

Supporting People in Lewisham

Shadow Strategy



*With thanks to all of the organisations
and individuals who have contributed
to the development of the
Supporting People Shadow Strategy.*

Fiona Kirkman
Supporting People Project Manager

Foreword

The Supporting People programme is a national initiative launched by the Office of the Deputy Prime Minister (ODPM) which will 'go live' in April 2003.

The Supporting People Programme will improve the quality of life of vulnerable people through planned, high quality housing and support services, which meet local needs.

It promotes housing related support services, which are both cost-effective, robustly funded and planned using a co-ordinated approach. It is being driven by a working partnership of Local Government, the NHS, the National Probation Directorate, service users and support providers.

The programme has been developed to address the needs of vulnerable people, including those with disabilities, mental health problems, older people, young homeless people, victims of crime (including women at risk of domestic violence) and offenders on probation.

The Shadow Strategy lies at the heart of the Supporting People Programme and it will drive the first year of the programme. In future the strategy will be produced once every five years.

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A.1 Introduction

- 1 The Supporting People Programme will be implemented in April 2003, it creates an opportunity for improving the quality of life for vulnerable people by enabling them to live more independent lives in the community, in doing so it will also benefit the community as a whole. The programme will achieve this by accurately identifying the need for support within the borough and matching appropriate support to meet this need.
- 2 Supporting People will introduce a new system of planning, monitoring and funding for housing related support services, which will be flexible, cost effective and which will complement existing care services.
- 3 Lewisham's Supporting People Strategy aims to support the Council's commitment to create balanced communities by providing services which promote independence and choice, we will also focus on groups who present a potential for high risk of harm, or those who may be at risk of harm themselves, so promoting community safety. The Lewisham Supporting People Strategy is considered a key driver in combating social exclusion; it will facilitate local initiatives that will help achieve capacity building for vulnerable people.
- 4 Supporting People is a working partnership between the local authority, service users, Health, Probation and support providers in Lewisham.

The Shadow Strategy

- 5 The Shadow Strategy, which underpins the Supporting People Programme, will direct the first year of the administration of the programme, April 2003 to March 2004. The Strategy identifies gaps or areas for improvement within the support services currently being provided within Lewisham.
- 6 The Supporting People Team has worked jointly with partners in Health, Social Services, Probation and the voluntary sector to provide a statement as to how the identified shortcomings will be resolved. In future, Supporting People strategies will be produced once every five years.
- 7 Consultation is critical to the success of the programme, In Lewisham we have hosted a number of consultative sessions, many in conjunction with neighbouring authorities. Additionally the existing consulting mechanisms developed by service providers have been used to gain feedback from service users on aspects of the programme. In Lewisham we have produced a User Involvement
- 8 Strategy to make sure that we plan to deliver appropriate services and that service users have a real say in how they are provided, you will find out more about our approach here.

A.2 The Supporting People Policy – Summary

- 9 The aim of The Lewisham Supporting People Strategy is to improve the quality of life of vulnerable people through planned high quality housing and support services, which meet local needs.
- 10 Lewisham is a relatively deprived inner London Borough. The link between deprivation, poor health and greater levels of need for social care services is well established. Lewisham is ranked 53rd in the ODPM's 2000 index of deprivation. Of the 26 wards in Lewisham, four appear in the worst 10% of wards in England and 16 out of 26 wards are in the worst 20 per cent.
- 11 Lewisham is an inner London borough with a large and growing racially and ethnically diverse population. The main ethnic minority communities in the borough are of Caribbean, African, Turkish, Turkish Cypriot, Chinese, Vietnamese, Somali, South Asian (Indian, Pakistani, Bangladeshi and Sri Lankan) and Irish origin. There are over 100 languages spoken in the borough. The estimates provided by the GLA/LRC on ethnic group projections indicate that the population of Lewisham is currently 246,000 and that ethnic minorities represent 32% of the population.
- 12 Lewisham has the fourth highest rate of teenage pregnancy in England, which means one of the highest rates in Europe. The conception rates of 15 to 17 year olds are significantly above the national average – 5.3 per thousand in the UK, 80 per thousand in Lewisham.
- 13 Black and minority ethnic community issues will be included throughout the strategic process and implementation of Supporting People in Lewisham.
- 14 The changes proposed under Supporting People will benefit black and minority ethnic service users and minority ethnic led providers by improved planning, leading to the improvement of services. Access to mainstream services will also be improved. This Strategy, which identifies areas of hidden or unmet need, will pay particular attention to the needs of a diverse community.

- 15 The development of a monitoring system bringing shared and common management information will make it possible to compare services within and between local authority areas. Many providers work across several boroughs so developing consistent and effective practices across local authorities will be essential, a six borough group which includes Lewisham, Southwark, Lambeth, Greenwich, Bromley and Bexley meets on a regular basis to ensure that this is the case.
- ### A.3 Links to other strategies
- 16 Supporting People plays a central role in the delivery of over 30 Key strategies, which aim to combat social exclusion in Lewisham. To ensure that the strategic interdependency is recognised and that the opportunity for the Supporting People programme to assist in addressing the local need in a joined –up way, we have forged close working relationships with our partners in Probation, Health and the voluntary sector.
- 17 Supporting People forms one part of a large number of government led initiatives, which revolve around:
- Partnership working
 - Prevention
 - Modernisation of services
 - Improving quality standards
 - Improving health and social well being
- 18 The Supporting People Strategy complements a number of local and national strategies. The Housing Strategy promotes the creation and maintenance of balanced communities where all residents, regardless of their personal circumstances are able to live in safety and security, this is echoed in the Supporting People Strategy. The BME Housing Strategy recognises Supporting People as an opportunity to improve the choice, quality and diversity of services for BME communities in Lewisham.
- 19 The Community Safety Strategy emphasises the role of the local authorities in ensuring that residents reside in a safe and pleasant environment, the Supporting People Strategy also assists in this aim.
- 20 The Health Improvement and Modernisation Plan for Lewisham 2002-05 (HIMP), aims to produce a coherent programme for partnership action on local priorities for improving health and well being, reducing health inequalities and modernising health and social services.
- 21 The plan identifies the complex interaction of factors that determine the well being of Lewisham residents and the factors that make it difficult for people to live independently. The aims of the HIMP are echoed in this Strategy in helping vulnerable people to live independently, helping people to avoid/discontinue drug misuse and offering support to teenage parents.
- 22 The following strategies, which also have their own consultation process, have helped to formulate the Supporting People Shadow Strategy:
- Lewisham Drug Action Plan
 - National Service Framework for Mental Health
 - National Service Framework for Older People
 - Valuing People Strategy
 - Best Value Programme
 - BME Housing Strategy
 - Housing Strategy
 - NHS plan
 - Health Improvement and Modernisation Programme
 - Teenage Pregnancy Strategy
- 23 The Government's Ministerial steer on Supporting People has also influenced our Supporting People Strategy, ensuring that support is extended to those clients whose needs have historically been less well met such as people presenting a potential for high risk of harm or those at risk of harm themselves such as women experiencing domestic violence, vulnerable young people including young parents and those at risk of offending or re-offending.
- ### A.4 Management Issues
- 24 The Supporting People Team in Lewisham was set up in 2001, it is based in the Supported Housing and Homelessness Division within the Regeneration Directorate, the focus of the team throughout the last twelve months has been upon the implementation tasks required for April 2003. The team is made up of a Project Manager and three Project Officers. In preparation for April 2003 a Business Services Officer will be joining the team in preparation for the local authority taking on the new role of making payments to providers.
- 25 The Project Team reports directly to the Supporting People Implementation Board. The Implementation Board is made up of representatives from Health, Probation and the local authority with members from all directorates. The Board provides overall direction and strategic input to the Supporting People

Programme; the Programme Board will now evolve into the Commissioning Body for the next phase of Supporting People implementation.

- 26 The Shadow Core Strategy Group is responsible for identifying the strategic priorities and commissioning opportunities in each sector of Supporting People. It has prepared and proposed the Supporting People Strategy for the Commissioning Body. This has been done in light of the needs mapping, supply analysis and outcome of Inclusive Forum discussions. The group has sought input and advice from providers at appropriate stages and advice from the Housing Corporation to ensure that revenue and capital planning are brought together effectively.

A.5 Highlights from the Supply Mapping

- 27 Mapping the supply of supported schemes has been at the core of the Supporting People Programme; we now have comprehensive data on supported schemes across the borough. More work on analysing the information will need to be carried out. However, there are some clear indications.

- Insufficient provision for young offenders and people who have recently left prison and those under supervision.
- A shortage of schemes for people with substance misuse problems, especially for people with Crack Cocaine addiction.
- A shortage of schemes for people with alcohol problems.
- A limited number of units for people with higher levels, or more complex and challenging mental health needs.
- A greater number of supported accommodation schemes required for teenage parents.
- A shortage of support schemes for younger people who have left care.
- Lack of accommodation for people with physical disabilities and sensory loss (under 65).
- Lack of supported accommodation for Refugees.
- A shortage of Floating Support across all client groups.

Other indications are:

- A large number of general lower support schemes for single homeless people.
- Much of the support is provided in schemes which are situated in the north of the borough, whilst

support is required across the whole borough, with pockets of high support in the south.

- Difficulties in accessing move-on accommodation for people who no longer need supported housing.
- Much of the support is provided in shared accommodation (across all client groups) self-contained accommodation is seen as preferable.
- Many schemes offer low support – more medium/high support is required.

A.6 Summary of Key Supporting People Needs Identified

- 28 The following common themes have been identified as applying to all client groups:

- Improving the quality of provision
- Developing schemes, which maximise independence
- Problems with move-on accommodation
- The need for cross-authority services

Older people with support needs

- 29 There is a considerable variation in where older people live and how this is predicted to change in the future; this will need to be considered in developing any future service. A greater range and choice of services for older people to run across all tenures is required. The specific needs of older peoples with additional problems such as mental health or alcohol must also be considered along with the needs of a growing older BME population.

People with mental health problems

- 30 Accommodation based mental health services are in high demand in Lewisham, accommodation operates as just one part of a wider service system and shortfalls in this area generate pressure on increased admissions to and delayed discharge from in-patient services.
- 31 There is a need for additional schemes for people with more challenging needs and for younger service users who would benefit from independent living. The need for accommodation based support schemes for black and ethnic minority service users has also been highlighted. There is also an over supply of registered facilities in the borough which provide mediocre levels of care both medium to long term, these have insufficient focus on rehabilitative practices, such services will need to be examined.

People with learning disabilities

- 32 There is a general shortage of provision for people with learning disabilities; this has resulted in a greater reliance on placing people out of the borough. The increase in the Learning Disability population and the recommendations of the White Paper 'Valuing People' requires the delivery of a wider range of services which includes home ownership options, schemes which offer the potential for independence in dispersed units with Keyworker support as well as schemes for people with more challenging needs. All services should reflect the needs of service users who have additional mobility problems.

People with a physical or sensory disability

- 33 The supply mapping exercise has highlighted the lack of supported accommodation for adults with disabilities. There is a real shortage of accommodation for people who have been discharged from hospital or rehabilitation and for those who require temporary accommodation. The needs of older adults who have sensory disabilities has been raised as a priority area.

Single homeless with support needs

- 34 In relation to other client groups this group is comparatively well provided for in crude numerical terms. However, much of the support is very general and does not always cater to the needs of the diverse client group, especially for those who may have multiple needs. Many providers are already rising to the challenge and re-structuring to take account of this and to focus on tenancy sustainment. The future priority will be to develop services, which target specific needs more effectively.

Homeless families

- 35 There is some evidence that new services should focus on prevention for those families who have support needs. Developing floating support services to assist families who have recently been rehoused or at risk of losing their tenancy will be a priority.

People with alcohol problems

- 36 Over the last few years there has been growing concern in the increase in numbers of people suffering from a combination of alcohol and drug problems and co-existing mental illness. This factor has influenced the priorities of the Lewisham Drug Action Team and therefore the Supporting People Strategy, whilst meeting the objective to improve community safety.

- 37 Extending support to people with tenancies, providing more 'wet' hostels and offering support for people who have a dual diagnosis are amongst the main priorities.

People with drug problems

- 38 People with drug issues are not a homogenous group and services clearly need to take account of this, services require better targeting of people with mental health problems, ex-offenders, young people and single homeless people. The Priorities identified by the DAT include improving the quality of housing provision for clients with alcohol and substance misuse issues, developing floating support services, support for BME clients with substance misuse and alcohol issues and providing support services for women and women with children at risk of domestic violence or intimidation relating to drug dealers.

Offenders including young offenders

- 39 Lewisham has a severe lack of supported accommodation for offenders; it will require a considerable programme of development to ensure that a workable level of provision is reached. The current shortage will be made worse as a result of the new Homelessness Legislation and initiatives in community sentencing, many individuals have a dual diagnosis and this appears to be a significant factor in Lewisham and many other south east London boroughs.
- 40 A range of provision is required for both offenders and young offenders. This includes, floating support services, second and third stage hostels, which cater for people with a dual diagnosis

Mentally disordered offenders

- 41 It has been identified that there are a significant number of mentally disordered offenders who do not meet the increasingly restricted eligibility criteria for community care assistance or do not receive care from health services but who have a mental disorder and require housing with support. It is these people who present a lower level of need and risk who pose increasing difficulties for probation staff seeking to access suitable housing as part of their treatment or resettlement plan. Developing appropriate housing with support is therefore a priority.

Young people at risk including young people leaving care

- 42 There is some evidence of a shortage of suitable supported accommodation for this group, the focus has been on the needs of young people who have

mental health problems, disabilities, drug and alcohol problems and the needs of young offenders.

- 43 On-going support for young people in their own tenancy has also been raised as a priority.

Teenage parents

- 44 Lewisham has one of the highest national teenage pregnancy rates. Twenty of Lewisham's twenty-six wards are in the 20% of wards in England with the highest numbers of under 18 conceptions.
- 45 In line with the target set by Teenage Pregnancy Unit and the Housing Strategy no lone parents will be placed in unsupported accommodation by 2003. In order to meet this target further units will need to be developed; this will also consist of floating support alongside specialist mother and baby units, in recognition of the diverse needs that young parents have. Services also need to ensure that the additional support needs of this group are recognised, such as violence in the home, drug or alcohol issues and mental health problems.

Victims of crime including women at risk of domestic violence

- 46 In 2000/2001 there were 3,397 incidents classified as domestic violence by the Police, this is high compared to other boroughs.
- 47 The accommodation-based service priorities are for schemes for women with teenage sons' aged 14 and above and support for victims with special needs requiring specialist help around their alcohol, drug or mental health problem. Developing floating support for women in their own tenancy or once they have moved on from the refuge are also required.

Victims of crime

- 48 Victims of Race and 'Hate' crimes have been traditionally under reported, this is of serious concern. Racial Harassment was reported as a major concern by 46% of black and 56% of Asian respondents. A survey of gay men living in Lewisham conducted in 1992 reported that 45% of respondents had been physically attacked because they were gay.
- 49 The focus of the support to people who have experienced this type of crime is considered within a wider context so that victims are not re-housed to leave the perpetrator to harass subsequent tenants. Support therefore needs to be offered to the victim, such as personal security, support groups and translation services. Extending the Linkline service is also being considered.

People with HIV and AIDS

- 50 HIV positive residents of Lambeth, Southwark and Lewisham constitute the largest HIV – positive cohort of any single district in the UK. The numbers of people living with HIV in Lewisham has more than doubled since 1996. The priorities for development are to continue with the DoH SCA Capital programme for family sized units, and temporary accommodation units, explore the option for cross-borough provision.

Refugees

- 51 Refugees experience many of the same problems as other groups, such as isolation, domestic violence, mental health, drug and alcohol problems and disability. There are also specific issues such as poor access to language support, a lack of acknowledgement of physical and emotional scars. Services provided by specialist community groups are therefore regarded as most effective.

Travellers

- 52 There is one site in Lewisham, which currently houses 13 families, in addition there are over 15 known traveller families living in housing in the borough. Recently there has been an increase in unofficial Traveller sites. The priority for Travellers is around assistance with accessing benefits and linking into mainstream services.

