SUPPORTED HOUSING REVIEW
Needs and Gap Analysis
Appendix 2

Author: Gill Taylor
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1. Contents

1. Introduction

The Supported Housing Review comes at a time of rapid change in Haringey. To ensure our commissioning and service provision remains dynamic and responsive to need, it is timely to bring together the range of available data and technical insight to set a foundation for supported housing development in the coming years.

This report is a key deliverable in the 'Data Collection and Analysis' phase of the Supported Housing Review and relates to data collection and analysis activities conducted between February and May 2016.

2. Background

Supporting Housing in Haringey is commissioned by both the Housing Related Support (formerly Supporting People) Team, Children's and Adult Social Care. The programme has a combined annual expenditure of more than £21 million and provides housing and support to over 3900 vulnerable adults every night. More detailed information about the scope of services included in this review can be found in the Project Brief.

The review is taking place in a changing welfare, housing and care landscape. The on-going implementation of the Welfare Reform Act (2012), the Care Act (2014) and the Housing and Planning Bill all have a significant impact on the commissioning and provision of housing with support. Additionally, the current consultation around the future of supported housing funding present both opportunities and challenges to local authorities and supported housing providers locally and nationally.

Although periodic strategic reviews are common practice within the supported housing sector, there are a number of reasons why a review is pertinent now, including:

(a) The opportunity to align cross-departmental supported housing commissioning;
(b) The opportunity to reduce the use of temporary accommodation for homeless households;
(c) The opportunity to explore alternatives to residential care
(d) The opportunity to bring together a number of strategy and improvement initiatives that are in progress, planned or have been mooted
(e) The development of Haringey's Housing and Homelessness Strategies

In addition, there is a refreshed strategic direction for the authority and a number of relevant and newly available pieces of data:

(a) The Corporate Plan (2015-18) '*Building a Stronger Haringey Together'*, places emphasis on the impact of cross-cutting prevention, early intervention, independence and capacity building opportunities for Haringey residents. The key features are:
(b) The Medium Term Financial Plan proposals for significant savings, particularly within residential care;
(c) The availability of current demographic data and needs evidence from Adult Social Care;
(d) Completion of Decent Homes programme and recent stock condition survey in Sheltered and Community Good Neighbour schemes;

The review is an opportunity to explore the data available about services and service users. It will culminate in a set of recommendations, intended to guide future commissioning and service re-modelling to effectively meet the needs of vulnerable people. For details about the overall structure, project management or governance of the review, please read the Project Initiation Document.

2. Executive Summary

This report presents evidence about supported housing and its service users in Haringey, to draw conclusions about gaps in service and unmet need. Its aim is to set a foundation for strategic development that drives Haringey's supported housing offer into the future.

What does the evidence tell us?

We know that supported housing is a vital service that prevents homelessness, dependence and social exclusion. Most of our services are well used, provide strategically relevant support and are working hard to support vulnerable residents in challenging political and economic times.

In line with national trends, our population is ageing, diversifying and growing in complexity; more people with learning disabilities and mental health needs will require supported housing as older people than ever before and other older people will live longer but with more complex health needs. This has resulted in a significant gap in supported housing for older people with care needs, Extra-Care.

We don't know enough about vulnerable adults with protected characteristics defined by the Equality Act and what we do shows that we can do more to fulfil our duties under the Act. This is particularly the case in providing older people's services better suited to LGBT people, mental health services that address race and racism and gender specific support for young adults with disabilities and without.

There isn't enough choice available for people with learning disabilities and mental health needs, and independent living options are almost non-existent. We can do more to raise expectations and support positive risk-taking in support practices. To achieve this there needs to be improved communication and alignment between housing, health and care professionals.

Our responsibilities towards care leavers are due to change. Our young people's supported housing pathway is not fully meeting the needs of the current cohort and lacks the specialism to guide young people towards genuinely successful futures. Voids, evictions and unplanned moves are consistently higher than we would expect and it is clear that the particular vulnerabilities of our young people cannot be met in some of the physical environments of our current provision.

What does this mean for supported housing now and in the future?

The evidence shows that there are clear gaps in supported housing provision for older people, adults with learning disabilities, mental health and young people. The needs of these groups has changed in recent years and our housing support offer has not changed with them.

To support our changing population, we need to bring innovation into our older people's supported housing model, to build in additional capacity for people with different needs but also to identify opportunities to develop more specialist provision. We need to offer more support to enable older people to remain independent for as long as possible.

There is a gap in the diversity of provision and availability of choice for some client groups, specifically people with learning disabilities and mental health. This presents an opportunity to explore and diversify models like Housing First and Keyring. In general, maximising diversity within supported housing/living is a key area for growth, as is working in partnership with local services to prevent and intervene in housing issues sooner.

Evidence suggests that joint-commissioning supported housing for homeless young people and care leavers would improve outcomes, encourage specialism in the sector and offer economies of scale. There needs to be refreshed focus on improving education and employment outcomes as well as making sure young people are resilient enough to live independently.

We need to give more strategic guidance and direction to our providers as part of contract monitoring, commissioning and partnerships. Providers seem keen to diversify and innovate but feel unsure about the council's priorities and are reluctant to commit to new projects with so much uncertainty around LHA rates and changes in ASC etc. Part of this work is significantly improving the way that data is captured and

outcomes are monitored, to steer commissioning priorities and guide where providers need support or are demonstrating best practice.

There is a gap for a specific supported housing Capital Development Plan or another method of ensuring that specialist housing is recognised as central to delivering our commitments under the Housing Strategy. Such a plan could align capital bidding opportunities with needs and gaps information, ensuring particular client groups and housing types are prioritised as appropriate. Commissioners and providers are interested in working with a clear pipeline for new projects that gives time for the development of partnerships for bidding and developing new schemes. There is a particular appetite for the development of purpose-built environments for learning disabled adults and young people.

3. Aims & Objectives

The overall aim of the review is to ensure the council is able to deliver a range of quality, integrated provision to meet the often complex and interrelated support needs of vulnerable people in Haringey.

The aim of the needs analysis is to refresh what is known about vulnerable people in need of supported housing in Haringey. This includes establishing the availability and suitability of current provision and forecasting the potential demand for supported housing for different user groups over the next twenty years.

The report delivers:

- An analysis of data available about the needs of supported housing service users
- Technical and experiential intelligence from stakeholders, service users and carers
- Projections of supported housing demand

4. Methodology & Scope

The following analysis combined **primary research** through quantitative multi-source data analysis with **secondary research**, through stakeholder engagement, service user and provider surveys, events and site visits. The key research tasks and the methods used are detailed at the start of the 'Data' and 'Intelligence' sections of the report.

The needs & gaps analysis has attempted to project and interpret potential future need over the next fifteen years using a variety of datasets. Projections of this nature should be treated with caution due to the challenges of predicting influential factors such as housing costs and community regeneration initiatives; however it does provide a basis for considering a strategic response to a diverse and changing population.

Supported housing in Haringey supports a diverse range of vulnerable client groups and involves a number of strategic partnerships and stakeholder groups. The needs analysis reflects this and has used both quantitative and qualitative approaches to engage with a range of service users, providers, council and CCG stakeholders as well as the wider voluntary and community sector, carers and sub-regional commissioning colleagues.

Client groups have not received an equal level of focus in this review and this is intentional. Client groups have been prioritised according to their strategic importance, the time since last full review or upcoming recommissioning. This has led to the following groups being given priority;

- Older People
- Learning Disabilities
- Mental Health
- Young People

The cohort of people living in supported housing due to a physical disability is very small and was therefore not a significant focus of the analysis. However, many older people and people with learning disabilities also have physical disabilities and/or accessibility needs and therefore this cohort is discussed as part of the analysis of those two groups. Client groups including single homeless adults, substance misuse and offending will form the focus of later review activities.

5. Data

Quantitative analysis drew on available local, regional and national data. There is a wealth of data available about Haringey's wider and specific populations, principally encapsulated by the Joint Strategic Needs Assessment, Index of Multiple Deprivation and Census data as well as the Housing Strategy development work and ongoing market analysis by Adult Social Care.

Besides some context data about the borough this report will focus specifically on available data about the supported housing population, using borough data as a comparator to evidence growing need in particular areas. Where complete datasets were unavailable snapshots have been used to articulate the needs of a cohort. Therefore, it's likely that the true scale of demand is under-reported here although where possible multiple sources have been used to account for this.

Sources	
POPPI/PANSI GLA Population Data OHMS/Crystal MOSAIC (Adult Social Care database) SPOCC (housing-related support database) Supporting People KPI Workbooks (2015/16) SP Client Records Data (2012-14) Quality Assessment Framework Reviews Learning Disability Census GIS Mapping Haringey Joint Strategic Needs Assessment (2014)	Index of Multiple Deprivation (2015) HfH Allocations Policy [online] Census 2011 data 'Care Analytics Care Home Market Report' (2015) Haringey Corporate Plan (2015-18) Medium Term Financial Plan Homes for Haringey (HfH) Stock Condition Survey (2015) 'The Cumulative Impact of Welfare Reform in Haringey' (2016)

Content note: The Quality Assessment Framework is a contract monitoring and review tool used by housing-related support commissioners and has its origins in the former Supporting People Programme. It is made up of five elements, where a score of C signifies an adequate service with the expectation for improvement and A is awarded for evidence of best practice in that area. References to QAF scores in subsequent sections use the most recent QAF scores awarded or proposed by Haringey's Housing-Related Support (HRS) Team. The HRS Team acknowledge that the QAF is a resource heavy process which is overdue for replacement. It does not adequately capture the strategic relevance, value for money (VFM) or partnership work of services effectively. The team plan to develop a more outcomes-focussed process in 2017.

6.1 Borough Profile

The borough has a population of 270,983 people, with lower than average numbers of older people, more than 100 languages spoken and around 40% of our residents from ethnic minority backgrounds.

Haringey is the 20th most deprived borough in England and the 6th most deprived in London (Index of Multiple Deprivation, 2015). These figures are affected by the significant inequality between the boroughs 'richest' and 'poorest'; wards in the West rank amongst some of the least deprived nationally whilst wards in the East are amongst some of the most extremely deprived in the country. Council initiatives such as the Tottenham Regeneration project are tasked with addressing some of this inequality by creating new homes, jobs and investment opportunities in the area.

The population is set to grow and age over the next 15 years to 2030, with GLA estimates predicting the most significant growth in those aged 50+. Office for National Statistics (ONS) data suggests that Haringey population growth is due to an increase in birth rates and a net gain from international migration, which in 2014/15 was principally made up of migrants from Romania, Bulgaria and Italy. The population is expected to increase by around 15.3% over the next 15 years, or by around 42,000 people.

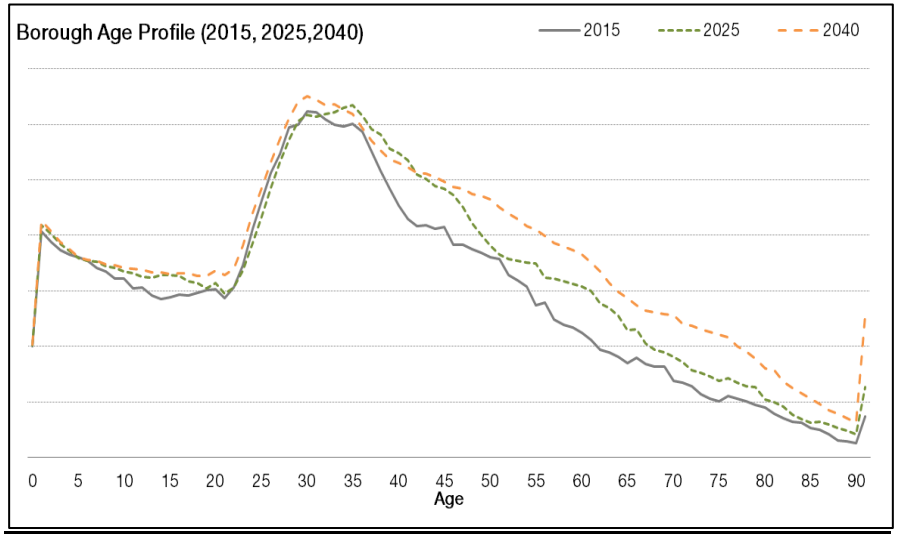
Figure1: Source: GLA 2014 Round SHLAA Capped Household Size Model Short Term Migration Scenario Population Projections (April 2015)/Custom Age Tool

	2015	2020	2025	2030
Population	270,983	286,869	300,597	312,392
% increase	N/A	5.9	4.8	3.9

Age

The biggest growth in population is projected in those aged over 50 years old which has some obvious implications for the provision of supported housing to be explored later. However, the GLA projections also indicate a decline in residents aged 25-30 years old. The projections are unable to consider environmental factors such as housing sale and rental prices which typically have a significant impact on population shifts for this age group.

Figure 2: *London Data Store / GLA 2014 Round SHLAA Capped Household Size Model Short Term Migration Scenario Population Projections (April 2015)*



Ethnicity

About 40% of Haringey's population are from black and minority ethnic backgrounds. 40% of residents were born abroad, and 30% have a main language other than English (ONS, 2011). The majority of the BAME population lives in wards in the deprived east of the borough; this includes newly arrived migrants of all ethnicities.

The BAME population in Haringey is growing but not across all ethnic groups; Black Caribbean and Indian populations are projected to decrease. People from mixed ethnic backgrounds are the fastest growing BAME group nationally and 2011 Census data shows that 6.5% of Haringey's population are of mixed heritage, compared with 5% of the whole London population.

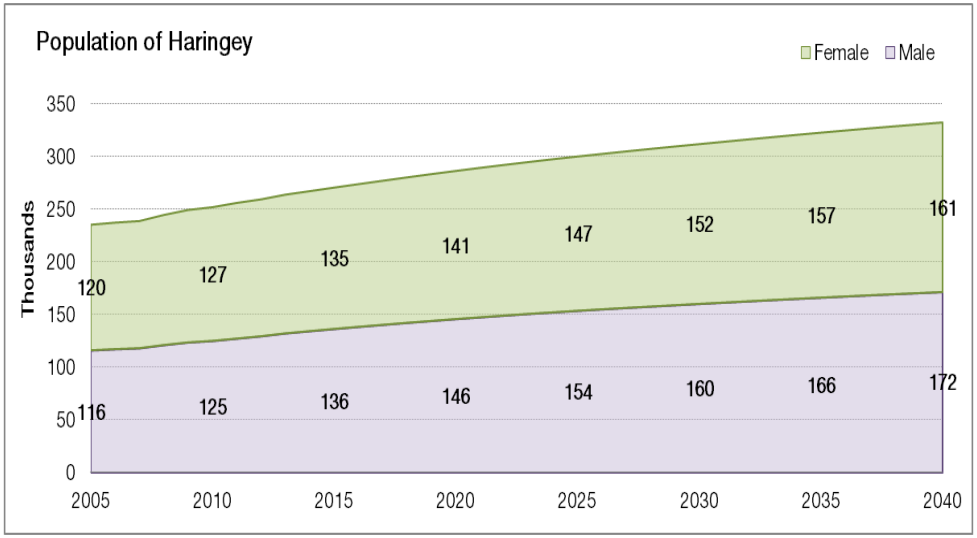
Figure 3: GLA 2013 Round SHLAA Capped Ethnic Group Borough Projections (August 2014)

Ethnicity	2015	2020	2025	2030
Bangladeshi	1.8%	1.8%	1.8%	1.9%
Black African	9.0%	9.0%	9.0%	9.0%
Black Caribbean	6.4%	5.7%	5.3%	5.0%
Black Other	6.1%	6.7%	7.0%	7.3%
Chinese	1.6%	1.7%	1.8%	1.8%
Indian	2.2%	2.1%	2.1%	2.0%
Other	7.6%	8.4%	8.9%	9.2%
Other Asian	5.2%	5.6%	5.9%	6.0%
Pakistani	0.7%	0.6%	0.6%	0.5%
White	59.5%	58.4%	57.7%	57.2%
All BAME	40.5%	41.6%	42.3%	42.8%

Gender

Women made up 49.8% of Haringey's population in 2015, but this is set to slightly decrease in the next 15 years to 48.7% by 2030. There is currently no data available about the transgender population of Haringey although trans and gender non-conforming people are estimated to make up about 1% of the national population.

