



Office of the
Deputy Prime Minister

Creating sustainable communities

Supporting People

Review of the Baseline Supporting People Evidence Base



supporting**people**

supporting independence



Supporting People

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November 2005

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CHAPTER 1

Introduction

The Supporting People programme was launched on 1st April 2003. The primary purpose of the programme is to provide housing related support to develop and sustain an individual's capacity to live in their accommodation. The key objectives of the programme are:

- A programme that delivers quality of life and supports independence;
- Support services that are of high quality, strategically planned, cost effective and complement existing care services;
- The planning and development of services is needs led; and
- A working partnership of local government.

The programme provides services to a wide range of client groups which are listed in **Appendix 1** and is administered by 150 Administering Authorities who run the programme at a local authority level. A considerable amount of data has been collected on the programme including supply mapping, client information and quality and performance data. The Office of the Deputy Prime Minister (ODPM) has also commissioned various research projects to establish the baseline position of the Supporting People programme and to improve the evidence base in relation to housing related support needs.

This document has been produced to provide a concise summary of the key baseline evidence for the Supporting People programme. The document sets out what is known about the baseline of the Supporting People programme so that future impact evaluation can assess how the programme has developed and its impact on service delivery.

The process involved reviewing a number of elements which were:

- Key policy documents;
- Key research outputs;
- Key databases.

This document pulls together the main features of this evidence base into a user friendly format that links with the key themes within the ODPM's Supporting People programme evidence base. The document is expected to provide a resource for the ODPM and the general public.

The appendices set out detailed supporting material to the main document.

CHAPTER 2

The Supporting People Programme

The Supporting People programme aims to provide high quality strategically relevant services to vulnerable people living in the community. Through providing housing related support the programme aims to improve the quality of life of service users and adopt interventions that prevent people requiring institutionalised care. For example the programme will help older people live at home, allow young people to live in one place long enough to get training and other assistance and help ex-offenders make the transition from prison to the community.

One of the key elements of the programme is to bring a structured and comprehensive approach to strategic planning. Until the introduction of the programme the development of support services had been largely provider led and this had resulted in an ad hoc approach to planning.

The lead up to Supporting People

Several events in the mid 1990's¹ contributed to the development of Supporting People, with the main catalyst being a judgement in the high court which decisively clarified a grey area in Housing Benefit regulations covering payment for counselling and support services. The judgement confirmed that restrictions on housing benefit to cover these types of payments were lawful. As a consequence the government announced that a new Transitional Housing Benefit (THB) scheme would be introduced to protect existing supported housing service users until a permanent solution could be found.

Various options were worked up by the then Department for Environment Transport and the Regions (DETR) for an Inter-Departmental review of supported housing. In December 1998 *Supporting People: A New Policy and Funding Framework for Support Services* was published by DETR, Department of Health (DOH), Department of Social Security (DSS), Her Majesty's Treasury, Home Office, Scottish Office, Welsh Office and the Women's Unit. The proposals included a specific grant for Supporting People that would be ring fenced and have two elements: the first to provide support costs locally and the second for cross authority purposes. The new THB scheme was seen as important in determining how much funding went into the specific grant.

At the end of March 1999 the government announced that it would implement Supporting People. In October 1999 a new THB scheme was introduced in run up to April 2003.

The introduction of the Supporting People programme

The preparation for the Supporting People programme involved a significant amount of consultation with all the stakeholders in the sector, with the publication of four consultation documents and workshops held across the country. The feedback from the consultation process enabled policy to be developed into practice.

The Policy into Practice² document took forward the results of the consultation process and set out how Supporting People would operate at a local level. This document together with subsequent documents such as Focus on the Future³ set out the key elements of the programme, which are outlined below.

Administration of the programme

The preparation for the programme involved identifying the main bodies responsible for the governance and administration of the programmes

- **The Commissioning Body (CB)** – is responsible for the overall governance of the programme and agreeing the strategic plan. CBs include the key stakeholders.
- **The Administering Authority (AA)** – is responsible for the administration of the programme at a local authority level and for contracting and monitoring services. The administration of the programme is carried out through local SP Teams.
- **The Core Strategy Development Group** – is responsible for the implementation of the strategy locally and includes senior managers from all the stakeholders.
- **The Inclusive Forum** – is the mechanism to ensure consultation with all interested groups. The intention was to allow authorities to build on existing fora for providers and for service users.

Local authority members are responsible for signing off the strategy and for scrutinising decisions.

Strategic planning

The programme has required each authority to develop an initial Shadow strategy, followed by a five year Supporting People strategy. The main purpose of a Supporting People strategy is to:

- review the analysis of supply;
- identify needs;
- take account of the views of stakeholders including service users;
- take full account of black and minority ethnic issues;
- agree the authority's approach to cross authority arrangements.

Cross authority issues

The Supporting People programme has introduced a number of measures for meeting the needs of service users who require access to services outside of their local area. These include:

- Cross authority groups;
- Designated cross authority services.

Quality and monitoring

The Supporting People programme has introduced common quality standards and performance indicators. This approach was adopted as providers work across a number of authority areas. The quality and monitoring framework has resulted in the development of:

- Accreditation of providers;
- Quality Standards – known as the Quality Assessment Framework (QAF);
- The Performance Framework.

Service reviews

AAs are required to review all services between April 2003 and April 2006. The service review process is intended to reconfigure services in relation to the strategic requirements of the authority and to assess the performance quality and cost effectiveness of each service.

Contracting

The programme required that all Administering Authorities enter into an interim Supporting People contract with providers. The interim contract was intended to apply until a service review took place. Where an authority decides to re-commission a service a 'steady state contract' would apply.

Contracts for short term services are known as 'block gross contracts' and are paid to the provider in full less 10% for voids (these are known as charging exempt services), while contracts for long stay service are known as 'subsidy' contracts and are subject to means testing. All authorities are required to have policies about charging service users in long stay services.

The ODPM commissioned a study⁴ to establish the likely costs of the charging exemption policy. The study found that the number of households likely to be affected by the policy was relatively small.

Definition of housing related support grant

The programme funds housing related support services which are defined as support services that aim to develop or sustain an individual's capacity to live independently in accommodation. Housing support services are not general health, social care or statutory personal care services, but rather services whose aim is to support more independent living arrangements. Throughout this document the term 'support' is used interchangeably with the term 'housing related support' – both these terms mean the same.

The types of activity that involve housing related support services are as follows:

- Counselling and emotional support – but not specialist therapeutic counselling provided by a qualified counsellor
- Support planning
- Welfare benefits
- Help in establishing personal security
- Life skills budgeting and managing finances
- Life skills cooking
- Life skills laundry
- Self management
- Social skills
- Help in developing social contacts
- Helping the service users engage in appropriate leisure activities
- Accompanying/motivating employment and training courses

Key statistics on Supporting People

The key statistics for the programme are generated by AAs' IT systems which have been developed specifically for the Supporting People programme. Initially the Supporting People Interim Local System (SPINTLS) provided data on supply and costs and was extracted by the ODPM as 'data cuts'. Subsequently SP Local Systems (SPLS) were developed, which are permanent IT systems that have specified by the ODPM and commissioned by AAs.

The final data cut, the Platinum Cut⁵, provides key information on Supporting People services delivered at the start of the programme. This information is summarised as follows and shows there were about

- 160,000 units of accommodation based support services;
- 107,000 units of floating support;
- 620,000 units of sheltered housing;
- 345,676 units in receipt of community alarm and accommodation based services.

Appendix 2 shows how accommodation based support services and floating support services are broken down on a client group basis.

A Client Record System (CRS) was introduced in April 2003 to collect information on new service users who accessed Supporting People services. The first year report⁶ of the CRS shows the following (not including sheltered housing, community alarms and HIAs):

- 209,845 collected records for new service users;
- Six of the twenty one primary client group account for 70% of clients, with single homeless people being the most frequently recorded;
- The largest proportion of new clients were in the age group of 18-24 years;
- Over a third of new clients were claiming job seekers allowance;
- The vast majority of clients were White British in terms of declared ethnic origin;
- The most common previous accommodation category for new clients was general needs local authority housing;
- The most frequent referral routes for new clients was self referral;
- Over four fifths of clients received services within their own local authority area.

Appendix 3 shows the executive summary for the first year report of the CRS.

Hub Services

Supporting People Hub Services⁷ is an IT system that is intended to deliver key information at the centre. The scope of Hub is very specific but it can be expanded as necessary to fulfil the needs of Supporting People. Hub is intended to fulfil the following functions:

- **Directory of services and service providers**
The Directory is critical for assessing information about SP services. The Directory will work on the basis of taking extracts from the SPLS systems and collating them into one national Directory.

- **Enhanced SPKweb**

The enhancement of the SPKweb is intended to reflect the move from implementation to management of the programme.

- **Service Users Information System (SUIS)**

The proposed SUIS will form part of Hub services, should the system be introduced. The intention of SUIS is to track clients through SP services using a unique ID.

Hub Services will, for the first time, provide comprehensive information on services and service providers to professionals and members of the public. If introduced SUIS will enable providers to retrieve and share information on service users. This has the potential to make interventions that prevent the ‘revolving door’ syndrome.

Each AA is required to submit an SPLS extract to provide information for both the ODPM Housing Data Statistics (HDS) team and the National Directory of Services and Service Providers.

The SPLS extract comprises data on the following:

- Supply;
- Costs of services;
- Accreditation;
- Quality Assessment Framework;
- Performance;
- Service Reviews.

Conclusions

There is a considerable amount of baseline information about the development of the policy framework for the programme and the related guidance.

The databases for Supporting People have already generated a considerable amount of information on the programme and have the potential to produce other types of reports, as well as provide data for research purposes. With the introduction of Hub services, and data extracted from SPLS systems, there will be further baseline information that will be available on the programme.

Sources

- ¹ CURS – Supporting People – a case history (2003)
- ² ODPM – Policy into Practice (2001)
- ³ ODPM – Focus on the Future (2003)
- ⁴ Matrix – Work Incentives and charging research (ODPM 2003)
- ⁵ ODPM – Platinum Cut Database (2003)
- ⁶ JCHR – Supporting People Client Records – Annual Report 2003-2004 (2004)
- ⁷ ODPM – Hub Services Made Simple (2004)

CHAPTER 3

Funding the Programme

One of the main aims of the Supporting People programme was to draw together the various funding streams for support services and provide an integrated approach to the planning and funding of housing related services. The funding from the previous revenue streams is known as 'legacy funding' which comprises a combination of Transitional Housing Benefit (THB), Supported Housing Management Grant (SHMG), Probation Aftercare Grant Scheme (PAGS) and other miscellaneous funding sources. From April 2003 legacy funding has been paid in the form of a Supporting People grant administered by Administering Authorities (AAs).

The level of funding being generated for the programme, prior to April 2003, was monitored by the ODPM through a number of reconciliation exercises, which culminated in the 'Platinum cut'. This showed that the programme had resulted in an SP grant of over £1.8 billion for the financial year 2003/04, compared with the previous estimate of £1.4 billion in December 2002 and 1998 White Paper estimates of £350 to £700 million across Great Britain.

The Robson Rhodes¹ report pointed out that it had always been expected, and indeed was intended, that the introduction of THB would lead to a growth in service users and service costs – however the resulting growth was not anticipated nor planned for in terms of public sector spending assumptions.

The Development of Housing Related Support Policy

The ODPM commissioned a study² to review the strategic context of the development of policy and the cost base relating to housing related support since 1997, in order to inform a central strategy for Supporting People in the long term. The study concluded that there were a number of factors that contributed to the difference between the various estimates and outturn costs of the THB scheme.