A.7 Risks and contingencies

- 53 Risks have been identified throughout the programme. More detail of the risks and contingency is detailed in section C3.

A.8 Summary of Annual Statement

- 54 The key areas of priority have been developed through a process, which has included an assessment of the supply map, an analysis of existing information on need and the contribution of commissioners, operational managers and providers at the Shadow Core Strategy Group. More information is required on specific aspects, particularly in relation to BME provision.
- 55 Section C sets out the key priorities in detail.
- 56 The first priority is to develop a greater understanding of the level of need for support services and how this will inform future

commissioning. Much more information is required in relation to the development of BME services.

- 57 **Review** – In the first year priority will be given to reviewing those providers who have not previously been monitored together with services for single homeless people, young people and offenders. The reviews will link into other service reviews when they are being carried out for example the Review of the Supported Housing Unit being carried out by SITRA on Best Value Principles.

Year two – Mental Health and Learning disability.

Year three – Older people, Physical disability, HIV & AIDS.

More information about the review process is contained in Part B.8.

A.9 Consultation Mechanisms

- 58 Consultation plays a central role in the development of our programme; this is so that we can provide services that meet the needs of the community. The Strategy is an opportunity to seek the views of people who use the current services, those who may require services in the future and agencies that provide those services.
- 59 We would like your views on this document; in particular we would like to know:
- Is the Lewisham Supporting People Vision the right one?
 - Do you agree with our Priorities for 2003/04?
 - Have we left out any services in the Strategy?
 - Are there other area of unmet need in Lewisham?
 - How we can ensure that all interested parties are included in the consultation process?
 - Is the Review Process robust?
 - How can we involve Service users in the Review process?
- 60 The Shadow Strategy will be amended once the series of consultation events has been completed at the end of August.
- 61 Please respond to Fiona Kirkman,
Supporting People Project Manager
at Honor Oak Housing Office,
29 Spalding House,
Turnham Road,
Brockley,
London, SE4 2HT.
Fiona.Kirkman@lewisham.gov.uk.

B.1 The Supporting People vision in Lewisham

Our vision

62 *"To improve the quality of life of vulnerable people through planned high quality housing and support services, which meet local needs".*

To achieve this vision we have the following objectives:

- 63
- Work together with service users and support agencies, reaching agreement on the overall direction of the five-year Supporting People Strategy and Annual Plans.
 - Ensure that hard to reach and marginalised groups are included.
 - Ensure that black and minority ethnic issues are integral to our planning, commissioning and consultation process.
 - Deliver services, which enhance equality of opportunity, challenge unfairness and improve the diversity of service provision.
 - Offer a range of support services, which promote independence, choice and flexibility and which are part of a range of preventative strategies.
 - Promote services that are responsive, enhance diversity and are accessible to all.
 - Provide support services, which represent "best value" rather than best price.
 - Work with neighbouring boroughs to promote best practice and where local needs are identified jointly commission cost effective high quality services.
 - To deliver continuous improvements and supported services that seek to meet the peoples' needs and preferences now and in the future.
 - The Supporting People Strategy will link into other local strategies and fit with the agendas of all partners including Health, Probation, Social Services and Housing.

We will be monitoring three output areas

- 64 Partnerships
- Development of new cross-borough initiatives where the need has been identified
 - Participation of all partners at the range of Supporting People fora.
 - Clear links with other Preventative Strategies

65 Service Users

- Remodelling services to reflect local need, as identified in the shadow strategy.
- More choice for service users and independence for those individuals who will benefit from it.

66 Quality Services

- Monitoring the quality of support services and working with providers to improve services.
- Developing meaningful costs of delivering support and benchmarking this support.

Is this the right Vision for Lewisham?

B.2 The Planning Approach

67 The Supporting People Programme in Lewisham has been developed in Partnership with Lewisham Council, Probation, Health and the voluntary sector. The planning structures to ensure the delivery of Supporting People were set in place early on; it meets the requirements of the Office of the Deputy Prime Minister (ODPM). Supporting People Programme and Lewisham's Project Management Structures. It is made up of:

Supporting People Programme Board

68 The Programme Board provides overall direction and strategic input to the Supporting People Programme. The Board will ensure that resources are available to meet the requirements of individual projects within the programme. The board will evolve into the Commissioning Body. The new responsibilities of the Commissioning Body are outlined below. The Project Board meets every 6 weeks and reports directly to Executive Management Team.

The Terms of Reference for the Programme Board are:

- To define and provide overall direction and strategic input to the Supporting People Programme of work, arising out of the changes in legislation and funding proposals for supported housing.
- To ensure that the resources are available to meet the requirements of individual projects within the programme.
- To review and co-ordinate the project plans and agree changes.
- To ensure that the programme is delivered to time and within budget.
- To receive and review reports, internal and external and other information related to Supporting People.
- To sign off key project documents, including monitoring and review and to ensure that the four key agencies, Housing, Social Services, Health and Probation, reach agreement as required to access funding.
- To ensure commitment from departments and their staff and other project stakeholders to the successful implementation of Supporting People in Lewisham.

- To take overall responsibility for communication and PR.
- To arbitrate and resolve disputes and internal pressures - if unresolved, to co-ordinate separate meetings as relevant.
- To provide corporate support to the Supporting People Project Team.
- To identify opportunities and make recommendations as to the options for involvement of other local organisations and agencies.
- To ensure that the programme of works will deliver the requirements of Best Value.
- To report to EMT on an eight-weekly cycle and to other forums (e.g. the Partnership Board) as appropriate.
- To link the programme to the wider political agenda, including Modernising Local Government, Social Inclusion, Rough Sleepers Unit, Crime & Disorder Act, Leaving Care Bill, Health Act 1999, etc.

Membership is made up of:

Social Care & Health

Lesley Moore – Head of Adult Services (Chair)

Caroline Mikardo – Head of Resources

Regeneration

Ashley Hook - Head of Housing

Russell Hudson -Supported Housing & Homelessness Manager

Probation

Kevin Barry - Assistant Chief Probation Officer

Health

Dee Carlin – Lewisham PCT

Resources

Julie Bennet – Head of Budgets and Accounts

Mick Lear - Benefits Manager

Stephanie Fleck - Lawyer

Supporting People Team

Fiona Kirkman- Supporting People Manager

Commissioning Body

- 69 The key responsibilities of the Commissioning Body will be:

Strategy

- 70 ● To agree priorities for commissioning new supported housing and support services in the light of emerging jointly agreed strategic objectives
- To agree the Supporting People Strategy and Annual Plan and submit to local authority members for approval
 - To consider any changes to the strategy proposed by elected members and decide how this should be reflected in the Strategy.

Resources

- 71 ● To identify complementary and or additional resources.
- To endorse the Supporting People budget annually and allocate resources, or make recommendations to do so, depending on the source of funding.
 - To ensure the Administering Authority has the necessary resources, to fulfil the annual plan by monitoring expenditure throughout the year.

- To put in place protocols for informing the ODPM of any substantive changes or reduction or withdrawal of services where the Administering Authority does not have the necessary resources to continue the service.

- To predict the budget requirements for services in future years.

- To delegate to the Supporting People team the responsibility for commissioning Supporting People services in line with both the Strategy and Annual Plan.

Protocol

- 72 ● The Commissioning Body will make decisions by general consensus and only vote where absolutely necessary. The Commissioning Body may also invite other people to attend meetings as appropriate but they will have no decision-making powers. The Chair will be elected annually by the Commissioning Body from membership of the Group.

Frequency

- 73 The Commissioning Body will meet quarterly, aiming to align meetings with bidding cycles for funding and other commissioning cycles. There may be a need for Commissioning Body members to contribute views and make written comments on specific proposals between meetings, facilitate progress on specific projects and resolve blockages and problems.

Membership

- 74 Lesley Moore -
Head of Adult Services, Social Care and Health.
- Ashley Hook -
Head of Housing, Regeneration.
- Jill Locket -
Director of Commissioning, Lewisham PCT.
- Kevin Barry -
Assistant Chief Probation Officer, NPD.

Shadow Core Strategy Group

- 75 The Shadow Core Strategy group is responsible for identifying the strategic priorities and commissioning opportunities in each sector of Supporting People. It will prepare and propose the Supporting People Strategy for the Commissioning Body. This will be done in light of the needs mapping, supply analysis and outcome of the inclusive forum discussions.
- 76 Additional advice and input from providers will be sought at appropriate stages. The Shadow Core Strategy group will meet every 6 weeks.

Terms of Reference

- To ensure that users and providers are consulted regarding the provision of supported services, including the views of BME groups.
- To take overall responsibility for producing a strategic plan for supported services within the borough and which details cross-borough arrangements.
- To ensure that the Strategic Plan incorporates local and national strategies.
- To liaise and gain agreement for the strategic plan with Health, Probation and Housing Corporation.
- To ensure that resources are available to meet the strategic plan.
- To approve the review arrangements for schemes and publish in the Strategic Plan.
- To ensure that reviews are undertaken and comply with the standards set in the strategic plan
- To ensure service standards complying the national framework and ODPM requirements.
- To ensure contractual arrangements are agreed and implemented with providers.
- To ensure that all information needed by the ODPM is collected and passed on.
- To ensure that supported services comply with Best Value and other government requirements.
- To ensure that the validation of scheme is undertaken and complies with ODPM requirements.

Membership is made up of

Social Care & Health

- Joe Loh - Group Manager Care Services
- Michelle Oliver – Sheltered Housing Service Unit Manager
- Paul James – Mental Health Service Unit Manager
- Phil Wood – Joint Commissioning Manager Lewisham Partnership
- Lola Triumph – DAT Co-ordinator
- Pauline Moodie – SUM Commissioning Unit
- Lynn Burton – PCG Support Officer
- Sharon Long – Teenage Pregnancy Unit

Regeneration

- Russell Hudson – Head of Supported Housing and Homelessness
- Louise Spires – Partnership Officer
- Dave Baptiste – RSL Partnership Manager
- Colvin Fraser - Supported Housing Manager
- Peter Jones - Advice Services Manager
- Morna London - Finance & Development Manager

Voluntary Sector Representative

- Sue Harbour – Carr-Gomm

Community Safety Unit

- Steve Harrison – Community Safety Officer
- Anne McDermott – YOT Manager

South London & Maudsley NHS Trust

- John Cooley
- Jonathon Beeder

Housing Corporation

- Nicole De Rosario

Probation

- Kevin Barry – Assistant Chief Probation Officer
- Martin Tully – Housing Development Manager

Supporting People Team

- Fiona Kirkman – Supporting People Manager

Project teams

77 Project teams have been established to work on specific areas within the Supporting People programme. Some teams will exist for the life of the

programme, e.g. the IT and Charging team while others will cease to exist once the work is finished. Membership of the teams is fluid and the appropriate individuals are involved as and when required.

Service user involvement

78 The User Involvement Strategy is based on the belief that effective user involvement has numerous benefits for users, providers and the Supporting People Programme. Key aims of the strategy are:

- To establish a user involvement steering group.
- Identify existing appropriate user involvement structures and gaps.
- Identify how to ‘tap’ into appropriate existing structures.
- Develop new involvement mechanisms where required.
- Establish a formal structure to involve users.
- Address diversity and equality issues: focus on hard to reach and marginalised groups; involve BME users and ensure that the full range of service users are fairly represented.
- Review and monitor progress of the programme

79 The User involvement Steering group has proposed the following action plan.

Action	Date	Name
Set up focus groups for each client group	September 02	Richard Holmes
Consult with users on strategy priorities & ongoing programme	27th August 02	Provider reps
Agree user involvement structure	26th September 02	All

Provider Involvement

80 Providers have been involved at every stage of the development of the Strategy. They have been involved as representatives of the Strategy Group, and there is an open invitation to providers to attend. The All Inclusive Forum has been a useful channel of communication, together with attendance at Lewisham’s Housing Association Group. Several Small Provider Forums have been held jointly with Lambeth and Southwark, these are always very well attended. The Supporting People Team has also been linking into existing meetings, such as the DAT and the Teenage Pregnancy Strategy Group.

81 Where gaps in the consultation mechanism exist then one-off meetings have been held, such as for Sheltered Housing Providers and a meeting with Black and Minority Ethnic Providers. Providers were also invited to a conference in March 2002 held at Glaziers Hall in SE1; over 100 Providers attended this event.

The all-inclusive forum

82 The Forum meets at least four times a year, it acts as a link to users, providers and the local authority with an interest in supported housing and homelessness.

83 The Forum has been used to gain feedback on strategies affecting supported housing and homelessness. The Forum is made up of registered social landlords, providers in the public and private sector, managing agents and not for profit organisations. The Strategy document will be taken to the All-inclusive Forum and the small provider meeting before being finalised in September.

Arrangements to formalise the structure from Implementation Board to Commissioning Body

84 The Supporting People Programme reports to Mayor and Cabinet. The Implementation Board has been operating as a shadow Commissioning Body, the process of formalising the change will be done by reporting through the Mayors Board & Cabinet.

Monitoring of the Supporting People Programme in Lewisham

85 The objectives and outputs will be monitored via the Project Plan through Lewisham's Project Management structure. The Supporting People Programme Board reports to Executive Management Team, Project Review Group, Corporate Project Board, Mayors Board and Cabinet.

86 In addition there will be continued monitoring through, user groups, The Supported Housing Forum and user feedback via provider mechanisms will also be a valuable measure of our progress.

B.3 Supply Analysis

87 Mapping the supply of supported accommodation has been at the core of the development of the Strategy. It has given us a comprehensive source of information about the provision of housing related support in the borough. We now have detailed information, which includes:

- Location of the service e.g. Ward detail
- The name of the service provider and the landlord if not the same
- The type of service, e.g. accommodation based or floating
- Who the service is for e.g. young people, people with physical disabilities.
- The type of support offered, e.g. medium or low
- How the service is funded

88 The first stage of the mapping process was to identify the providers in the borough who offered housing related support, we obtained this initial information from a range of sources, this included hostel directories, supported housing guides, information from the Housing Corporation, National Housing Federation and Lewisham's Housing Benefit section. This information was built upon by meeting with commissioning managers, attending service groups and holding meetings with providers. The SP1/2 form, which was sent out in the summer of 2001, captured initial information and the SP3 form, which was sent to providers in March 2002, further, developed our knowledge of the sector.

89 Throughout this exercise we have been keen to ensure that all support services have been identified, this includes 'Pipeline services', which will come into management after April 2003. The team has therefore taken every opportunity to work with all our partners to capture information on new developments. The supply tables in Appendix 1 outline the size and extent of the Supporting People Sector in Lewisham.

Have we included all the services in the borough?

B.4 Comparison To ODPM supply profile

90 The ODPM have provided Lewisham with a supply profile of support schemes, this includes typical provision rates which have been calculated for each authority. This is to enable a comparison with the actual supply of services. The tables can be found in Appendix 1.

91 The comparison with the ODPM supply profile is made by client group in Section B.5.

B.5 Needs Profiling

92 This section examines the need for housing related support in Lewisham; we have included recent surveys, research and information from a range of sources such as the Homeless Persons Unit, Commissioning Managers, Probation Officers and Health agencies. This information will be expanded upon over the next twelve months so that we can plan and deliver services in line with local need.

93 Lewisham is the third largest borough in terms of both its population and it's area. It has a large and growing racially and ethnically diverse population. Estimates provided by the GLA/LRC on ethnic group projections indicate that the current population is 246,000 and that ethnic minorities represent 32% of the population. This is broken down as follows.

White	168,100
Black Caribbean	29,900
Black African	17,800
Black Other	10,100
Indian	3,000
Pakistani	1,500
Bangladeshi	1,100
Chinese	2,900
Other Asian	3,900
Other	8,100

(Source: GLA/LRC Ethnic Group Projections 1999 adjusted to match ONS estimates of total population in 2001)

94 Although Turkish residents were not identified seperately in the 1991 Census, they are thought to be in excess of 2% of the population, and may be between 5% and 10%.