Figure 4: Greater London Authority 2015 / 2014 round population projections



Disability

People with disabilities make up a relatively small proportion of Haringey residents and the majority of people with any type of disability or long-term illness, including physical, sensory and mental health conditions, live at home in the community.

The largest group of people with disabilities for whom the council provides services are people diagnosed with a moderate to severe learning disability (0.38% of the population). In Haringey, around 580 people receive services from the local authority in relation to their learning disability. Of these, more than half live in the community with carers.

There are currently 44 people with learning disability aged over 65 years. Nearly 60% of this group are cared for in residential care, 11% live in Supported Living and the rest live in their own home.

Men are diagnosed with learning difficulties more frequently than women, with the largest prevalence in those aged between 25-44 (58% of 1045 Haringey residents with severe to moderate learning disabilities in 2015)

For people with disabilities around mental health, women are more commonly diagnosed than men for all disorders except anti-social personality disorder. For this condition, there is a higher prevalence of diagnosis of men from black backgrounds, particularly relevant here due to Haringey's Black Caribbean and African populations. Anti-social personality disorder is associated with increased likelihood of criminal justice system intervention, suicide and self-harm which are also risk factors for homelessness and supported housing demand.

People with physical disability as their primary need are a small cohort in supported housing, typically being supported in their own homes with adaptations and home care. However, a small number of people do require physically accessible supported housing, especially within the older population.

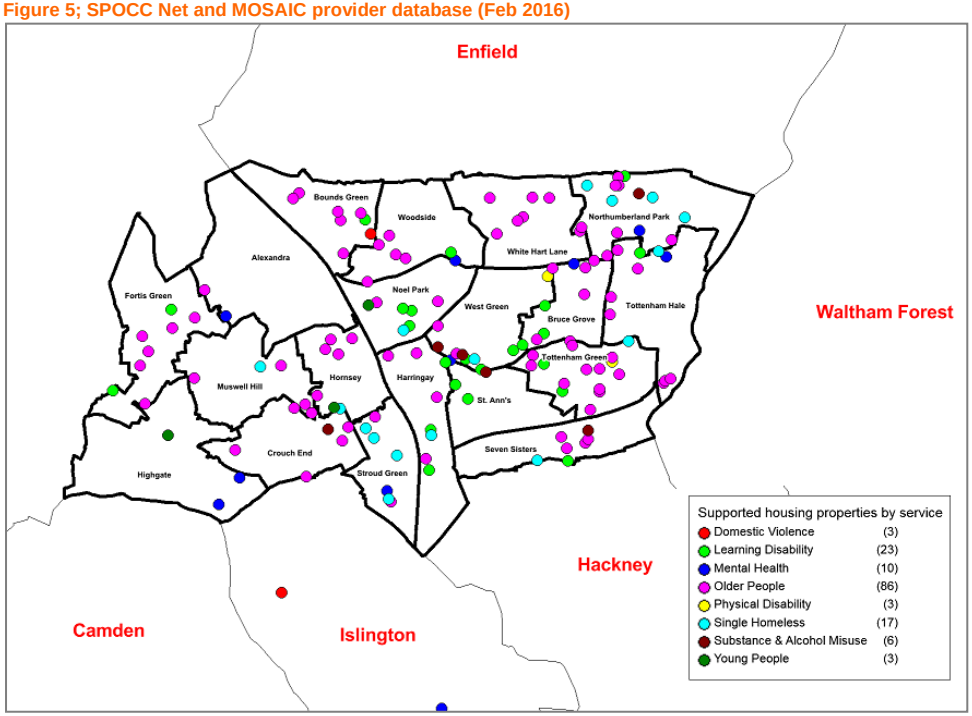
According to POPPI/PANSI all need groups are predicted to see an increase by 2030.

	2015	2020	2025	2030
People 18-64 with a moderate or severe learning disability	1045	1119	1171	1210
People 18-64 with an anti-social personality disorder	662	716	757	784
People 18-64 with two or more psychotic disorders	13,418	14,305	14,941	15,374
People 18-64 with a serious personal care physical disability	1365	1494	1598	1671

6.2 The Supported Housing Portfolio

Supported Housing in Haringey is provided to 8 different but often overlapping primary adult client groups in varied settings and support levels according to individual need. Those highlighted in grey in Figure 6 are the primary focus of the Supported Housing Review.

Figure 5; SPOCC Net and MOSAIC provider database (Feb 2016)



The majority of supported housing services are situated in East and Central Haringey, with those in the west typically for older people and people with disabilities. However all services offer borough-wide eligibility and service users may regularly move between services where they are short-term.

This report is interested in the supply and demand of support and accommodation provided as part of the same package. Therefore, all figures presented here are supported housing services only; not residential and nursing care, housing advice nor floating/visiting support of any kind.

Figure 6; Supported Housing Units Commissioned by the Council

Client Group	HRS Commissioned Units	ASC/CYPS Commissioned Units (Feb 16)
Older People	2002	80
Mental Health	122	157
Learning Disabilities	59	131
Physical and Sensory Disabilities	23	20
Young People inc. Care Leavers	65	94
Single Homeless	157	0
Substance Misuse & Offenders	52	0
Domestic Violence	21	0
Total	**2551**	**482**

Both Adults and Children's Social Care teams commission services on a spot-purchase basis, whereas the Housing Related Support Team commission predominantly block gross contracts. Therefore, ASC/CYPS units vary according to need but the above figures are correct at time of writing.

Figure 7; Types of Unit and Average Spends (December 2016)

Housing-Related Support Units	2551
Semi-Independent Units (spot purchase)	94
Extra Care Units	182
Supported Living Units (spot purchase)	329
Average Housing-Related Support Unit Price	£54.39 pppw

Average Semi-Independent Unit Price	£290.94 pppw
Average Extra Care Unit Price	£803.40 pppw
Average Supported Living Unit Price	£616.15 pppw
ASC Spend (15/16)	£10m
CYPS Spend (15/16)	£2.2m
HRS Spend (15/16)	£5.5m

The unit prices detailed above should not be seen as directly comparable, but fulfilling a spectrum of support levels and types. Supported Living typically provides high level support, often with 1:1 (or higher) staff-service user ratios, in specially adapted environments. Other supported housing typically provides lower level support in a range of settings and staffing designations, with a more preventative focus. This accounts for the significant difference in unit and programme expenditure between HRS and ASC. Nevertheless, feedback from ASC commissioners implies that the 'supported living' market is in need of a refresh to increase diversity and reduce unit costs.

A cost-benefit analysis conducted by CapGemini in 2009 provides evidence that preventative housing related support offers broad financial benefits for the vast majority of client groups. The analysis compared the cost HRS interventions with the contra-indicative costs of acute psychiatric admissions, arrest, A&E contacts, tenancy failures etc. The funding of supported housing and other related support and care services has changed significantly since 2009. It is likely that efficiency savings within the former Supporting People programme have actually increased the cost-benefit of services since 2009. Irrespective, this data demonstrates that providing supported housing as a preventative response for vulnerable people with housing related support needs is cost effective and reduces pressure on other statutory interventions.

Client group	Net Benefit *per £100 spent*
People with alcohol problems	£444
Women at risk of domestic violence	£272
People with drug problems	£524
Single homeless with support needs – settled accommodation	£24
Single homeless with support needs – temporary accommodation	£91
People with learning disabilities	£193
People with mental health problems	£220
Offenders or people at risk of offending	£73
Older people in sheltered accommodation	£326
Older people in very sheltered accommodation	£381
People with a physical or sensory disability	£258
Young people at risk – settled accommodation	£28
Young people at risk – temporary accommodation	£70
Young people leaving care	-£6
Average	**£211**

Figure 8; Supporting People Programme Cost Benefit Analysis/CapGemini/2009

6.3 Older People

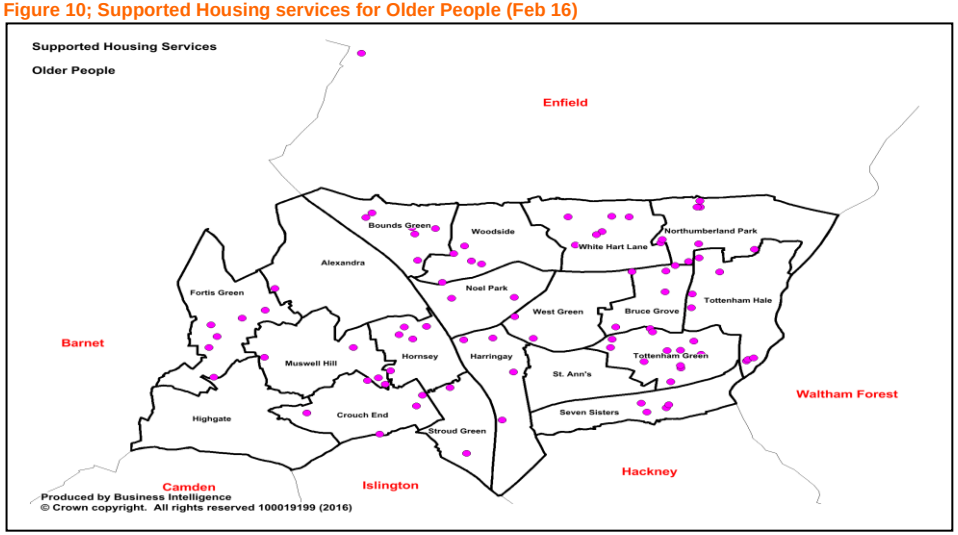
Current Provision

Supported accommodation for older people is broadly provided by four service types; community good neighbour schemes, sheltered housing, supported living and extra care, with the latter being the highest support and the former the lowest.

Haringey currently commissions more than 84 supported housing services for older people under 12 block contracts and 1 Service Level Agreement (SLA) with 9 providers. Spot purchasing arrangements are in place for supported living placements commissioned by ASC.

There are almost 2200 older people living in supported housing (including Extra Care) in Haringey at the time of writing. The highest proportion of these (1333 residents) live in Homes for Haringey (HfH) managed Sheltered Housing or Community Good Neighbour Schemes. These schemes utilise council housing stock across the borough.

Figure 10; Supported Housing services for Older People (Feb 16)



In 2016, the Housing Related Support Team undertook full Quality Assessment Framework (QAF) reviews of the older people's supported housing portfolio. The current contracts for all HRS older people's services expire in 2018 (the SLA with HfH expires in 2026) and the last full review of older people's services was last completed in 2005.

Figure 11; Draft QAF Scores/HRS Services/2016

Provider	Draft QAF Scores				
	Assessment & Support Planning	Security, Health & Safety	Safeguarding & Protection from Abuse	Fair Access, Diversity & Inclusion	Client Involvement & Empowerment
OP Provider A	*TBC*				
OP Provider B	A	B	A	A	A
OP Provider C	C	B	B	C	B
OP Provider D	B	B	C	C	C
OP Provider E	*TBC*				
OP Provider F	B	B	C	C	C
OP Provider G	A	B	B	B	B
OP Provider H	C	C	C	C	C
OP Provider I	A	A	A	A	B
OP Provider J	C	B	C	C	C
OP Provider K	C	C	C	C	C

The draft scores show that all provision meets minimum standards, with pockets of good practice notably from OP Provider B and OP Provider I.

Demand & Utilisation

Service utilisation across the portfolio is high, with no scheme reporting lower than 98% occupancy in any quarter during 2015/16.

Figure 12 shows demand for services is around 20% of overall capacity which is quite low and is much lower for community good neighbour schemes. Additionally, of the 197 people on the HfH waiting list in May 2016, only 35% of these are active. Waiting list data shows that 39% of applicants have been waiting for more than 3 years because of a desire to live in one specific scheme and 53% had refused more than one offer. This indicates low demand and a potential requirement to look more closely at eligibility criteria and an offer-policy. However, 10 people on the waiting list required wheelchair accessible properties and the majority of these had been waiting for than 2 years indicating unmet need.

Figure 12: Referrals & Waiting List Snapshot/Enhanced QAF Questionnaire&OHMS snapshot

Type	Referrals	Waiting List
Homes for Haringey	304	197
Voluntary Sector (5 Respondents)	25	19
Total	**329**	**228**

Data about the tenure types of applicants shows that 69% of Sheltered and 41% of CGN demand comes from people in local authority tenancies. However, this cohort only makes up 35% and 15% of lettings respectively. However 38% of all 15/16 lets were made to applicants living in the private rented sector, where homelessness is more likely as tenure is less secure, rapid increases in rental values and property adaptations being subject to landlord permission.

Turnover is varied between older people's schemes, with Homes for Haringey seeing the highest at approximately 10% per year whilst others only experience <1% turnover annually. Despite the high turnover in HfH managed schemes, a significant number of available properties (33% of vacant-available at the time of writing) have been vacant for more than 3 months. Work is ongoing to reduce the void times of sheltered housing properties where vacancies are known well in advance and void works are typically minimal.

Using the Housing LIN *Strategic Housing for Older People Analysis Tool*, an over-provision of around 41% (540 units) of low-level sheltered housing is suggested in Haringey and under-provision of at least 214 medium to high support accommodation. This complements the low demand for sheltered/good neighbour recorded by Homes for Haringey; however, it does not take into consideration the drive to find alternatives to residential care which will increase the 214 figure substantially.

Predicted Population Change

The impact of an aging and diversifying population on supported housing services is difficult to accurately predict. Generally higher levels of social and economic exclusion in older age are likely to most significantly impact those who face deprivation and poorer health outcomes in earlier life including migrants, BAME groups, the previously homeless and people with disabilities.

Figure15 & 15a; GLA 2014 Round SHLAA Capped Household Size Model Short Term Migration Scenario Population Projections (April 2015)

	50+	60+	70+	80+	90+
2015	**62,600**	**34,400**	**16,700**	**5,800**	**700**
2020	71,100	39,200	19,400	7,000	900
2025	79,100	45,500	22,100	8,000	1,300
2030	87,400	51,800	25,400	9,600	1,600

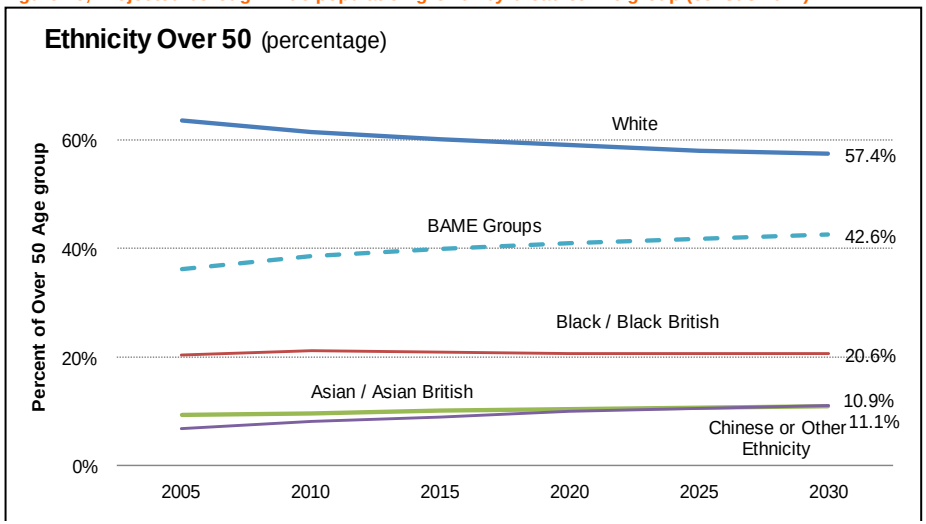
There are currently approximately 62,600 people aged over 50 years old in Haringey, a population that the GLA predicts will grow by 37.7% over the next fifteen years, faster than the rate of change in London and England. Older people in supported housing make up about 3.5% of the overall population. If the population growth projections are applied with the assumption that the current provision levels are replicated there will be a need to support approximately 702 additional service users by 2030.