The key findings of the study were as follows:

- Initial research into the likely costs of housing related support was hampered by both a lack of data and the poor quality of the data. Based on the limited amount of data available in 2000 this study estimated that cost of housing related support borne by the benefits system was between £300m and £500m per annum.
- Issues around the quality of the data and the impact on the process of estimating the costs of housing related support were not resolved with the introduction of THB.
- The evidence from the study suggests that local services have had to be re-defined, re-purposed and re-positioned and this enabled agencies to increase, change or stabilise the level of funding for services, increase the number of individual clients receiving service provision and improve the quality and choice of such services.

- Local authorities responded differently to the challenges involved in implementing THB and Supporting People. These differences had a significant but differential impact on the difference between estimated and outturn costs.

The study concluded that there were a range of factors that contributed to the difference between various estimates and the outturn costs of the THB scheme. These factors included the design and implementation of the THB system and its role in estimating costs, the interface between the THB system and wider government programmes, the local implementation and management of THB and the local implementation programme in preparation for Supporting People.

The Independent Review

The ODPM and Her Majesty's Treasury commissioned an Independent Review¹ to review the programme, as the final costs of the Supporting People programme had risen to £1.8 billion, an increase of £400 million since the December 2002 estimate of £1.4 billion.

Legacy provision

The review concluded that £1.8 billion was too much to pay for legacy provision and that the cost of this provision should be brought in line with the market rate for good quality strategically relevant housing related support services. The review identified that it was important to optimise and secure efficiency savings as early as possible to release funds for new provision.

Although the review concluded that £1.8 billion was too much to pay for legacy provision, it also concluded that it may not be too much to pay to meet the needs of vulnerable people in England. The review pointed out that there is undoubtedly unmet need for support services, just as there are for other public services, and that it is for government departments to assess and address needs through their policies and priorities within the Spending Review Process.

The review found evidence of non-housing related support services funded through SP, particularly relating to health and social services, and that other government departments' programmes had benefited, and continued to benefit, from the programme.

The review concluded that the ODPM needs to develop a suitable allocation formula, but that any changes in allocation arising from the formula would need to be carefully managed.

Main client groups

The review found a large variation of unit costs for similar types of services (see **Appendix 4**) Although the review recognised that there are caveats about the use of unit costs, in isolation from a fuller understanding of the scope and quality of the service package, the use of unit costs was found to be useful in providing a challenge to the legacy provision.

The review carried out a more detailed analysis of the four main client groups to which the majority of SP grant was directed – the total legacy provision for these client groups was over £1.3 billion representing over three quarters of the total programme.

The review found that there is a need to develop a robust evidence base to determine who should fund care and support services to the main primary client groups. Furthermore, the review identified that more information is needed on the nature and types of services provided by generic floating support services.

Governance

The review found that there was clear evidence that Commissioning Bodies (CBs) had made a good start. The review found that legacy provision has been secured within all AAs, there was a strong relationship between AAs and providers and over 80% of contracts had been signed by both parties. However, the review found that early inspections by the Audit Commission highlighted concerns with a number of CBs mainly relating to their 'ownership' of the programme locally.

The review concluded that the ODPM should encourage research and develop good practice on how to manage the market with a view to securing sustainable supply at competitive rates. The review also raised the issue of capacity building and suggested the need for SP Teams to have access to specialist skills.

Service Package

As a result of the Independent Review the ODPM commissioned a study³ into:

- The types of support packages that Supporting People was funding; and
- The range of Administering Authority activity in terms of ensuring efficient use of legacy funding in order to provide market rate, strategically relevant housing related support services.

The study included services for the main Supporting People client groups highlighted by the Independent Review. The study involved a mixed approach, both using case studies and a national survey that ran concurrently. In total 160 interviews were conducted and 967 questionnaires completed by a sample of service providers. Reported survey data was weighted to compensate for differential return levels amongst services with different cost profiles and different primary groups in order to more accurately reflect the national picture.

In order to identify the range of support packages being delivered by the Supporting People programme the survey divided support activities into three types:

- **Type 1:** Housing related support.
- **Type 2:** Activities that could fall outside or within the scope of housing related support e.g. housing management or social care.
- **Type 3:** Activities that were outside the scope of housing related support.

When these activity types were applied to the survey findings it was estimated that, overall, legacy services were providing support packages that involved 57% of type 1 activities, 28% of type 2 activities and 15% of type 3 activities.

For illustrative purposes only, these three approaches were analysed using the cost profile of the Supporting People programme generated by this study. The figures given are only illustrative, as there were wide margins of potential error:

- Setting a cap of 21 service hours per week generated approximately £30m of expenditure above this cap;
- Setting a 20% cap on overheads generated approximately £496m of expenditure above this cap;
- Applying a cap of £20 per hour to the cost of services generated approximately £378m of expenditure above this cap.

The study showed that AAs are making progress with commissioning, managing and delivering good quality, strategically relevant services at market rates. Although the authorities were at different stages of development they were taking action to identify and deal with legacy services that may be using Supporting People funding to provide support that is outside the remit of the programme.

Distribution Formula

The services funded through Supporting People have been developed in an ad hoc manner over a number of years that have resulted in wide variations in provision between authorities. One of the aims of the programme has been to devise a formula to allocate funding on the basis of relative need, rather than historic patterns.

In the lead up to the introduction of the programme the ODPM commissioned research on developing an allocation formula which was set out in a consultation exercise⁴. Following the consultation exercise a considerable amount of work was carried out on developing the formula including:

- Consultation on client profiles, setting out the evidence base on what drives the need for housing related support and how these factors might be taken into account in an allocation formula;
- Identification, validation and collection of data to measure and quantify relative differences between authorities in the needs drivers; and
- Development of a formula model.

A prototype formula (the Supporting People Allocation Formula – SPAF) was developed and published for consultation in December 2002. Whilst there was general agreement about the principles, the consultation process raised a number of issues including:

- The apparent complexity of the formula;
- The difference between the grant allocations and the target allocations generated by the formula;
- Some factors were not considered by the formula that can drive the need for housing related support.

The recommendations of the Independent Review supported the basic premise that future funding of Supporting People services should be based on a single grant to local authorities, which should be influenced by levels of local need. The ODPM subsequently commissioned further development work on the formula which led to the Supporting People Distribution Formula (SPDF)⁵. The model was used to inform allocations at the margins for outliers in 2005/06 (i.e. those authorities that will face reductions or increases in the long run in their share of the national pot as the distribution formula is introduced).

The ODPM issued a final report⁶ on the SPDF on 31st March 2005 which set out how the model works and the datasets used. The ODPM has set up small technical and programme groups with the co-operation of the Local Government Association (LGA) and the Association of London Government (ALG). The ODPM intend to consult on the SPDF model, and the pace of change issue, with a view to producing a finalised model in the Autumn of 2005.

The level of Supporting People grant

Following the publication of the Independent Review the government announced a funding package for Supporting People over a three year period⁷. The funding settlement, part of the Spending Review 2004, provides for the following:

- £1.72 billion in 2005/06; followed by
- £1.7 billion in both 2006/07 and 2007/08.

Most authorities are required to make programme efficiency savings during 2005/06 equivalent to the average reduction in the Supporting People budget of 5%. The government also announced that no authority would face a reduction of more than 7.5% on its 2004/05 allocation.

The Audit Commission's inspection programme was re-prioritised to bring forward inspections for those AAs identified as the top 19 spenders on the SP programme.

Conclusions

There is a considerable amount of baseline evidence that has been derived from the Platinum cut. This evidence has been analysed by the Independent Review and can provide a baseline against which future changes to the programme can be measured.

In particular the review identified that there is a need to develop a more robust evidence base to determine the types of services that are being provided, and the eligibility of services for grant, so that future funding arrangements and responsibilities for packages of support and care can be agreed.

Sources

- ¹ Robson Rhodes – Review of the Supporting People Programme – Independent Report (2004)
- ² Matrix – Review of the development of the policy and costs of housing related support since 1997 (2004 ODPM)
- ³ Matrix – Supporting People Service Packages – Research summary (2005 ODPM)
- ⁴ ODPM – Consultation Paper – Developing an Allocation Formula
- ⁵ Matrix – Briefing Paper: proposals for developing the Supporting People Distribution Formula (2004 ODPM)
- ⁶ ODPM – Final report on the Supporting People Distribution Formula (2005)
- ⁷ ODPM – News Release 31August 2004

CHAPTER 4

Strategic Planning

The Supporting People (SP) strategy provides the means of planning and delivering high quality housing related support services to vulnerable people. Policy in Practice¹ emphasised the importance of partnership so that the Supporting People programme is not owned by one local authority department. The strategy must be developed locally through a joint process undertaken by the full range of partners.

The Supporting People strategy is expected to incorporate the priorities of other preventative strategies such as those on homelessness, crime prevention, health and social care.

Partnership

As the Supporting People programme has an impact on the housing, social care and health needs of individuals the structure for the delivery of the programme is based on a partnership.

The Commissioning Body is a partnership between housing, social services, probation and health and has the role of determining the strategy at a local level. The Administering Authority is responsible for carrying out this strategy and for payment of grants. This new approach to delivering a government programme was set out in Policy into Practice and Focus on the Future².

There are other partnership structures that AAs should develop for consulting on the strategy. These were also set out in Policy into Practice and are:

- Core strategy development group;
- The inclusive forum.

Elected members are responsible for approving the Supporting People strategy.

The *Supporting People* health pilot programme launched in 2004 was developed to support Commissioning Bodies and service providers wishing to develop their partnerships with health and social care services. The pilots developed a range of strategies to help them establish their work. Several pilots found that local discussions about the impact Supporting People can have on the health agenda are undermined by the apparent lack of 'joined-up-ness' of policies at a national and local level.

Shadow Strategies

AAs were required to develop SP shadow strategies prior to the introduction of the programme. The purpose of the SP shadow strategy was to establish a baseline by providing a local picture of services and the Commissioning Bodies' plans and priorities for year one. Each AA was required to submit a shadow strategy to the ODPM.

The ODPM commissioned research³ to assess how each strategy reflected ODPM guidance and the strategic requirements of the government. This research produced a picture of how Supported People aims were being implemented both locally and nationally. The key findings were as follows:

- 14% of the strategies were rated excellent, 32% as good, 36% as fair and 18% as poor.
- Despite both the unavailability of needs mapping guidance from the ODPM and data to inform cross authority statements, many Supporting People teams carried out detailed assessments of local needs, and demonstrated a good awareness of cross authority issues.
- Commissioning Bodies were conscious of the importance of Supporting People as a delivery tool for other strategic objectives, but many strategies failed to identify how Supporting People would integrate with other strategies, and how these links would be made operational locally.
- In the absence of ODPM guidance, contingency and risk planning was often poorly addressed.
- Interpretation of the ODPM strategic steer varied. Whilst some interpreted it sensibly, a few appeared to adhere to it so rigidly that it hampered the development of good practice, and others failed to use it meaningfully at all.

Most strategies were considered accessible in terms of their writing and presentation and strategies were assessed as ‘poor’ usually where incompleteness or occasional excessive length rendered them incoherent. There was overall evidence of a genuine commitment to involve all Supporting People stakeholders, although there appeared to be a long way to go before services were truly joined up.

A persistent lack of clarity about decision making processes often rendered it impossible to ascertain how partnerships operated. Despite strong evidence of a commitment to consult service users and providers, the extent of user involvement varied significantly.