95 Approximately 16% of Lewisham's population are aged 60 years or over. This figure is about average for Greater London, with boroughs having percentages in the range 13% - 25%.

96 The index of multiple deprivation published by the DETR in 2000 also reports that 16% of the population in Lewisham live in the top 10% most deprived wards in England. The DSS New earnings Survey indicates that the average earnings for Lewisham, at £21,570 per annum is well below the London average of £26,701.

97 The council's housing stock is currently 31,378. It is amongst the oldest in London, with over a third built before 1944. Many of the homes built after 1964 are high-rise, high-density homes that are unpopular with residents, and difficult and expensive to maintain. There are around 8,139 RSL properties in Lewisham, of which nearly half were built before 1919 and a further 43% built since 1943.

98 Only 53% of housing stock in Lewisham is owner occupied – well below the national average of 68%. Lewisham is experiencing above average levels of house price inflation. Since 1995 the average house price has increased from £64,000 to £155,000.

99 Lewisham's population is distributed unevenly with a greater proportion of people in the younger age groups. Males outnumber females up to 19 years with females outnumbering males thereafter. In terms of past and projected change Lewisham's population increased by 3.4 % between 1991 and 2002 and will probably increase by another 2.4% by 2011.

100 Percentage declines in the White, Black Caribbean and Indian populations are projected between now and 2011. Conversely Black African and black' other' populations are set to increase by several thousands. There will also be an increase in the Pakistani and Bangladeshi populations although these will be relatively small given the small size of the communities currently resident in Lewisham.

Older people with support needs (including older people with mental health problems or dementia and frail elderly)

101 In 1998 the resident Lewisham population of people aged 65+ was 30,050 and this represented approximately 12.4% of the population. The 65+ population is predicted to gradually decrease. In 2011 it is estimated there will be approximately 24,803 people 65+ living in the borough. This figure represents an approximate 18% decrease in the 65+ population.

102 The numbers of Black and Minority Ethnic Older people 65+ in 1998 was estimated to be approximately 3,070. This number is expected to increase to 4,900 by 2011. The largest increase is in the African Caribbean population increasing from 2112 aged 65+ in 1998 to a projected 3,398 aged 65+ in 2011. By 2011 20% of Lewisham's population will be from black and minority ethnic groups, that is one in four of the over 65 population.

- 103 Predictions of a decrease in the older population have led to concerns that there may follow a reduction in resources due to the assumption that there will be less demand for health and social services. This cannot be assumed as many serious causes of ill health such as stroke occur at younger ages in Lewisham than in England as a whole. People from black and minority ethnic groups are also more likely to experience strokes at a younger age. For example in the general population the average age for the first stroke is 72 years but for people from black and minority groups the average is 60 years.
- 104 The wards with the highest concentration of older people are not the most deprived wards in the borough, and not the same as the wards where large numbers of older black and minority populations tend to live. The black and ethnic minority populations tend to live in the most deprived wards. This has implications for the location of future services as the predicted demographic changes, particularly among black and minority groups occur over the next ten years.
- 105 The percentage of older people living alone is also likely to have an impact on the structure of services locally. Lewisham's pattern is similar to the national picture, more women living alone than men and an increasing number of older people living alone with increasing age. The ability to live independently is often affected by the presence of a carer and there are 23,540 carers living in Lewisham. Many of these carers are older people themselves. Over a third of informal care for people over the age of 65 is provided by older people. It is estimated that there are over 3,560 carers aged over 65 in Lewisham.
- 106 Older people who experience mental ill health exact a large social and economic toll on patients, their families and carers and statutory and voluntary agencies. Dementia and depression are particularly common in older people.
- 107 The prevalence and incidence of dementia increases with age. Moderate to severe dementia is ten times more common in the very old, over the age 85+ compared to people aged 65-74. In 1998 there were a total of 2392 people living with Dementia, this is expected to drop in 2011 to 1981.
- 108 Under detection of mental illness in older people is widespread due to the nature of the symptoms and the fact that many older people live alone. Depression in older people aged 65 and over is especially under diagnosed. Depression is the most common psychiatric illness among older people. It is often associated with a significant increase in dependence and need for supportive care independently of disability.
- 109 The overarching strategy for older people in Lewisham is to promote independence and increase the number of older people living in the community with the assistance of support services where appropriate.
- 110 'Sheltered Housing', A Working Document 2001, produced by Lewisham's Older Women's Network, makes a number of recommendations for change within Lewisham's Sheltered Housing Schemes. A key recommendation is that sheltered housing schemes would benefit from frequent or longer visits from their Sheltered Housing Officer. Improving awareness of the needs of tenants from ethnic minority groups and tenants with disabilities.
- 111 The Care Homes 2000 Project to close all the Council's care homes and move people into independent sector provision was a success. The funding was re-directed into paying increased fees to accredited independent sector homes, the development of two 40 place very sheltered schemes and the re-provision of four day centres.
- 112 Good progress in Lewisham has been made in progressing the National Service Framework, including the development of a Corporate 'Policy for an ageing population'. The Best Value Review of homecare was undertaken to target the work of the internal provider and work is now underway to implement the recommendations. In addition there has been some successful work with University Hospital Lewisham on capacity planning and tackling delayed discharge.
- 113 Investment in preventative services, such as the Falls Clinic at Lewisham Hospital, a handy person scheme and services for deaf-blind people using Promoting Independence Grant funding have now been set up.
- 114 The main findings indicate that:
- The population is projected to decrease by 14% by 2011.
 - The proportion of older people from black and minority populations is predicted to increase.
 - More older people live alone in Lewisham than in the rest of England and Wales, this has implications for the delivery of services.
 - Higher rates than average of hypertension, stroke and diabetes occur in black and minority ethnic

communities and are expected to increase the need for health and social care services as the population ages.

Comparison with the ODPM supply range

- 115 The table below illustrates the actual supply of supported accommodation in Lewisham, identified through the mapping exercise. This is compared with the ODPM benchmark figures.

Client Group	ODPM		Actual	
	Accommodation	Floating	Accommodation	Floating
Frail elderly	Included below	Included below	0	0
Older people with support needs	Between 1,860 and 3,418	9-159	1126	105
Dementia	N/A	N/A	N/A	N/A
All	Between 1,860 and 3,418	9-159	1126	105

Note - 4.3% are in registered schemes
- 68% are SP funded

- 116 The comparison shows that Lewisham has a lower number of schemes for older people than the ODPM benchmark. However, the number of floating support services falls within the range although this is not currently meeting the level of need across a range of tenures. Although the number is lower there are no plans to increase the overall number of units as the population of over 65s is expected to decrease by 2011. The priorities for older people are outlined below.

The strategic priorities for older people are:

- 117
- Re-locating support services, the variation in where older people live and how this is predicted to change will need to be considered in developing future services.
 - Older People with mental health problems need access to integrated mental health services, which include early and effect diagnosis, treatment and support for themselves and their carers.
 - Additional support services for older people presenting for sheltered housing with alcohol problems and or likely to have other problems such as self-neglect.
 - Increasing the level of mental health support in a range of tenures.
 - Offering a range of services to older people in Sheltered housing.

- Extending support to older people in the community in all forms of tenure.

People with mental health problems

- 118 In common with other inner-London boroughs Lewisham has a set of demographic characteristics which are well recognised as contributing to high levels of psychiatric morbidity. These include:
- High levels of unemployment and social deprivation
 - Areas of poor housing stock
 - High levels of homelessness
 - High numbers of lone parents
 - High proportion of people from black and ethnic minority communities
 - Increasing numbers of refugees and asylum seekers
- 119 In combination these factors result in Lewisham as a whole scoring a Mental Illness Needs index rating of around 13% above national average (North Lewisham being 21% above national average). This translates in practice to pressures across the whole spectrum of secondary mental health services, including in-patient, community teams and accommodation sectors. It is important to emphasise that the accommodation operates as just one part of a wider service system and shortfalls in this area generate pressures elsewhere (particularly on increased admissions to and delayed discharges from in-patient services).
- 120 In Lewisham the main framework for mental health accommodation is the Joint Mental Health Accommodation Strategy, last revised October 2000. This has been produced following lengthy consultation between South London and Maudsley NHS Trust, Lewisham Social Care and Health, The Supported Housing Unit and voluntary sector providers. The Strategy, which is currently under review, draws together available information on the supply of services, identifies gaps in provision and suggests priorities for new developments.
- 121 One key theme identified is the need to enhance the capacity of existing independent sector providers to work successfully with users with higher support needs.
- 122 Nationally the main policy driver impacting on mental health services is the National Services Framework for Mental Health, published in 1999. The Framework stipulates seven key standards to be met with regard to service provision and access to

mental health promotion. There is little detail in relation to accommodation provision, with the exception of partnership schemes with RSLs and 24 hour staffed accommodation schemes.

- 123 The NHS Plan of 2000 also failed to include references to supported accommodation other than for recommendations for providing step-down from medium secure services.
- 124 Predicting the need for housing related support services from population numbers and demographic weighting remains an inexact science. Several models have been developed over the past decade, which generate alternative visions based on weighted population groups. These relate to 24-hour nursed care, 24-hour high support services and medium/high support units. The non-nursed staffed data is summarised below; some caution is required when considering this and needs to be used in conjunction with evidence from clinicians, service users and other local agencies.

Actual	Expected	Difference
109	192	-83

PriSM Model (1996) 24- hour non-nurse staffed places/Lewisham borough

Actual	Expected	Difference
90	194	-104

Lambeth, Southwark & Lewisham Health Authority Balance of Care Review (1999) Medium/high support places/ Lewisham borough

Comparison with the ODPM Supply Range

- 125 The table below illustrates the actual supply of supported accommodation in Lewisham; this has been identified through the mapping exercise. This is compared with the ODPM benchmark figures.

Client Group	ODPM		Actual	
	Accommodation	Floating	Accommodation	Floating
Mental Health	48-291	38-220	544	112
Mentally disordered offenders	Included in offenders profile		6	16
Older people with mental health problems/dementia	Included in older people with support needs	0	0	0
Total	48-291	38-220	544	112

Note: - 4.5% are in schemes fully registered as a residential care home.
 - 60% of services are SP funded.

- 126 The comparison shows that there are more services for people with mental health problems than the ODPM benchmark indicates. The ODPM profile is on the low side and when looking at neighbouring

boroughs with similar levels of people with mental health problems the profile is similar to the actual number of services in Lewisham. Lewisham experiences a high demand for support services and high levels of need and this has been outlined above.

The strategic priorities for people with mental health problems are:

- 127 ● Focusing on improving the quality of the provision in the borough.
- Developing services to meet changing aspirations or needs, including those with higher support needs. Ensuring the physical environment promotes independence.
- Building capacity within existing services to meet the identified gaps in provision.
- Developing dispersed models of accommodation with outreach support to meet the needs of younger service users.
- Support Schemes for women with mental health problems who have dependent children. Possibly a cross borough scheme.
- A need for accommodation based support schemes for black and ethnic minority service users, who represent a substantial proportion of the population using secondary mental health services.
- A significant need for higher support services catering for those with more challenging behaviours.
- New services are required for people over the age of 65, many physically frail who require 24-hour support services.
- The over supply of registered facilities providing mediocre levels of care medium to long term, with insufficient focus on rehabilitative practice, models will need to be addressed.

People with learning disabilities

- 128 The learning disability population is likely to continue to increase over the coming years as a result of both the increased life expectancy of people with learning disabilities and the improved medical technology which is resulting in an increase in survival of babies with severe disabilities. Whilst improved screening techniques are leading to a slight reduction in the percentage of births of children with conditions such as Downs Syndrome, this is offset by other risk factors such as the increasing age of mothers at birth
- 129 The Government’s White Paper ‘Valuing People: A New strategy for Learning Disability for the 21st Century sets out the proposals for improving the life

chances of all children, young people, adults and older people with learning disabilities and their families. Providing choice in where people with learning disabilities live is a key part of the strategy, this includes options for small-scale ordinary housing, supported living, and village and international communities as well as residential care. The strategic priorities for people with learning disabilities have been informed by this objective.

- 130 It is estimated that one in every fifty people has some kind of learning disability in Lewisham. In 15% of cases the learning disability is severe. Using these figures there are approximately 720 people with severe learning disabilities in Lewisham.
- 131 With the exception of a period in the late 60s and early 70s, when the rate rose significantly, the incidence of learning disability has remained stable. Using the demographic data available it is projected that:
- An overall increase in the number of adults with learning disabilities of about 2% per annum.
 - A 5% per annum increase in numbers requiring residential care.
 - 12 people per year will be transferring from children’s to adults services of which 4/5 will have challenging behaviour and 6/7 will have moderate or severe multiple disabilities.
 - There will be an increasing need for services for people from black and ethnic minority populations reflecting the diversity of the population of Lewisham.
 - The consequences of the changes in demographics are that there is a growth in the numbers of people needing Community Care support and those with complex health and social care needs. (source Strategy for adults with a Learning Disability – Pub: LSLHA/Lewisham SC&H/Lewisham Partnership-1997)

132 The numbers of young people leaving school and moving into adulthood is also reflected in the study undertaken by Education and Leisure Department in May 2000. (School Organisation Plan for L.B Lewisham: Pub: Education and Culture Department – May 2000). The study shows that there is a rise in the birth rate in Lewisham from 1977 to a high of just over 4000 in 1991 when it slowly reduces. This means that the numbers of young people turning 18 will rise year on year until 2010. Using this as a guide it is possible to project a higher growth in the number of adults with learning disabilities until

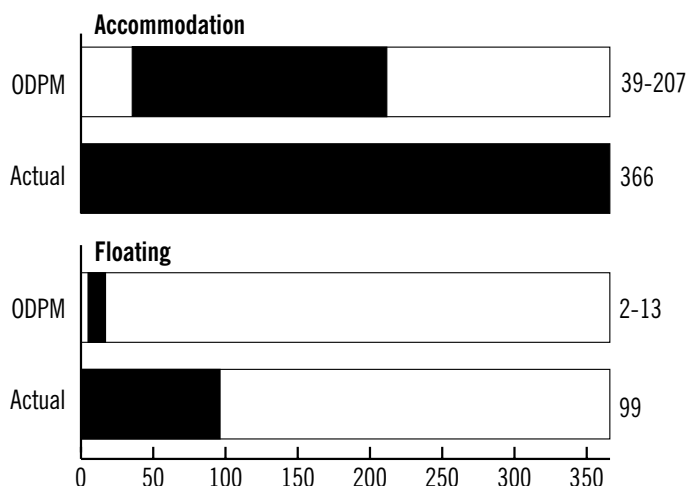
2010 when a small fall may begin. It should be noted that these figures are reliant on the correctly predicted number of females in the borough of childbearing age.

- 133 Currently there are about 600 adults with learning disabilities receiving some type of social care service. The data on current usage is only a snapshot of what is happening at any one time as users enter and leave the service. This is broken down as follows:

Type of care	Number of users
Domiciliary Community Support Users living in family home receiving support to access community activities.	11
Domiciliary Family Home Users receiving support in their own homes, which they share with family members/unpaid carers.	14
<i>Outreach non 24 hour independent living;</i> Users who live in their own home without family/unpaid carers who receive support in their own homes for less than 24 hours a day.	39
<i>24 hour supported living</i> Users who live in their own homes (with their own tenancies) who receive 24 hours a day support:	111
C. Registered Nursing homes	2
Registered Residential Homes: in borough	97
Registered Residential Homes: out of borough	129
Total	403

Comparison with the ODPM Supply Range

- 134 The table below illustrates the actual supply of supported accommodation in Lewisham; this has been identified through the mapping exercise. This is compared with the ODPM benchmark figures.



- 19.4% are fully registered as a residential care home.
- 26.7% are currently SP funded.

135 The actual supply of specialist units of accommodation and floating support is higher than the benchmark from the ODPM. Currently a small number are SP funded and a higher than average number are registered. The demand for supported schemes for people with learning disabilities is outlined above.

Current strategic priorities for this group are:

- Shortage of supported housing for people with challenging needs
- Supported housing which has been adapted for people with mobility needs
- Schemes, which offer the potential for independence using the Keying model (dispersed units with keyworker support).
- A range of support options, which includes Shared Ownership and home ownership, models.