There are currently 36 older people (3.5%) identified as living with a learning disability in HfH managed sheltered housing. The figure across the full portfolio of services is undoubtedly much higher. People with learning disabilities are living longer and POPPI/PANSI projections would indicate a 43% increase in the number of people aged 55+ with moderate to severe learning disabilities by 2030. Applied to the current supported living and sheltered housing population, this indicates a requirement for additional capacity for older people with learning disabilities of approximately 22 units by 2030, in addition to the existing population.

Ethnicity

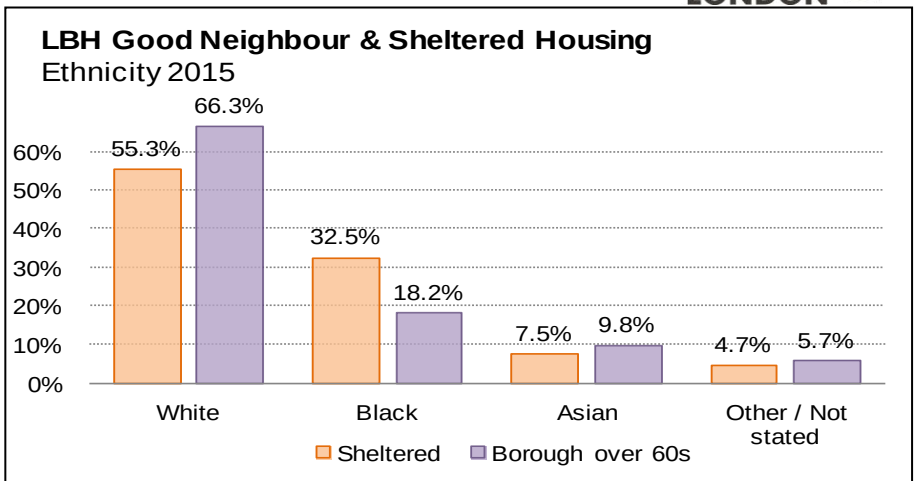
Already the borough with the 5th most ethnically diverse older population in London, this is set to diversify further by 2030. By 2030 older people from BAME groups will make up almost 43% of the over-50 population in Haringey.

Figure 16; Projected borough-wide population growth by broad ethnic group (census 2011)



BAME groups currently represent 44.7% of the supported housing population, with people from Black backgrounds significantly over-represented in both supported living and housing-related support schemes.

Figure17; HfH Sheltered and CGN population by broad ethnic group compared with borough population



Gender & Sexuality

There is very little information about the LGBT older population in Haringey. Sheltered housing data shows that only 0.4% of older people identify as non-heterosexual, with a further 5.8% choosing not to disclose the information. The needs of Haringey's LGBT older people are conspicuous in their absence and this is something that should be addressed to meet the requirements of the Equality Act (2010) and to maintain and build on the strong LGBT history of the borough.

Women generally live longer than men and this is reflected in older people's sheltered and community good neighbour services, with 53% of the population identifying as women. However, in supported living services in 2016 there are a significantly higher proportion of older men (73.6%) receiving support than women.

The group with the most significant gender disparity is people being supported due to mental ill-health. In this cohort that is typically people living with dementia. When asked about gender-specific services, older sheltered housing tenants fed back that living in mixed-gender services was a positive experience, many had lost their spouses prior to moving to sheltered housing and they enjoyed the company of the opposite sex so long as their individual privacy was respected. However, a small number of

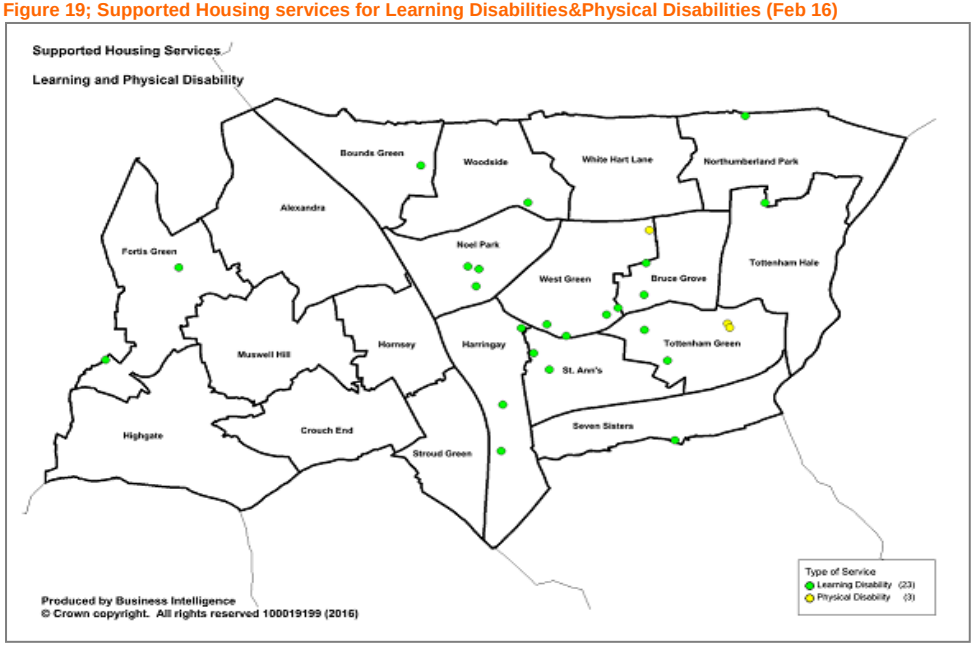
people felt that a gender-specific option would make some women feel safer.

6.4 Learning Disability

Current Provision

Supported housing for people with learning disabilities is commissioned principally by Adult Social Care (ASC) with about 30% of provision commissioned by Housing Related Support (HRS). HRS provision is typically lower-level support with a preventative focus whereas adult social care commissioned supported living is high support for people with support and care needs.

Figure 19; Supported Housing services for Learning Disabilities&Physical Disabilities (Feb 16)



There are 193 people living in specified learning disability supported housing. The majority of these (128 people) live in spot purchase supported living placements commissioned with 30 providers. People with learning disabilities are also supported in other types of provision e.g. 3.5% of the sheltered housing population are recorded as having a learning disability.

The Housing-Related Support Team currently commission 65 units of supported housing for people with learning disabilities in 8 services with 5 different providers under 4 contracts and 1 Service Level Agreement with an internal service.

Besides the Shared Lives scheme, which is akin to adult foster care, supported housing for people with learning disabilities is provided in single occupancy rooms with shared facilities and communal spaces. LD Provider A and LD provider C are the largest providers in the borough and are jointly commissioned to provide both ASC and HRS supported housing services.

The most recent QAF reviews were conducted in 2014. Compliance with quality standards in supported living is monitored formally by the CQC or by quality assurance relationships with commissioning and contracts officers – services must pass an annual inspection to continue operating.

Figure 20: QAF Scores/HRS Services/2014

Provider	QAF Scores				
	Assessment & Support Planning	Security Health & Safety	Safeguarding & Protection from Abuse	Fair Access, Diversity & Inclusion	Client Involvement & Empowerment
LD Provider A	C	B	C	B	B
LD Provider A	C	B	C	C	B
LD Provider A	C	B	C	B	C
LD Provider B	C	B	B	B	C
LD Provider C	A	B	B	B	B
LD Provider D	C	B	C	B	B

There is understandable variance between the cost of HRS supported housing and ASC commissioned supported living. This reflects the fact that Supported Living provides much higher levels of support whereas housing-related support is typically preventative and therefore much lower level.

Figure 22: LD Supported Living and HRS Unit average unit costs and range (April 2016)

	Supported Living	Housing-Related Support
Average pppw (£)	£764.69	£146.05
Price Range	£160.76 - £3549.57	£72 - £285
Annual Spend	£5,143,390.45	£495,001.00
Biggest market Share	LD Provider C	LD Provider A

Approximately 24% of supported living placements for people with learning disabilities cost more than £1000 per week (31 placements as of Feb 2016).

Demand & Utilisation

Care Analytics data compiled in 2015 showed that whilst we provide an average number of residential care placements to people with learning disabilities per 100,000 of population. However, the cost of these placements was significantly higher than similar and neighbouring authorities, and as such LD placements were identified as an area for transformation. To address this, the Medium Term Financial Plan 2017 (MTFP) is now the most significant driver of demand for supported housing over the next three years and learning disability placements are the priority for transformation.

The plan seeks to find alternatives to expensive in and out of borough residential and nursing care placement for people with learning disabilities. For most people this will mean a move into Supported Living placements. Supported Living is expected to be generally lower-cost and for many individuals it will offer more diversity and independence.

Figure 23: LBoH MTFP LD placement targets (Dec 2016)

Year	Transformation Placements
15/16	73
16/17	63
17/18	63 (expected)

The transformation target alone would mean a percentage increase in demand for supported living of more than 55% not including any additional demand from population change.

There are currently 30 out of borough supported living placements for people with learning disabilities. Typically it would be expected that this provision would be particularly high-cost but in fact 64% fall below the average unit price for this type of support and only two placements are ≥£1.5k per week.

Approximately 40 young people with learning disabilities meet the threshold for adult social care through transitions each year, although in 2015/16 53 young people made the transition. Whilst they require a mix of provision not all of which is accommodation based, some demand for supported living is common in that cohort.

There has been a 52% increase in the number of people with learning disabilities living in supported living placements since 2012, from 85 to 131 people. Rather than seeing this entirely as an increase in demand, it is likely that this is due to increased preference of this model of provision and in 15/16 as a result of the MTFP.

In 2015/16 there were 42 new admissions to learning disabled supported living placements, a 68% increase on the previous year with a steeper curve in admissions in the latter part of the year which is evidence of the efforts to achieve MTFP targets. 31 placements ceased in 2015/16, which shows that a 35% increase in demand was met through spot purchasing arrangements, in 2014/15 the increase in demand was 25% for the same cohort.

Quarterly KPI returns collected by the HRS Team show average utilisation rates at 86% for year-end 2015/16. Whilst the number of actual vacancies

is not high, it is the longevity of the voids that are of note, with the majority void for more than six months. Provider and stakeholder insights into the reasons for this are explored in the Intelligence section of this report.

Figure 24: HRS learning disability service utilisation rates/KPI Workbook returns15/16

Provider	Average Utilisation Rate	Vacancies
LD Provider A	80%	2
LD Provider A	100%	0
LD Provider A	96.2%	1
LD Provider B	66.7%	1
LD Provider C	100%	0
LD Provider D	75%	1
Total	**86%**	**5**

At year-end 2015/16, 96% of service users in learning disability HRS supported housing having resided there for more than 2 years. These services are long-term and therefore moving people on as an outcome of support is not a contractual expectation. However, this shows that housing independence is not considered a priority; further research found there are no independent living options for people with a learning disability in Haringey.

Equally, given the additional demand generated by people moving from residential care into supported living, it was anticipated by commissioners that a cascade effect would be evident in referrals and demand for HRS provision i.e. that as well as people transitioning from residential care into supported living, some people would also then transition from supported living into HRS provision. This effect is not evident so far.

Predicted Population Change

There are currently approximately 5,100 people in Haringey living with a learning disability. Of these just over 1,000 people are diagnosed as 'severe to moderate' which are the group most likely to require supported housing or residential care. PANSI data forecasts the number of adults in this group will increase by 15.7% between 2015 and 2030. Growth is heavily concentrated amongst the older age groups, where there is expected to be an 87.5% increase in the number of adults with learning disabilities over 85 over the same period.

Figure 25: PANSI population projections (April 2016)

Age Range	2015	% change	2020	% change	2025	% change	2030
18-24	652	0.3%	640	-1.8%	628	-1.9%	665
25-34	1,477	1.0%	1,524	3.2%	1,519	-0.3%	1,479
35-44	1,142	2.5%	1,273	11.5%	1,361	6.9%	1,393
45-54	809	1.3%	856	5.8%	917	7.1%	1,019
55-64	496	2.9%	592	19.4%	671	13.3%	701
65-74	301	3.1%	341	13.3%	377	10.6%	452
75-84	167	1.8%	177	6.0%	205	15.8%	234
85+	**50**	**4.2%**	**62**	**24.0%**	**78**	**25.8%**	**90**
18+	**5,092**	**1.6%**	**5,466**	**7.3%**	**5,756**	**5.3%**	**6,033**

As of February 2016, 42% (131) of clients in supported living services were people with learning disability as their primary support need. PANSI data predicts an 18% increase in the number adults 18+ with learning disabilities in Haringey between 2015 and 2030. This would imply an increase in demand for an additional 24 units in 2030. This increase is set out in the table below:

Age group	2015-2020	2020-2025	2025-2030	2025-2030
18+	7.34%	5.31%	4.81%	18.48%
	131	137	144	151

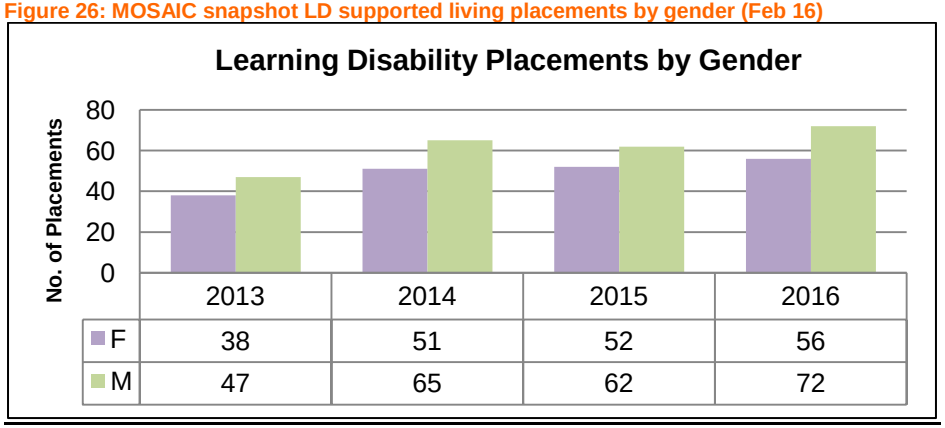
In 2016, the majority of learning disabled supported housing users (58%) are aged between 25-49 years old, which remains a relatively stable proportion of the total cohort in the snapshot data. However, 36 residents are over the age of 50, representing 28.24% of the client group this year, a growing population both in number and proportion every year since 2012. Those aged 18-24 years old are a decreasing cohort within the supported living population.

The median age at death for people with learning disabilities is 24 years (30%) younger than adults who do not have learning disabilities[1]. However, people with learning disabilities are living longer and it is increasingly likely that they will outlive their parents. For many learning disabled people, this will mean the loss of a parent and primary care giver at once.

By Gender

Women are significantly over-represented in Haringey supported housing, making up around 45% of the population in each annual snapshot, compared with only 25.4% in the general population recorded by the Learning Disabilities Census[2].