Whilst all Supporting People teams had mapped the local supply of services, a substantial majority also made serious attempts to collect data on needs. There was noticeable effort to discuss provision for less well served groups, but the needs of BME groups were not always well integrated into discussion about all client groups.

Five year strategies

AAs were required to develop five year SP strategies after the introduction of the programme. One of the main purposes of the five year Supporting People strategy is to examine critically the services inherited from the previous funding streams and focus them on local needs and strategic priorities.

The five year Supporting People strategies were required to address a number of issues including

- The pattern and nature of services in place – this should be addressed by the supply analysis;

- The quality and value of each service – this should be addressed by the service review process;
- What services are needed to address local strategic priorities and demands – this should be addressed by the strategic relevance and needs analysis;
- How to move forward. This should be addressed by the five year strategy.

The ODPM published a guide⁴ to developing the five year strategy that built on the basic framework set out in Focus in the Future, the key components of which are set out below:

- **Executive summary**
This section should summarise the vision for SP locally.
- **Strategy development**
This section should, provide an overview of the process by which the strategy has been developed and agreed. This section should explain the involvement of all the stakeholders and service users in developing and agreeing the strategy and provide evidence to demonstrate that partners have been given the opportunity to have an active role.
- **Supply analysis**
The strategies should include baseline information from the SPLS on the most up to date picture of existing service provision. Furthermore financial data should be generated to help understand the picture of spend.
- **Strategic review and needs analysis**
The strategy needs to be clear about what the local needs are and the extent to which current supply is meeting local needs. The strategy must identify what services are required to address identified need. The strategy needs to provide evidence of the SP strategy linking to and taking account of other key local strategies.
- **Value for money**
The strategy should set out the approach taken by the Commissioning Body to assessing value for money in services and the processes used. The strategy should give details of local and regional benchmarking work.
- **A Statement of Local Charging Policy**
This should set out the charging policy, comments on its effectiveness and any issues arising.
- **Proposals for a five-year strategy**
This section articulates the key identified Commissioning Body priorities for Supporting People and gives a high level view of how the Commissioning Body will achieve and evidence outcomes.
- **Annual plan 2005-06**
This section should set out the immediate priorities for review and change.

The deadline for submission of the five year strategies was 31st March 2005 together with a cross authority statement. There is now more up to date information on AAs strategic plans as a result of the publication of the five year strategies.

Conclusion

There is a considerable amount of evidence contained in AAs Supporting People strategies, including how they need to reconfigure services to meet key strategic objectives. The five year strategies will provide baseline evidence about the programme that can be used to assess to the extent to which AAs have been able to achieve their strategies. The cross authority statement that forms part of the strategy also provides baseline evidence about the strategic approach adopted by groups of authorities to meeting these needs.

Sources

¹ ODPM – Supporting People-Policy into Practice (2001)

² ODPM – Focus on the Future (2203)

³ Leeds Metropolitan University – Supporting People – Shadow Strategy Analysis 2002-3 (2004)

⁴ ODPM – The Essential Guide to Developing the Five Year Strategy (2004)

CHAPTER 5

Needs Mapping

Supporting People is intended to bring a structured and comprehensive approach to assessing needs in each AA area. Needs mapping is at the heart of strategic planning for Supporting People and has been regarded as one of the key drivers of the programme.

Initially the then DETR intended to develop a model to provide a common approach to needs mapping. By using a shared approach, the intention was to ensure that all authorities would take account of the full range of needs and be able to make comparisons of needs between different authorities. This approach was set out in Policy into Practice¹.

Researching a common approach

The DETR commissioned work to develop a common needs mapping approach². This report was not published due to problems with the data used, or rather the lack of reliable data.

The approach adopted was a top down one with no primary data collection being undertaken. The purpose of the assessment framework was to provide a clear and coherent methodology for presenting the figures. The following issues were identified in the report as areas where not enough data was available and where more detailed research would be needed:

Numbers in need

- clarifying the number of people with a support need in the following groups – *people with a physical disability; people with mental health problems; and women escaping domestic violence*;
- with regard to *women at risk of domestic violence*, assessing the numbers of children involved and their likely support needs;

Level and type of support required

- determining the extent to which dependence on alcohol and drugs indicates a need for support services;
- assessing the overlap between *people with an alcohol problems and people with a drug dependency*;
- determining how need is impacted by an individual's income, social milieu, accommodation type and access to transport;
- distinguishing permanent/long-term need and the requirement for temporary/short term support;

- estimating the nature and amount of support provided by carers and the extent to which this is likely to continue in the future;
- determining how unmet need breaks down between those currently receiving some support and those currently receiving no support;
- verifying the extent to which some individuals may be receiving more hours of help per month than is estimated as being required on average.

This report was useful as it shifted the emphasis of assessment of needs and costs to a local level.

Needs mapping approaches

Focus on the Future³ reflects this change of emphasis with the needs section including guidance on different approaches that can be used for assessing support needs at a local level, rather than prescribing a methodology to do so. The guidance was based on approaches that had been adopted by local Commissioning Bodies and Supporting People teams in preparing the estimates of housing related support services required locally, which were included in their shadow strategies. The guidance includes illustrative case studies.

The key elements of a needs mapping process were identified as follows:

Stage A – *Data identification and stakeholder analysis*
Audit of existing sources and who holds what.

Stage B – *Preliminary estimates*
Once identified data can be collected.

Stage C – *Targeted consultation*
The preliminary estimates can then be distributed to key stakeholders.

Stage D – *Checking and analysis by stakeholder*
Stakeholders check the information and may suggest where further information is available.

Stage E – *Preparation of the revised estimate*
The SP Team prepares a revised estimate.

Stage F – *Supplementary analysis of the responses from stakeholders*
Stakeholders can challenge the estimates and seek to validate or question the reliability of the figures.

Stage G – *Information gaps identified and work commissioned to meet these information needs*

Stage H – *If appropriate/necessary commission primary research*

Stage J – *Revised estimates*

Stage K – *Publication and dissemination of revised estimates*

Three main approaches adopted by Commissioning Bodies to the collection of information were identified and these are as follows:

- **The top down approach**
Where the Supporting People Team takes the lead in the collection of data from all sources.
- **The bottom up approach**
With this approach the SP Team establishes sub groups (e.g. on a client group basis) where the sub groups organise the collection of the information on support needs and channel it to the SP Team.
- **County/district devolved data collection with central co-ordination**
This approach involves the SP Team asking for the collection of data at a local housing authority level and this information is then reported to and co-ordinated by the Supporting People Team. The advantages are a strong ownership and input of a local perspective. The disadvantages are the difficulties in ensuring the consistency of data collection and data quality.

A number of different types of data sources were required for the estimation of housing related support needs. The most successful approaches identified, involved the use of secondary data sources, some primary research and consultation to fill gaps in knowledge and information.

- **Secondary data**
The most useful secondary data sources included:
 - Housing data e.g. waiting lists and registers
 - Social services data e.g. client index systems; client databases
 - Health data e.g. common core information
 - Probation e.g. OASIS assessment system
 - Voluntary sector e.g. client contact records
 - General data e.g. Best Value and strategic development reviews

Advantages	Disadvantages
<ul style="list-style-type: none"> • The range of data is considerable; • Information may be accessed immediately; • Authorities can be selective over primary data collection targeting resources appropriately; • Population projections, national estimates and prevalence data can be used to estimate likely future need; • Encourages agencies to recognise and develop links between their respective data sets. 	<ul style="list-style-type: none"> • There are few joint/common databases; • Information collected is generally particular to the service concerned; • Information sharing arrangements are informal; • Data sharing protocols not fully developed; • Information is collected for purposes other than Supporting People; • Only captures those already within the service system or with registered need. Poor on identifying unmet need; • Can only provide broad quantitative information. Poor on qualitative aspects.

- **Primary data**

Primary data is defined as information collected specifically for SP and methods can include

- Questionnaires
- ‘Snap shot’ surveys
- Face to face interviews

Advantages	Disadvantages
<ul style="list-style-type: none"> • Since information is collected for a purpose tight control over the information collected is possible; • The approach gives the ability to specifically target groups/areas; • Can be used to check existing secondary information. 	<ul style="list-style-type: none"> • The approach is expensive; • All stages of the research need to be carefully designed and monitored to ensure consistency of responses; • The benefits from the process need to be sold to providers or others providing information.

- **Consultation**

Consultation is a key element of the process to identify the need for housing related support services and can include:

- Formal methods e.g. Inclusive Forums
- Informal e.g. with service users

Advantages	Disadvantages
<ul style="list-style-type: none"> • Usually an inclusive process; • Can provides access to a range of stakeholders; • Potentially allows for challenge and debate; • Provides immediate feedback; • Time effective; • Cost effective; • May avoid subsequent challenge by stakeholders. 	<ul style="list-style-type: none"> • Raises expectations; • May be an additional cost; • Constrained by selection and involvement of appropriate consultees; • Can require specialist skill.

Conclusions

The baseline evidence shows that there are considerable gaps in the evidence required for needs assessment, particularly in relation to specific client groups. However, the case studies from Focus on the Future illustrate how these gaps can be filled with a combination of primary research and consultation.

Sources

- ¹ ODPM – Policy into Practice (2001)
- ² IPF – Research into the Need for Support Services (2001 ODPM – unpublished)
- ³ ODPM – Focus on the Future (2003)

CHAPTER 6

Cross Authority Issues

The continuing provision of services to clients from outside Administering Authority (AA) areas has always been a concern in setting up the Supporting People programme.

The ODPM 'Policy into Practice'¹ document identified that there are certain client groups who need to access services outside of their area, where the:

- Need is not sufficient to require provision in every authority e.g. people with hearing loss and mental health problems;
- Need can only be met by provision in authorities other than the 'host' authority e.g. women escaping domestic violence;
- Need in the authority is sufficient to justify a locally run support services but people who need the service are very mobile and do not have roots within the authority e.g. former rough sleepers.

Prior to the introduction of the programme there had been an on going debate about what is meant by a cross authority service. This debate was concluded in 'Focus on the Future'² which stated that there is no such thing as a cross authority service, as most services will have an element of cross authority referrals. However, the document identified that some services need to be designated as 'cross authority' where they are formally acknowledged as being of regional or national importance.

The following sections in this chapter explain the main elements that have been put in place to ensure that Supporting People services continue to meet cross authority needs.

Cross Authority Baseline Survey

To address the concerns about cross authority clients, a cross authority baseline survey was undertaken and collated during 2003 to find out the level of movement in each area, by client group, prior to the start of the programme. The survey found that it was difficult to obtain adequate information and the findings were patchy.

The survey results showed clients moving to other AAs as:

- 37% of women escaping domestic violence
- 28% of ex-offenders
- 25% of people with drug problems
- 31% of rough sleepers or single homeless
- 2% of homeless families with children

The Client Record System

The Client Record System (CRS) allows for the continuous monitoring of cross authority referrals. The CRS involves completing a client record form for each service user that accesses SP services (with a few exceptions such as sheltered housing). Data is collected on the following types of cross authority referrals:

- **Host referrals**

A referral is defined as 'host' where a client was living in the AA area immediately prior to receiving the service i.e. the night before the client started to receive the service.

- **Non-Host**

A referral is defined as 'non-host' where a client was living outside of the AA area (in which the service is located) immediately prior to receiving the service. There are a number of types of 'non-host' referrals which are:

- Multi-lateral;
- Spot purchased;
- Structured;
- Open access.

The CRS was introduced in April 2003 and its first year report³ recorded 36,406 non-host referrals, which made up about 17% of new service users. The reports generated by the CRS were intended for comparison against the cross authority baseline. Statutory guidance set out that this comparison should be undertaken every six months, by cross authority group.