People with a physical or sensory disability

- 136 At the 1991 Census, over 12% of Lewisham residents described themselves as having a Limiting Longstanding Illness, this is likely to be an under estimation. The 1999 Labour Force Survey in 1999 found that 12% of those aged 20-29 had a long term disability or health problem and this increased to 31% in those aged 50-59.
- 137 The receipt of DLA is viewed as good indicator of the rate of disability in those aged 65 and under and also indicates the current and future demand for Community Care services. At the end of May 1999, 3,780 (4.9% of those aged 16-59) of Lewisham residents were in receipt of DLA.
- 138 The Receipt of Attendance Allowance is also a good gauge of levels of disability among older people. At the end of May 1999, 7,380 (9.6% of those aged 60+) were in receipt of Attendance allowance. Both these figures are higher than in London as a whole.

People with sensory disabilities

139 The Social Care and Health Sensory Team case list (February 2002) revealed the following information

People who are deaf without speech under 65	175	Over 65	27	
People who are deaf with speech under 65	237	Over 65	82	
Hearing impaired people under 65	239	Over 65	1,068	
Total	651		1177	1828

140 The need to develop services for particular groups of the deaf community has been highlighted. The needs of profoundly deaf people older people are not currently being met as sheltered services seldom employ staff who can sign. Older people who are profoundly deaf or hearing-impaired can therefore experience higher levels of isolation in the community. There is also a shortage of support services for profoundly deaf people who may also have a mental health problem or a learning disability. This contributes to people being placed out of borough.

141 Younger people who may also be profoundly deaf also face a limited choice in terms of supported accommodation. Although many young people now prefer to live independently in the community there is a need for those young people who may require additional support with mental health problems, alcohol and other issues.

142 Currently there are 659 people registered as blind, another 528 are registered as partially blind. In addition, there are a significant number of people who experience some form of visual impairment but are not registered. A recent report by the 'Improving Lives coalition' reported that out of those people eligible for registration two-thirds were not.

143 Many people who experience visual impairment live independently in their own home or with family. However, it is important to note that fewer blind or partially sighted people are employed (approximately 20%), there is therefore a greater need for social housing. The need for floating support services especially for older people and for those who are moving into new accommodation has been recognised.

Comparison with the ODPM supply range

144 The table below illustrates the actual supply of supported accommodation in Lewisham; this has been identified through the mapping exercise. This is compared with the ODPM benchmark figures.

Client Group	ODPM		Actual	
	Accommodation	Floating	Accommodation	Floating
People with disabilities	14-206	1-256	18	0

Note: - 100% are not registered
- 50% will receive SP funding.

145 The supply of supported accommodation for people with disabilities is only just within the range of the ODPM profile. There are no floating support services for people with a physical or sensory disability.

Strategic priorities for people with physical and sensory disabilities are:

- 146
- Developing accommodation for people who have been discharged from hospital or rehabilitation and for those who require temporary accommodation.
 - To work within the wider regeneration initiatives, look towards providing floating support in general needs housing.
 - Developing services, which cater for older people who may be profoundly deaf.
 - Developing floating support services, which recognise the needs of people with sensory disabilities.

Single homeless with support needs

- 147 Homelessness is caused by a number of factors, some of which relate to the wider state of the economy and the housing market and other which are personal to the individual or the family.
- 148 The most common reason for priority homelessness applicants losing their "last settled home" is because parents, friends or relatives had asked them to leave, this accounted for 55% of all cases in 2001/02 as a whole. Conflict with family or friends is frequently a trigger and a direct cause of homelessness, particularly for young people. Causes of family conflict include general rows with parents, disruptive behaviour and teenage pregnancy.
- 149 A further 19% had become homeless as a result of losing accommodation in the private and social housing sectors. Landlords deciding not to renew assured shorthold tenancies are the biggest cause of loss of accommodation.
- 150 Relationship breakdown including domestic violence is another significant cause of homelessness and accounts for 11% of new homeless applications. These three main causes of homelessness in Lewisham accounted for 86% of all applications in 2001/2002.
- 151 Disadvantaged groups are over represented amongst users of the homelessness service in Lewisham. Members of Black and Minority Ethnic groups make up 61% of all applications to the Homeless Persons Unit. For many homeless applicants English is not a first language. Women are also particularly over

represented and many of the client group are sole carers of children or have been the victim of domestic violence. Over 86% of homeless households receives some kind of welfare benefit and poverty is a key factor within many households.

- 152 In 2000/2001 Lewisham's HPU received a total of 2,376 approaches and accepted a full rehousing duty to 807 households. Projections based on year to date figures suggest that for 2001/2002, approaches will be in the region of 2,360 and approximately 904 acceptances. Second quarter DTLR figures (April to June 2001) showed an inner London average of 3.0 per thousand households, with figures ranging from 1.6 to 4.6. At 2.4 acceptances per 1,000 households, Lewisham is amongst the better performing authorities.
- 153 During the past three years, there has been an upward trend in the number of households accepted as unintentionally homeless and in priority need. Last year in Lewisham this figure rose by 18%. The numbers living in temporary accommodation has also increased.
- 154 The new Homelessness Act, introduces measures to widen the groups of vulnerable homeless people for whom local authorities should secure housing, this will further increase the levels of statutory homelessness and use of temporary accommodation. Therefore, at least in the short term, the level of homelessness is expected to increase.
- 155 Lewisham has three direct access hostels and it has been reported that there has been an increase in the numbers of referrals to hostels and an increase in the numbers of those who have mental health and substance misuse problems.
- 156 The Supported Housing and Homelessness Unit manages 22 'in house' supported housing schemes for people with a range of needs including learning disabilities, mental health, alcohol and drug dependency. This service is about to undergo a review based on 'Best Value' principles to ensure that the services are still appropriate for the needs of the clients. In addition, there are a number of partnerships with Registered Social Landlord's where floating support is provided e.g. to young people and those at risk of offending. Patchwork currently provide a floating support service for 16/17 year olds and young people leaving care and there is also work with Greenwich and Lewisham Nightstop who provide emergency accommodation for single homeless people by making placements in volunteers homes

157 In 2001/01 86 16/17 year olds made homeless applications, of these 51 were found to be vulnerable and in priority need. Duties to young people will increase under the new Housing Act. Young people account for 3% of all homelessness applications, but many young people have multiple problems linked to their homelessness. Facilitating a young person to return to a safe family environment is more likely to promote stability and prevent long term homelessness. When young people are rehoused, specialist resettlement and tenancy support is often required to help in their development of independent living skills.

Comparison with the ODPM supply range

158 The table below illustrates the actual supply of supported accommodation in Lewisham; this has been identified through the mapping exercise. This is compared with the ODPM benchmark figures.

Client Group	ODPM		Actual	
	Accommodation	Floating	Accommodation	Floating
Single homeless with support needs	3-305	6-125	622	120

Note: - 97.4 are not registered
 - 50% are entirely SP funded, 28.3% are mixed funded and 3.3% have no SP funding.

159 The supply of supported accommodation is higher than the ODPM profile. The reasons for this are outlined above; the supply of floating support services falls within the range.

160 **Many of the priorities for this group are already contained within priorities for other client groups, additional strategic priorities identified are:**

- A need for more ‘wet’ hostels, women only hostels and mixed sex hostels for people with alcohol problems.
- An increase in provision for people with drug problems, especially post rehabilitation.
- Developing floating support for young people in temporary accommodation to meet the new Housing Act requirement to house young people of 16 and 17 years.
- Support Services for women who are at risk of domestic violence, who have traditionally been excluded from schemes because they have older male children, and services for women with mental health problems. A potential cross-borough scheme.
- Additional support services for teenage parents.

Homeless families with support needs

161 During the previous twelve months over 60% of homelessness applications in Lewisham were from households with children. Lone parents are over represented in this group. Clearly this group experiences a multitude of issues, particularly around interrupting the children’s education and accessing primary health services.

162 Evidence seems to suggest that additional services are required for homeless families or those experiencing difficulties in their tenancies as part of a wider agenda of prevention and building sustainable communities.

Comparison with the ODPM supply range

163 The table below illustrates the actual supply of supported accommodation in Lewisham; this has been identified through the mapping exercise. This is compared with the ODPM benchmark figures.

Client Group	ODPM		Actual	
	Accommodation	Floating	Accommodation	Floating
Homeless families with support needs	27-33	0-14	8	0

Note: 100% SP funded

164 The actual supply of accommodation based and floating services are below the ODMP benchmark. The need for a floating support service for homeless families has been recognised.

Strategic priorities for homeless families with support needs

- Developing a floating support service, with focus on prevention to assist families who have recently been rehoused or are at risk of losing their tenancy

People with drug and alcohol problems

166 Lewisham has evident drug and alcohol issues. This is most easily evidenced by anecdotal information and observation at street level. Specific levels of overall use are more difficult to identify. There are estimated to be between 2000 to 4000 drug misuses within Lewisham, of whom 30 to 40% are opiate users. Around 1100 drug misusers are in contact with services, although there is evidence of significant underreporting. The total figure for alcohol dependency is perhaps twice as high, with maybe up to 8000 people affected, around a third of whom may also have a history of drug misuse. A variety of drugs and means of administration are used, with

opiates and cocaine or crack being most prevalent. There is also evidence for large amounts of Khat use, including increasingly amongst women

- 167 Drug users are predominantly male and white, especially opiate users. There is however strong evidence of involvement with drug misuse across different ethnic groups. An agency working in the very north of Lewisham has recorded that whilst over 40% of its clients are white, just under a quarter are black and just under 20% are Vietnamese. The Somali community has been highlighted as being particularly at risk of homelessness combined with drug or alcohol misuse. Both direct access hostels within Lewisham report significant numbers of Somalis with drug or alcohol problems. A further issue for BME clients in general is that a report on drug services in Lewisham, Lambeth and Southwark found that services were often poorly located for Black and Minority Ethnic (BME) clients and that services were considered to be poor at keeping BME clients.
- 168 Around 75% of the clients using Lewisham's main drug and alcohol services are male. The age range of drug users is broad, but with most users concentrated amongst the 20s and 30s, with the average age being 31. The age of alcohol users is likely on average to be somewhat higher.
- 169 Some areas of Lewisham have a high incidence of street drinking. Voluntary based organisations have done some work with street drinkers, and have identified that most street drinkers are housed with few support networks outside of their fellow drinkers. An enquiry into street drinking in Catford showed that from all of the drinkers were residents of Lewisham, 80% were on benefits, 44% in their own tenancies, 40% were in temporary accommodation and 16% are street homeless.
- 170 Overall a number of issues have been identified relating to housing:
- The majority of clients with an alcohol or drug misuse issue appear to be housed, with maybe up to half of the total that are housed having their own tenancies
 - Where people are housed, their accommodation is often at risk, mainly because of the individuals inability to manage the tenancy. The issue of harassment from acquaintances, including drug dealers, has also been recorded with instances of people being forced from their homes.

- A significant minority will have no stable housing at all, with a small proportion sleeping rough and the rest on friends floors and sofas.
- The issue of homelessness is exacerbated by a lack of suitable accommodation willing to take current drinker and substance misusers and to be able to contain and support them within an intensively staffed context. Most of the bedspaces within Lewisham's direct access hostels have been ringfenced for Rough Sleeper Unit clients with the consequence that Lewisham clients have been unable to access suitable housing.
- Clients who have been able to access independent accommodation need further support, especially if they have previously been homeless. The Drugs and Supported Housing report suggests that appropriate floating support would be beneficial here.
- Two deprived areas in the south of the borough, Downham and Bellingham, have significant drug issues. Lewisham drug and alcohol services are primarily in the north of the borough and few clients from these areas access these services.

Comparison with the ODPM supply range

- 171 The table below illustrates the actual supply of supported accommodation in Lewisham; this has been identified through the mapping exercise. This is compared with the ODPM benchmark figures.

Client Group	ODPM		Actual	
	Accommodation	Floating	Accommodation	Floating
People with alcohol problems	30-50	8-30	58	54
People with drug problems	7-19	1-5	43	0

Note: 83.3 % of alcohol services are entirely SP funded

33.3% of drug services are registered as a residential care home, 75% of services are entirely SP funded.

- 172 The supply range shows that accommodation based services are within the ODPM range and floating support services above for people with alcohol problems, This is not true in reality and it is considered that more floating support services are required, especially for those who may have a dual diagnosis.
- 173 The comparison also suggests of an above range supported units for people with drug problems, it is not felt that this is the case, 31 of those units are also in a residential rehabilitation service which has a large number of non Lewisham residents. The plans to develop services are outlined below.

Strategic priorities for people with drug and alcohol problems

- 174 ● Developing the range of support schemes for black and ethnic minority groups with drug and alcohol problems. Particular need for more services for Somali service users.
- Focusing on improving the quality of the provision, Supported housing projects will be compliant with Quality in alcohol and drugs services (QUADS).
 - Developing floating support services for people with drug and alcohol problems.
 - Developing support services for women and women with children who are at risk of domestic violence and or the threat or violence relating to drug dealers.
 - Second stage accommodation for men, women and women with children post rehabilitation / detoxification.

Offenders and those at risk of offending

- 175 The probation service is a major statutory agency charged with the responsibility of supervising offenders in the community. It discharges this duty in close co-operation with its partners, the police service, the health service and the local authority under a range of provisions but particularly the Crime and Disorder Act 1998. It also works closely with the prison service and other non-statutory agencies such as drug agencies. Offenders can also receive help and support from specialist voluntary agencies such as NACRO, The Princes Trust, New Bridge, AA, NA and CSV.
- 176 The Probation Service is a law enforcement agency delivering community punishments by supervising offenders within the terms set by the court or Parole Board. It works with offenders to reduce their reoffending and to protect the public. An offender's failure to comply with supervision leads to breach action through the courts and can lead to a prison sentence. Where the offender is on post-custody licence, the outcome of a probation report to the Parole Board may be recall to prison.
- 177 **The aims of the Probation Service are:**
- Protecting the public
 - Reducing re-offending
 - The proper punishment of offenders in the community
 - Ensuring offenders awareness of the effects of crime on the victims of crime and the public.

- Rehabilitation of offenders.

- 178 It operates within the Government's Correctional Policy Framework, contributing primarily to:
- Home Office Aim 3: 'To ensure the effective delivery of justice, avoiding unnecessary delay, through efficient investigation, detection, prosecution and court procedures. To minimise the threat to and intimidation of witnesses and to engage with and support victims.'
 - Home Office Aim 4: 'To deliver effective custodial and community sentences to reduce reoffending and protect the public, through the prison and probation services in partnership with the Youth Justice Board'.
- 179 Each year The Probation service in Lewisham commences the supervision of some 1,700 offenders. The caseload on any given day is in excess of 2,000 people. Approximately 90% are male and 10% are female. Just over a quarter of offenders serving community sentences are aged 16-20 and just less than three-quarters are aged 21 and over. About 30% of those starting orders are from minority groups. About 25% are black (over represented) and 4% other.
- 180 Approximately 70% of offenders supervised will be on community sentences and 30% imprisoned with a period of statutory licence supervision in the community as an integral part of the sentence.
- 181 All Probation Service work with offenders combines assessment and management of risk and dangerousness with the provision of expert supervision programmes designed to reduce re-offending. Enforcement of the order/licence conditions is a priority.
- 182 Homelessness and housing problems remain a significant problem for offenders with whom the service comes into contact. Research indicates around 30% of offenders on community supervision and 50% of released prisoners face serious housing problems during their contact with the service.
- ### Evidence based practice
- 183 The National Probation Service is implementing a new range of accredited programmes designed to reduce offending behaviour by those under supervision
- 184 The Centre for Criminology Studies at Oxford researching the Think First Programme reported that 'while offenders with alcohol or employment problems were likely to attend and complete the programme, those with accommodation problems

were highly likely to drop out' (Home Office Probation Unit September 2000). If then the 'What Work' strategy of the LPA is to be effective in Lewisham, offenders with accommodation needs become a key priority in achieving our key goals of reducing offending behaviour. In the year 2002/3, it is planned that approximately 240 cases will be assigned to programmes and of these approx. 70 will not have stable accommodation. As the 'What Works' strategy expands, this number will increase.