Figure 26: MOSAIC snapshot LD supported living placements by gender (Feb 16)



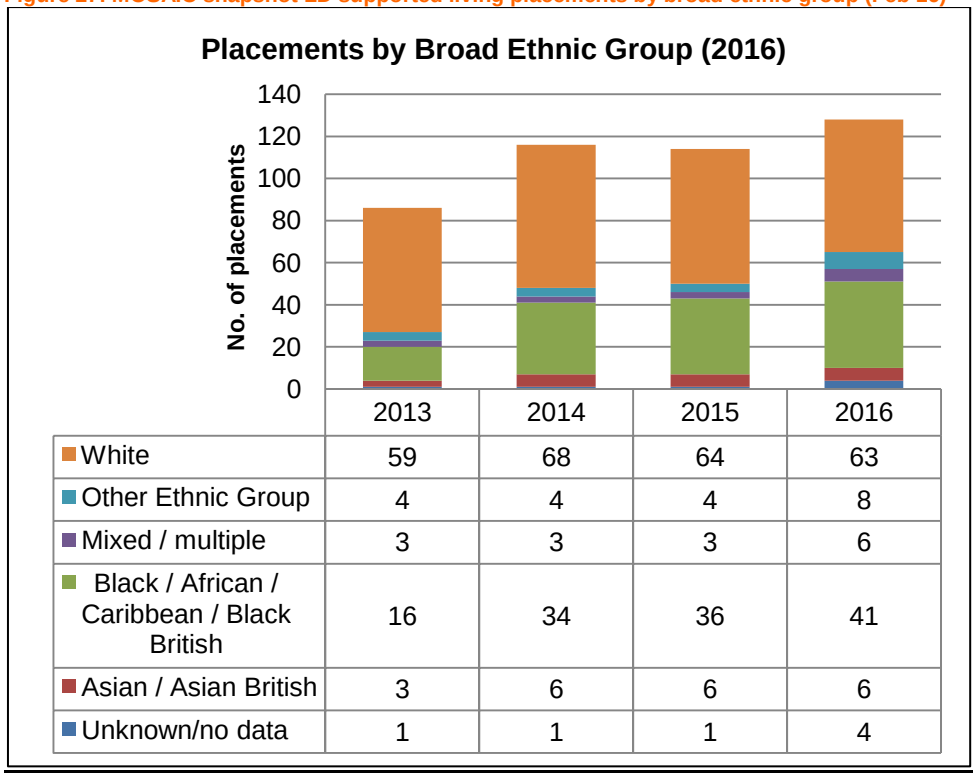
	2013	2014	2015	2016
F	38	51	52	56
M	47	65	62	72

Despite being over-represented against national data, and growing in number, the percentage of women in supported living remains reasonably stable as a proportion.

By Ethnicity

People in supported living are disproportionately from non-white backgrounds, with particular over-representation from all black backgrounds, who make up 32% of the learning disabled cohort in supported living. This is 5% higher than the same population in Haringey as a whole.

Figure 27: MOSAIC snapshot LD supported living placements by broad ethnic group (Feb 16)



	2013	2014	2015	2016
White	59	68	64	63
Other Ethnic Group	4	4	4	8
Mixed / multiple	3	3	3	6
Black / African / Caribbean / Black British	16	34	36	41
Asian / Asian British	3	6	6	6
Unknown/no data	1	1	1	4

[1] People with Learning Disabilities in England 2012 Eric Emerson, Chris Hatton, Janet Robertson, Susannah Baines, Anna Christie and Gyles Glover

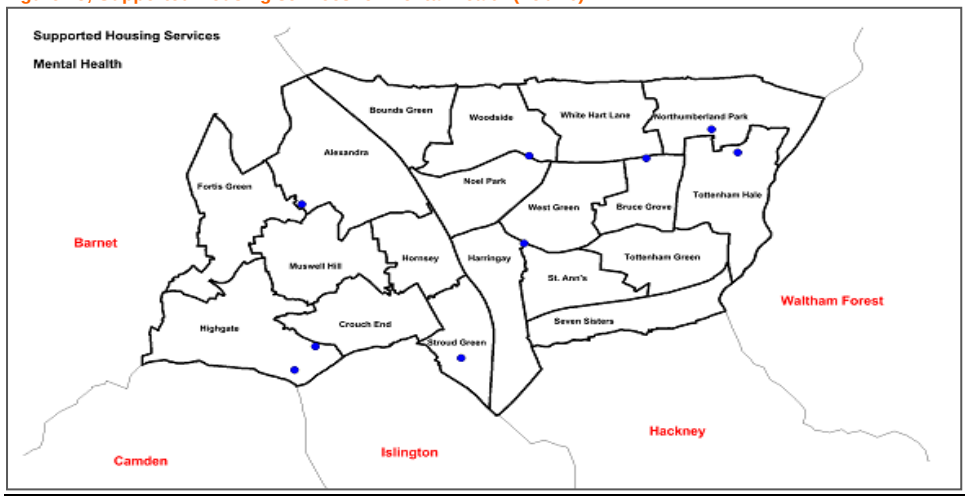
[2] http://www.hscic.gov.uk/catalogue/PUB19428

6.5 Mental Health

Current Provision

Supported housing for people with mental health needs is commissioned between Adults and Housing commissioners, with 44% commissioned by Housing Related Support (HRS) in block contracts and the remaining by Adults Social Care.

Figure 28; Supported Housing services for Mental Health (Feb 16)



As at February 2016, Adults Social Care commission 154 spot purchase placements with 37 different providers. MH provider A currently deliver the largest proportion of these placements (31%). In addition, 12 units of older people's sheltered housing have been recently redesignated as short-term step-down accommodation for people with mental health needs being discharged from hospital.

In addition to specialist accommodation, people with mental health needs are supported in all types of provision. For example 16% of the sheltered housing population are recorded to experience a mental health need, the true figure is expected to be much higher.

Housing commission 123 units of supported housing for people with mental health needs in 7 services (forensic, step-down and visiting) with 3 different providers under 3 block contracts which operate as pathway. The current contracts started in April 2016. The pathway offers tapering support over a typical two-year period. The pathway contains 55 units of high support forensic accommodation, 10 step-down (from forensic) beds and 68 units of visiting support. No QAF reviews have yet been undertaken on the pathway.

There is significant difference between the cost of HRS supported housing and ASC commissioned supported living which is to be expected due to the different service types provided. However, the difference is smaller than for the learning disability cohort and the number of placements with a weekly unit price of ≥£1000 is significantly less in this cohort (1 placement as of Feb 2016).

Figure 29: MH Supported Living and HRS Unit average unit costs and range (April 2016)

	Supported Living	Housing-Related Support
Average pppw (£)	£517.76	£141.34
Price Range	£141.29 - £1820.00	£83.52-£224.42
Annual Spend	£4,184,394.03	£906,438.25
Biggest Market Share	MH Provider A	MH Provider B

There is a wider provider base for mental health supported housing than for learning disabilities in Haringey. This is reflected in more competitive prices for this cohort and less of the market share dominated by one single provider.

Demand & Utilisation – Supported Living

The Medium Term Financial Plan 2016 (MTFP) is the most significant driver of demand for supported living over the next three years and whilst mental health placements are a reasonably small focus, demand is still expected to increase as a result.

The plan seeks to find alternatives to expensive in and out of borough residential and nursing care placements for people who would benefit from more independence. For most people this is expected to mean a move into a supported living placement. It is hoped that this will create a cascade effect across supported housing provision, i.e. suitable people from each type of support will be encouraged to step-down into more independent and lower support placements so as not to create a bulge in supported living demand that cannot be met by the market.

Figure 30: MTFP MH placement targets (Nov 2015)

Year	Transformation Placements
16/17	145
17/18	145 (expected)

The transformation target would mean a 9.8% average increase in demand for the two years until April 2019 not including additional demand from population change.

There are currently 50 out of borough supported living placements for people with learning disabilities. Typically it would be expected that this provision would be particularly high-cost but in fact 47% fall below the average unit price for this type of support and no out of borough placements for this cohort cost in excess of 1k per week.

In 2015/16 there were 30 departures and 70 new admissions to mental health supported living placements. This represents a 67% increase in the number of new admissions compared with the previous year and a 54% increase in the cohort overall when balanced against departures in the same period. Data about the departure destinations of those in supported living is not available on MOSAIC.

Demand & Utilisation – Mental Health Pathway

Demand for mental health housing related support services is managed by the Homes for Haringey, who act as a single point of access into the supported housing Pathway. Since 2012/13 there has been a 28% increase in the number of people presenting at VAT with mental health as a primary support need.

The table below shows that there has also been a 116% increase in the number of people referred into supported housing which can be understood in the context of the long-running project to reduce temporary accommodation use in the borough to ensure vulnerable people are placed appropriately during their Part VII Homelessness Assessment.

Figure 31: Mental Health and Homelessness (VAT 2012/13 to 2015/16)

	2012/2013	2013/2014	2014/2015	2015/2016*
Presentation where mental ill-health is primary support need.	178	203	192	229
Placed in to Temporary Accommodation	72	69	54	34
% of total presented	40.4%	34.0%	28.1%	14.8%
Referred to HRS supported housing	98	108	104	195
% of total presented	55.1%	53.2%	54.2%	85.2%

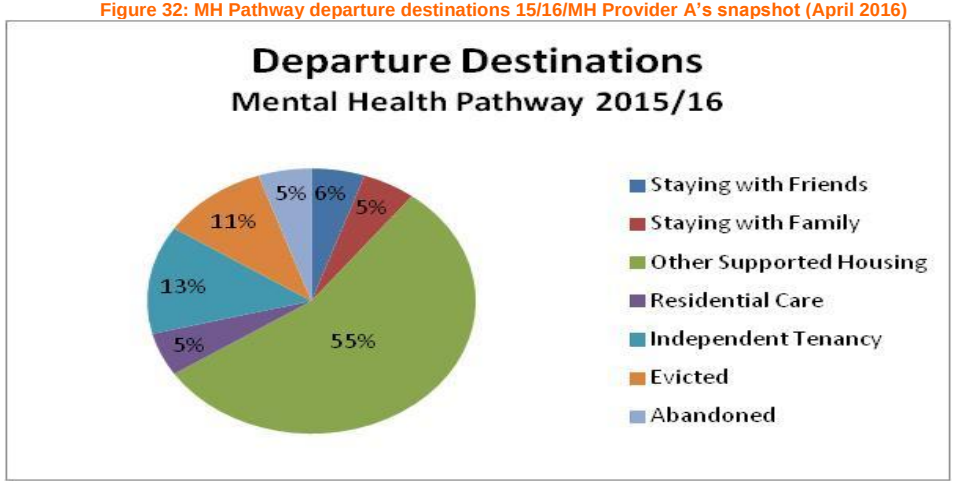
*Figures up to Quarter 4 of 2014/15. Estimates for 2015/16

2015/16 SP Workbook KPI data for the HRS mental health pathway was found to have been inaccurately recorded by providers who have now ceased to deliver services. One provider, MH Provider A who were successful in retaining their contract for this cohort, submitted accurate data for 2015/16 and provided demographic data for the cohort as part of the SHR. The data they provided will be used in the remainder of this

section. However, whilst MH Provider A's contract was the largest in the former pathway, there is likely to be variance in client demographics because the contracts were geographically split (East, West and Central) and the population East-West is significantly different in terms of ethnicity, socio-economic position, education and housing need.

The utilisation rate recorded by MH Provider A's was 90% for 2015/16. Throughput was 134%, meaning average length of stay in a service was around 9 months. It's not possible without a more in-depth piece of work, to be confident about the average length of stay in the Pathway as a whole but it is contractually expected to be approximately 2 years.

Figure 32: MH Pathway departure destinations 15/16/MH Provider A's snapshot (April 2016)



84% of departures from the mental health pathway in 2015/16 were recorded as positive, with the most common outcome being a move into another form of supported housing. This offers an insight into the issues of access into supported housing for this cohort; most vacancies arising are taken by people already in the pathway and there are a disproportionately lower number of positive moves out of the pathway into any type of independent tenancy. Whilst the maximum length of stay is 2 years, it is not expected that all service will require that length of stay. The rate of move-on from the Pathway would need to be higher to facilitate improved access for new service users.

11% of those who left were evicted and their departure destination unknown or unrecorded. Given the vulnerability of the client group, this figure is quite high and whilst eviction is more common in services supporting people with complex needs, it is an outcome that typically leads to higher costs both human and economic in the short and long term[3]. Anecdotally, evictions were often an attempt to engage statutory partners in confirming higher packages of care for individuals whose needs were too high for the pathway to manage.

Predicted Population Change

There are approximately 13,198 people in Haringey living with two or more psychiatric disorders, which includes common disorders such as depression as well as psychotic disorders and drug dependency. Many people in this group are unlikely to require supported housing and will live independently in the community.

743 people (0.3% of males and 0.5% of females) in the borough are predicted to experience psychotic disorders such as schizophrenia and bi-polar disorder. It is these people, especially those who experience co-morbid emotional and physical health issues, who are at increased risk of eviction and homelessness, hospitalisation and social exclusion.

PANSI data forecasts the number of adults in this group will increase by 20% between 2015 and 2030. Prevalence is concentrated in the 35-44 age groups and this trend is expected to continue.

Figure 33: PANSI population projections by mental health condition (April 2015)

	2015	2020	2025	2030
Psychotic disorder	743	788	820	843
Two or more psychiatric disorders	13,418	14,305	14,941	15,374
% Increase	**-**	**8.84%**	**6.18%**	**3.83%**

[3] 'Staying in; understanding evictions and abandonments from Londons hostels', Homeless Link, 2010

If the PANSI projections were correct and applied to the cohort for whom we currently provide services, there would be a projected under-supply of 51 units of mental health supported housing (combined HRS and Supp Living) by 2030.

However, the PANSI projections make a more conservative estimate of need than the retrospective VAT and supported living demand data suggests. Rate of need has increased significantly more quickly in these two service types since 2012 and if it continues at that rate unmet need will be significant even within the next five years (see below).

Figure 34: Alternative demand projections 2015-2030/MOSAIC&KPI Workbook Snapshot/2016

		2015/16	2020	2025	2030
Demand based on VAT presentations (average increase of 9% pa)	2014/15*	192	293	449	**688**
	2015/16	229	321	491	**754**
Demand based on Supported Living admissions (average increase of 23% pa)	2014/15*	127	350	981	**2758**
	2015/16	154	353	990	**2783**

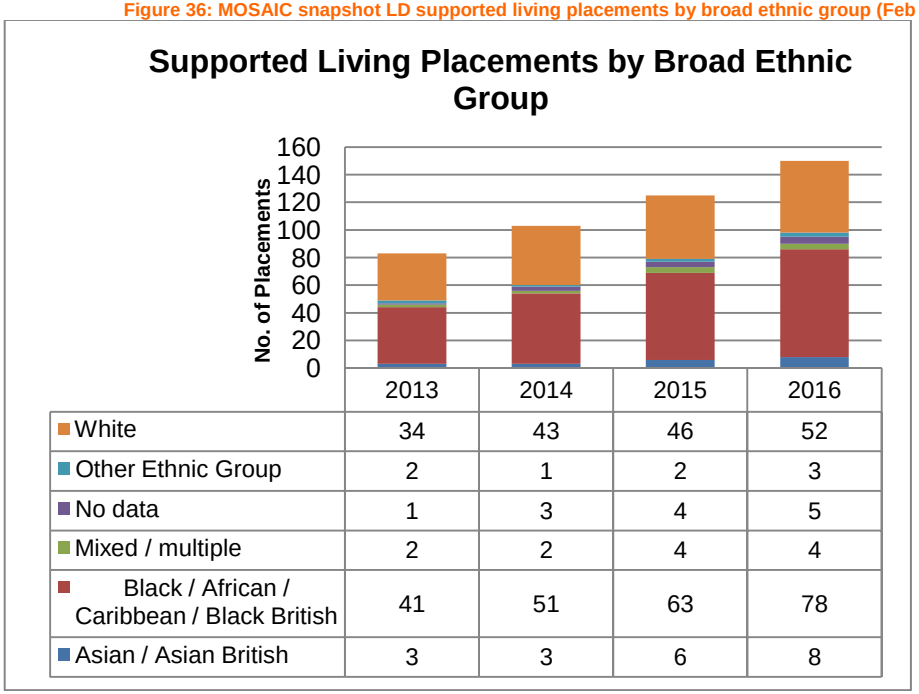
**(The projections above use both 14/15 and 15/16 data to account for the potential that 15/16 demand is unprecedented)*

Whilst it is unlikely that the rate of change will be as severe as suggested by Supported Living admissions or VAT data it is important to note that the rate of growth in demand is unlikely to be linked to population estimates alone.