The suggested list of cross authority groups was set out in Focus on the Future (**Appendix 5**) and authorities were given the option for opting for different grouping providing that each authority was in a cross authority group.

Cross Authority Statement

Focus in the Future required AAs to produce a cross authority statement as part of their five year Supporting People strategy.

The five year Supporting People strategy was expected to set out the nature and level of cross authority access to services. The ODPM expects AAs to continue to monitor cross authority access to services using a range of information sources including the Client Record System, the Supporting People five year strategies and annual plans.

Designated cross authority services

The designation of particular services was one of the ways in which the concerns about continuing provision for clients outside of AA areas was addressed. Designated services are those that are of national or regional significance and specific guidance was issued by the ODPM⁴.

Special arrangements apply to designated services as they cannot be decommissioned by AAs without the written consent of the Secretary of State. The ODPM has published a list of 178 designated services, not including services for women escaping domestic violence.

The following criteria have been used to determine whether an SP service should be designated:

- All accommodation based services which provide for women at risk of domestic violence as their primary client group;
- Services which provide for high risk offenders;
- Services which cater for a very specialist combination of needs;
- Services which offer national coverage.

Only accommodation based services can be designated. Designation does not apply to residential care homes as these types of services are only receiving SP funding in the interim period.

AAs are expected to fund, monitor and review designated services in line with ODPM guidance and the policies and plans agreed by the local Commissioning Body. The review of designated services needs to pay particular attention to the requirements of regional or national stakeholders. Should the outcome of the review recommend the termination of funding for a designated service the agreement of the Commissioning Body must be sought and an application made to the Secretary of State for consent.

Conclusion

There is a considerable amount of data on cross authority access to Supporting People services. The main source of baseline data is that which is generated by the CRS.

Sources

¹ ODPM – Policy into Practice (2001)

² ODPM – Focus on the Future (2003)

³ JCHR – Supporting People Client Records – Annual Report 2003-2004 (2004)

⁴ ODPM – Arrangements for Designated Services (2004)

CHAPTER 7

Monitoring the Programme

The programme is monitored at a national level by the ODPM and by the Audit Commission's inspection programme. The ODPM collects regular milestone information from Administering Authorities (AAs) and the Audit Commission has an inspection programme to assess the effectiveness of the implementation of the programme at a local level.

The ODPM collects a considerable amount of information at a national level, including key data extracted from AA's SPLS systems (the local IT system developed by AAs for Supporting People) and data on who accesses the programme from the Client Record System.

ODPM Monitoring

The ODPM has adopted a number of approaches to monitoring the programme. This has included monitoring each authority against key milestones¹, reviewing Supporting People strategies and collecting quality and performance data.

The ODPM sends out a regular questionnaire to AAs to monitor their implementation of the programme against key milestones. The main purpose of the questionnaire is to determine the progress that AAs are making in reviewing SP funded services. The questionnaire finds out:

- How many services have reached service review completion;
- How many are currently being reviewed or are left to review;
- Information on accreditation of providers;
- Other issues such as VFM and eligibility criteria;
- The extent to which performance indicators returns have been made.

The Independent Review² raised concerns about the progress with service reviews and identified that some AAs do not possess the resources and capacity to carry out the reviews as first envisaged. The ODPM has made additional resources available to enable those authorities that are falling behind with the review timetable to catch up.

The ODPM requires each authority to extract quality and performance data from their SPLS databases, together with other information e.g. the supply of services. The ODPM is currently developing the reports from the SPLS database to provide baseline information on quality and performance at an AA, regional and national level. The structures of these reports will be developed further as the data is analysed.

The SPLS extract contains data on the following

- Accreditation
- QAF Assessments
- Performance Indicators
- Service reviews

The Inspection Programme

The Audit Commission is responsible for carrying out inspections of all AAs within a five year period. The Housing Inspectorate has lead responsibility for this work and inspections are carried out with the Commission for Social Care Inspection (CSCI) and the Home Office's Inspectorate of Probation. Each inspection team includes a service user inspector to ensure that all inspections consider the impact of the programme and its outcomes for services users.

The inspection reports are made public on the Audit Commission's website (www.audit-commission.gov.uk). The reports include contextual performance information on each authority to place the Supporting People programme within the local context. The inspection reports can provide baseline evidence of progress in relation to the implementation of the programme and its impact locally. Each report is based on the Key Lines of Enquiry developed by the Audit Commission and each authority is assessed on the extent to which a good service is provided and its prospects for improvement.

The Key Lines of Enquiry (KLOE) collect evidence on the following areas:

- Governance;
- Delivery Arrangements;
- Financial management and monitoring systems;
- Service reviews;
- Value for Money;
- Service user involvement;
- Partnership arrangements;
- Access to services and information;
- Diversity;
- Outcomes for service users.

In addition the Audit Commission collects evidence on the prospects for improvement of the SP service provided by the AA and has recently introduced KLOE for Value for Money.

The Audit Commission is due to produce a report on the lessons learnt from the inspections.

Recording Client Data

A Client Recording System (CRS) was introduced at the start of the SP programme to record information on all new service users. The CRS requires service providers to complete a client record form for each new service user, apart from those accessing sheltered housing, Home Improvement Agencies and community alarm services. The CRS is significant as a regulatory, monitoring and evaluation tool for Supporting People policy makers and practitioners.

The Joint Centre for Scottish Housing Research (JCSHR) is responsible for the management of the CRS. Every quarter the JCSHR issues the ODPM with a national report identifying the main characteristics of regional and local authority support provision. Reports are also issued to each of the 150 Administering Authorities, charting information specifically related to their own authority and region and across England.

These reports tabulate information on the number and type of providers currently operating, the types of services offered, the type of clients supported and the type of referrals accepted and from whom. The Client Record database will effectively map and monitor key information required for an understanding of what is delivered in terms of housing related support and who is currently using these services, where they come from, and their present location.

The first Supporting People Client Record Annual Report³ has been produced for clients who started to receive services between 1st April 2003 and 31st March 2004. During this period 209,845 client record forms were completed.

Conclusions

A considerable amount of information is available as a result monitoring the programme at a national level. This information is based on that collected from individual AAs and can provide an overview of the programme. The ODPM's milestone summaries and the reports produced by the Audit Commission's can provide an understanding of progress in the implementation of the programme. In addition data from the SPLS extracts and the CRS can provide national baseline information against which future data can be compared.

Sources

¹ ODPM Milestones Summaries (ODPM Kweb)

² Robson Rhodes – Review of the Supporting People Programme – Independent Report (2004)

³ JCHR – Supporting People Client Records – Annual Report 2003-2004 (2004)

CHAPTER 8

Quality, Monitoring and Service Reviews

The Supporting People programme aims to make support services more strategically relevant and improve their quality, performance and cost effectiveness. The service review process is the key mechanism for Administering Authorities (AAs) to reconfigure services to make them more strategically relevant and improve their effectiveness. The ODPM has developed a number of quality and monitoring tools which enable AAs to continuously monitor quality and performance and provide evidence for service reviews.

All Supporting People services are required to be reviewed by April 2006. The ODPM has published guidance on the service review process¹ to help authorities with reviews. Some local authorities carry out service reviews across particular sectors which are usually defined by client group e.g. single homeless. This approach enables a strategic approach to be adopted to the review of these services.

Monitoring Quality and Performance

AAs are expected to use the ODPM's quality and monitoring tools to monitor the services that have been contracted. In addition to collecting regular quality and monitoring information AAs are expected to carry out QAF validation visits to check on the quality of services and audit visits to check on performance data and other relevant information.

Providers are expected to use the ODPM's quality and monitoring tools to improve the quality of services and performance. Through a process of self assessment providers are expected to put in place action plans to improve services.

PROVIDER ACCREDITATION

AAs will want to be satisfied that the organisation providing a service has a reasonable likelihood of remaining in business in the future. Accreditation is concerned with how well the *organisation* is run and managed, as opposed to the *service*.

The ODPM accreditation guidance² sets out the criteria against which providers should be assessed and identifies other assessment frameworks that can count towards accreditation (e.g. Chartermark). The guidance also explains how an accreditation certificate can be passported from one authority to another. A 'Lite' version has been produced for small providers, community alarm services, sole traders and providers of individual support services.

The following summaries the criteria for accreditation. The criteria require that providers:

Provider Accreditation	
1.	are financially viable;
2.	have competent administrative procedures that are able to properly handle and account for Supporting People grant;
3.	have effective employment policies to cover staff development, staff supervision and health and safety of both staff and service users;
4.	have sufficiently robust management procedures to provide Supporting People services; and
5.	are able to demonstrate a track record or competence to deliver services.

Monitoring Quality

The Quality Assessment Framework (QAF)³ has been developed as a common set of standards for the Supporting People programme. The QAF comprises core and supplementary service objectives. The six core service objectives are minimum requirements that must be achieved by providers. Providers are recommended to use all the QAF core and supplementary objectives to self-assess their services and to improve standards.

Service providers must complete annual self-assessments for the QAF and send these to Administering Authorities. These self assessments are recorded in each AA's SPLS system and the results extracted by the ODPM.

There are different types of QAFs for particular types of provision and the appropriate standards framework should be applied by providers and authorities. The QAF 'Lite' is intended to apply to sole traders and small organisations with low contract rates.

The six core service objectives are as follows:

QAF Core Service Objectives	
1.	Needs and Risk Assessment
2.	Support Planning
3.	Security, Health and Safety
4.	Protection from Abuse
5.	Fair Access, Diversity and Inclusion
6.	Complaints

QAF validation visits⁴ are intended to verify whether or not the levels assessed through the provider's self assessment process have in practice been achieved and whether providers are delivering the services for which they have been contracted. A QAF validation visit can take place prior to a service review, or as part of a routine programme of visits, or actually during the service review process itself. The results of the validation visit assessment are recorded on the AA's SPLS system and extracted by the ODPM.

Monitoring Performance

The ODPM has developed a performance framework⁵ for AAs to collect performance information from providers. The ODPM requires the main elements of performance data to be extracted from AAs' SPLS systems.

The performance framework comprises the following indicators:

Key Performance Indicators		Data Source
KPI 1	Service users who are supported to establish and maintain independence	Quarterly Performance Return
KPI 2	Service users who have moved in a planned way from temporary living arrangements (to more independent/sustainable accommodation)	Quarterly Performance Return
KPI 3(a)	Fair access to people who are eligible for SP service (non host access)	SP Client Record Form
KPI 3(b)	Fair access to people who are eligible for SP service (BME access)	SP Client Record Form
Service Performance Indicators		Data Source
SPI 1	Service Availability	Quarterly Performance Return
SPI 2	Utilisation Levels	Quarterly Performance Return
SPI 3	Staffing Levels	Quarterly Performance Return
SPI 4	Throughput	Quarterly Performance Return

Although all these indicators allow AAs to assess the performance of individual services, the KPIs are primarily intended to provide an overview of performance across the AA by different service types.

AAs are expected to carry out audits to check on the quality of the data supplied by providers, as part of their contract monitoring responsibilities. This will include examining records of who has used a service, destination details and information on staffing. Providers are expected to ensure that they retain appropriate evidence for audit visits.

The Service Review Process

Supporting People service reviews are required to focus on key strategic priorities as well as the quality, performance and cost of a service. The main purpose of the service review process is to assess:

- whether services are strategically relevant;
- whether there is a continued demand for a service;
- the performance of a service;
- the quality of a service;
- the cost effectiveness of a service.

