2 years and also said that it should go on for as long as required.</li> <li>60% of service users in short term supported housing who responded that there should not be a 2 year limit and also said that the support should be for as long as needed. 3% said it should be for life.</li> </ul>
Should both types of.	36%	11%	53%	34%	26%	40%	<ul style="list-style-type: none"> <li>Comments made included: 1 hour is enough, only need 30 minutes, 2</li> </ul>

FLOATING SUPPORT							
Topics	Long-Term Supported Housing Service Users			Short term Supported Housing Service Users			Comments
	Yes	No	No Opinion	Yes	No	No Opinion	
floating support have 2 hours support p.w.	36%	11%	53%	34%	26%	40%	<ul style="list-style-type: none"> <li>hours is not long enough, people have different needs and some may need more help than others</li> </ul>
Re-referral to service	72%	3%	25%	83%	1%	16%	
Limit the number of re-referrals	11%	67%	22%	23%	63%		<ul style="list-style-type: none"> <li>Of those who would limit the number of re-referrals, the limit ranged from 2 to 6 times</li> </ul>
Continuation of Outreach and Rough Sleeper services	58%	3%		82%	6%		<p><u>Comments included that:</u></p> <ul style="list-style-type: none"> <li>Service users did not think that the Government would achieve this target and that there would always be homeless people so there would always be a need for these services</li> <li>Other comments were that the credit crunch will affect everybody financially and the problem will still exist no matter how much massaging of the statistics goes on.</li> </ul>
GOVERNANCE AND COMMISSIONING							
Keep the Commissioning Body	19%	14%	67%	17%	23%	60%	<ul style="list-style-type: none"> <li>Large numbers of service users were unaware of the Commissioning Body</li> <li>Those who wanted to keep the Commissioning Body, quoted the knowledge held, that it is a fair system and ensures fair distribution of the money, it can be held accountable.</li> <li>Some service user commented that they thought individual provider organisations should make the decisions. Frontline staff and service users were also identified as groups who should be involved in the decision making.</li> </ul>
Keep the Reconnection Policy	33%	14%	53%	15%	58%	27%	<ul style="list-style-type: none"> <li>Many service users in long term supported housing want to apply a local connection condition: 'Local people have paid in'; 'would help the local authority to contain the problem'; 'local people also already have family and friendship ties to the area.</li> <li>More than half of service users in short term supported housing do not want a local connection condition: service users felt that in some situations there was no option but to leave the local area, some people may have wished to start somewhere afresh, not all areas have facilities.</li> </ul>

GOVERNANCE AND COMMISSIONING							
Topics	Long-Term Supported Housing Service Users			Short term Supported Housing Service Users			Comments
	Yes	No	No Opinion	Yes	No	No Opinion	
Keep the Eligibility Policy	33%	16%	51%	33%	17%	50%	
Restriction on support services	28%	33%	39%	25%	23%	52%	<ul style="list-style-type: none"> <li>Opinion among service users who responded were more or less evenly divided.</li> </ul>
Expansion of eligible support activities	47%	22%	31%	28%	12%	60%	<p><u>Sizeable numbers of service users who responded want to expand the Eligibility Policy to include the following support activities:</u></p> <ul style="list-style-type: none"> <li>Service users in long term supported housing named gym memberships, furniture service, help getting to know the local area, training and guidance to aid independence, arm chair yoga/exercise, IT courses, arts and crafts, transport to church services, teaching activities. drop-in centres, help to find work or further education and accessing local services</li> <li>Service users in short term supported housing named Keep Fit, Walking, Healthy Living, life skills including cooking skills, Education and training included work related activities, sports including swimming, horse riding, gyms, specialist counselling and help with social inclusion.</li> </ul> <p><b><i>Note: Clearly, some of those activities are already eligible under the policy. The question needs to be asked whether some service users receive the support they want and need.</i></b></p>
CHARGING POLICY							
Charging for support services based on means testing	28%	44%	28%	19%	21%	60%	<ul style="list-style-type: none"> <li>1 service user commented that its good for dignity and self respect to pay if they can</li> </ul>
Charging for Community Alarms	19%	52%	29%	17%	75%	8%	<p>More service users in short term supported housing than in long term supported housing said no. <u>Comments included:</u></p> <ul style="list-style-type: none"> <li>There should only be a charge if affordable</li> <li>Some felt that they already paid for them through paying service charges.</li> </ul>
Charging for Short-term accommodation	33%	28%	39%	26%	65%	9%	