By Ethnicity

People in mental health supported living are disproportionately from black backgrounds, making up 52% of the cohort, with people of Caribbean heritage particularly over-represented. HRS mental health services show a similar but less marked over-representation (40.2% of the cohort) of people from black backgrounds. This over-representation is nationally observed; with Black men aged between 25-49 years old most likely to be diagnosed with severe psychotic disorders such as schizophrenia. People of Asian and Mixed backgrounds are significantly under-represented in mental health diagnosis locally and nationally.

Figure 36: MOSAIC snapshot LD supported living placements by broad ethnic group (Feb 16)



	2013	2014	2015	2016
White	34	43	46	52
Other Ethnic Group	2	1	2	3
No data	1	3	4	5
Mixed / multiple	2	2	4	4
Black / African / Caribbean / Black British	41	51	63	78
Asian / Asian British	3	3	6	8

By Age

In 2016, the majority (59%) of people in mental health supported housing of all types are aged between 26-50 years old. This remains a relatively stable proportion of the total cohort for the last 3 years.

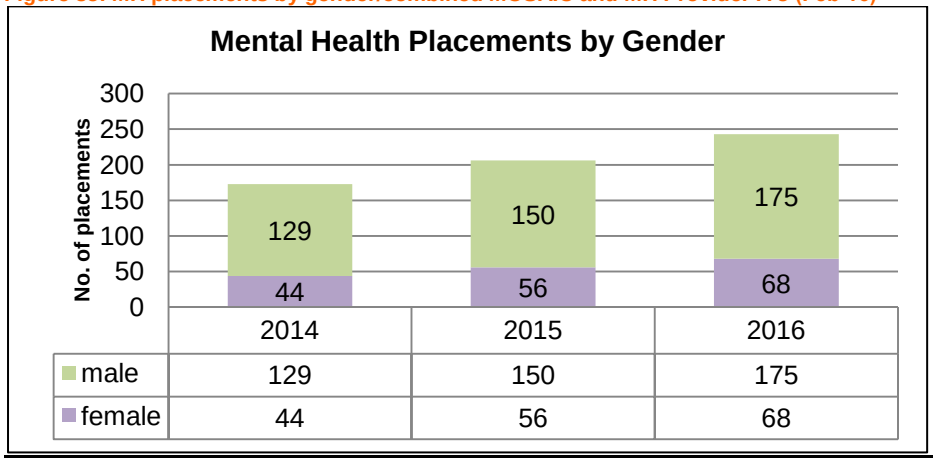
However, there is variance between pathway and supported living in the upper and lower age quartiles. There is a growing number and proportion of younger service users 18-25 years old living in the pathway, despite a consistently small cohort of the same age in supported living. In contrast,

there is an increase in the number of people 61-70 years old in supported living and a corresponding decrease in the HRS pathway of a similar proportion but smaller number.

By Gender

Women experience a higher prevalence of mental health conditions than men, making up 65% of the cohort in need across the majority of disorders. However, in supported housing women are significantly under-represented.

Figure 35: MH placements by gender/combined MOSAIC and MH Provider A's (Feb 16)



Overall, the number of women in mental health supported housing has increased by 3% since 2014. This growth is seen in HRS pathway services but not in supported living services, which reports a decrease in the number of female service users.

In exploring this, a snapshot survey was completed to identify the needs of women in supported housing.

Figure 36:MHProviderA/snapshotdata/Dec2016

Total service users	202	
Total number of women	45	22%
A mental health need	40	89%
A substance use need	17	38%
Repeat homelessness	10	22%
Historic or current sex work	12	27%
Historic or current abuse or trauma	19	42%
2 or more of the above needs	30	67%

The snapshot highlighted that despite representing only 22% of the cohort being supported in the services surveyed, there is significant vulnerability and a disproportionate prevalence of complexity within the female cohort.

The survey, and follow-up discussions with providers, identified a small cohort of women within the this group who have multiple and complex histories of homelessness, trauma and vulnerability. Further evidence of the needs and outcomes of this group were provided by The Grove drug treatment service; highlighting that women who recorded their housing status as 'no fixed abode' had 0% treatment completion success and often left the service abruptly and with no follow up contact. Additionally, The Grove recorded high levels of criminal justice involvement, recurring unplanned hospital admissions and experience of domestic abuse which are key areas of concern for the female homeless and mental health cohorts. Except for refuge provision for survivors of intimate partner violence, there are no gender specific services for vulnerable and homeless women in Haringey.

Hospital Discharge

In 2015/16, 723 people were delayed from discharging from hospital in Haringey; around 10% of these were directly attributed to housing needs that were not the responsibility of either the NHS or Adults Social Care. Due to the nature of categorisation, it's not clear if these people required

supported housing but it is assumed that a health vulnerability and housing need combined would make them a priority for support via Homes for Haringey.

Data from the joint Barnet, Enfield and Haringey Mental Health Trust suggests that there are 9 bed-blocking patients in psychiatric wards at any given time, of these 6 are waiting for supported housing placements[4].

Professional insight about hospital discharge and its relationship with supported housing is explored in the Intelligence section of this document.

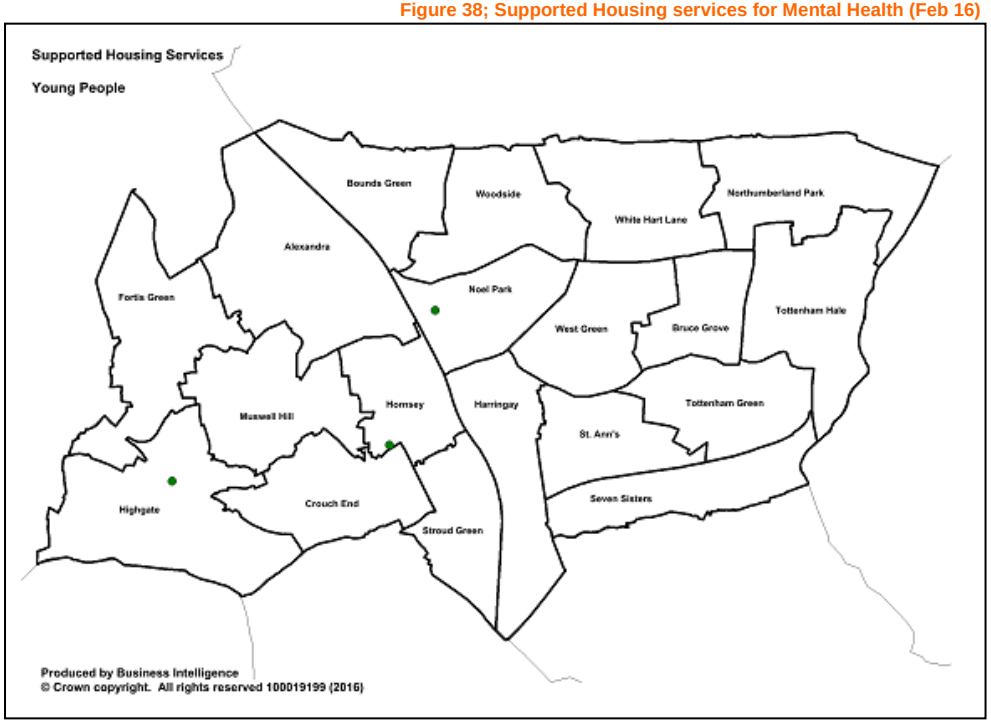
[4] 'Reconceptualising housing for people with mental illness', 2016

6.6 Young People

Current Provision

Supported housing for young people is commissioned between Children's and Young People's (CYPS) commissioners and HRS. There are also young people living in supported housing elsewhere in the supported housing portfolio, for example 8% of people living in mental health supported living and pathway services are 18-25 years old.

Figure 38; Supported Housing services for Mental Health (Feb 16)



As at February 2016, Children's Social Care commission 94 spot purchase placements of semi-independent supported housing for young people leaving care.

The HRS commission 86 units of housing-related supported housing for young people which operates in a loose pathway style. Homes for Haringey act as the single point of access into services.

Figure 39: SPOCC Housing-related support for young people – contract details (May 2016)

Provider	Service Type	Capacity	Contract End
YP Provider A	Dispersed visiting support	22	01/01/2019
YP Provider B	LGBT specialist	12	01/02/2018
YP Provider C	Foyer	52	30/09/2018

The LGBT service is a tri-borough contract with Islington and Hackney which was re-commissioned in February 2016 with Hackney as the lead commissioner. Properties are outside of the borough boundary.

There is significant difference between the cost of supported housing and semi-independent provision despite them being broadly of the same support level and housing type. This is largely attributed to reactive spot purchasing and the need to house young people out-of-borough due to lack of availability.

Figure 40: MH Semi-independent and HRS Unit average unit costs and range (April 2016)

	Semi-Independent	Housing-Related Support
Average pppw (£)	£290.94	£141.34
Price Range	n/a	£47-£153
Annual Spend	£1,425,943.49	£451,521.00

Demand & Utilisation

It's difficult to accurately quantify demand for semi-independent accommodation as data for each year is unavailable. It is also unclear which young people leaving care will need accommodation based support when they transition into adulthood.

However, MOSAIC data provided as part of Haringey's SSDA903 statutory return suggests that the overall number of looked after children is decreasing, by 26% since 2011 at an average rate of 7.2% per annum.

Figure 41: CYPS SSDA903 return data on LAC (April 2016)

	2012/13	2013/14	2014/15	2015/16	2016
Total LAC population	540	505	451	407	436
% who are 16+	21%	23%	28%	27%	28%

Approximately 25% of looked after children are 16+ each year. In 2016 this was 135 young people. At the time of writing 94 semi-independent placements are in place for this cohort, with an average stay of 9 months. Commissioner feedback confirms what the data suggests; the majority of 16+ young people leaving care will require supported housing as they transition into independent adulthood. Despite the decreasing demand in real terms, securing supported housing for this cohort continues to be challenging for Children's Placement Brokers, incurring an annual expenditure triple that of HRS commissioning despite the fact that the needs of the cohort are the same (largely due to expensive out of borough placements).

Following the death of Peter Connelly in 2007, more children were taken into local authority care than in previous years. Many of those children are now aged 15-17 years old and will be transitioning into leaving care arrangements over the next three years. Notwithstanding new children taken into local authority care, this 'bulge' will likely result in a 22% increase in demand on supported housing/semi-independent accommodation for care leavers during that period.

Demand for young people's supported housing recorded by VAT, from non-Looked After Children in the borough who presented as homeless, averaged at only 9 presentations per quarter in 2015/16. The vast majority of these presentations were young people already living in supported housing whose License Agreements had been terminated by their support provider (i.e. due to eviction).

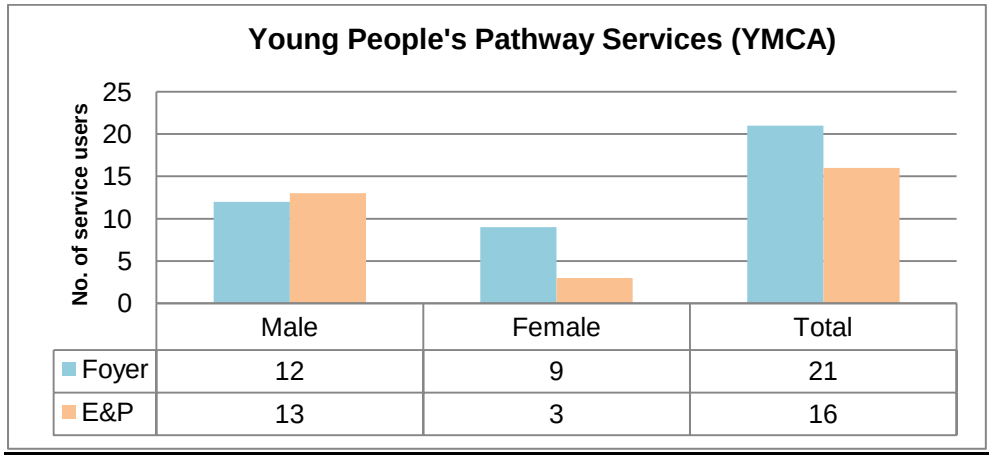
Utilisation of young people's supported housing was correspondingly low; the foyer service consistently carried more than 20% voids during 2015/16 although this did improve following commissioner intervention in Q4 of the period. There were also consistent vacancies in both St Ignatius and Christian Action throughout the period. The LGBT service was consistently at 100% utilisation throughout 2015/16.

Despite the Pathway approach, only 6 young people moved from the fully-catered, 24-hour foyer service into other supported housing in 2015/16. In the same period there were 25 vacancies at St. Ignatius, which suggests some issues with throughput in the Pathway and a lack of strategic focus around developing independent living skills, positive risk-taking and tapering support as part of the transition to adulthood.

55% of all departures from the foyer in 15/16 were evictions, 12 out of 22. Of these, 99% left to unknown addresses. A further 13.5% of departures were recorded as abandonments and other unplanned moves, which includes one young person who was taken into custody. All young people who departed had been in the service for more than one year at the point of departure.

By Gender

Data from YP Provider C shows that the majority of their service users are young men, who make up 67.6% of funded clients.



	Male	Female	Total
Foyer	12	9	21
E&P	13	3	16

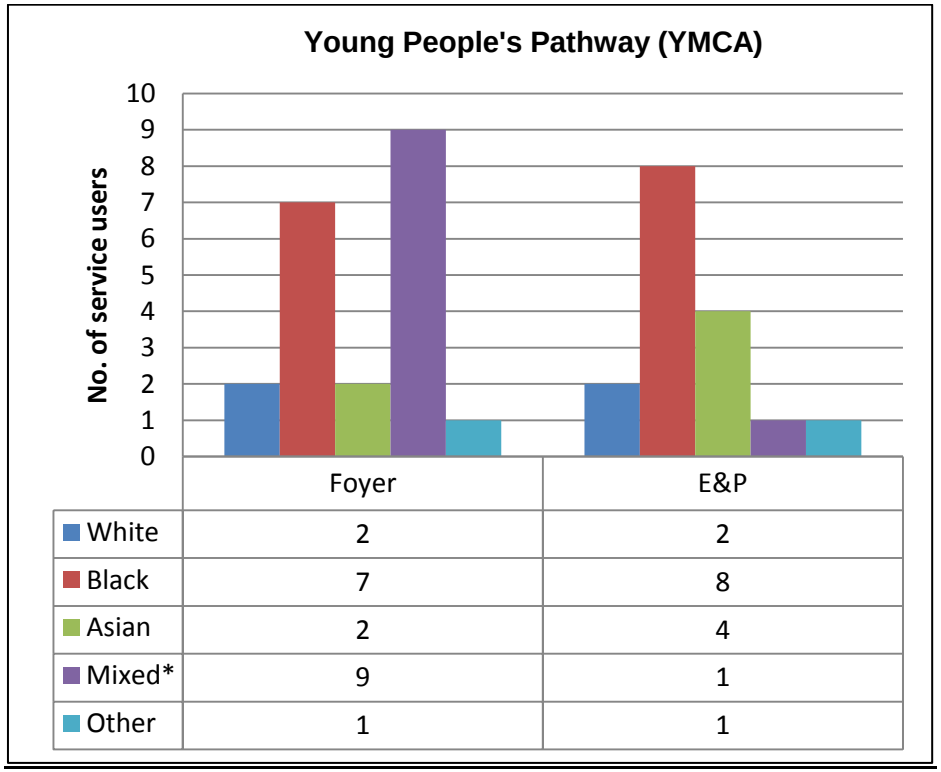
Data about our care leavers and 16+ looked after children shows a fairly similar gender imbalance, with about 40% of that cohort being young women. 60% of these young women have experienced abuse or neglect resulting in Social Services involvement compared with 31% of the male cohort. This evidences the need to provide support that addresses childhood trauma to equip young women with the resilience and coping mechanism needed as adults.