Furthermore as AAs will want to be satisfied that the service is being provided by an organisation that is likely to remain in business for the foreseeable future, the accreditation of providers needs to run in parallel to the service review process.

AAs are expected to use the ODPM's quality and monitoring tools at each stage of the review, including those that have been specifically developed for the review process. Furthermore data from the CRS can be used for a service review. The following table shows the stages of the service review process:

Stage 1 Strategic Review	Stage 2 Desk Top review of Quality and Performance	Stage 3 Further evidence/Service review investigation	Stage 4 Outcome of the Review
<ul style="list-style-type: none"> • Assessment of strategic relevance • Demand for the service 	<ul style="list-style-type: none"> • Quality of service • Performance of service • Cost effectiveness • QAF Validation visit report (where a validation visit has been undertaken) 	<ul style="list-style-type: none"> • Further evidence sought • Meetings with provider and stakeholders (if required) • Service review investigation visit (if required) 	<ul style="list-style-type: none"> • Renew contract with no changes • Renew contract with changes • Renew contract with action plan • Remodelling of service • Change of provider • Decommission service

At each stage of the review process evidence is assessed on the service and the related outcomes are recorded. These outcomes form part of the SPLS extract.

Throughout the review process AAs are expected to involve relevant stakeholders and to obtain feedback from service users. The ODPM has produced guidance on involving service users⁶ in the review process.

Stage 1 – Strategic Review

The ODPM has issued guidance⁷ to authorities on how to assess the strategic relevance, and demand, of a service and has developed a workbook to help authorities record this evidence. To be strategically relevant a service should meet the following requirements:

- The service meets key strategic Supporting People objectives;
- The service provides a housing related support service;
- The service is not intended to meet a statutory duty;
- Supporting People grant should only fund housing related activities.

Stage 2 – Desk Top Review

The AA should use the data on quality and performance collected through the quality and monitoring process to make this assessment. This process should include any reports on validation visits that have been undertaken. The ODPM has produced Value for Money guidance⁸ that should be used to assess the cost effectiveness of the service.

Stage 3 – Further evidence

The AA may need to carry out a service review investigation visit to investigate concerns. Such a visit is different to a QAF validation visit as it would involve examining any area where concerns have arisen. Where concerns relate to a QAF self assessment, and a QAF validation visit has not been carried out, then the AA should undertake such a visit and consider the evidence as part of Stage 2 of the review process.

Stage 4 – Outcomes

Stage 4 of the review process involves taking the recommendations forward that have arisen out of the previous stages. In particular, the AA will need to place these recommendations within a broader context, as changes to an individual service should not be implemented in isolation.

Appendix 6 shows the full range of possible outcomes to the service review process.

Conclusions

The data that is collected through the quality and monitoring process can provide baseline evidence on the Supporting People programme. This data can enable improvements to the quality and performance of legacy funded services to be measured over time. Furthermore the outcomes of service reviews are recorded on AAs' SPLS systems and this data can provide a baseline against which subsequent reviews can be compared. Detailed information on individual service reviews is collected by AAs and this information can also provide baseline evidence.

Sources

- ¹ ODPM – Strategic Review Guidance (2004)
- ² ODPM – Provider accreditation guidance (2004)
- ³ ODPM – The Quality Assessment Framework (QAF) (2004)
- ⁴ ODPM – Quality Assessment Framework – Tools to Validate Quality Assessments (2004)
- ⁵ ODPM – The Performance Framework (2004)
- ⁶ ODPM – Involving service users in service reviews and validation visits (2004)
- ⁷ ODPM – Service Review: Assessing Value for Money in Supporting People Services (2003)

CHAPTER 9

Value for Money and Eligibility

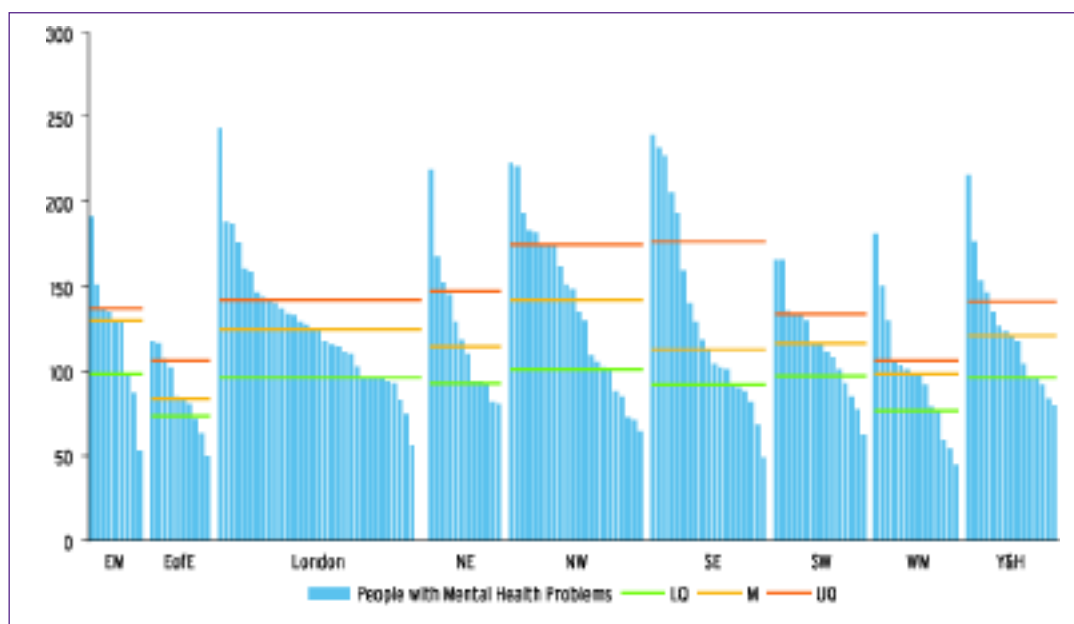
The Supporting People Programme aims to provide services that deliver value for money and meet the criteria for SP grant. Although a narrow interpretation can be placed on value for money, the ODPM expects the interpretation to take account of the strategic relevance of services, their quality, outcomes as well as price considerations.

One of the key issues identified during the introduction of the programme was the extent to which Supporting People appeared to be funding activities other than housing related support and as a result was not providing value for money for the programme. The ODPM has issued grant conditions¹, and related Supporting People guidance², which explains the eligibility criteria for funding. Ultimately AAs are expected to develop their own local approaches to eligibility, within this broader context.

Value for money assessment

The Platinum cut acts as a starting point for the assessment of value for money as it enables the costs of all legacy services to be analysed on a per unit basis. The Independent Review³ found that a number of authorities had a range of very high unit costs, which raised questions about whether the service is value for money and exclusively for housing related support activities. The Independent Review used the Platinum data to analyse unit costs as part of the evidence base for the review.

The table below illustrates the evidence used by the Independent Review by showing the unit costs for people with mental health problems across AAs within regions.



The initial ODPM guidance⁴ on value for money assessment focused on producing tables from the Platinum cut data to show the cost per unit of different types of services. The aim of the guidance was to provide AAs with an analysis of supply data with which to compare the prices of individual SP services.

When available the updated costs comparator information from the SPLS extract will be very useful for AAs.

Eligibility criteria

The Supporting People grant conditions set out the broad parameters for eligibility. Supporting People provides funding for welfare services and the grant conditions set out eligible welfare services, which are:

- Housing related support services;
- Services that were funded by legacy funding (defined as transitional support services in the grant conditions);
- Occasional welfare services.

The grant conditions define housing related support services as *‘support services which are provided to any person for the purpose of developing that person’s capacity to live independently in accommodation, or sustaining his capacity to do so’*.

The Supporting People guidance¹ provides more detail on eligibility and sets out the following criteria for Supporting People grant:

1.	The services are housing related support services
2.	The services are provided as part of an agreed package of support services
3.	The services are provided to vulnerable people with vulnerabilities that render them in need of support services
4.	Services provided at a residential care establishment are ineligible (unless the establishment was in receipt of legacy funding)
5.	Services that are of a nature that they are required to be provided by a registered care provider are ineligible
6.	Personal care or nursing services are ineligible
7.	Services that are provided in satisfaction of a statutory duty are ineligible
8.	Building works are ineligible other than the provision of advice and personal support (in relation to building works)
9.	The provision of equipment is ineligible
10.	Psychological therapy or programmes of therapeutic counselling are ineligible
11.	Services to enforce specific requirements imposed by a court of law are ineligible
12.	General housing management services are ineligible

The ODPM has encouraged AAs to develop their own eligibility criteria within these broad parameters, as eligibility criteria is considered an issue that should be developed locally. Some AAs have combined the development of eligibility criteria together with that for VFM assessment.

Assessing VFM and eligibility

The ODPM has issued further guidance⁵ on streamlining the approach to assessing value for money and linking such an assessment to eligibility. The guidance adopts a broad approach to the interpretation of value for money including addressing questions such as:

- Whether the service is meeting strategic aims.
- Does it meet quality standards?
- Is it delivering primarily housing related support services?
- Is it achieving its stated outcomes?

The guidance recommends that strategic relevance, quality and outcomes achieved should all be taken into account as well as price, in assessing value for money.

The guidance is intended for authorities that do not have an agreed framework in place to enable them to complete value for money and eligibility assessments before April 2006. The guidance recommends that SP teams construct a set of parameters for initial assessment of price and eligibility of all services. Eligibility is addressed by setting a limit on the maximum weekly support hours for different types of services.

Methodology for VFM

Although many authorities have developed their own value for money assessments, that have been approved by Commissioning Bodies, these assessments tend to have adopted very similar approaches.

The key elements of these approaches are as follows:

- Unit Price
- Price per hour (for support)
- Support hours per service user per week

The ODPM has announced a programme of Value Improvement Projects to help authorities understand the costs of their local programme and seek opportunities to improve the value for money provided by the programme. This programme will include baseline indicators against which improvements in value can be measured.

Conclusions

A considerable amount of analysis has taken place about the baseline position on value for money, using cost per unit. As other approaches to assessing value for money are developed new baseline data will be available e.g. hourly rates. Baseline data on eligibility may also become available particularly the number of support hours per user per week. The SPLS extract can potentially be used to generate some of the baseline data for research purposes.

Sources

- ¹ ODPM – Supporting People Programme Grant Conditions for 2005/06
- ² ODPM – Supporting People Guidance (2003)
- ³ Robson Rhodes – Review of the Supporting People Programme – Independent Report (2004)
- ⁴ ODPM – Assessing Value for Money in Supporting People Services – (2003)
- ⁵ ODPM – A streamlined approach to assessing value for money and eligibility in Supporting People funded services (2005)

CHAPTER 10

Measuring Outcomes

One of the challenges of the Supporting People programme is how outcomes for service users can be measured. Although it is important to measure service inputs and outputs, ultimately outcomes for service users are the most effective means by which the effectiveness of the programme can be demonstrated.

Currently the ODPM's Performance Framework¹ measures outcomes for service users at the point a support service ceases. Although this data provides useful information for Administering Authorities (AAs) and for the programme, there is currently no understanding about the long term impact of the programme on service users.

The ODPM commissioned two pieces of research to gain a better understanding of how to measure outcomes for service users. These studies were entitled 'Tracking Service Users' and 'Measuring Outcomes' and were brought together into a single report (unpublished)².

The Performance Framework

The ODPM's Performance Framework collects information on service users at the point at which they depart from a service. This information is used to calculate the Key Performance Indicators (KPIs) on outcomes which are intended to provide high level performance information at an AA, regional or national level. The information collected also provides useful management information for AAs to monitor services and for service reviews.