CHARGING POLICY							
Topics	Long-Term Supported Housing Service Users			Short term Supported Housing Service Users			Comments
	Yes	No	No Opinion	Yes	No	No Opinion	
Charging for Floating Support	31%	36%	23%	18%	69%	13%	
Charges for HIA's	28%	25%	47%	13%	72%	15%	
COMMISSIONING							
Fund all 21 client groups as prescribed by CLG	39%	25%	36%	47%	19%	34%	<ul style="list-style-type: none"> <li>• 100% of service users in long term supported housing and 73% of service users in short term supported housing said SP should not fund refugees.</li> <li>• 78% of service users in long term supported housing and 36% of service users in short term supported housing said SP should not fund travellers.</li> <li>• 67% of service users in long term supported housing and 31% of service users in short term supported housing said SP should not fund offenders.</li> <li>• 11% of service users in long term supported housing and 15% of service users in short term supported housing said SP should not fund teenage parents.</li> <li>• Sizeable numbers of service users in long term supported housing also did not want SP to fund people with drug Issues (89%), people with alcohol issues (67%) and Rough sleepers (44%).</li> <li>• 15% of service users in short term supported housing did not think SP should fund services for people living with HIV/Aids.</li> </ul>
Funding 24 hour support	69%		31%	82%		18%	
Funding 17.5hrs weekly	64%	3%	33%	72%	2%	26%	
Community Alarms	61%	3%	36%	68%	1%	31%	
Equitable payments for all client groups	25%	39%	36%	45%	27%	28%	<p><u>Comments made by service users in long term supported housing included:</u></p> <ul style="list-style-type: none"> <li>• Funding should be based on need.</li> <li>• Some support requires specialist services.</li> <li>• Cost of meeting various needs will differ.</li> <li>• It should be assessed as required.</li> </ul>

BALANCING THE BUDGET							
Topics	Long-Term Supported Housing Service Users			Short term Supported Housing Service Users			Comments
	Yes	No	No Opinion	Yes	No	No Opinion	
Decommission services	14%	19%	67%	5%	31%	64%	<u>Service users in long term supported housing who responded 'yes', suggested:</u> <ul style="list-style-type: none"> <li>• Stop services for repeat drug offenders and people who continue to drink after treatment</li> <li>• Stop funding travellers, refugees and rough sleeper services.</li> </ul>
Reduction in hours	22%	14%	64%	23%	21%	56%	<ul style="list-style-type: none"> <li>• Some service users would rather cut support hours than services</li> </ul>
Other solutions	25%	6%	69%	37%	3%	60%	<u>Of those users in long term supported housing who responded suggestions included:</u> <ul style="list-style-type: none"> <li>• Better use of technology</li> <li>• Reduce immigration</li> <li>• Find money from other resources</li> <li>• The budget must not fail- this is a major responsibility of central Government</li> <li>• Address issues in prisons eg: removal of televisions, people will realise they are being punished.</li> <li>• Augment funding with Lottery funding</li> <li>• Local service should be granted emergency funds for any type of help which relates to the community they live in.</li> </ul> <u>Of those users in short term supported housing who responded suggestions included:</u> <ul style="list-style-type: none"> <li>• Fundraising or Sponsorship</li> <li>• Create a business to sell goods</li> <li>• Get more Government funding</li> <li>• Reorganise existing services to be more efficient</li> <li>• Increase corporation tax</li> </ul>
CONTINUATION OF FUNDING FOR TYPES OF SUPPORTED HOUSING							
Shared facilities accommodation	56%		44%	81%	1%	18%	
Short term accom.	56%		44%	83%	1%	16%	

CONTINUATION OF FUNDING FOR TYPES OF SUPPORTED HOUSING							
Topics	Long-Term Supported Housing Service Users			Short term Supported Housing Service Users			Comments
	Yes	No	No Opinion	Yes	No	No Opinion	
Long term accom.	56%		44%	83%	1%	16%	
Floating Support	58%		42%	83%	1%	16%	<u>Comments:</u> It's a useful service, can benefit yourself, good to have someone there to see what support or help you need.
Suggestions of support and services really needed to help people remain independent and keep a roof over their heads							<u>Service users in long term supported housing named the following:</u> <ul style="list-style-type: none"> <li>• Domestic help- cooking, cleaning, shopping.</li> <li>• Have more support staff available</li> <li>• Lifeline/pendant fitted for free.</li> <li>• Tutoring and advice services, education about work ethic and where to find the support needed.</li> <li>• Out of hours support and crisis teams for mental health.</li> </ul> <u>Service users in long term supported housing named the following:</u> <ul style="list-style-type: none"> <li>• More council houses</li> <li>• More key working support - support workers to attend every other day</li> <li>• More community outreach services</li> <li>• Support with finance and money management</li> <li>• Cooking lessons</li> <li>• Rent deposit schemes</li> <li>• Employment and training</li> <li>• Confidence building courses</li> <li>• It was also suggested that there should be services to support families and single fathers.</li> </ul>
OUTCOMES							
Knowledge of providers having to achieve outcomes	39%	28%	33%	61%	33%	6%	<b><i>Note: Service users in short term supported housing are much more aware of outcomes than service users in long term supported housing. This raises the question of support planning in long term supported housing.</i></b>