Boys were much more likely to be in care as a result of absent or dysfunctional family life (46% of the total male cohort, 25% of the female), indicating a need to ensure supported housing for care leavers addresses the impact of absent role models on attachment, healthy relationships and aspiration.

By Ethnicity

The data provided categorises ethnicity in very broad groups which does not help us to accurately understand cultural needs of service users in the young people's pathway.

However, it is clear that young black people from all backgrounds are vastly over-represented in the pathway (40.5% of the entire cohort). Further, whilst the 'Mixed*' category is non-specific, provider feedback suggests that the majority of these young people are mixed white and black Caribbean, further adding to the over-representation of young black people in the Foyer service.



	Foyer	E&P
White	2	2
Black	7	8
Asian	2	4
Mixed*	9	1
Other	1	1

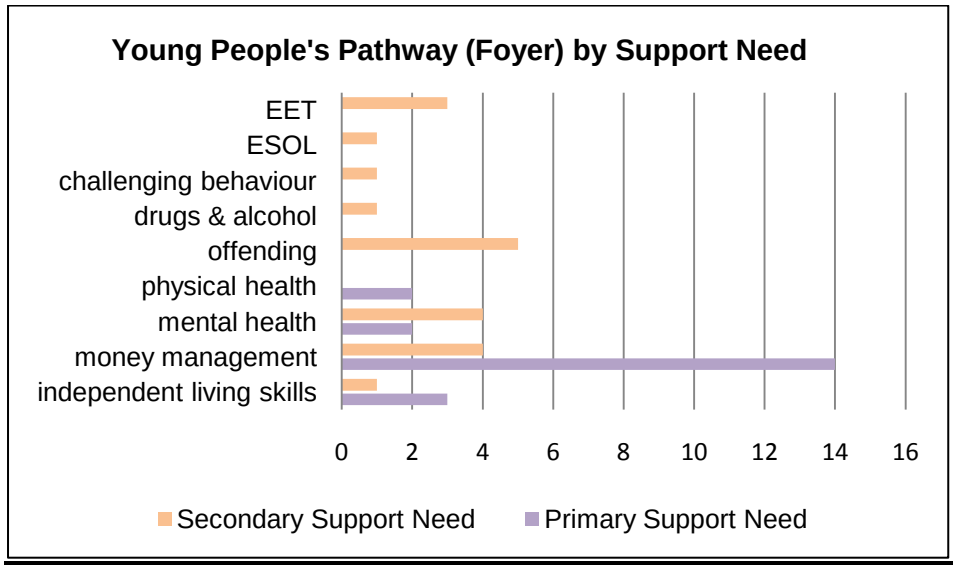
* No specific information was given about the ethnic backgrounds that compile the mixed cohort of young people. However, anecdotally, it was relayed that the majority are mixed Black and White British.

The particularly high over-representation of black young people in supported housing services is a clear indication of the need to prioritise preventative and diversionary support into this type of provision. Young black people in Haringey already experience some of the worst health, education and housing outcomes and proactively addressing some of the

barriers and inequalities that create that, at the earliest possible stage should be a high priority.

By Need

The primary reasons for support, identified by in the data capture exercise of Foyer & Engaged and Planning service users, relate to independent living skills and money management. For more than 51% of the cohort these two needs were either considered of primary or secondary concern which shows that acting preventatively to ensure young people leave pathway services able to manage their finances and a home are vital to the success of this type of provision



6. Intelligence

Various intelligence gathering exercises were undertaken to collate professional and service user insights about supported housing quality, strategic relevance and areas of unmet need within the portfolio. However, due to the scale of professionals, services and service users within scope of the review, the qualitative element of the needs and gaps analysis can be said to be a snapshot of the available insights.

Sources	Activities
Service Users	1 Sheltered Housing Tenant Rep Session
HfH Sheltered Housing Tenant Reps	5 Service User Engagement Session
Carers	1:1 meetings & correspondence
Multi-Agency Stakeholder Group	Postal and SNAP survey (100 respondents)
Supported Housing Providers	Extended QAF Provider Questionnaire (Older People)
Supported Living Providers	VCS Forum Presentation/Q&A
Unfunded Supported Housing Providers	VCS Questionnaire
VCS Forum	Supported Housing Review Stakeholder Group
ASC Commissioners	Stakeholder Team Meetings
HRS Commissioners	Provider Forum Presentations/Q&A
Elected Members	Member Presentation/Q&A/E-mail correspondence
Hearthstone	Site visits & walkabouts
Vulnerable Adults Team/Pathway	Pathway Move-on Meeting
	Literature Review
	HRS Commissioning Plan (2015)

7.1 National Context

A range of national intelligence is available that is likely to affect the provision and commissioning of all types of supported housing in coming years. Primarily, this is legislation and policy such as The Housing & Planning Act (2016) and Welfare Reform Act (2012) which are discussed in the Literature Review (Appendix A).

Welfare Reform Act (2012)

One area of comprehensive analysis is around the impact of Welfare Reform Act and specifically the 'benefit cap'. The cap, which is set at £23,000 per household in London, is due for full implementation in April 2017. Whilst around 29,278 Haringey households will be affected in some way by the reforms, 4,250 households will experience a 'high impact'; losing more than £30 per week. 439 households are affected by all four major welfare reforms concurrently; benefit cap, bedroom tax, LHA cap and council tax support cuts. There is little doubt that one of the likely impacts of these changes is increased risk of homelessness although it is unclear how much demand there might be for supported housing.

A group of particular relevance to the Supported Housing Review is carer households, i.e. those households currently providing care to a disabled or long-term ill family member in the home. The analysis suggests that 279 carer households will be affected by the benefit cap, 26 of whom are in receipt of social care packages due to the severity of their care needs. Of these, 38% live in private-rented sector housing, all of whom face a 'high impact' reduction in their weekly income. One likely impact of this is that caring relationships become economically untenable, resulting in heavier reliance on support services and even on individual with social care needs being placed in local authority care. Given that one of the biggest expenses and impacts is around rental costs, the likelihood of individuals with social care needs requiring supported housing is reasonably high.

Local Housing Allowance

In 2015, the government announced it planned to apply Local Housing Allowance rates to supported housing accommodation from April 2016. Following an immediate and impassioned response from providers and commissioners, Lord Freud announced an exemption to allow for further evidence collection until April 2017. The level of uncertainty about the future of the supported housing sector has been unprecedented; with providers feeding back genuine fears for the future of their organisations should the cap be applied to support housing rents. Providers, particularly those who are also development partners and those considering regulation from residential to supported living provision, have been open about placing plans on hold until there is more certainty in the long-term future of the sector.

At the time of writing, the Department for Work and Pensions has responded to this uncertainty with plans for a medium-term extension of the status quo, with the intention to encourage capital development projects and also to reassure provider of their commitment to the sector as a whole[5].

7.2 Vulnerable Adults Team (VAT)

[Update: In June 2016, Homes for Haringey restructured the VAT service into the broader Referral and Assessment Team. At the time of writing, the new structure, roles and responsibilities are in place but a number of new working practices & recording mechanism are still in development.]

Commissioned by the Housing Related Support Team, the VAT plays a pivotal role in the supported housing portfolio, so it is therefore important to briefly discuss its function, position within the portfolio and contribution to achieving the outcomes of supported housing.

The service is delivered, under a service-level agreement, by Homes for Haringey, as a single point of access into supported housing and offers preventative interventions for vulnerable adults who at risk of or experiencing homelessness. It does not perform this function for supported living or semi-independent placements whose access is managed by Adults/Children's Social Care however there is crossover in managing individual cases who pass between different service types. VAT works

[5] http://www.insidehousing.co.uk/policy/health-and-care/care-and-support/dwp-plans-longer-term-supported-housing-exemption/7015949.article?adfesuccess=1

separately but alongside existing Housing Advice and Options services and as well as managing inflow to the pathway it is also tasked with managing departures and securing positive move-on outcomes.

Throughout the period of needs analysis, providers, stakeholders, referrers and carers wanted to discuss VAT, its role and their experience of working with the service. Whilst it was readily agreed by all involved that the function was useful, there were concerns raised about the current way of working, it's alignment with council departments and the process of assessing people's needs and understanding of what was available within the various pathways to meet those needs.

Generally it was felt that the gate-keeping role played by Homes for Haringey could be more effectively managed, with providers feeling that officers did not have a comprehensive understanding of what services do or who they are for. Additionally, assessments are not available off-site in the majority of cases which presents problems for those in hospital, prison or secure unit. However, at the time of writing a fortnightly panel meeting has been convened to ensure better communication between HfH and supported housing providers, with the intention of making more insightful and appropriate referrals into supported housing pathways.

There were concerns about the appropriateness of a generic referral and assessments service in supporting two particular and specialist groups of vulnerable people:

- service users with mental health conditions; delayed discharge from hospital does not seem to be adequately prioritised in allocating supported housing bed spaces. Assessments are duplicated and don't link with existing social care assessments.

- young people leaving care; it was felt that access to some elements of the supported housing pathway were unnecessarily blocked and communication between HfH and referring agents could be improved.

7.3 Older People

The impact of an aging and diversifying population on supported housing services is difficult to accurately predict. Generally higher levels of social and economic exclusion in older age will most significantly impact those who faced deprivation and poorer health outcomes in earlier life, including migrants, BAME groups, the previously homeless and people with disabilities.

The 2011 Census data suggests that 30% of people aged over 65 years old, experienced very limited ability to participate in day-to-day activities. Therefore by the year 2020, 4,809 people aged over 65 in Haringey may be unable to manage at least one of the following activities on their own:-

- going out of doors and walking down the road;
- getting up and down stairs;
- getting around the house on the level;
- getting to the toilet;
- getting in and out of bed

Stakeholder Intelligence

There has been a recent drive for innovation around older people's housing; led by the development of the HAPPI standards between 2012-2015. The standards guide developers on how to apportion space, amenities and design to suit older people with a range of needs in truly modern homes.

Three stakeholder sessions were held during the analysis period. These were open to stakeholders from all client groups so some intelligence presented here relates generally and some is specific to older people's provision.

Stakeholders seem broadly in agreement that whilst older people's supported housing in Haringey meets required standards, the majority is lacklustre and traditional with little in the way of innovation evident across HRS or ASC services.

Providers requested more strategic direction from the council and encouragement to be more innovative in our response to older people's support and housing needs. This regularly came back to the idea that housing intrinsically linked to support isn't always necessary and more could be done to provide preventative support to people in their homes if the right models were in place.

Stakeholders shared that care and support pathways for older people in Haringey are quite fragmented, especially for individuals with complex needs and histories. Transitions between support and care services need to be smoother and administration reduced; perhaps by aligning assessment processes. This feedback points to the need to look at the spectrum of services more holistically and with consideration of how changing support needs will be reflected in service provision at different levels.

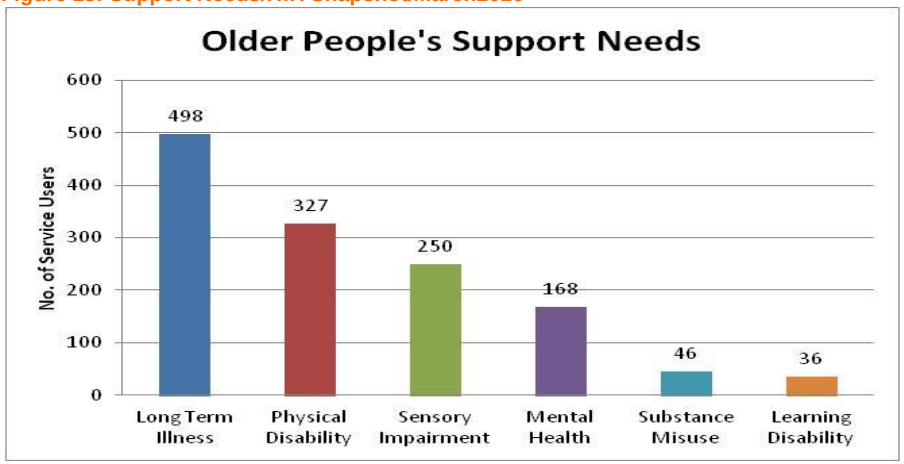
There is currently no BAME-specific older people's supported housing in the borough although OP Provider B informally operates in this way. Stakeholder suggested that meeting the cultural needs of the older population played a significant factor in their overall health outcomes and reduced social isolation. Given the growing number and proportion of BAME older people, it will be important for the council to consider how to meet the particular needs of the cohort in need of supported housing in future.

A number of conversations took place about capturing better data about older people's needs. One aspect mentioned was sexuality; little is known about LGBT older people in supported housing in Haringey and this is something which should be prioritised according to stakeholders. One provider demonstrating good practice in this area suggest that to improve this situation service providers needed to be outwardly LGBT positive, ensuring older people feel safe and encouraged to disclose this kind of information. Stonewall Housing have recently concluded a national project on the topic, which makes suggestions for LGBT-positive older people's accommodation. It would be pertinent to draw on this specialist insight as a foundation for building innovative and personalised service models for older people.

Provider Intelligence

HfH submitted a service user needs report as part of the Supported Housing Review. This data was captured in a resident profiling exercise conducted by Scheme Managers in December 2015, which captured data about 80% of the sheltered/CGN population. The validity of this data is contested and a further profiling exercise would be required to substantiate this evidence.

Figure 18: Support Needs/HfH Snapshot/March2016



Detail about the severity and impact of the conditions identified above was not provided in the report. However, HfH report that only 180 (19%) tenants have formal care packages, a further 13% receiving some informal support from friends and family. This suggests that even in sheltered housing, where support is generally higher level, older people are living more or less independently, with a maximum of 38% of service users requiring care in addition to the support provided (assuming all those with care needs live in sheltered housing schemes).

Additionally, HfH report that 87% of service users require significantly less than 1 hour of support per week and only 1% more than 3 hours per week. They posit that a minimum of 56% of service users in Community Good Neighbour schemes could live independently with only assistive technology

as support (i.e. handrails, piper alarms etc). So taking this at a minimum, this indicates there is a potential over-provision of CGN units by 298 units, which complements the data around demand in earlier sections of this report. It should be noted that the data supplied by HfH only represents 80% of the cohort as defined by Scheme Managers.

This broad assumption of over-provision is supported by intelligence gathered from other older people's providers during the QAF review process. A survey, completed by 6 of 10 providers representing 87% of HRS units, suggested that an average of 45 minutes is spent with older people in supported housing, over an average of 2-3 visits per week. This increases when someone is identified as particularly vulnerable or returning to the service after a period in hospital etc. Therefore, demand for support interventions is evidently quite low across the cohort which is not unexpected given the preventative nature of this type of accommodation. However, it does give food for thought for the direction of travel given economic constraints and high demand for higher support provision.

The process for assessment, acceptance and allocation of older people's housing is relatively unstructured, with eligibility criteria very low, no evidence of use of the 'offer policy' (an agreed number of property offers an applicant has permission to reject before being denied further offers) and different approaches for allocating council and voluntary sector properties.