There are two types of outcome measurement which are:

- Service users who are supported to establish and maintain independence – KPI 1
- Service users who have moved on in a planned way from temporary living arrangements (to more independent/sustainable accommodation) – KPI 2

The detailed management information for each of these indicators is shown in **Appendix 7**. The calculation of, and the underlying management information for, each KPI is different as one measures whether service users continue to live independently, while the other measures planned moves.

The KPIs form part of the SPLS extract from Administering Authorities, which will be analysed by the ODPM at an AA, regional and national level. This data will provide useful information on the impact of Supporting People services. Currently the ODPM is considering the type of reports that will be required from the SPLS extract.

Tracking Service Users

One of the key questions raised by the programme is what happens to service users once they have left a Supporting People service. Currently there is no mechanism to track services users once they have left a service and the existing Client Record System (CRS) is unable to identify those who return to a Supporting People service.

The tracking research² involved tracking a sample of service users from the point they ceased to use a Supporting People service. The approach involved obtaining the consent of service users to being tracked prior to departure, and then tracking users after departure irrespective of whether or not they had made a planned move. The intention was to reward each service user at the end of the tracking period, at which point contact would be re-established.

The main findings from the research showed that:

- The vast majority of service users (56%) made unplanned moves and did not want to become engaged with the tracking research prior to departure;
- It was only possible to track those service users who made a planned move;
- There was a low level of participation amongst those that made a planned move (only 16% of those that made a planned move participated);
- The low level of participation was mainly due to service users having concerns about being tracked and some service providers not being fully engaged with the tracking research.

Although there may be some scope for tracking a sample of service users, who make planned moves to independent accommodation and who are not in receipt of further SP services, the tracking process was not found to be an effective method for measuring outcomes for the majority of service users that use SP services.

The research concluded that the proposed Service Users Information System (SUIS) would be most the effective method for tracking service users who move in and out of the Supporting People sector. The research found anecdotal information to suggest that a substantial number of those that make unplanned departures subsequently return to the SP sector and as a consequence the proposed SUIS would be a useful mechanism to track these users.

Measuring Outcomes

This research² aimed to establish whether it is feasible to measure outcomes for service users against their support plans. The research involved collecting information on the extent to which each service user had achieved their support plan objectives at the point they ceased to use the service.

Information on outcomes was collected using a standard form, which integrated the details from the Client Record System (CRS) form and the outcome details from the Performance Framework. This enabled a joined up approach to analysing information at a service user level, as well as allowing the aggregation of data by service type or client group across an AA, regionally or nationally.

The outcomes research found that:

- It is feasible to collect information on the extent to which support objectives are achieved;
- It is feasible to integrate the Client Record data and the outcome data into the standardised form;
- Informed consent by the service user would be required to communicate this information from one organisation to another. The research found that generally the consent of service users would be forthcoming;
- The accuracy of the outcome information would depend on the extent to which the information is used for performance assessment at a service level;
- Providers were enthusiastic about using the outcomes form to complement their own support planning processes;
- The data on the outcomes form allows providers to match referrals to places. The form should not replace providers' own assessments, but rather provide basic information that could trigger further investigation;
- It would be desirable to involve service users in agreeing the outcomes that would be recorded on the form.

The research concluded that the outcomes form would be most effective if it were incorporated into the proposed SUIS. This would enable outcome information to be passed from one provider to another, where a service user moved from one SP service to another, or accessed an SP service after not having been in an SP service for some time.

The final version of the form resulting from the research is shown in **Appendix 8**.

The Service User Information System

The Service User Information System (SUIS) is the proposed national system for holding data on individual clients in receipt of Supporting People services. The main elements of SUIS are as follows:

- enable the tracking of clients through SP services and also to recognise the client if they returned having not been in SP services for some time;
- help practitioners to have this information and so enable them to plan better and more appropriate services;

- enable CBs to have high level information about the success of services in the area;
- assist AAs with service reviews;
- be used in evaluating the client outcomes of SP and for ongoing research purposes in the ODPM.

The proposed SUIS will also be essential for communicating information on service users from one SP service to another. The research on tracking and measuring outcomes showed that providers would find such a system useful for their own assessments. Both research projects found that a vehicle such as SUIS would be the most effective method for tracking and measuring the outcomes for service users that move in and out of SP services. This information could identify interventions that reduced or prevented the ‘revolving door’ scenario.

Conclusions

The measurement of outcomes related to service users is critical for evaluating the impact of the Supporting People programme. The current performance framework does provide some indication of outcomes at the point of departure; however this information is limited as it does not measure the extent to which service users have made improvements against their own support plans. The ODPM research on tracking service users found that tracking individuals is only likely to succeed for those that make planned moves, whilst harder to engage clients could not easily be tracked.

The proposed introduction of SUIS provides an opportunity to track service users and to more effectively follow those that move in and out of Supporting People services. This approach would provide some indication of the revolving door scenario and could potentially incorporate a process for measuring outcomes for service users against their support plans. The data on individual outcomes could be aggregated by service type at an AA, regional and national level to provide high level information on the success of the programme in meeting individuals’ needs.

Sources

¹ ODPM – The Performance Framework for Supporting People (2004)

² Civis Consultants – Tracking Service Users and Measuring Outcomes (ODPM 2004 – unpublished)

CHAPTER 11

The Benefits of the Programme

One of the key questions that have arisen is the extent to which the benefits of the programme can be captured. As the SP programme is intended to promote independence and prevent institutionalisation such benefits need to be demonstrated.

The significant difference between early estimates and the outturn costs of the programme led to a number of works streams, including work on the potential benefits of this expenditure to the exchequer and society as a whole.

Realising the benefits

An ODPM study was commissioned entitled 'Benefits Realisation of the Supporting People Programme'¹. This was a desk top based literature review and a modelling exercise that did not involve any primary data collection. The study focused on those client groups where the evidence was stronger, namely:

- older people;
- single homeless people;
- people with learning disabilities;
- people with mental health problems;
- women at risk of domestic violence;
- homeless families;
- offenders and those at risk of offending; and
- people with drug problems.

The study found that the evidence base for the groups studied suggested that there are benefits of Supporting People services that accrue to the individual in receipt of housing related support, their families and wider communities, as well as to the exchequer. These include benefits in relation to independent living, improved health, reduced homelessness and reduced offending by some client groups.

In relation to the benefits identified, the study found some are fairly amenable to measurement and valuation (e.g. the resources devoted to dealing with longer hospital stays,) for others, however, this is not possible (e.g. greater choice). The models developed by the study suggest that, of those benefits which are amenable to measurement, there is a potential benefit value of £1.34 billion. The benefits that could not be measured or valued economically included:

- improved quality of life for the individual;
- increased ability to participate in the community;
- decreased fear of crime;
- easier access to appropriate services.

The study found little evidence from the literature concerning how benefits can best be realised, in relation to the local implementation of the programme.

Improving the evidence base

The value of the benefits of the Supporting People programme identified by the study were estimates and were limited by the lack of consistency in the quality and scale of the evidence base.

The study found that there is a need to improve the evidence base in relation to the benefits and impact of the Supporting People programme. The study also found that there is a need to understand how the potential benefits can be maximised and realised through local implementation of the Supporting People services and the process and structures through which Supporting People services are planned, delivered managed and the processes to change services. Furthermore the study anticipated that the evidence on the value of the uncoded benefits identified is likely to improve over time.

Conclusions

Whilst the evidence suggests that the Supporting People programme is meeting its key objectives, there is a question about the extent to which the programme can maximise the benefits (through strategic planning, more effective use of resources). Evidence will need to be obtained on the types of services that are being commissioned, the types of outcome for service users and the impact of services on the community and statutory services.

Source

¹ Matrix – Benefits Realisation of the Supporting People Programme (ODPM 2004)

CHAPTER 12

Involving Service Users

One of the most important aspects of the Supporting People programme is to involve service users in defining service solutions and to encourage their involvement in the support services that they receive. The programme has placed considerable emphasis on support services being needs led rather than provider led.

To this end ODPM guidance encourages the involvement of service users with strategic planning, as well as at a service level. As part of the broader process of service user involvement the ODPM commissioned a baseline research project to obtain an understanding of the views of service users about the services they receive. The ODPM has also commissioned good practice guidance on how to involve service users.

Supporting People Baseline User Survey

A feasibility study¹ (2002) was commissioned to find and test the best way in which the Supporting People User Survey should be conducted. The main focus was on developing a questionnaire that could be used for all (future) Supporting People user groups. This was done in two stages: through extensive qualitative research (in depth interviews) into service context and clients' perspectives, and through research into the design of the actual survey, including a review of literature on the measurement of customer satisfaction and quality of life. Issues around finding an appropriate sample for the User Survey were also explored.

A Supporting People baseline user survey² was published in 2005. The final data from the survey was 'weighted' so that it provides an accurate picture of the whole Supporting People user group. The survey identified a number of client groups as 'socially excluded' to distinguish them from 'older people'. These groups were: single homeless people with support needs, people with mental health problems, homeless families with support needs, young people at risk, offenders and those at risk of offending, women at risk of domestic violence.

There were three key questions for the survey to answer and the key findings are shown under each question.

What kinds of help were service users getting?

- The types of help were categorised as practical advice, help with dealing with authorities, behavioural help, regular health checks and horizon broadening (these categories are defined in more detail in **Appendix 9**).
- On average each service user was getting between two and three of the five categories of help specified. However those from socially excluded groups tended to get between three and four.

- The most common form of help was ‘regular health checks’, although members of socially excluded groups were more likely to report getting help dealing with the authorities.

What kinds of help did they want but were not getting?

- Only one of five of the socially excluded service users reported unmet demand in three or more of the (service) categories and this may be described as significant unmet demand. Only one in ten of older service users reported the same.
- More users from a BME background (28% compared to 19% of white users) reported that their demands for specific help were not being met.
- Overall, demand for behavioural help (improving self-confidence, controlling anxiety and help getting along with people) was relatively low, but the level of unmet demand was quite high. Providers appear to be better at fulfilling demand for practical help than at dealing with less concrete needs.
- Demand for services tendered to be lower among older people with general support needs; however unmet demand was substantial. In particular there is clear unmet demand for help filling in forms, making appointments and speaking to the council or social services.

Overall, how satisfied were they with the service?

- Most service users expressed satisfaction with the overall quality of the service received. Nearly two thirds (63%) said they were ‘very satisfied’ and a further 30% said they were ‘fairly satisfied’.
- Six key variables were identified as being associated with satisfaction:
 - If the service user thinks current accommodation is ‘very nice’.
 - If the service user is getting a wide variety of help and has few unmet needs.
 - If the service user is getting support in their own home.
 - If the service user is older.
 - If the service user has fewer negative life experiences to deal with.
 - If the service user feels safe when out in the neighbourhood.
- Older service users tend to be much happier than other client groups with their accommodation. Three quarters (76%) thought it was ‘very nice’ compared to only 42% of other client groups.
- 47% of BME service users were ‘very satisfied’ with services as opposed to 62% of white service users.
- The vast majority of those that had moved in the last twelve months thought the new place was better than the previous place.

- In services where the majority of users are women (older people's services, services for women at risk of domestic violence and homeless families), a much higher percentage of users (62% in each of the three types of services) said that they had only a small amount of influence on how things were being run in their service, or none at all.

The survey provides a baseline against which to measure the extent to which Supporting People is able to deliver improvements to services. The results of the survey indicate that the services which were carried over into the Supporting People programme are making a significant contribution to meeting users' needs and are generally valued by their users.