Resettlement – under 12 months custody

- 185 Currently the probation service has no statutory involvement in the supervision of prisoners serving less than twelve months. Nevertheless this group, which in Lewisham numbers approximately 360, is characterised by its potential for high criminogenic need including accommodation and their causal involvement in crime in the borough.
- 186 This group has particular difficulty in maintaining stable tenancies and frequently find it difficult to access appropriate housing while in the community or on release from prison

Resettlement – 12+ months in custody

- 187 Every prisoner who is sentenced to over twelve month's imprisonment is supervised on release by the probation service. In Lewisham approximately 240 licensees are released each year. Approximately 40% are released to accommodation, which their supervision officer regards as unsuitable or unstable. All these offenders will have spent at least 24 weeks in custody, which means that if they have tenancies these, are at risk.
- 188 Housing Benefit payments are only available for the first thirteen weeks of a custodial sentence and so those who have served longer terms of imprisonment almost invariably lose tenancies where they have been the sole tenant. Sometimes the nature of the offence leading to imprisonment can also lead to the loss of the tenancy and reluctance on the part of the landlord or others to accommodate that individual again.
- 189 Supervised release under a parole or other licence is a way of providing conditional release to maximise the chances of rehabilitation and resettlement back into the community. A range of programmes and casework by probation officers require stability of accommodation for this process. The longer the period they have been in custody so the greater their need for adjustment to life in the community. Likewise the longer the period of incarceration the

greater the chance that their previous living arrangements will no longer be available to them.

Approved probation hostel

- 190 The London Probation Service manages a 24-bed unit for men in Lewisham Borough, which is a residential facility, staffed 24 hours a day with a high degree of surveillance and control including curfew and CCTV. However it is not a prison but a hostel whose aim is reintegration back into independent living in the community.
- 191 Sex offenders usually remain for long periods of statutory residence at the hostel while they are treated to reduce their risk to the public. On completion of residence they need to be resettled into appropriate next stage accommodation.
- 192 The hostel is a London regional resource and after often takes offenders from other boroughs to reduce the chance of contact with their erstwhile victims. Men can live for up to 12 months at the hostel on their release from custody. These men are often institutionalised after their years in custody and need both time, reskilling and resettlement as well as risk reducing treatment if their move back into the community is to be effected without risk to the community. The hostel moves about 40 offenders into other accommodation in the borough every year. It is estimated that each year this hostel would require 20 units of supported second stage semi independent accommodation and 10 units of permanent accommodation

Sustaining tenancies

- 193 Offenders often have difficulty in sustaining and maintaining tenancies and in securing successful accommodation in the private sector. This is partially due to problems in securing employment and poor social skills such as budgeting, responding to officialdom, literacy in reading documents etc.
- 194 When ex offenders do manage to secure tenancies, it is important that the appropriate help, advice and support is given to enable them to sustain their accommodation.

Substance misuse issues

- 195 Apart from the social and health implications of drug and alcohol misuse, there is an evident link between substance misuse and offending. A very significant number of offenders (50%) within Lewisham have problematic substance misuse issues.
- 196 Drug dependency, (particularly on Class A drugs such as opiates, 'crack' cocaine, etc.) often leads to

- acquisitive criminal activity aimed at funding drug misuse. Some of this acquisitive offending, such as street robberies, pose a significant risk of physical harm to the public. In addition, the drug supply chain can involve an escalating level of violence aimed at the territorial protection of profits.
- 197 Alcohol misuse is frequently associated with public order offences and this can be particularly acute amongst certain age groups or in specific locations, e.g. town centres.
- 198 Often those with substance misuse problems have housing histories that can feature a lack of permanent accommodation, unstable tenancy maintenance, substantial arrears etc. Those still actively misusing substances are normally excluded from the waiting lists of many housing providers. There is a shortage of appropriate accommodation for individuals who have undertaken Detoxification and Rehabilitation programmes. If they return to the same housing and amongst the same peer group where they were involved in drug or alcohol misuse this almost inevitably leads to early relapse into substance misuse.
- 199 The Drugs Action Team (DAT) is the lead organisation, which takes responsibility for the strategic oversight and planning for services to substance misusers. While not all users are offenders, nor all offenders users the DAT has a particular focus on offenders because of the amount of substance related crime.
- 200 A significant number of offenders on the caseload within Lewisham have mental health problems. The LPA does not seek to offer psychiatric treatment to mentally disordered offenders but we see our role as supporting the work of mental health professionals and undertaking interventions aimed at tackling their offending behaviour in accordance with the Agency's priorities outlined earlier. The Probation Service works in partnership with local psychiatric services and voluntary groups in order to meet the needs of mentally disordered offenders.
- 201 A proportion of the mentally disordered offenders on Probation's lists have a dual diagnosis, i.e. they have a mental illness and substance misuse problems. This can be a difficult group to work as it can sometimes be difficult to determine if their substance misuse problems are exacerbating their mental illness or vice versa and their lifestyles may be particularly chaotic.
- Priorities for 2002-3**
- 202 For historic reason Lewisham has been very poorly provided with specific supported bed spaces for offenders and ex-prisoners when compared to the other boroughs of Inner London. In 2001 Lewisham had only 11 bed spaces out of the 437 that were supported by the Home Office PAS grant. This imbalance has been highlighted by the discussions stimulated through the Supporting People initiative and a few organisations are now considering adjusting their provision to meet this, so far, unmet need.
- 203 For 2002 the Housing Corporation have approved funding for the development of a scheme for ex-offenders and those at risk of offending, in partnership with Centrepoint, The Probation Service and London and Quadrant Housing Trust.
- Mentally disordered offenders**
- 204 Homelessness can cause great stress and can exacerbate some forms of mental disorder and trigger illness in vulnerable people. There is considerable evidence that there is a much higher prevalence of mental disorder among homeless people compared with the general population. A survey by the Royal College of General Practitioners (1994) gave a figure of 25 to 50 times higher. Many people have diagnoses of personality disorders alongside specific mental illnesses and/or substance misuse.
- 205 The Newby Inquiry (October 1993) - revealed weaknesses in the system for housing and support of the mentally disordered person with multiple needs. That report states that the combination of problems experienced by such people often results in exclusion from service provision, with many health agencies excluding those with serious substance abuse problems, and many projects set up to tackle substance abuse exclude those with mental illness. Any record of violence adds to the exclusion from care. The overall result is that some of the most vulnerable individuals at the highest risk receive the least service from formal care agencies, relying instead on night shelters and other projects for the homeless.
- 206 There are MDO offenders who do not meet the criteria for community care assistance or who do not receive care from health services but who, nevertheless, have a mental disorder and require housing with support. It is these people who present a lower level of need and risk who pose increasing difficulties for probation staff seeking to access

suitable housing as part of their treatment or resettlement plan

- 207 Additionally there is a small, but significant group of mentally disordered offenders who will be assessed as potentially dangerous and a risk to the public. Such offenders are likely to require semi-secure community, based, residential provision following discharge from hospital or prison.

Comparison with the ODPM supply range

- 208 The table below illustrates the actual supply of supported accommodation in Lewisham; this has been identified through the mapping exercise. This is compared with the ODPM benchmark figures.

Client Group	ODPM		Actual	
	Accommodation	Floating	Accommodation	Floating
Offenders or people at risk of offending	28-58	0-3	20	0
Mentally disordered offenders	Included in above	Included in above	22	16

Note: 100% of services are not registered, 83% of services are SP funded.

- 209 The comparison of the actual supply profile with the ODPM benchmark reveals that services are below the range for both types of service. This is an accurate representation as outlined above.

The strategic priorities for offenders are:

- 210
- An increase in second stage accommodation with intermediate support for offenders who complete their period of residence at the probation hostel.
 - Third stage accommodation with minimal support (either as a permanent tenancy floating support) or as a prelude to a permanent tenancy.
 - Floating support services to work with probation officers to assist offenders in stabilising their accommodation and retaining tenancies.
 - Direct access supported accommodation units for single men aged 25+ who will be released within six months of notification of license. Most will have less problematic alcohol/drug/mental health criminogenic needs or issues (50 places).
 - Direct access supported accommodation for men aged 19 plus who are under supervision directly from the courts (70 places).
 - Schemes for mentally disordered offenders, including semi-secure community based residential provision.

Young people at risk including young people leaving care

- 211 Young people who have been looked after by local authorities are one of the most disadvantaged groups in society. They often have disrupted family lives, experience many changes of placements whilst looked after and have a poor quality of life after leaving public care. A number of studies have found that care leavers suffer disproportionately higher rates of:

- Low educational achievement (75% of care leavers have no educational qualifications)
- Unemployment (50% of young people leaving care are unemployed)
- Homelessness (20% experience some form of homelessness within 2 years of leaving care)
- Higher rate of teenage pregnancy (approximately half of female care leavers are parents within two years of leaving care)

- 212 The Government's quality protects initiative aims to improve the well being of children in need and children looked after by local authorities. One of its objectives is to "ensure that young people leaving care, as they enter adulthood, are not isolated and participate socially and economically as citizens".

- 213 This statement describes how Lewisham intends to achieve this objective and deliver better outcomes for care leavers. It outlines Lewisham's Policy on leaving care, identifies current service users and practice gaps and states the service development priorities for the next three years.

- 214 The children population is not estimated to increase significantly over the next four years. However, it is expected there will be a:

- Decrease in the under 10 population
- Increase in the 10-18
- 7% increase in the 16-18 population

- 215 Over the last three years there are approximately 53 young people leaving care each year, although there was no discernible pattern 1996-99.

- 216 The Leaving Care Team currently works with 376 young people aged 16-21 who are or have been looked after by the local authority. About 100 young people attend the twice weekly drop-in service each month with many others receiving additional support from the team through counselling sessions, the

- advocacy project and the employment and money advice services. There is a close working relationship with Housing and 32 young care leavers were rehoused in 1997/98. In addition there are 9 satellite-training flats to enable young people to practice independent living before moving onto permanent accommodation.
- 217 The Leaving Care Team offers an open door to all care leavers. However, there are a number of young people who have additional problems such as alcohol, mental health problems or those who are harder to engage in the service.
- 218 Children and young people from Black Caribbean and Black Other communities, and particularly young men, are over represented in the care system. This is also a national issue.
- 219 Adding together Black African, Black Caribbean and Black Other, this totals 40% of the children looked after population, compared with 59% white children. Of the 505 children looked after, 98 are aged 16 and 17 years, and will be preparing to leave care. 36 of the 98 are white (37%) and 42 (43%) are either Black African, Black Caribbean or Black other, this shows a reduction on the percentage of white children in this age group compared with their percentage in the whole care population.
- 220 Young people in care and care leavers are vulnerable to mental health difficulties. Studies suggest that around a third of looked after children and young people have significant mental health difficulties. A study of care leavers (Saunders & Broad 1997) found that 35% of young people had deliberately self harmed since the age of 15.
- 221 Issues around access to suitable services for young care leavers with mental health problems.
- 222 The needs of care leavers with disabilities, isolation, and suitable accommodation is a concern for the team.
- 223 Lewisham provides all care leavers with a service, which prepares and supports them to make the transition from being 'looked after' to living independently in the community. The main responsibility for the task of providing a preparation and after care service to care leavers, rests with the Leaving Care and After Care Team (LCACT) who work in partnership with other agencies such as Health and Housing to ensure that young people are prepared for independence.
- 224 There has been an increase in pregnancies amongst care leavers, some of whom are also using drugs and alcohol. These young parents need considerable advice and guidance once they have left care.
- Better range of supported accommodation locally. More training flats are needed to meet demand as well as flexible supported accommodation to enable young people to maintain tenancies. limited aftercare support once move-in to own accommodation, support to those over 18 limited & esp for 19-21 year olds.
- Comparison with the ODPM supply range**
- 225 The table below illustrates the actual supply of supported accommodation in Lewisham; this has been identified through the mapping exercise. This is compared with the ODPM benchmark figures.
- | Client Group | ODPM | | Actual | |
|--------------------------------------|---------------|----------|---------------|----------|
| | Accommodation | Floating | Accommodation | Floating |
| Young people at risk or leaving care | 104-164 | 5-30 | 156 | 18 |
- Note:** - 85.7% of services for young people at risk are entirely SP funded, services for young people leaving care are 33.3% SP funded.
- 226 The comparison shows services to be within the ODPM benchmark. However, services need to be developed to meet the needs of young people who have more challenging behaviour. The priorities identified for this group are:
- On-going support for young people leaving care in their own tenancy.
 - A range of support services for young people, which meet the needs of young people with mental health problems, with disabilities, drug and alcohol problems, and for young offenders.
- Victims of crime including women at risk of domestic violence**
- 227 The Crime and Disorder Act 1998 provided the statutory basis for a partnership approach to reducing crime. This approach had already been pioneered with the launch of the Community Safety Partnership in 1995. The partnership brings together the Council's Crime Reduction Service, the Police, Probation Service, the Primary Care Trust and Victim Support.

The partnership has the following three aims:

- Reduce crime
- Enhance support for victims of crime
- Reduce the fear of crime

228 The Lewisham Community Safety Partnership is keen to develop services for those who experience or witness crime and is a major objective as part of Lewisham's Crime and Disorder Plan. Victims and witnesses have a wide range of support needs and sometimes this means that specialist services are required (for instance for victims of domestic violence or victims and witnesses with learning difficulties).

Victims of domestic violence

229 The Lewisham Community Safety Partnership Audit 2001 reported that the Police had classified 3,397 incidents as domestic violence in 2000/2001. This is a 24% increase on the figure for the previous year of 2,738 incidents. This is quite high compared to other Boroughs.

230 Statistics from Refuge - the 24 hour Domestic Violence Helpline - show that in the quarter- January to March 2002, 230 Lewisham women called the Helpline. Of these, 11 Lewisham women were sheltered, although only one was sheltered in a Lewisham refuge.

231 Refuge also report, that over six months from October 2001 to March 2002, they received 494 calls from Lewisham residents. Of the total number, 258 callers have children, 69 had special needs, including drug problems, alcohol issues, and mental health problems. Women fleeing domestic violence are also over represented in applications to the Homeless Persons Unit.

232 Over a five month period housing officers received 57 allegations of domestic violence (equivalent to 140 per annum) from only 30% of overall housing stock in Lewisham. There has also been an increase in violent crime, which includes domestic violence, of 5.5%.

233 The accommodation-based service priorities are for schemes for women with teenage sons' aged 14 and above and support for victims with special needs requiring specialist help around their alcohol, drug or mental health problem. Developing floating support for women in their own tenancy or once they have moved on from the refuge is also required.

Victims of race and homophobic hate crime

234 Hate crimes are traditionally under reported and this is of serious concern. Racial Harassment was reported as a major anxiety by 46% of black and 56% of Asian respondents. In 1992 a survey of gay men living in Lewisham was carried out and it reported that 45% of those who responded had been physically attacked because they were gay.

235 The 1998 audit informed of 208 cases of racial harassment reported to the Housing Department. It was estimated that this involved 483 incidents. This compares with a figure of nearly 700 incidents for 2000/01.

236 The approach to race and hate crime in Lewisham sits within a wider context so that victims of racial harassment or other hate crimes are not rehoused to leave the perpetrator to harass subsequent tenants. For this approach to work support must be given to victims such as personal security, support must be given to victims such as personal security, a support network, interpreting and translation services, advice and information etc. Extending the Linkline service is also being considered. These initiatives will go towards reducing the effects of isolation and assist in victims sustaining their tenancies.

Comparison with the ODPM supply range

237 The table below illustrates the actual supply of supported accommodation in Lewisham; this has been identified through the mapping exercise. This is compared with the ODPM benchmark figures.

Client Group	ODPM		Actual	
	Accommodation	Floating	Accommodation	Floating
Women at risk of domestic Violence	30-155	0-2	43	0

238 The supply of accommodation for women at risk of domestic violence is within the ODPM range; currently there are no floating support service although these are being developed.