Extra Care

A significant growing support need of the ageing population is mental health, specifically dementia related but increasingly conditions such as schizophrenia. HfH residents with schizophrenia currently make up 41% of the population with a mental health support need. In supported living services for older people, people housed primarily due to a mental health need account for 58% of the 55+ population. More about the population of people requiring supported housing due to mental health conditions can be found here.

Adults Social Care colleagues favoured maximising capacity in supported housing to meet the more complex needs of older people as a priority. Colleagues in Adults commonly discuss a shortfall of approximately 200 units of Extra Care provision in the borough, although it is unclear exactly how this figure has been calculated. A reference in 'The Care & Support Market Challenge' exercise conducted for ASC, makes the statement that surrounding boroughs have approximately 300-400 Extra Care units each; which seems likely to be the source of the 200 unit shortfall assumption.

Brief exploration found a short-fall in Extra Care in neighbouring borough Islington, but commissioners are unable to quantify the exact gap. They currently commission less than 200 units of Extra Care. However, in Tower Hamlets, despite only commissioning 204 units of Extra Care, they do not report any gap in supply. Haringey has seen a 29% increase in admissions to residential and nursing care placements for people aged 65%, therefore even without an exact calculation of a shortfall it is likely that the current Extra Care provision will be insufficient in the coming years.

Service User Insight

A service user focus group was held in March attended by 30 council Tenant Reps. This was followed by a survey, which was completed by 96 people, most of which were living in HfH managed sheltered housing schemes. Whilst most respondents in both methods focused their feedback on the individual schemes where they lived, three overarching themes emerged;

- **Enabling Independence;** older people want to manage their own affairs for as long as possible, be active in improving and maintaining good health but would like personalised support to do so.

- **Housing Quality;** older people want to feel safe in their homes and to stay in them for as long as possible, reduce their utility bills and have repairs and maintenance carried out regularly

- **Social and Community Life;** older people want more and varied opportunities to learn skills, to participate in recreational activities and have a voice in their community

Figure 14; SHR Engagement Survey/Q1 "what are the main things you want to achieve in supported housing?"

In October 2016, a 'Local Conversation' event was held with sheltered housing tenants. This session asked focussed questions about improving health, housing quality, maintaining independence and housing for older people with disabilities. Around 50 people attended the session with group discussions capturing a range of different views and experiences.

Tenants responses show clear understanding of the financial challenges that the Council faces. Numerous suggestions were captured around more efficient support provision, such as mentoring and befriending schemes, inter-generational activities to upgrade gardens and communal areas, supporting moves to other parts of the country such as the seaside for their retirement years. There was also a number of suggestions and questions about downsizing, having live-in volunteers to support tenants and changing support to cater for the needs of an increasing population of frailer tenants.

Site Visits

During the analysis period, brief service visits were conducted in a large proportion of older people's schemes to understand the environments, buildings and communities where our older people live and receive support. Generally, older people's supported housing is situated amongst, but slightly separate from general needs housing. Sites appear generally well managed, with well kept communal spaces and measures in place to ensure security. This is especially evident in schemes provided by external providers, with Sanctuary and ASRA providing high-quality physical environment.

Within HfH managed schemes, there is obvious disparity between schemes in the East and West of the borough, with those in the East typically being older, less secure (e.g. two schemes have public walkways running through them and accompanying higher burglary rates in the scheme) and lacking some of the aspects that make this type of provision preferable for older people; communal gardens and low-rise buildings. However, schemes in the East of the borough had the most visible signs of community, with residents keen to ask the purpose of the visit, chatting together over fences and working on communal gardens. There is a large amount of communal space in sheltered housing services, large lounges, gardens and activity rooms that appear, at a glance, to be underutilised. Given the need for increasing capacity, opportunities to maximise the potential of these spaces should be explored.

7.4 Learning Disability

The impact of an aging population is anticipated to be exacerbated amongst those with learning disabilities. Higher levels of social and economic exclusion, for example from employment and education in earlier life will likely lead to more frequent use of acute and costly public services as older people. Analysis by the Foundation for People with Learning Disabilities notes that issues such as social isolation and loneliness that affect many older people are likely to be especially true for people with learning disabilities, many of whom have small social circles and may rely on support to make and maintain these connections.[6]
Discussions with carers and social workers suggest that people with learning disabilities want more choice in where they live and how they receive support.

Service users report 'increasing independence' as a priority in the support they receive. They request more opportunities to learn new skills and

[6] http://www.learningdisabilities.org.uk/help-information/learning-disability-a-z/a/ageing/

practice others and want genuine choice and control in how they live their lives. Carers report that learning disabled service users are often left out of consultation and engagement activities because they cannot engage in the 'normal' way.

There is a definite lack of diversity in the supported housing and move-on options for people with learning disabilities and what is in place retains a somewhat paternalistic approach to care and support with only sporadic focus on positive risk-taking. This is changing with the ASC transformation programme, but more could be done in supported housing to promote and enable independent living for this cohort. There is particularly little choice for service users with multiple needs, for example the co-morbidity of learning disability and mental health diagnosis or physical disability.

Discussion with HRS and ASC colleagues suggests that the referral and eligibility criteria for HRS services have not been refreshed in line with changing ASC thresholds and priorities. Therefore it's likely that current demand is not being met by this type/level of provision as suitable referrals cannot be found that meet this criteria.

Service User Insight

As part of the review, a session was held at Markfield Community Centre with learning disabled adults who live in supported housing. 6 people attended the session and a range of topics relating to their housing were explored.

Attendees at the session feel proud to have their own front doors, they want the choice to decorate their homes as they like and spend their time as they like. They want support to do this and feel this support should fit around them and not the other way around. Attendees discussed the vital role support activities and services play in their lives; the majority expressed anger about the scale of cuts to these services. They made the connection between loss of services and isolation, which was particularly the case for two service users who did not have the support of a family. Attendees wanted to be understood by social workers, have support that genuinely recognises who they are, what they are capable of and that helps them to 'do more than survive'.

Support Needs

Learning disabilities are part of a wide variety of conditions and have significantly different effects and impacts on individual lives. However, supported housing for people with learning disabilities in Haringey is commissioned in traditional residential care models, with the popularity in supported living seeing an increase in 2-4 bedroom house conversion into flats for 2 or 3 people. Supported Housing for people with learning disabilities is typically provided as a housing solution, with no expectation that people will move on from the service with increased independence. Provider feedback suggests that support models vary very little between service types.

Understandably, service users and carers would like to see more diversity in supported housing and a focus on learning new skills where this is achievable and realistic. They suggest that increasing diversity in the types and models of provision available could be dually beneficial, e.g. offering more disabled young people the chance to live independent fulfilling lives in their own tenancies or very small shared properties could in turn, free up high-cost supported living placements for those most in need. Cross-departmental exploration of what it might look like to disentangle support from designated settings for some learning disabled services users could be beneficial.

Work to examine the individual circumstances of the most high-cost placements is underway as part of the Adult Social Care transformation programme. As part of the SHR, a small dip sample of high-cost LD supported housing placements was conducted, concluding what can be easily quite easily assumed; those with the highest and most complex needs have the highest costs. In real terms this relates mostly to people with co-morbid mental health conditions, autistic spectrum disorders, violent and aggressive outbursts, delusions and suicidal ideation, 'pickers' and hoarders, those with long-term physical health conditions etc.

Site Visits

As providers commissioned by both ASC & HRS, LD Providers A and C were visited during the review. Provider A delivers a range of service types

in both converted residential properties and purpose-built supported housing schemes. Provider C's service was reflective of the supported living model typically commissioned in Haringey, a converted 3 bedroom house used to provide support and accommodation to two adults. A third room was empty at the time due to issues finding a suitable referral.

A visit to LD provider A highlighted good quality accommodation situated on a quiet residential street. Staff were not o-site 24 hours per day and the majority of clients had small social care packages and were reasonably self-sufficient. A discussion took place as part of this visit about service user aspirations and skills; many service users are only prevented from moving on because there is no expectation or avenue for them to do so in a planned and supported way. The buildings visited are a valuable resource, with offices, accessible rooms and bathrooms as well as generous proportions. If a suitable independent-living option was available there would be value in considering redesignating these properties for a higher-needs cohort.

LD Provider C had made numerous adaptations to personalise each flat/room to meet the needs of the two residents living there. Each had adaptations specific to their physical and mental health needs, which compensated for the fact that the building was not intended for this purpose but at a very high financial cost. The vacancy at the service was long-term and due to the fact that bathroom facilities would have to be shared with an existing resident. The existing resident was unable to share facilities for a number of reasons and this meant the service was holding a long-term void. This issue was something mentioned by a number of providers and commissioners and is one contradiction of the assumption that supported living is necessarily cheaper than residential care.

Haringey recently completed some refurbishment projects on HRA properties to make it more suitable for supported living. During 2012-2015, 9 properties with the ability to accommodate 30 learning disabled people were redeveloped from general needs stock. Although these schemes are welcomed and much needed, professionals commonly hold the view that high-cost occurs due to holding voids in smaller properties to alleviate issues with sharing facilities or because of unmet access requirements.

Feedback from Haringey providers and stakeholders pointed to an overall need for purpose built environments for supported living. The project team were invited to visit Leigh Road, a purpose built supported living scheme in Islington as an example of best practice. The service, a council-owned but externally commissioned service, accommodates 19 people with a variety of learning disabilities. The service was created via a capital development project starting in 2012 and is an inspiring example of the quality of service that could be provided to people with learning disabilities when partnership, independence and choice are the key tenets of service design.

Day Activities

In autumn 2016 the majority of learning disability day centre provision in Haringey will close. It is expected that people with learning disabilities who live in supported housing will now participate in day activities provided where they live or in other community-based activities. Stakeholders and carers expressed concerns about the likely increase in social isolation for some people, particularly for those with little family support and those who live in very small services where no activities are provided.

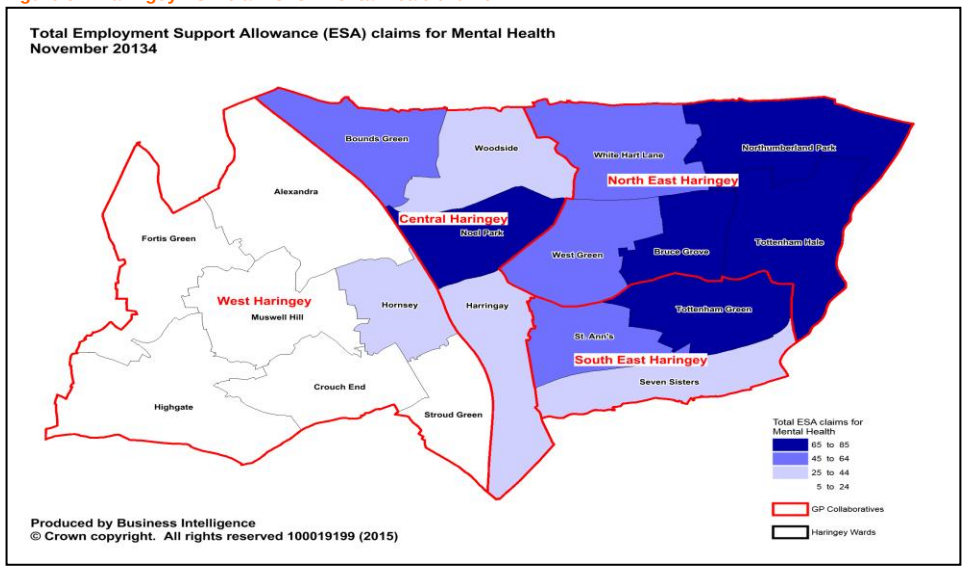
7.5 Mental Health

The Pathway model in Haringey's mental health supported housing should offer a significant improvement on the previous model for this cohort. It provides differing levels of support, from 24-hour forensic services to floating support and aims to offer services users a more coherent pathway back to independence. The pathway is in its infancy and professional intelligence suggests that there is a need to align the strategic priorities between housing and social care to make the best use of the provision; currently communication is inconsistent and transitions between supported housing and care pathways do not seem to be consistently well managed.

Figure 37 shows the location of ESA claims for mental health conditions in 2014. This map and those representing housing need, unemployment and health outcomes show a very similar picture and act as a reminder of the well-documented links between mental illness, poverty and race[7].

[7] 'Ethnic Inequality in Mental Health', Lankelly Chase Foundation, (2016)

Figure 37: Haringey ESA claims for mental health/2014/DWP



In HRS commissioning, there is an opportunity to address demand for mental health supported housing as part of its preventative agenda; for example by targeting community-based early intervention and prevention services to those with the highest vulnerability to mental health conditions; broadly Black British and African men aged 25-49 living in the east of the borough.

Eligibility thresholds for supported housing are increasing, to prioritise those in highest need with limited resources. This is likely to result in men, who experience the highest prevalence of severe psychotic disorders and interrelated offending and substance misuse, being prioritised for adult social care placements and high-support forensic services within the pathway. Subsequently women, who make up a smaller proportion of those in supported housing are less likely to meet eligibility thresholds for specialist provision and be too complex for generic services. Neither the pathway nor supported living portfolios operate any women-only services and this results in a failure to address gender-specific issues relating to homelessness, harm and health. Data and feedback from providers suggests this is a small but significant gap, with vulnerable women being delayed from leaving medium secure units due to lack of suitable supported housing placements and abandoning placements frequently as they find it difficult to cope. The particular gendered vulnerabilities of women with complex mental health needs are acknowledged in research[8] and policy for the cohort.

Feedback also suggests that an area of underdevelopment for this cohort is preventative peer support, e.g. self-organising peer support groups (especially around particular identities such as LGBT, ethnicity, gender) & befriending and mentoring schemes. Too many service users were known to services for extended periods before moving in to supported housing and there is every indication that homelessness could be prevented more effectively if an intervention had been offered at an earlier stage.

Service User Insight

Two scoping sessions were held with women in supported housing as part of the review, focussing on what gender specific support might look like in supported housing and how it might be achieved. Women felt strongly that supported housing should encourage contact with family and other support networks, help women rebuild self-confidence through activities like yoga, mentoring and adult education and lastly to reconnect with aspects of themselves that are often forgotten in times of crisis; exercise, pampering and recreation.

They felt strongly that supported housing environments should feel therapeutic, decorated in calming colours and designed with the needs of people with complex histories of trauma and abuse in mind. They felt that this should be reflected when designing entry systems, lighting, garden spaces and interview rooms so as to encourage people to open up, feel safe and build rapport and trust.

Hospital Discharge

[8] 'Domestic and sexual violence against patients with severe mental illness', Khalifeh et al, (2015)

Delayed discharge from mental-health wards is one of the key areas of unmet need within supported housing services according to all stakeholders involved in the needs and gaps analysis. However, it is unclear exactly how many people are affected by a lack of bedspaces as opposed to a heavily bureaucratic system of referral and assessment, coupled with issues of financial responsibility. HRS Commissioners have asked for information on individual blockages but this hasn't been forthcoming.

12-units of sheltered housing are currently reconfigured as step-down accommodation commissioned by ASC. These units were intended as a short-term intervention for people leaving hospital, either to re-stabilise them before they returned home or as an intermediary option whilst awaiting a supported housing placement. However, intelligence suggests there is a lack of professional communication and joint working around these beds resulting in all 12 beds being blocked, all service users having lived there for more than 6 months. The responsibility for these units sits with Adults Social Care; however it is clear that a coordinated response from housing and social care colleagues would be most beneficial to make the best use of this resource. This results in high-cost reactive spot purchasing of step-down accommodation (often out of borough) by the NHS Trust. It also typically prevents people from a smooth transition out of hospital, preventing them from moving forward and learning new coping strategies to reduce likelihood of relapse.