Good Practice on user involvement

The ODPM has published a good practice guide on user involvement. This guidance³ was written for staff and managers in organisations providing housing related support services in order to encourage provider organisations to involve service users effectively in all aspects of Supporting People services.

In developing the guidance a range of agencies that provide for people with different support needs and experiences were consulted through telephone interviews, examination of documents and site visits. Those contacted included some that were providing services targeted at specific ethnic groups and some that included a significant proportion of black and other minority ethnic users, as well as those which provided for predominantly white users.

The guidance advises that the starting point to developing user involvement has to emerge from day-to-day practice. Understanding what people bring with them in terms of experience and vulnerability is crucial to knowing how best to support them in being involved. Involvement should start from an understanding of a willingness to respond to the immediate needs and concerns of users i.e. what is important to them as opposed to what might be the interests and concerns of providers.

The guidance explains that user involvement is integral to the achievement of Supporting People aims and this should be reflected in the way in which the objectives of the service are articulated. Rooting user involvement in policy and practice requires a shift in organisational culture from doing things for people to doing thing *with* them (i.e. enabling service users).

Involving service users in service reviews and validation visits

The ODPM has published a positive practice guide⁴ which is intended for use by AAs and providers on involving service users specifically in service reviews and QAF validation visits. The production of the guide involved consultation with AAs, providers and others. The guide has been set out in three sections.

<i>Summary</i>	The summary provides an overview of the key aspects of user involvement in the review process, outlining mandatory requirements and minimum expectations.
<i>Positive practice checklists</i>	This section was developed by service users themselves and provides practical checklists for use in service reviews and validation visits.
<i>Developing positive practice</i>	This section provides more comprehensive information on positive practice, including: <ul style="list-style-type: none"> • Key messages from users • Developing provider plans for user involvement • Practical methods for involving users.

Conclusions

The service users' baseline study provides a considerable amount of evidence against which future studies can be compared. As the involvement of service users becomes increasingly embedded in practice there should emerge further evidence about the types of approaches that are most effective. Some of the existing approaches have already been identified and have been incorporated into the good practice guidance that has been issued.

Sources

- ¹ National Centre for Social Research – Supporting People User Survey: Feasibility Study (ODPM 2002)
- ² BMRB – The Supporting People Baseline User Survey Report (ODPM 2005)
- ³ Nuffield Institute for Health, Leeds University – A Guide to User Involvement for Organisations providing Housing Related Support (ODPM 2003)
- ⁴ ODPM – Involving Service Users in Service Reviews and Validation Visits (ODPM 2004)

CHAPTER 13

Meeting Specific Needs

The ODPM has published a number of Supporting People good practice guides which are focused on specific client groups. These guides cover the needs and housing and support options for the following client groups:

- People with mental health problems¹;
- Homeless households²;
- People who misuse substances³;
- Households experiencing domestic violence⁴;
- Offenders and people at risk of offending⁵;

The purpose of these good practice guides is to provide Supporting People Administering Authorities with information about the needs of these client groups and housing support options. These guides are also relevant to providers and others such as officers in housing departments.

The following outlines some the specific issues covered by the guides.

People with mental health problems

This guide presents a discussion of the support needs of people with mental health problems, the range of housing and support options and issues involved in recognising and supporting diversity.

There is a wide range of circumstances in which people with mental health problems may require housing related support services. These may include when:

- They are struggling to cope in their housing and are at risk of homelessness through eviction or abandonment of the property. People in such circumstances may need floating support or a short stay in short term accommodation to help them through a difficult period.
- They have lost their tenancies, or have had to leave their homes, and may be in a crisis situation, requiring immediate refuge or emergency accommodation.
- They are leaving institutional accommodation such as hospitals or prison and may require services to help them settle in to new accommodation.
- They are living in temporary accommodation as the result of having been homeless but are ready to move on and may need assistance and support to obtain and establish themselves in suitable longer term accommodation.

People with lower-level needs may require only housing related support and not require specialist mental health services, while people with higher-level needs will need a multi-layered package of care, health services as well as housing related support.

The guide explains the range of housing and support options for people with mental health problems and issues involved in recognising and supporting diversity.

Homeless households

This guide is intended for Supporting People teams and members of Commissioning Bodies. It is also relevant to organisations that provide services to this client group, or those considering doing so and officers in housing, homelessness, health and Social Services departments, including those with responsibility for developing the local authority homelessness strategy.

Since the late 1980s there has been a growing recognition that single homeless people are likely to face difficulties such as physical and mental health problems, drug or alcohol dependency, long term unemployment, an incomplete or poor education, a history of offending or many years of institutional living. Emerging research suggests that these may also be relevant factors for homeless families. In addition, homelessness can be preceded or caused by traumatic events.

The guide explains that some households can find their way out of homelessness without any assistance, while others will only need advice and information in order to locate a new home and sustain a new life in the community. Some, however, will need greater assistance including housing related support and within that group there will be households who require quite intensive support from a range of services.

The guide sets out the type of services that are available for homeless people and explains that commissioners need to recognise and support diversity. In particular the guide identified that commissioners need to:

- Ensure that support services are culturally sensitive to existing BME communities and adaptable to the needs of arriving (refugee) communities;
- Consider working with specialist providers to provide services for BME communities if mainstream services cannot offer equality of access and cultural diversity;
- Ensure that commitments to equality and diversity in mainstream services should not be superseded or diluted because of the presence of small-scale specialist provision in an area; specialist services for black and minority ethnic users should be seen as a complement, not as an alternative, to mainstream services.

People who misuse substances

This guide suggests how Supporting People teams can continue and develop work with providers, health and social services and other partners to identify and innovate service provision for this client group. Access to appropriate housing and support to sustain this housing can have a positive impact on problematic substance misuse and related problems.

The term ‘misuse’ refers to the illegal or illicit drug taking or alcohol consumption which leads a person to experience social, psychological, physical or legal problems related to intoxication or regular excessive consumption and/or dependence. It causes harm to the individual, their significant others and the wider community and is presumed to have an adverse effect on an individual’s ability to sustain independent living.

The guide explains that having structures in place to identify the numbers of substance misusers with housing support needs allows estimates to be made of the anticipated need for Supporting People services. These will need to be assessed in order to develop locally relevant responses. Local DAT Partnerships should be able to identify total potential numbers of drug users in an area.

Domestic Violence

This guide was written principally for Supporting People teams and Commissioning Bodies. However it is also relevant to other officers in local authorities and provider organisations.

Domestic violence is defined as ‘*any violence between current or former partners in an intimate relationship, wherever and whenever the violence occurs. The violence may include physical, sexual, emotional or financial abuse.*’ The guide explains that the nearly half of all female homicides victims in England are killed by male partners. The results of a Women’s Aid census showed that 2,226 women and 3,055 children were accommodated in refuges.

Local housing authorities have a statutory responsibility to provide alternative accommodation for households unable to remain in the family home due to domestic violence, where that household is defined as being unintentionally homeless and in priority need. The following are types of services that are available to women and children escaping domestic violence:

- **Temporary accommodation.** Including women’s refuges, homelessness hostels, leased accommodation and bed and breakfast hotels;
- **Outreach and other services.** Including outreach services where women are still living with their abuser, floating support and resettlement services.

The guide points out that research among service users shows that respondents are as concerned with how a service is delivered as they are with what is delivered. Women value:

- Having one person or agency from which to seek help;
- Having options carefully and realistically explained;

- A believing, respectful and non-judgemental service;
- Daily contact with someone for reassurance (anything less frequent can seem like a lifetime);
- Support to cope with the impact on children.

Offenders and People at risk of offending

This guide aims to assist readers to understand the range of housing and support options which are available for offenders and people at risk of offending. The guide has been jointly published by the ODPM and the Home Office.

The Government has committed itself to reducing re-offending through greater strategic direction and joined up working. This is outlined in the Reducing Re-Offending National Action Plan. The plan views *'appropriate and accessible accommodation as the foundation of successful rehabilitation and reducing the risk of harm to others'*. It also seeks to contribute information to and work with the Supporting People programme.

There are about 74,500 people in custody nationally. This includes prisoners on short-term sentences (who will not receive formal probation support), longer-term prisoners (who will be released from a more institutionalised background) and young offenders. They will also be a mixture of male and female prisoners, including some with children, and of varying ethnic backgrounds.

Research has shown that prisoners returning to the community homeless are up to twice as likely to re-offend within the next two years as a person returning to stable accommodation.

Conclusions

The good practice guides are based on the evidence available on the types of services that are most effective in meeting specific needs. These good practice guides can provide baseline information on good practice that can then be compared with emerging good practice as services are reconfigured and new evidence becomes available.

Sources

- ¹ ODPM – Supporting People guide to accommodation and support options for people with mental health problems (2005)
- ² ODPM – Supporting People Guide to Accommodation and Support Options for Homeless Households (September 2003)
- ³ ODPM/Home Office – Housing support options for people who misuse substances (2005)
- ⁴ ODPM – Supporting People Handy Guide: Addressing domestic violence in the Supporting People programme (2002)
- ⁵ ODPM/Home Office – Guide to Housing and Housing Related Support Options for Offenders and People at risk of Offending (2005)

APPENDIX 1

Supporting People Client Groups

Older People with support needs

Older People with Mental Health Problems

Frail elderly

People with Mental Health Problems

People with Learning Disabilities

People with Physical or Sensory Disability

Single Homeless People with Support Needs

People with Alcohol Problems

People with Drug Problems

Offenders or People at Risk of Offending

Mentally Disordered Offenders

Young People at Risk

Young People Leaving Care

Women at Risk of Domestic Violence

People with HIV/AIDS

Homeless Families with support needs

Refugees

Teenage parents

Rough Sleeper

Travellers

Generic

APPENDIX 2

The Number of Units by Client Group

Supply of household units – March 2003
England estimates

	Accommodation based	Floating	Total	% of total (excluding sheltered and community alarms)
Frail Elderly	13,343	1,414	14,757	5.5%
Generic	5,212	29,250	34,462	12.9%
Homeless Families with Support Needs	9,443	7,291	16,734	6.3%
Mentally disordered offenders	268	106	374	0.1%
Offenders or People at risk of Offending	4,462	2,568	7,030	2.6%
People with a Physical or Sensory Disability	5,682	22,863	28,545	10.7%
People with Alcohol Problems	2,365	1,014	3,379	1.3%
People with Drug Problems	1,838	1,768	3,606	1.3%
People with HIV/AIDS	735	246	981	0.4%
People with Learning Disabilities	29,029	5,233	34,262	12.8%
People with Mental Health Problems	24,928	14,158	39,086	14.6%
Refugees	2,439	1,866	4,305	1.6%
Rough Sleeper	1,468	138	1,606	0.6%
Single Homeless with Support Needs	37,546	9,280	46,826	17.5%
Teenage Parents	1,241	1,350	2,591	1.0%
Traveller	863	172	1,035	0.4%
Women at Risk of Domestic Violence	3,523	2,304	5,827	2.2%
Young People at Risk	9,321	4,269	13,590	5.1%
Young People Leaving Care	1,716	876	2,592	1.0%
Unknown	5,137	726	5,863	2.2%
Total	160,559	106,892	267,451	100%
Sheltered housing			619,762	
Community alarms and HIAs			345,676	
Grand Total			1,232,889	

APPENDIX 3

Summary Findings

Clients

- The report is based on 209,845 completed Client Record forms covering the period April 2003 – March 2004 that were validated by 31st August 2004.
- The Client Record System collects information on twenty-one primary client group categories. Six of these categories account for 70% of clients.
- Single homeless people with support needs were the most frequently recorded client group accounting for almost a third of all clients.
- Additionally, women at risk of domestic violence, people with mental health problems, homeless families in need of support, people with generic needs, and young people at risk accounted for two-fifths of clients.
- More male (54%) clients were recorded than female.
- The largest proportion of clients were in the age group of 18-24 years.
- Over a third of clients were claiming job seekers allowance.
- Slightly less than a third of clients had been accepted as statutorily homeless and owed a main homelessness duty.
- The vast majority of clients were White-British in terms of declared ethnic origin.
- The most common previous accommodation category for clients was general needs local authority housing.
- Voluntary agencies provided two-fifths of services to clients.
- The most common support service provided was supported housing.
- The most frequent referral route for clients was self-referral.
- Over four-fifths of clients received services within their own local authority area.