The strategic priorities for women at risk of domestic violence are:

- 239
- Black and minority ethnic women often need a higher level of support, developing floating support services to meet this aim.
 - Accommodation based support for women with teenage sons' aged 14 and above.

- Support for victims with special needs requiring specialist help; for example often refugees are unable to taken women who have an alcohol problem.
- Extending the move-on and resettlement support for women post refuge.
- Floating support workers from specific minority communities, such as Kosovan, Albanian, Somalian, Vietnamese etc.

Priorities for the victims of crime:

- 240 ● More floating support services to enable victims to retain tenancies and reduce isolation and exclusion.
- Increasing the security measures to enable victims to retain their tenancies such as Linkline alarms and personal security alarms and additional security devices. Currently 80 alarms being used for this purpose.

Young offenders

- 241 The Crime and Disorder Act of 1998 set out a framework for justice in England and Wales. It states that all areas must establish multi-agency Youth Offending Teams. These teams are responsible for developing an overview of youth crime in their specified areas and making strategic interventions in line with the crime reduction strategy to reduce offending and re-offending. This includes the commissioning or provision of social crime prevention interventions.
- 242 The team assesses the needs of children and young people between the ages of 10-18 alleged to or convicted of offending. The team co-ordinates or provides a full range of services required to prevent or reduce offending in future. It has representatives from health, housing, education, probation, police and the courts. The team also works to support and supervise parents.
- 243 The main issues of concern which have been highlighted are:
- The chaotic nature of offending behaviour and the effects of this on parents and family. This can culminate in parents evicting the young person from the family home.
 - Young people who have been on Detention and Training Orders (DTO) coming out of prison and finding the parents are no longer willing to have them in the family home.

- Social Services being unwilling to take on the cases of young people aged 16, 17 and 18 years of age.

- Young people between the ages of 12-14 being expelled from the family home and placed in inappropriate accommodation where their complex needs are not being met.

- Leaving Care.

- Young people being held on remand because they do not have an address.

- 244 There is a recognised need for Direct Access accommodation for young people. Historically Direct Access Hostels for rough sleepers have been aimed at an older client group than through accessing the YOT. Both outreach workers and advise agencies are reluctant to place a young person in such hostels due to potentially exposing them to a detrimental environment. Ennersdale House and Pagnall Street are available options for direct access. However, these are deemed unsuitable due to the vulnerability of the YOT client group. Young people in Lewisham have many difficulties accessing facilities when they are sleeping rough. This is primarily because they have not been sleeping rough for long enough (6 months is the guidance criteria of an official Rough Sleeper) and secondly, the Contact and Assessment Teams (CATS) covering south east London do not come to Lewisham.

The main points are:

- 245 ● Young People refused bail because they do not have an address.
- Young people on DTOs being denied an early release date because they do not have accommodation.
 - Young People evicted from the family home having no alternative accommodation.

Young people refused bail because they do not have an address

- 246 Problems arise when a young person aged 16-18 years old is homeless and comes in front of the court. If bail is an issue they will rarely be able to access housing. The usual step would be to refer them to a bail hostel so that they could remain in the community awaiting the conclusion of their case. However, most Probation hostels house schedule 1 offenders and offenders registered on the Sex Offenders List. This requires those offenders not to live with children. Therefore, young offenders are excluded from accessing these facilities. Bail

applications are made for young people to live with friends or relatives, often in crowded or inappropriate situations. To avoid the bail issue, on occasion the young person is encouraged to plead guilty and fined accordingly when a more appropriate intervention would be an Action Plan Order that seeks to tackle the homelessness and offending issues.

Young people leaving custody

- 247 These account for the most problematic cases with regard to housing issues for the YOT. Once a young person has been in custody (whether sentenced or on remand) they find it very hard to re-integrate into the family home. Efforts have been made to interview and refer young people in custody directly to ex-offender units, but the lack of availability means that on release the young person often has nowhere to go. Some housing providers are not resourced to visit prisons to carry out interviews, and specialist ex-offender units tend to be set up for adult offenders.

Young people evicted from the family home having no alternative accommodation

- 248 This accounts for a large number of the young people in need of accommodation. Typically it is not until the youth court has sentenced the young person and they are on a Supervision Order that family tensions begin to break apart. In these cases the usual work done is to assess and advise, with applications made to voluntary sector housing providers so that some planned resettlement is made.

Shared housing

- 249 Efforts should be made more generally to increase the number of voluntary sector shared housing in Lewisham open to young people with low-medium support needs. This needs to be coupled with ensuring that direct access provision is maintained for those young people who require emergency housing so that they wait for foye accommodation in a structured and supervised facility. Currently Stopover's Farnboro House is the only such facility.
- 250 The lack of move-on accommodation into permanent accommodation causes a backlog and waiting lists are long, discouraging young people to work with authorities and change their lives. A further problem is the example of the local NACRO housing facility. This caters primarily for Greenwich based clients because Greenwich provides many more nominations. In the past Lewisham clients have had lengthy waits for move-on accommodation and

blocked beds in shared housing. NACRO's policy to counter this excludes YOT clients with Lewisham connections.

- 251 Ring-fenced nominated accommodation rights tied to the projects to move-on rehabilitated residents would result in opening up the projects to Lewisham YOT clients.
- 252 The Children (Leaving Care) Act provides a duty of services to those young people who have been remanded into local authority care. The arrangements to base a social worker looking after the casework for these clients with the YOT should help vulnerable young people avoid homelessness. The relationship built between the YOT and young people should ease the flow of young offenders into suitable accommodation. This is relevant because it assists where young people have been put into care because of their offending, but would not have had this level of intervention on welfare grounds. However, in the past there has sometimes been lengthy negotiation to establish whether a young person should qualify for this service. There is a need to open up access for those young people who on reaching the age of 16 find themselves at risk of homelessness, but outside the general provisions of the social care and health services. A mechanism to allow these young people to be assisted by the Leaving Care team with access to the housing panel maybe a way for the local authority to assist this group.
- 253 The YOT has identified several young people who are in danger of becoming homeless who would be quite capable of sustaining a tenancy. Young people who fit these criteria are generally advised to present themselves at the Homeless Persons Unit (HPU). However, problems identified by workers accessing the Homeless Persons Unit include:
- Young people fitting the criteria
 - Inconsistencies regarding how a young person is dealt with
 - Attitude toward young offenders
 - Access to appropriate accommodation
- 254 Protocol on accessing the HPU and developing tenancy/floating support services for young offenders would improve this situation.
- 255 There is a severe lack of specialist provision for young people who have criminal backgrounds. There has been a movement in the past to provide 'special needs' type housing for ex-offenders, but these

projects tend to be set up for adult offenders and the funding is locked up with the Probation service, who do not deal with under 18 year olds, and in fact do not work with young people on DTOs.

- 256 With regard to the group of young people between the ages of 12-14 years of age, little mention is made of accommodation issues other than that of overcrowding and tensions created by the young persons offending behaviour or other outside influences.
- 257 In an analysis of 27 Pre Sentencing Reports (PSRs) carried out at the beginning of 2002 it was found that 13 indicated some form of accommodation crisis. However, there were no proposals to for intervention work on this issue. It would seem that the YOT has little power to intervene with accommodation or that other agencies outside the jurisdiction and orders of the Youth Court are better placed to do this intervention.

Strategic priorities for young offenders are:

- 258
- Improve move-on from the Foyer in Deptford.
 - Developing support for young people who require direct access to emergency accommodation with supervision.
 - Ensuring that rough sleeper support services take account of the needs of young offenders.
 - Developing services for young offenders who may have a mental health problem, alcohol or drug problem.
 - Extending the offender floating support service to young offenders.

People with HIV/AIDS

- 259 Lambeth, Southwark and Lewisham constitutes the largest HIV positive cohort of any single district in the United Kingdom, numbering some 2, 801 residents in total in 2000, and representing one in eight of all residents diagnosed with HIV infection and seeking HIV related treatment and care. Around one in six (493/2801) of this number lived within the boundaries of Lewisham, this number having more than doubled from the 206 HIV positive residents residing locally in 1996. The rise in the number of Lewisham residents diagnosed HIV positive and living locally is mirrored by the rise in the overall prevalence of HIV infection within the borough which rose 134.9% over the same five year period, from 85.3 per 100 000 to 200.4 per 100 000.

- 260 The impact of HIV infection across all groups locally (irrespective of age, sex, ethnicity or sexuality) is reflected in information available from epidemiological surveillance systems. However, HIV infection continues to impact substantially and disproportionately on those from minority groups, particularly gay men and black and other ethnic minority communities. In 2000 almost half of all diagnosed HIV infections in Lewisham were white, with a further one-third in black Africans. However, there is a marked disparity in the route of infection between these groups. Almost three-quarters of all diagnosed HIV infections in whites in 2000 were in gay men, whilst amongst black people of African origin almost three-quarters of cases in the same year were attributed to heterosexual sex.

- 261 Population estimates for the number of gay men living in Lewisham are not routinely available, making it difficult to estimate the rate of HIV infection amongst this group. Population estimates of local residents by ethnic group reveal that in 2000 the rate of HIV infection amongst Black-Africans was 985.8 per 100,000, exceeding the rate in whites (137.8 per 100,000) by a ratio of 7:1 and that in the same year, one in every 101 Black Lewisham residents of African origin was known to be HIV positive.

- 262 The shifting pattern of HIV infection in recent years has now refocused attention on the impact of new treatment regimes, the population subgroups most affected, the relationship between HIV and sexually transmitted infections and increases in newly diagnosed HIV infections.

- 263 The introduction of highly active anti-retroviral therapy in recent years has resulted in HIV positive service users living longer and whilst this development is welcomed, it has nevertheless placed additional pressure on local services. At the same time, substantial numbers of new diagnoses of HIV infection continue to be identified in local residents, with over 80 identified in Lewisham residents in 2000. (Source Survey of Prevalent Diagnosed HIV Infection in London 2000- SOPHID London 2000).

- 264 A considerable burden of sexually transmitted infection also exists locally, with 2 065 cases of gonorrhoea and 2 564 cases of chlamydia infection diagnosed in one of three local genito-urinary medicine clinics in 2000. The link between these infections (often used as a marker of unsafe sexual behaviour) and HIV infection is well understood; the presence of pre-existing sexually transmitted infection

is known to place the individual at an increased risk of HIV infection during unsafe sexual encounters.

265 Despite the evident burden of HIV infection amongst residents of Lewisham and the comprehensiveness of epidemiological information systems, the true level of HIV infection amongst residents of the borough is unclear. Enumeration of newly identified infections is dependent on individuals both perceiving themselves to be at risk of HIV infection and being willing to test for the presence of the virus.

266 There are a number of clear concerns to those commissioning and providing services to Lewisham residents. Firstly, the rising number of diagnosed HIV Positive residents of Lewisham who will continue to require and seek access to local treatment and care services. Secondly, a steady number of new diagnoses of HIV infection occurring amongst local residents (which are likely to increase following the forthcoming introduction of nationwide targets aimed at increased testing set out in the National Sexual Health Strategy) and which together with Lewisham's substantial HIV positive population points towards a demand for services in the future at even higher levels than those seen now.

267 In recent years, the number of newly diagnosed HIV infections in white Lewisham residents has been closely mirrored by the number occurring in Black people of African origin resident in the borough. This is a fundamental change from the picture seen across the country in the early 1980s when most newly identified HIV infections were in gay men. The high numbers of new diagnosis of sexually transmitted infection locally, particularly gonorrhoea and chlamydia, and their role as co-factors in the transmission of HIV infection indicates the potential for an even greater epidemic of HIV in Lewisham and particularly amongst black residents of Caribbean origin between the ages of 15 and 24.

268 Lewisham Social Care and Health has produced a two-year strategy 2002-2004 for adults and children affected by HIV. The aim of the strategy is to provide a framework for HIV commissioning over the next two years. Other documents, which impact on the strategy, include:

- The National Strategy for Sexual Health and HIV 2001
- The London HIV Strategy
- LBL Social Care and Health Commissioning Strategy 2002-2005
- LBL Social Care and Health Service Plan

- Health Improvement and Modernisation Plan (HIMP) 2002-2005

Comparison with the ODPM supply range

269 The table below illustrates the actual supply of supported accommodation in Lewisham; this has been identified through the mapping exercise. This is compared with the ODPM benchmark figures.

Client Group	ODPM		Actual	
	Accommodation	Floating	Accommodation	Floating
People with HIV / AIDS	30-155	0-2	43	0

100% of services are SP funded.

270 The comparison shows that services for people with HIV and AIDS are below the ODPM benchmark. Although it is recognised that more supported accommodation needs to be developed is not expected that it would be at the level suggested by the benchmark (51-459).

The priorities identified are:

- 271 ● Additional units of supported accommodation for people with HIV/AIDS, more family sized units.
- Temporary accommodation units for people with HIV & AIDS.

Refugees

272 The majority of refugees and asylum seekers living in the UK are resident in London. Lewisham has an estimated population of between 9,300 and 10,800 refugees (UNHCR 1998).

273 In the last twelve months, the Lewisham Asylum seekers team had a weekly average of over 1050 active cases. As at February 2002 there were 939 active cases originating from 72 countries, Kosovo is the most frequent country of origin (27%) followed by Sri Lanka (10%), the Congo (4%) and Zaire (3%). 63% of asylum seekers are male.

274 The Asylum Seekers Team currently supports 304 single adults, 445 families and 82 unaccompanied asylum seeking children. This does not include dependants (i.e. partner, children) but does include approximately 40 non-asylum seeking destitute families with children in need and approximately 23 destitute non asylum seeking single adults with mental health or other serious illness, which renders them vulnerable under the Mental Health Act 1983; National Health Service & Community Care Act 1990 and the National Assistance Act 1948.

275 69% of those supported by the Asylum seekers Team are aged 18-39 and 60% are men.

- 276 A key priority is to provide subsistence and reasonably priced quality accommodation to eligible destitute asylum seekers, including unaccompanied asylum seeking children aged 16-17 years. There is also a need to identify good quality first stage and move-on accommodation, especially for UASCs.
- 277 The Government's policy is to continue with the dispersal of the majority of asylum seekers outside of London & Kent and at the same time to pilot accommodation centres. The duty towards UASCs will stay with the LA under the relevant sections of the Children's Act 1989. With the emphasis now on citizenship and integration local authorities are going to have to develop longer-term strategies. This will include looking at housing, education, employment health and other needs.

Comparison with the ODPM supply range

- 278 The table below illustrates the actual supply of supported accommodation in Lewisham; this has been identified through the mapping exercise. This is compared with the ODPM benchmark figures.

Client Group	ODPM		Actual	
	Accommodation	Floating	Accommodation	Floating
Refugees	2-38	0	21	0

- 279 The comparison shows that services are within the ODPM range. The need for floating support has been highlighted.

Strategic priorities for asylum seekers are:

- 280
- Floating support for those waiting for a decision on their application, especially unaccompanied minors (16-17 yr. olds), support required around accessing education and other services.
 - Floating support to families and people who have additional support needs, such as domestic violence, mental health, drug and alcohol problems and disability.

Teenage parents

- 281 Lewisham has one of the highest national teenage pregnancy rates. Twenty of Lewisham's 26 wards are in the 20% of wards in England with the highest number of under 18 conceptions. Since the development of the Reintegration Project more information about young parents is available. Young people from ethnic groups are disproportionately reflected in the figures for conceptions, teenage pregnancy and STIs.
- 282 In line with the target set by the Teenage Pregnancy Unit and the Housing Strategy no lone parents will

be placed in unsupported accommodation by 2003. In order to meet this target further units will need to be developed, this will also consist of floating support alongside specialist mother and baby units in recognition of the range of needs young parents have. Services also need to ensure that the additional support needs of this group are recognised, such as violence in the home, drug or alcohol issues and mental health problems.