OUTCOMES							
Topics	Long-Term Supported Housing Service Users			Short term Supported Housing Service Users			Comments
	Yes	No	No Opinion	Yes	No	No Opinion	
Knowledge of the link between outcomes and support plans	50%	39%	11%	75%	18%	7%	<ul style="list-style-type: none"> <li>Of those who responded, 36% of service users in long term supported housing and 21% in short term supported housing found their support plans useful.</li> <li>14% of service users in long term supported housing responded that they do not need support, do not have a support plan or were not sure how useful having a support plan is.</li> <li>Only 1% of service users in short term supported housing said that they did attend enough key working sessions for their plan to be updated.</li> </ul>
SELF DIRECTED SUPPORT (SDS) AND GENERAL QUESTIONS							
Awareness of SDS	11%	47%	42%	13%	76%	11%	<ul style="list-style-type: none"> <li>In general, service users in long term supported housing appear to be more aware of SDS.</li> </ul>
Should HRS payments to be paid direct to service users	25%	31%	44%	23%	58%	19%	<ul style="list-style-type: none"> <li>Many of those service users responding in both groups said that the money may not be spent on support or that some people may not be able to manage money</li> </ul>
Should short term acc. should this be under the Choice Based letting scheme	11%	42%	47%	22%	58%	20%	<p><u>Comments:</u></p> <ul style="list-style-type: none"> <li>A person may not be in a fit mental or emotional state to bid on places.</li> </ul>
Has the programme made a difference	56%	11%		75%	25%		<ul style="list-style-type: none"> <li>Some service users in long term supported housing commented that helped to become more independent and work towards their goals.</li> </ul> <p><u>Comments made by service users in short term supported housing included:</u></p> <ul style="list-style-type: none"> <li>first opportunity to tackle problems</li> <li>has provided a roof over head but don't know about any difference yet</li> <li>hostel has 'saved' my life, made me feel like a valid member of the community.</li> </ul>

SELF DIRECTED SUPPORT (SDS) AND GENERAL QUESTIONS							
Topics	Long-Term Supported Housing Service Users			Short term Supported Housing Service Users			Comments
	Yes	No	No Opinion	Yes	No	No Opinion	
Improving the Programme							<p><u>Service users in long term supported housing made the following suggestions:</u></p> <ul style="list-style-type: none"> <li>• Pathways out of homelessness – from hostel to supported housing and then long term floating support. Along the way help them towards independent living but not force them into it if they are not ready.</li> <li>• More affordable housing</li> <li>• Put money into services that can provide first contact to homeless people.</li> <li>• There is a need for more information</li> <li>• Assist people to find employment which they are capable of participating</li> <li>• Support activities in the community where possible, designated to keep and improve health and general living.</li> <li>• More subsidies for vulnerable people in regard to bus passes and train fare reductions, reduction of cost on visits to gardens, day trips, theatre visits, sporting events etc. Also subsidised car parking at hospitals.</li> <li>• More personal contact from a warden because they are trusted-but they have too much office work. 24/7 cover. (sheltered)</li> <li>• Community drop ins for people to discuss their problems</li> <li>• Early education of children to make them aware of problems they could experience in the future.</li> <li>• Some service users also suggested more punitive measures against certain individuals to reduce demand for housing and support from those groups, for example offenders and lone teenage mothers.</li> <li>• Continue with current support-no changes needed.</li> </ul> <p><u>Service users in short-term supported housing made the following suggestions:</u></p> <ul style="list-style-type: none"> <li>• Creation of a peer housing scheme - work in partnership with landlords utilising empty buildings.</li> <li>• Support workers to have in-house expertise eg counselling</li> </ul>

SELF DIRECTED SUPPORT (SDS) AND GENERAL QUESTIONS							
Topics	Long Term Supported Housing Service Users			Short Term Supported Housing Service Users			Comments
	Yes	No	No Opinion	Yes	No	No Opinion	
Improving the Programme (Cont.)							<ul style="list-style-type: none"> <li>• More resources such as hostels for homeless people, more supported housing for people who misuse substances</li> <li>• More employment and training opportunities</li> <li>• Reduce the number of forms-less bureaucracy</li> <li>• Extend the length of time that support can be given</li> <li>• Be stricter with tenancies</li> <li>• Provide more feedback and information to service users</li> <li>• Enable clients to choose their own organisation to provide the support to them.</li> </ul>

#### **4. Providers Consulted as Part of Developing the First Draft of the Supporting People Strategy 2010-15**

Amicus Horizon  
Ashford Borough Council  
Avanti Partnership  
Carr-Gomm  
Canterbury City Council  
Catch 22  
Channel Homes (UK) Ltd.  
Crime Reduction Initiative  
Dartford, Gravesham, Swanley Mind  
Dover district Council  
East Kent Mencap  
English Churches Housing Group  
Gravesham Borough Council  
Home Group  
Hope  
In Touch  
Invicta Telecare  
Kenward Trust  
Maidstone Housing Trust  
MCCH  
Moat  
Porchlight  
Rethink Sahayak  
Richmond Fellowship  
Shepway District Council  
Thanet District Council  
The Bridge Trust  
Town & Country Housing Group  
West Kent Housing Association  
West Kent YMCA  
YMCA Thames Gateway