Feedback from providers and carers suggests that this is often because mental health supported housing is not able to manage the complexity of need of some patients; those with co-occurring learning disabilities or accessibility needs are very difficult to place and many remain in long-term temporary accommodation at very high weekly cost. This again points to the need to identify opportunities for capital development, with an invest-to-save foundation.

7.6 Young People

The available data raises questions about the overall efficacy of the young people's pathway. This sentiment was echoed by providers, commissioners and lead referrers, with particular attention being drawn to issues with throughput, evictions and abandonments and the suitability of a fully-catered large foyer at the centre of provision.

Feedback from Children's Lead Managers suggests that the foyer service is unsuitable for a significant proportion of young people leaving care, leaving the brokerage team with no choice but to commission expensive spot purchase placements. Social workers feel the service is unsafe for many of their young people, particularly vulnerable young women and the gang affiliated. They raised concerns that the approach to eviction in the Pathway puts their young people at risk of failure for preventable problems e.g. broken LHA claims.

They felt that young people with more complex needs such as learning difficulties and offending histories were refused in general by the youth pathway and on some occasions young people have been placed in the adults Substance Misuse and Offending Pathway which they felt was inappropriate.

Service User Insight

An engagement session was held with young people living in supported housing in October 2016, using a semi-structured interview approach.12 young people completed the interview and a further 7 engaged in a group discussion at the end of the session.

It is clear that young people feel trapped in supported housing, with few opportunities and little hope of moving-on successfully. They discussed how they felt demotivated, misunderstood and uninspired; many felt these feelings came from the physical environment and lack of opportunity to participate in aspirational activities.

Attendees at the session were overwhelmingly young black men and they described how race affected their experience in supported housing and in the community in which they were now living; a predominantly white and affluent area of the borough. They expressed a desire to work with support staff who could be role models, who came from their communities and who could identify with their experiences.

Site Visits

Following verbal feedback, a site visit to the foyer service was arranged to understand the nature and environment of the building and support provided therein.

The physical environment of the foyer is no longer fit for purpose. Despite efforts to improve the building, it is institutional, insecure and old-fashioned and can no longer provide the type of support required by vulnerable young people.

Senior Managers acknowledged the challenges of safeguarding very vulnerable young people; the front doors are insecure and although security staff are employed confidence in building security is low. Young people expressed this view very clearly and gave numerous examples of non-residents being in the building. This is a key reason that social workers gave for their reluctance to refer vulnerable young people to the pathway, especially those at risk of exploitation by others or who are fleeing violence.

The service is fully catered; this prevents young people developing independent living skills around cooking, shopping and budgeting. There is one small training kitchen, which during my visit didn't appear to be used very often. The IT Suite was closed due to disrepair during the visit, and again on my second visit months later. The purpose of a Foyer is to improve access into education and employment, but with a weekly rent in excess of £250 this is counter-productive for young people in the foyer. Currently 24% of those in the service are working, with average arrears of £187.27 each.

7. Analysis

Haringey is changing and the supported housing provision of the future must change to reflect the new and more complex needs of our vulnerable residents. Both housing-related support and social care commissioners manage a range of good quality and strategically relevant services for vulnerable people that despite financial pressures continue to achieve positive outcomes in the main. A more joined up contract monitoring and commissioning approach between the two teams could build on this; generating more robust evidence of outcomes, building trust and confidence between the council, residents and stakeholders.

Client Needs

Our current **older people's** supported housing services were built and commissioned in different social and economic times and no longer fully caters for those who need them. There are pockets of excellent practice in the borough but in the main there is a lack of innovation that can be seen elsewhere in the country. A need for improved innovation is recognised and welcomed by our older people's provider base. However, support being intrinsically linked to designated settings has resulted in a gap in preventative, home-based support that properly enables older people to stay in their homes, where they want to be, for as long as possible.

Some groups in the borough are in need of more specialist provision to support them as they grow older, particularly to address social exclusion and isolation. In the main, this relates to people with mental health and learning disabilities who are ageing and diversifying in both ethnicity and gender. However, we also need to consider the particular needs of older women and our LGBT community, creating services that are actively positive about different identities and provide activities and support that brings people together. HRS and ASC colleagues have an opportunity to respond to these needs as part of the work to create alternatives to residential/nursing care.

Our **mental health** supported housing pathway is in its infancy; this gives us the opportunity to dynamically address operational and strategic gaps and blockages that have arisen, as a partnership between colleagues in Housing, Adults and the NHS. It is vital that delayed discharges from hospital are addressed, and the mechanism in place to gain access to supported housing plays a significant role in this. The current step-down provision within the sheltered housing stock needs to be reconfigured to achieve its aims as a short-term intervention. Models that provide long-term housing solutions with flexible support options should be explored more to address concerns about the instability a short-term pathway presents for some service users.

Our **learning disability** services are providing support to some of the most vulnerable people in our community whose voice is often absent from decisions made about them. Demand for some types of supported housing is increasing, resulting in high-costs and long-term reliance on statutory support and care where what is needed is not available. Our current support models are dated and don't enable people to take positive-risks to build independence or contribute to their community. Haringey could diversify its supported housing offer for people with learning disabilities, exploring tenancy-support for people who may want to live independently as well as developing new supported living environments that are built with specialist needs of this group in mind.

The cohort of **young people** needing supported housing is getting smaller but more complex; this is an opportunity to develop innovative supported housing models that better enable successful transition to adulthood and make the most effective use of valuable resources. The current young people's pathway is underutilised and due to the physical environments it's provided in is unable to cope with the complexity and vulnerability within the current cohort. Supported housing for young people is preventative in all its aspects and taking the opportunity to break the cycle of homelessness and dependence at this stage will result in better health, employment and economic outcomes in future.

Whilst not directly within the scope of the review, the **Vulnerable Adults Team (now the Referral and Assessment Team)** has a pivotal role in the success of supported housing in the borough. Intelligence from referring agents, commissioners and providers suggests that the processes for referral, move-through and move-on (including evictions & abandonments) from the various pathways should be reviewed and revised to

meet the changing strategic priorities of the council and to prioritise the needs of the most vulnerable in times of stretched resources. Homes for Haringey have started work on a revised performance and outcomes monitoring process as part of the restructure into the new Referral and Assessment. This is a welcome development and will hopefully improve throughput and move-on from the various pathways.

Commissioning Practice

Generally commissioning practice is well thought out. However, the needs analysis found that there are opportunities to achieve improved outcomes, value for money and provider relationships by adopting integrated and intelligent commissioning practice.

The data collected by commissioning teams is different, on different databases and with different points of focus; SPOCC is principally a provider database whereas MOSAIC is principally a service user database. What is expected of providers in respect of performance monitoring is different & it would be beneficial to streamline and align this as a commissioning tool and to demonstrate achievements against P2 and P5 of the Corporate Plan.

Joint and aligned commissioning of supported housing between ASC and HRS is in its infancy with no joint projects in the commissioning pipeline. The evidence detailed here suggests that more aligned support and care would benefit the populations for whom services are currently commissioned separately. In particular, joint commissioning should be explored for young people. This doesn't need to be onerous and should be used as an opportunity to broaden the reach of services and support models.. During the analysis many providers seemed keen for more direction from the council and felt unsure about how they could contribute to strategic priorities. Joint commissioning is more than just co-funding a service and it would be hugely beneficial for commissioners, providers and service users if both departments had a shared strategy and vision for supported housing.

Capital Development Process

The lack of modern purpose built supported housing in Haringey results in higher costs due to unsuitability of placements for some client groups. There is a strong desire to modernise the built environments of supported housing in Haringey. To achieve this, a specific supported housing capital development plan could be a beneficial step forward.

There is also intelligence, supported by previous research, which suggests that some of the built environments of sheltered and community good neighbourhood schemes are not conducive to the needs of service users. However, it is not necessarily the built environment that makes a scheme popular or that embeds it into the local community. A balanced view of the dynamic between the built and social environments of individual schemes will be important in any methodology about the future of use of sheltered housing stock.

7.1 Headline Tables

The following tables present headline needs data and analysis for each of the client groups considered. Gaps identified here do not necessarily relate to the number of additional accommodation based units required. They relate to additional demand, which may or may not need to be met with supported housing depending on the spectrum of available services and models.

Older People		
Needs	**Current Provision**	**Gaps**
• Haringey has an ageing population; those aged over 50 projected to increase by 37.7% by 2030 • There is an ageing population of adults with more complex needs • Over representation (32.4%) of older people from Black backgrounds compared to the general population (15.1%) • 40% of older people cited maintaining their independence as their main priority • The majority of older people want a more personalised service • HfH report that 87% of CGN and Sheltered tenants have very low or no support needs, only 1% of tenants seen for more than 3 hours p/w • The number of older people in supported living placements has increased by 45% since 2013 • There are currently 10 people on the waiting list in need of wheelchair accessible homes, 80% of these have been waiting for more than 2 years.	• Good mix of small local and larger national supported housing providers in the borough • Current weekly unit costs range between £2-£28 for very similar models of HRS provision. • All but one HfH managed scheme is Decent Homes compliant, however some of the stock is not ideal for this type of provision • Void turnaround could be improved to maximise utilisation • There are no allocated schemes for older people with more complex or specific needs. • The council's Supported Housing Allocations Policy was revised in 2015. • Very large waiting list for HfH managed Sheltered and CGN (197 applicants) with 49% and 70% of applicants on waiting list for more than 2 years with multiple refusals • Contract monitoring & data capture is inconsistent in both and across HRS & ASC • There are pockets of good practice, particularly in the enhanced housing management model of OP Provider A and OP Provider C's approach to supporting LGBT older people.	• Current systems used to capture data about older people in supported housing are insufficient • Providing a large low-support model is at odds with data about rising numbers of people with higher support needs. • There is an over-provision in low-support units (around 298 units). • There is around a 100-unit gap in provision between Sheltered and Extra Care for older people with additional but not residential care needs • There is a shortfall in Extra Care provision in the borough (estimated around 200 units) • There is a gap in provision of accessible sheltered housing (minimum 10 units) • There is demand for more specialist, need-specific provision for older people e.g. with learning disabilities, or women only. • The HfH Allocations Policy should have clearer eligibility thresholds & a specific refusal/offer clause for sheltered housing.

Learning Disability		
Needs	**Current Provision**	**Gaps**
• Population of people with LD set to increase by 17.9% by 2030 • Population of older people with LD set to increase 43% by 2030 • Average 40 learning disabled young people transition from Children's to Adult's Social Care each year • Over representation of people from Black African and Black Caribbean backgrounds • The number of people in supported living placements has increased by 48% since 2013 • Not enough engagement with LD population in consultation or service design • Carers and providers feedback a need for increased focus on independence for those who are able • There are 30 current out-of-borough LD placements • Adults in supported living have widely varied needs – there are currently 17 LD supported living placements that cost ≥£1.5k pw	• Majority of provision commissioned by ASC • Good mix of small local and larger national supported housing providers in the borough • Current weekly unit costs range between £72-£285 for HRS provision. • Current weekly unit costs range between £160.76 - £3549.57 Supported Living provision • There are no allocated schemes for older people with LD • Voids in HRS do not reflect reported demand elsewhere • Issues with VAT as a referral agent, lack of appropriate referrals • Eligibility criteria of services is outdated • Contract monitoring practice is inconsistent & minimal commissioner-provider relationship building • Shared Lives has recently been recommissioned and expanded (April 2017 start) • Supported Living has recently been recommissioned via Framework Agreement	• There is a lack of diversity in supported housing available for people with learning disabilities • There is a significant gap for adults with learning disabilities to live independently • Based on population projections there is a need for 40 additional supported units by 2030 • There is a need for at least 50 supported units to support transitions from residential care • There are no gender or age specific services for this cohort but intelligence suggests there should be • There is a shortfall in Extra Care provision in the borough (estimated around 200 units) with a further shortfall for working-age adults • The current sheltered housing model may not be suitable for older people with LD • There is a gap in the amount of preventative support available to people to prevent carer relationship breakdown/evictions • There is a gap in purpose built environments for supported living

Mental Health		
Needs	**Current Provision**	**Gaps**
• Population of people with two or more psychiatric conditions set to increase by 20% by 2030 • Vast over representation of Black African and Black Caribbean men • 116% increase in VAT referrals into HRS mental health supported housing • The number of people in supported living placements has increased by 83% since 2013 • 6 people at any time delayed from hospital discharge due to lack of supported housing • Move-on from supported housing is reliant on 'proving' independent living skills that are unrealistic and fluctuating • There are 50 current out of borough MH supported living placements • Disjointed pathways into & between care and support services resulting in missed opportunities for prevention & early intervention • Women with complex mental health, drug and trauma needs are in a cycle of homelessness & harm; gender-based support is not available	• Newly commissioned mental health accommodation pathway in place (April 2016) • Supported Living due for recommissioning via Framework Agreement (June 2016) • Good mix of small local and larger national supported housing providers in the borough • Current weekly unit costs range between £83.52-£224.42 for HRS provision. • Current weekly unit costs range between £141.29 - £1820.00 Supported Living provision • There are no allocated low-to medium support schemes for older people with mental health needs • There are no specific services based on gender, ethnicity or age despite relationship between victimisation and mental health • Support is intrinsically linked to buildings not individuals • Operational priorities between HRS and ASC are not aligned, resulting in issues with prioritising high-risk/cost service users for pathway	• There is a minimum need for an additional 51 supported units for people with MH by 2030 • There is around a 10-unit gap for a specialist service for women with complex needs around trauma • There is a gap in referral practice & multi-agency communication to reduce hospital bed-blocking as a priority for the mental health pathway • There is a gap in the amount of specialist tenancy based support i.e. not intrinsically linked to a buildings • There is a significant gap in early intervention/prevention support to reduce demand for supported housing & prevent hospital admissions • The current sheltered housing model is not suitable for many older people with LD and mental health • There is a gap in provision for individuals with co-morbid mental health and physical disabilities

Young People		
Needs	**Current Provision**	**Gaps**
• 26% decrease in number of young people leaving care since 2011 • Approximately 100 young people leaving care in need of supported housing in 2015 • There will be a 22% increase in demand from LAC leaving care in the next three years • Increasing proportion of young people with more complex needs; offending, learning difficulty & gang affiliation • High-rate of eviction (55% of all move-on) in pathway services • High rate of abandonment (13.5% of all move-on) in pathway services • Increasing number of vulnerable people unsuitable for larger services but access to accommodation in smaller services is often difficult • Care Leavers social letting quota not fully utilised because young people not ready to live independently • Need to maximise opportunities to practice & embed independent living skills whilst in supported housing	• Current weekly unit costs range between £72-£285 for HRS provision. • Current weekly unit costs of £290.94 pw for Semi-Independent Provision • The tri-borough LGBT service is innovative and well utilised but improvements need to be made in referral practice • High void rate in the rest of the pathway - not reflective of demand from care leaver cohort • Multi-agency communication and referral practice to achieve joint outcomes is fractured • Pathway approach is not evident - limited moves through services in a tapered manner • Eligibility criteria of services excludes those most in need of support, unable to cope with high-risk/vulnerability individuals • Semi-independent accommodation has recently been retendered using the 'dynamic purchasing system'	• The current model of young people's services is not meeting the needs of many service users or the local authority, as evidenced by utilisation, evictions and referral issues. • There appears to be a decreasing number of units required overall but an increased need for diversity of location & support level • The foyer building is not fit for purpose for current or future cohorts • There is significant demand, evidenced by intelligence & data, for smaller medium-high support units – e.g. for young women, those with learning difficulties and those who present a high-risk • Referrals, move-through and move-on are not being managed in accordance with strategic priorities • There would be distinct benefits in joint commissioning supported housing for care leavers and young people • <u>Operational:</u> Evictions and abandonments need to be closely monitored and a pathway-wide approach to preventing evictions drawn up