- 283 The Supported Housing Unit is currently reviewing their housing provision for teenage parents, but the need to increase the number of supported units available has been recognised. In view of this need a revenue bid to fund extra floating support from an existing Mother and Baby Unit run by Centrepont for 20 teenagers in the borough. In addition Lewisham has supported a capital bid for a new 8 bed Mother and Baby Unit by Ekaya HA and Metropolitan Housing Trust. The council is providing match funding from section 106 off site financial contributions.

The priority for teenage parents is:

- 284
- No young person to be placed in accommodation without support, to develop a range of support services to meet this objective.

Rough sleepers

- 285 The last rough sleeper count carried out in November 2001 indicated a relatively low incidence of rough sleeping in the borough. Work will continue with other agencies including the Rough Sleepers Unit, Community Assessment Team (CAT) and the Thamesreach Bondway Street Rescue Service in trying to ensure those identified needs are met. It is thought that a Lewisham based CAT worker would be beneficial and discussions are being held between Social Care and Health and the PCT to achieve this.
- 286 The strategic priorities for rough sleepers have been integrated into other areas due to the number of rough sleepers who experience multiple needs.

Travellers

- 287 Travellers are those people who originate from an Irish traveller or Romany tradition, who are in the process of travelling; residing on fixed sites or have recently been rehoused.
- 288 Lewisham provides one site for Travellers, this currently houses 13 families. In addition there are over 15 known traveller families living in housing in the borough. Some concerns have been raised about the standard of this accommodation and the number

of available pitches. Recently there has been an increase in unofficial Traveller sites in the borough. However, it is difficult to give an accurate number of those living in such sites. Lewisham is currently looking at a number of measures to improve the services to Travellers on site.

289 The housing requirements of travellers who have additional support needs must be explored more thoroughly. However, from the information currently available it is clear that floating support services for travellers on site is a priority, this would include assistance with accessing benefits and linking into mainstream services.

Strategic priorities for travellers

290 ● Developing floating support services for travellers on site.

B6. Wider Strategic Links

291 The Supporting People Strategy complements a number of local and national strategies; this has been covered in the needs profiling section.

B7. Cross Authority statement

292 Lewisham has worked closely with neighbouring authorities in developing cross-authority arrangements. It is a member of:

- The South East London Supporting People Group, which mirrors the new Strategic Health Authority, this is made up of Southwark, Lambeth, Bexley, Bromley and Greenwich.
- The ALG Pan-London Supporting People Group.
- The Lewisham, Southwark and Lambeth Small Provider Forum.
- Lambeth, Southwark and Lewisham Supporting People BME Forum
- Six Borough Performance and Quality group.

293 Level of Cross Authority services in operation in Lewisham

294 To be completed from the Base Line survey, which will only be available once information has been received from the ODPM.

Cross authority statement

295 The South East London boroughs of Lambeth, Southwark, Lewisham, Greenwich, Bromley and Greenwich recognise that many supported housing services work with people from more than one borough and many vulnerable people are transient and either have no one single borough of residence,

or for various reasons may not be able to access services where they live. The boroughs will work closely with each other and with the ALG on pan London issues to:

- Recognise that all boroughs have a responsibility for hosting, supporting and developing services, that do not respond only to single borough need.
- Identify, plan and where possible jointly commission south east or pan London services, sharing expertise, experience and resources with regards to housing support services for vulnerable people who are transient.
- Ensure that the needs of vulnerable people who may have an ill-defined local connection are met.
- Attempt to avoid duplication in terms of monitoring and consultation requirements for providers and to share best practice.
- To ensure that services that could or should be focussing on local needs, are supported to do so.

296 Providers in our consultation exercises have not identified cross-authority issues as a cause for concern.

B8. Service Quality and review.

297 Improving the quality of services for vulnerable people is at the heart of the Supporting People Programme; the Supporting People Team will undertake reviews and the scheme will be assessed against key performance criteria, including the objectives set out in this document. The review will balance the need for continuity and stability with the need for quality and good value and extend the choice for service users. The review will be carried out in consistent and transparent manner and will involve input from service users.

298 The review will provide the opportunity for the Supporting People Team to assess the provider's commitment to equality issues, in access to services and employment and anti-discrimination practice.

299 Reviews will be carried out by client group, where this is possible. In some circumstances, however, reviews will be brought forward where there are some concerns relating to the agency or service. The interim contracts issued to providers will give the detail of when the service review will be carried out.

300 If services are considered to be in breach of their interim contract then the review date will be brought forward.

301 Where providers are in receipt of SHMG reviews will be carried out in accordance with the ODPM guidance.

Review timetable

302 **Year one**

Review of providers who have not previously been monitored.

Single homelessness

Homeless families

Young people (including teenage parents)

Offenders and Young Offenders

The decision to review these services in the first year has been made as a result of the Best Value Review currently being carried out in this sector, The Best Value review will inform our own service review. The New Homelessness Act is likely to increase the demand for this type of provision and this will be assessed in the first year.

303 **Year two**

Mental health

Learning Disability

Victims of crime (including women at risk of domestic violence)

Refugees

Drug & Alcohol

304 **Year three**

Older People

Physical disability

HIV & AIDS

Travellers

305 The timetable for reviewing cross-authority schemes will be confirmed once the results of the cross-authority survey have been published.

Type of review	Date of review
Supported housing	September 2002
Asylum seekers	2002/03
Mental health provision	2002/03
Disabilities	2002/03
Housing strategy & Urban renewal	2003/04
Voluntary Sector	2003/04
Community Safety	2003/04
Adult & Elderly services	2004/05
Accessible services	2004/05

C.1 The Supporting People Strategy 2003/2004

Action over the next twelve months, created by opportunities to remodel or expand services.

- 306 The review process will assist in developing our knowledge of the sector and capacity to remodel schemes and redirect resources. It is therefore difficult at this stage to provide details of services, which will be remodelled; this will also take account of cross-authority issues and consultation.
- 307 Although we will need to carry out reviews before outlining remodelling services there are several areas of priority for the first year.

Client group	Prioritised service developments/ reconfiguration/ decommission	Cost
Single homeless	After review of service. To assess the potential to more effectively target the services	Possible redirection of the current funding
Offenders & Young offenders	Developing floating support services. Improving access to move-on & use of foyer. Second stage accommodation	Revenue only
People with mental health problems Road	Improving the quality of provision, examining the level of registered accommodation and seeing how this fits with the SP strategy Refurbishment of Sydenham Road. Developing floating support	Growth funding for Sydenham Match revenue funding from Health
Victims of hate crime	Extending floating support service	Funding the community alarm scheme

(Capital priorities including the ADP priorities for 2002/03 are included in the table in section D – Appendix2)

Priorities for the first year of the programme

- 308
 - More information about BME groups, areas for needs mapping
 - Carry out reviews
 - Continue consultation
 - Maximise resources, make better use of existing resources.
 - Partnership working
 - Improving quality

Innovations and models of good practice

- 309 The Supporting People Programme is linked to a number of corporate strategic objectives. The Supporting People Strategy will build upon the innovation already taking place in Regeneration, Community Safety and Social Care and Health. The key themes are:
 - Continue to remodel schemes to improve the quality of provision, self contained units are preferred.
 - Joint funded services, e.g. the floating support proposal for people with mental health problems.
 - Promoting services, which facilitate independence.
 - Building upon the partnership with the Probation, in 2002/03 the Supporting People team and the Probation Service have been working together to develop new services for offenders.
 - Developing the corporate strategic approach, e.g. teenage pregnancy, Regeneration and Surestart.

Contingencies, risks and issues

- 310 The Supporting People Programme in Lewisham forms part of the general project management structure. The Commissioning Body reports to the Corporate Project Board and to Project Review Group. The risks and contingencies have been considered at each stage of the project and a risk register forms part of the Project Initiation Document. Some of the risks, contingencies and issues considered over this period have been.
 - Transitional Housing Benefit. By holding regular meetings with providers and the Housing Benefit Section we have given agencies the opportunity to raise concern over THB issues and confirmed the transparency of the process in Lewisham. Regular meetings between the Supporting People Lead Officer and the THB Lead have ensured that all providers who are in receipt of THB are identified and that a consistent approach is maintained.

- Mapping all providers, to make sure that we have included all providers' data has continually been cross-checked e.g. SHMG and THB information.
- The risk of providers choosing not to engage with the SP process or worse closing down when faced with the new funding and monitoring regime was raised early on. By working closely with providers and developing an understanding of the sector as a whole the SP Team has been able to respond to concerns and allay fears.
- In developing relationships with support providers many have been able to discuss their own risks, where possible the SP team has assisted with planning for contingency, for example in placing funding on a more secure footing.
- In the lead up to April 2003 it may be likely that some more serious concerns are raised for example a provider's financial viability or Health and Safety issues. In this situation it will be dealt with through the risk register and reported to the Commissioning Body.
- The Supporting People Team is now engaged in setting up contracts with providers, as part of this process it is necessary to gather additional information and to plan for risk. The risk register will take account of this process once the contract phase is complete and prior to April 2003.

- 310 This section provides a high level overview of and funding implications of the Shadow Strategy. It outlines the Supporting People funding required to develop each priority.
- 311 The original proposal put forward by the ODPM was that Commissioning Bodies should project how they would commission new services as if they had either 5% or 15% new resources available for this purpose. It is now apparent that the figure for each authority 'pot' will not be available in time for this exercise. It has therefore been proposed that a projection be given on the basis of funds being available to increase the number of services commissioned by 10%.

Priorities for 2003/04

- 312 As the size of the pot has not been fully assessed at the time of writing the strategy, the 10% has been based on an assumption of the overall pot size and likely costs of developing these services. An attempt has been made to ensure that financial costings are as accurate as possible. However, it is anticipated that some of the costs may change over the next year due to a number of external factors.
- 313 The table of development priorities for 2003/04 and summary can be found in Appendix 2.

Additional service developments

- 314 The ODPM template has been used to record each new service or the additional 10% services. This is not listed in priority order. The reason for the priority has been given in detail in the needs profiling section. The Approved Development Programme (ADP) priorities for 2002/03 are also included within this section on the assumption that not all ADP bids will be successful. The outcome of the ADP bidding round in January 2003 will influence the decision on the additional 10% of services.

Summary financial table for year 2003/04

- 315 Note: These are not the final figures: waiting some costings. The final figure is more that the 10% of pot size. This is because the ADP priorities have been included, This may be formed into two tables before submission to the ODPM.

Total New Capital Required.	£35,762,250.00
Existing SP Revenue Funding saved form remodelling or service changes.	Information not available until scheme review has taken place.
New SP funding required	£1,175,324.00
Total non SP funding required	£109,375.00

D ADP Priority Schemes

Service Number	Accommodation based or Floating Support	Service Type	Client group	Capacity	Description	Reason for priority	Capital requirement and sources	Capital Bid made and approved Y/N	Total revenue requirement	Required SP Funding
1	Accommodation	(Sydenham Road)	Mental Health	8 to 10 units	24 hour staff support on site for younger people (under 40). Independent self contained flats with some communal space and staff offices	See Strategy Section	£1,500,000	ADP Priority	£376,250	£188,125
3	Accommodation	Move on accommodation	Mental Health	6	S/c medium support. New build or refurb, staff to be off site.	See Strategy Section	£900,000	ADP Priority	£115,000	£57,500
4	Accommodation	Dispersed flats with support	Mental Health	9 x 1 beds and 1 x 2 bed	Linked to Honor Lea or 215 Sydenham Road. Medium Support with daily visits, with higher support available if needed. Located with Honor Oak Park, Forest Hill or Brockley. Responsive to the needs of young black men, 5FTE & 1 manager.	See strategy document	£1,500,000	ADP Priority	£140,000	£70,000
5	Accommodation	Dispersed flats with support	Learning Disabilities	3 s/c and 1 wheel chair unit	Dispersed Flats located in the same area (ring). 13 hours support a week per person.	See strategy document	£462,250	ADP Priority	£67,000	£67,000
7	Accommodation	Hostel	Single Homeless	25 to 30 units	Hostel for single homeless with additional support needs. 24 hour support provided and a wet floor	See strategy document	£4,000,000	ADP Priority	£650,000	£650,000
8	Accommodation		Learning Disabilities	2 x 1 beds	Medium support	See strategy document	£150,000	ADP Priority	£13,000	£13,000
9	Accommodation	Mother and Baby scheme	Teenage Parents	20 - 10 units in 2 schemes	Self contained bedsits with shared cooking facilities. One scheme in both the north and south of the borough. 1.5 staff	See strategy document	£3,000,000	ADP Priority	£50,000	£50,000
12	Accommodation	Semi independent flats	Young Offenders	2 x 10 units clustered flats	2 schemes, 1 to the north and 1 to the south of the borough. 1.5 staff.	See strategy document	£3,000,000	ADP Priority	£50,000	£50,000
13	Accommodation	Clustered scheme	Substance Misuse	15 s/c bedsits	1.5 staff	See strategy document	£2,200,000	ADP Priority	£50,000	£50,000
24	Accommodation	Direct Access	Offenders and people at risk of offending	20 units	Single men aged 25+ requiring medium support. For people released within 6 months of notification of license. Daytime on site support with on call service	See strategy document	£3,000,000	ADP Priority	£100,000	£100,000
25	Accommodation	Second Stage	Offenders and people at risk of offending	20 self contained bedsits	Intermediate support for those leaving bail hostel	See strategy document	£3,000,000	ADP Priority	£50,000	£50,000
							£22,712,250		£1,661,250	£1,345,625

D Priority New Services

Service Number	Accommodation based or Floating Support	Service Type	Client group	Capacity	Description	Reason for priority	Capital requirement and sources	Capital Bid made and approved Y/N	Total revenue requirement	Required SP Funding
2	Accommodation	Assertive Outreach	Mental Health	80 to 100	Low to medium support, with difficult to engage with individuals. Team of 7 to be based in one of the mental health centres. SLAM to provide specialist M/H input	See needs profiling section		N/A	£218,750	£109,375
6	Accommodation	Dispersed flats with support	Single Homeless	20 self contained	For move on from Hostels within Lewisham. Low support - 1.5 staff	See strategy document	£3,000,000	No	£50,000	£50,000
10	Accommodation	Dispersed flats with support	Teenage Parents	20	Training flats/bedsits. To be located near Mother and Baby unit.	See strategy document	£3,000,000	No	£50,000	£50,000
11	Floating		Teenage Parents	60 per year	Support young parents for up to two years	See strategy document		N/A	£100,000	£100,000
15	Floating	Tenancy Sustainment	Substance Misuse	60	Floating Support to clients in LA and RSL tenancies	See strategy document		N/A	£150,000	£150,000
16	Floating		Women at risk of D.Violence	40	Support for women in tenancies and resettlement post refuge. 5 staff and 1 manager.	See strategy document		N/A	£150,000	£150,000
17	Accommodation	Clustered scheme	Older People with high needs	20	Support for older people presenting for sheltered housing with issues such as alcohol or self neglect. Potentially a refurbishment of an existing scheme Daytime staff and emergency call out..	See strategy document	£3,000,000	No	£100,000	£100,000
18	Floating	Tenancy Sustainment	Older People	40	Focus on Older People from a BME background or those in need of culturally specific provision	See strategy document		N/A	£150,000	£150,000
19	Community Alarm Service		Older People, physical disabilities	100	Unit cost and maintenance - £115 Installation charge - £14.50 Monitoring Charge - £3.70 Mobile Response - £129,500 Monitoring - £18,200	See strategy document		N/A	£147,000	£147,000
20	Community Alarm Service		Victims of Hate Crimes	100 per year	Unit cost and maintenance - £115 Installation charge - £14.50 Door Button - £50 Evaluation and review - £8 Monitoring - £1.60	See strategy document		N/A	£18,949	£18,949
21	Accommodation	Temporary Accommodation	Physical Disabilities	8 mobility or wheel - chair units	Visiting support units for people who may have come out of hospital or rehab	See strategy document	£1,360,000		£50,000	£50,000
22	Accommodation	Self contained units	HIV/AIDS	4 Units of TA. 3 x 1 bed units	Self contained units receiving support	See strategy document	£1,190,000	SCA bid for next April	£50,000	£50,000
23	Accommodation		Refugees/ unaccompanied Asylum Seekers	10		See strategy document	£1,500,000		£50,000	£50,000
24			Offenders		Awaiting more information					
							£13,050,000		£1,284,699	£1,175,324
Total figure across all schemes							£35,762,250		£2,945,949	£2,520,949

01 Client Group by Service Type

Client Group	Service Type							Total	Percentage
	Accommodation Based Service	Accommodation based with floating/resettlement/outreach support	Community or Social Alarm Service	Floating Support Service	Home Improvement Agency (HIA) Service	Outreach service	Resettlement Service		
Frail Elderly	0	0	0	0	0	0	0	0	0.0%
Generic	0	0	0	10	0	0	0	10	0.2%
Homeless Families with Support Needs	8	0	0	0	0	0	0	8	0.2%
Mentally Disordered Offenders	6	0	0	16	0	0	0	22	0.5%
Offenders or People at risk of Offending	20	0	0	0	0	0	0	20	1.0%
Older people with mental health problems/dementia	0	0	0	0	0	0	0	0	0.0%
Older people with support needs	1126	0	567	105	0	0	0	1798	41.7%
People with a Physical or Sensory Disability	3	15	0	0	0	0	0	18	0.4%
People with Alcohol Problems	58	0	0	54	0	0	0	112	2.6%
People with Drug Problems	43	0	0	0	0	0	0	43	1.0%
People with HIV / AIDS	31	0	0	0	0	0	0	31	0.7%
People with Learning Disabilities	362	4	0	99	0	85	0	550	12.8%
People with Mental Health Problems	464	60	0	112	0	0	0	636	14.8%
Refugees	21	0	0	0	0	0	0	21	0.5%
Rough Sleeper	0	0	0	0	0	0	0	0	0.0%
Single Homeless with Support Needs	566	56	0	120	0	0	0	742	17.5%
Teenage Parents	9	23	0	15	0	0	0	47	1.1%
Traveller	0	0	0	0	0	0	0	0	0.0%
Women at Risk of Domestic Violence	43	0	0	0	0	0	0	43	1.0%
Young People at Risk	108	0	0	14	0	0	0	122	2.8%
Young People Leaving Care	11	37	0	4	0	0	0	52	1.2%
Total	2879	195	567	549	0	85	0	4275	100.0%
Percentage	67.0%	4.5%	13.2%	13.3%	0	2.0%	0	100.0%	

02 Service Type by Ethnic Origin

Ethnic Origin	Service Type	Accommodation Based Service	Accommodation based with floating/resettlement/outreach support	Community or Social Alarm Service	Floating Support Service	Home Improvement Agency (HIA) Service	Outreach service	Resettlement Service	Total
Any Other Asian Background		1	0	0	0	0	0	0	1
Any Other Mixed Background		1	0	0	0	0	0	0	1
Bangladeshi		0	0	0	0	0	0	0	0
Black - African		7	0	0	0	0	0	0	7
Black - Any Other Black Background		4	0	0	0	0	0	0	4
Black - Caribbean		6	0	0	0	0	0	0	6
Chinese		0	0	0	0	0	0	0	0
Indian		0	0	0	0	0	0	0	0
Not Stated		4	0	0	0	1	0	0	5
Other Ethnic Origin		6	0	0	0	0	0	0	6
Pakistani		0	0	0	0	0	0	0	0
White - Any Other White Background		0	0	0	0	0	0	0	0
White and Asian		1	0	0	0	0	0	0	1
White and Black African		1	0	0	0	0	0	0	1
White and Black Caribbean		1	0	0	0	0	0	0	1
White British		0	0	0	0	0	0	0	0
White Irish		2	0	0	1	0	0	0	3

03 Client Group by Service Provider Type

Client Group	Service Provider Type											Total
	Charitable Organisation	Local Authority	Local Authority - Housing Dept	Local Authority - Joint Social Services/Housing	LSVT(RSL)	NHS Trust	Other	Private Company	Private Individual	RSL	Voluntary Not for Profit Organisation	
Frail Elderly	0	0	0	0	0	0	0	0	0	0	0	0
Generic	0	0	0	0	0	0	0	0	0	10	0	10
Homeless Families with Support Needs	0	0	0	0	0	0	0	0	0	8	0	8
Mentally Disordered Offenders	0	0	0	0	0	0	0	0	0	0	22	22
Offenders or People at risk of Offending	0	0	0	0	0	0	0	0	0	37	6	43
Older people with mental health problems/dementia	0	0	0	0	0	0	0	0	0	0	0	0
Older people with support needs	8	0	0	526	0	0	0	68	0	557	72	1231
People with a Physical or Sensory Disability	0	0	0	0	0	0	0	0	0	18	0	18
People with Alcohol Problems	0	9	0	0	0	0	0	0	0	99	4	112
People with Drug Problems	0	0	0	0	0	0	0	0	0	43	0	43
People with HIV / AIDS	0	0	0	0	0	0	0	0	0	7	24	31
People with Learning Disabilities	174	4	0	71	0	0	0	0	0	31	270	550
People with Mental Health Problems	97	60	0	112	0	24	20	61	29	199	34	636
Refugees	0	0	0	0	0	0	0	0	0	1	20	21
Rough Sleeper	0	0	0	0	0	0	0	0	0	0	0	0
Single Homeless with Support Needs	68	125	0	0	0	0	0	0	0	312	247	752
Teenage Parents	0	0	0	0	0	0	0	0	0	24	0	24
Traveller	0	0	0	0	0	0	0	0	0	0	0	0
Women at Risk of Domestic Violence	43	0	0	0	0	0	0	0	0	0	0	43
Young People at Risk	0	0	0	0	0	0	0	0	0	34	88	122
Young People Leaving Care	0	0	0	19	0	0	0	0	0	18	15	52
Total	390	198	0	728	0	24	20	129	29	1398	802	3718

04 Client Group by Service User Exclusions

Client Group	Service User Exclusion Types																
	All offenders	Couples	No specific exclusions:	Other	People at risk of self harm	People who misuse alcohol	People who misuse drugs	People with a history of violence	People with arson convictions	People with challenging behaviour	People with dementia	People with mental health problems	People with multiple disabilities	Serious offenders	Women with dependent males over a specific age	Services with Exclusions (as percentage of all Services)	
Frail Elderly	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	100.0%	
Generic	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	100.0%	
Homeless Families with Support Needs	0	1	0	1	1	1	1	1	1	1	1	1	1	1	0	100.0%	
Mentally Disordered Offenders	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	100.0%	
Offenders or People at risk of Offending	0	3	5	1	0	0	0	0	0	2	0	0	2	1	3	100.0%	
Older people with mental health problems/dementia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%	
Older people with support needs	6	2	14	3	8	7	7	8	7	7	8	6	7	9	7	8	84.6%
People with a Physical or Sensory Disability	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	100.0%	
People with Alcohol Problems	0	8	9	0	1	0	0	0	1	1	2	0	2	7	2	3	100.0%
People with Drug Problems	0	1	1	0	3	0	0	3	3	0	0	0	1	3	1	100.0%	
People with HIV / AIDS	0	0	2	0	0	0	0	0	0	1	0	1	1	1	1	100.0%	
People with Learning Disabilities	5	2	42	3	5	5	5	6	6	1	4	1	1	1	7	5	90.2%
People with Mental Health Problems	1	12	34	3	4	2	1	5	4	1	16	1	14	10	11	21	94.3%
Refugees	0	1	2	0	0	0	0	0	0	2	0	1	1	2	2	100.0%	
Rough Sleeper	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%	
Single Homeless with Support Needs	1	16	39	3	4	0	0	4	8	4	16	6	11	18	13	17	92.9%
Teenage Parents	1	1	1	0	1	1	1	2	2	1	2	1	2	0	2	1	100.0%
Traveller	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%	
Women at Risk of Domestic Violence	0	1	1	0	0	0	0	0	1	0	1	0	0	1	0	1	50.0%
Young People at Risk	0	6	0	0	0	0	0	5	5	1	7	2	6	5	6	7	100.0%
Young People Leaving Care	0	4	1	0	2	4	4	2	4	0	6	2	6	2	6	5	77.8%
Total	14	58	157	14	29	20	19	36	42	17	68	20	52	59	62	75	88.8%

05 Support Provision Capacity Summary

Client Group	<i>Household Units</i>	<i>Percentageal</i>
24 hour cover with Sleep in Staff	579	13.4%
24 hour cover with Waking Night Staff	358	8.3%
Alarm/On Call System	1525	35.4%
Day Time Staff on Site with Emergency Call Out	706	16.4%
Floating/Visiting Support	1463	34.0%
Live in Landlady / Landlord	49	1.1%
Other	105	2.4%
Peripatetic Warden	714	16.6%
Warden Support on Site	574	13.3%

06 Analysis of Property Registration Status

Client Group	Registration Status						Total
	Dual Registered care/nursing home	Fully Registered as a nursing home	Fully Registered as a residential care home	Not Registered	Part Registered as a nursing home	Part Registered as a residential care home	
Frail Elderly	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Generic	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Homeless Families with Support Needs	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Mentally Disordered Offenders	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
Offenders or People at risk of Offending	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
Older people with mental health problems/dementia	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Older people with support needs	0.0%	0.0%	1.5%	97.0%	0.0%	0.0%	98.5%
People with a Physical or Sensory Disability	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
People with Alcohol Problems	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
People with Drug Problems	0.0%	0.0%	33.3%	66.7%	0.0%	0.0%	100.0%
People with HIV / AIDS	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
People with Learning Disabilities	0.0%	0.0%	18.3%	76.5%	0.0%	0.0%	94.8%
People with Mental Health Problems	0.0%	0.0%	4.0%	93.0%	0.0%	0.0%	97.0%
Refugees	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
Rough Sleeper	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Single Homeless with Support Needs	0.0%	0.0%	0.0%	98.7%	0.0%	0.0%	98.7%
Teenage Parents	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
Traveller	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Women at Risk of Domestic Violence	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
Young People at Risk	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%
Young People Leaving Care	0.0%	0.0%	0.0%	76.9%	0.0%	0.0%	76.9%

07 Analysis of Designated CAG Services

Client Group	Service Type							Total
	Accommodation Based Service	Accommodation based with floating/resettlement/outreach support	Community or Social Alarm Service	Floating Support Service	Home Improvement Agency (HIA) Service	Outreach service	Resettlement Service	
Frail Elderly	0	0	0	0	0	0	0	0
Generic	0	0	0	0	0	0	0	0
Homeless Families with Support Needs	0	0	0	0	0	0	0	0
Mentally Disordered Offenders	0	0	0	0	0	0	0	0
Offenders or People at risk of Offending	0	0	0	0	0	0	0	0
Older people with mental health problems/dementia	0	0	0	0	0	0	0	0
Older people with support needs	5	0	0	0	0	0	0	5
People with a Physical or Sensory Disability	0	0	0	0	0	0	0	0
People with Alcohol Problems	13	0	0	0	0	0	0	13
People with Drug Problems	12	0	0	0	0	0	0	12
People with HIV / AIDS	0	0	0	0	0	0	0	0
People with Learning Disabilities	0	0	0	0	0	0	0	0
People with Mental Health Problems	8	0	0	0	0	0	0	8
Refugees	0	0	0	0	0	0	0	0
Rough Sleeper	0	0	0	0	0	0	0	0
Single Homeless with Support Needs	160	0	0	30	0	0	0	190
Teenage Parents	0	0	0	0	0	0	0	0
Traveller	0	0	0	0	0	0	0	0
Women at Risk of Domestic Violence	43	0	0	0	0	0	0	43
Young People at Risk	11	0	0	0	0	0	0	11
Young People Leaving Care	0	0	0	0	0	0	0	0
Total	252	0	0	30	0	0	0	282

08 Funding of Services

Client Group	Funding	SP Funded	No SP Funding	Mix Funded
Frail Elderly	100.0%	0.0%	0.0%	0.0%
Generic	100.0%	0.0%	0.0%	0.0%
Homeless Families with Support Needs	100.0%	0.0%	0.0%	0.0%
Mentally Disordered Offenders	0.0%	100.0%	0.0%	0.0%
Offenders or People at risk of Offending	83.3%	16.7%	0.0%	0.0%
Older people with mental health problems/dementia	0.0%	0.0%	0.0%	0.0%
Older people with support needs	57.1%	0.0%	0.0%	0.0%
People with a Physical or Sensory Disability	50.0%	0.0%	0.0%	0.0%
People with Alcohol Problems	83.3%	0.0%	8.3%	0.0%
People with Drug Problems	75.0%	0.0%	0.0%	0.0%
People with HIV / AIDS	66.7%	0.0%	0.0%	0.0%
People with Learning Disabilities	17.6%	37.3%	27.5%	0.0%
People with Mental Health Problems	56.6%	15.1%	13.2%	0.0%
Refugees	66.7%	33.3%	0.0%	0.0%
Rough Sleeper	0.0%	0.0%	0.0%	0.0%
Single Homeless with Support Needs	55.4%	3.6%	26.8%	0.0%
Teenage Parents	66.7%	0.0%	0.0%	0.0%
Traveller	0.0%	0.0%	0.0%	0.0%
Women at Risk of Domestic Violence	0.0%	0.0%	50.0%	0.0%
Young People at Risk	71.4%	14.3%	0.0%	0.0%
Young People Leaving Care	22.2%	0.0%	11.1%	0.0%

09 Provider Type by Accommodation Manager Type

Service Provider type	Accommodation Manager Type											
	Charitable Organisation	Local Authority - Housing Dept	Local Authority - Joint Social Services/Housing	Local Authority - Social Services Dept	LSVT(RSL)	NHS Trust	Other	Private Company	Private Individual	RSL	Voluntary Not for Profit Organisation	Total
Charitable Organisation	59	0	0	0	0	0	0	12	0	0	3	74
Local Authority - Housing Dept	0	13	0	0	0	0	0	0	0	0	0	13
Local Authority - Joint Social Services/Housing	0	0	0	0	0	0	0	0	0	0	0	0
Local Authority - Social Services Dept	0	27	0	20	0	0	0	0	38	8	0	93
LSVT(RSL)	0	0	0	0	0	0	0	0	0	0	0	0
NHS Trust	0	1	0	0	0	0	0	0	0	2	0	3
Other	0	0	0	0	0	0	1	0	0	0	0	1
Private Company	0	0	0	0	0	0	0	6	0	1	0	7
Private Individual	0	0	0	0	0	0	0	0	2	0	0	2
RSL	0	1	0	0	0	0	3	0	0	140	0	144
Voluntary Not for Profit Organisation	18	2	0	0	0	0	0	1	0	11	83	115
Total	77	44	0	20	0	0	4	19	40	162	86	452

10 Service Provider by Landlord Organisation Type

Service Provider type	Landlord Organisation Type												Total
	Charitable Organisation	Health Authority	Local Authority	Local Authority - Housing Dept	Local Authority - Joint Social Services/Housing	LSVT(RSL)	NHS Trust	Other	Private Company	Private Individual	RSL	Voluntary Not for Profit Organisation	
Charitable Organisation	9	0	2	0	0	0	0	0	13	0	51	0	75
Local Authority - Housing Dept	0	0	13	0	0	0	0	0	0	0	0	0	13
Local Authority - Joint Social Services/Housing	0	0	0	0	0	0	0	0	0	0	0	0	0
Local Authority - Social Services Dept	0	0	33	0	17	0	0	0	0	38	6	0	94
LSVT(RSL)	0	0	0	0	0	0	0	0	0	0	0	0	0
NHS Trust	0	0	1	0	0	0	1	0	0	0	1	0	3
Other	0	0	0	0	0	0	0	1	0	0	0	0	1
Private Company	0	0	0	0	0	0	0	0	6	0	1	0	7
Private Individual	0	0	0	0	0	0	0	0	0	2	0	0	2
RSL	0	0	2	0	0	0	1	4	0	0	136	0	143
Voluntary Not for Profit Organisation	0	0	4	0	0	0	0	0	1	1	100	9	115
Total	9	0	55	0	17	0	2	5	20	41	295	9	453

Supporting People
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