Regional variations

- London (17%) and the North West (17%) each had larger numbers of clients compared to other regions, for example, in the North East whose client base made up 5% of those recorded by Client Records.
- The East of England had the largest proportion of single homeless people with support needs (37%).

- Women at risk of domestic violence were the second largest primary client group in the North East, Yorkshire & the Humber, East Midlands, East of England and the West Midlands.
- In London, and the South East and South West, people with mental health problems were the second largest primary client group while in the North West, young people at risk were the second largest primary client group.
- The level of people with mental health problems was greater, proportionally, in London (11%), the South West (11%), East Midlands (10%) and the South East (10%) compared to 9% nationally.
- The North East (4%) and South West (5%) had fewer homeless families with support needs proportionally compared to other regions with London (10%) and the East of England (11 %) having the highest proportions of homeless families with support needs overall.
- There were, proportionally, more young people at risk in the North West (10%) than in any other region bringing the national figure to 6% in comparison to other regions for example; London (5%), the South West (5%) and the West Midlands (5%).

Secondary client groups

- Out of the 209,845 clients recorded, more than half (110,470) were defined by one or more secondary descriptions in addition to a primary description.
- Whilst 62,523 clients were recorded primarily as single homeless people with support needs, an additional 23,168 clients were recorded with single homeless with support needs as their secondary client group.
- Offenders or those at risk of offending were the group with the highest proportion of clients (74%) defined by secondary descriptions. Secondary problems associated with these clients were most commonly drug problems, single homelessness and/or alcohol problems.

Previous Accommodation

- General needs local authority, living with family, sleeping rough, staying with friends, supported housing and direct access hostels described the living conditions of almost two-thirds of clients prior to receiving Supporting People services.
- People with generic needs (20%), women at risk of domestic violence (20%) and people with mental health problems (13%) made up the majority of clients who were general needs local authority tenants prior to receiving Supporting People services.
- Clients who were recorded as living with family prior to receiving services were likely to be single homeless people with support needs (37%), young people at risk (13%) and homeless families in need of support (12%). As clients began to receive services, almost all moved on from living with their family.

- Three-quarters of people sleeping rough prior to uptake of services were single homeless people with support needs (45%) and rough sleepers (29%).
- Single homeless people with support needs (50%), young people at risk (11%) and homeless families (8%) accounted for the majority of clients staying with friends prior to receiving services.
- The majority of clients leaving their prior supported housing accommodation were provided with supported housing elsewhere (63%).
- People making use of direct access hostels were more likely to be single homeless people with support needs (52%) or young people at risk (11%). Clients with alcohol or drug problems or those with mental health problems constituted a further 15% of clients in direct access hostels and homeless families with support needs and women at risk of domestic violence made up 8%.
- In total, 4% of clients were temporarily housed in bed and breakfast. Together, single homeless people with support needs (35%) and homeless families stand out as being the clients most likely to be in bed and breakfast accommodation prior to receiving a Supporting People service.
- After qualifying for Supporting People services, the majority (94%) of clients did not remain in bed and breakfast accommodation. However, 15% of clients took up places in other temporary direct access hostel accommodation.
- The Client Record System recorded 4,758 clients who were owner-occupiers prior to receiving Supporting People, 2% of all clients. Women at risk of domestic violence were far more likely to have been owneroccupiers than any other primary client group (42%) prior to receiving a Supporting People service.

Service provision and referral routes

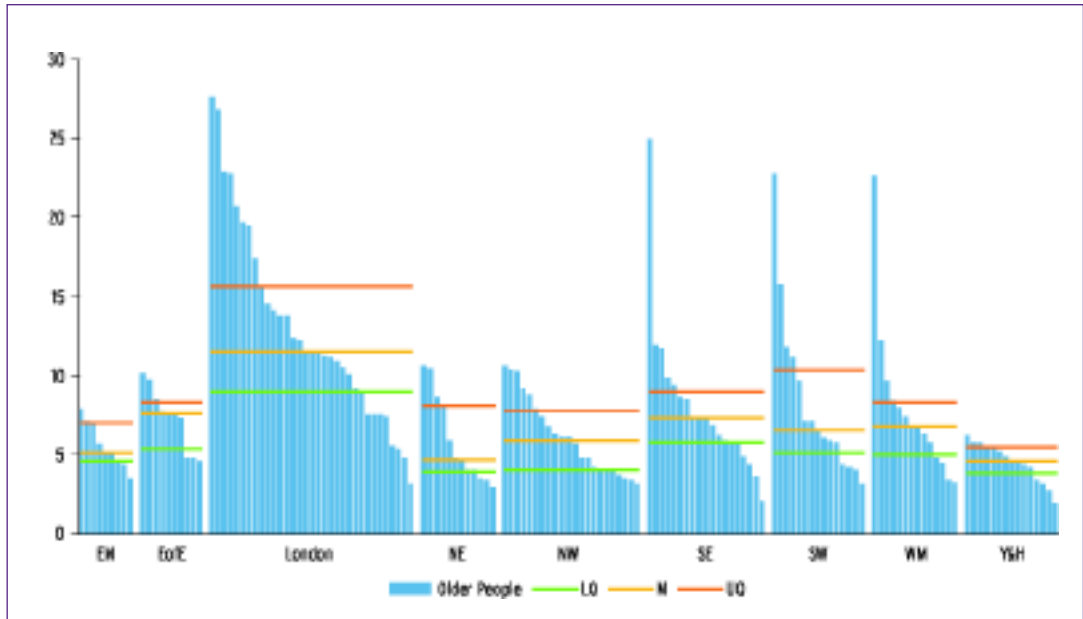
- Three principal categories of support – supported housing (33%), floating support (28%) and direct access (21%) – made up over four-fifths of service provision during this first year of the Supporting People programme.
- Floating support services were provided to over a third of female clients while only just over a fifth of male clients received this form of support. However, 38% of males were accepted into supported housing schemes, compared to only 28% of females. Also, 30% of males received direct access accommodation compared to 12% of females.

APPENDIX 4

Unit Cost Data

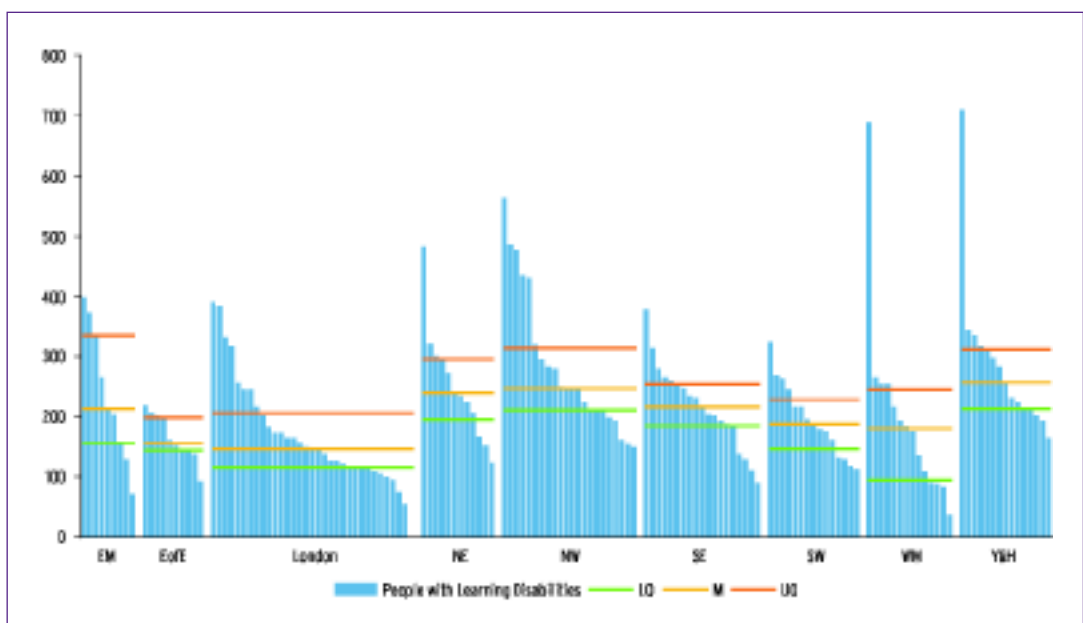
Regional Unit Costs for Older People

There is a wide range of unit costs for Older People across Administering Authorities within Regions.



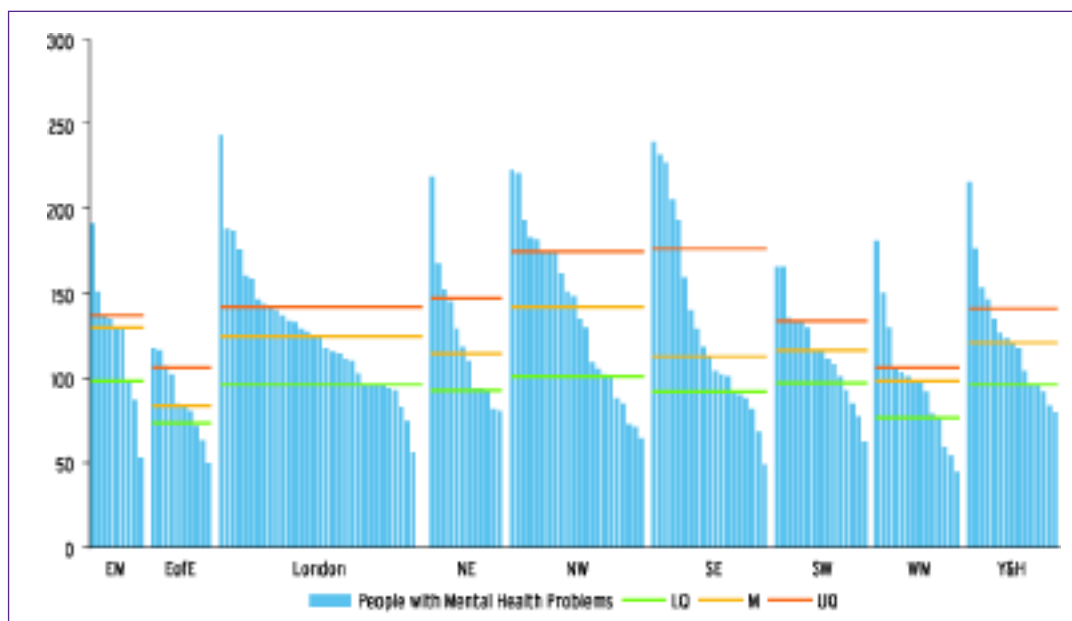
Regional Unit Costs for People with Learning Disabilities

There is a wide range of unit costs for People with Learning Disabilities across Administering Authorities within Regions.



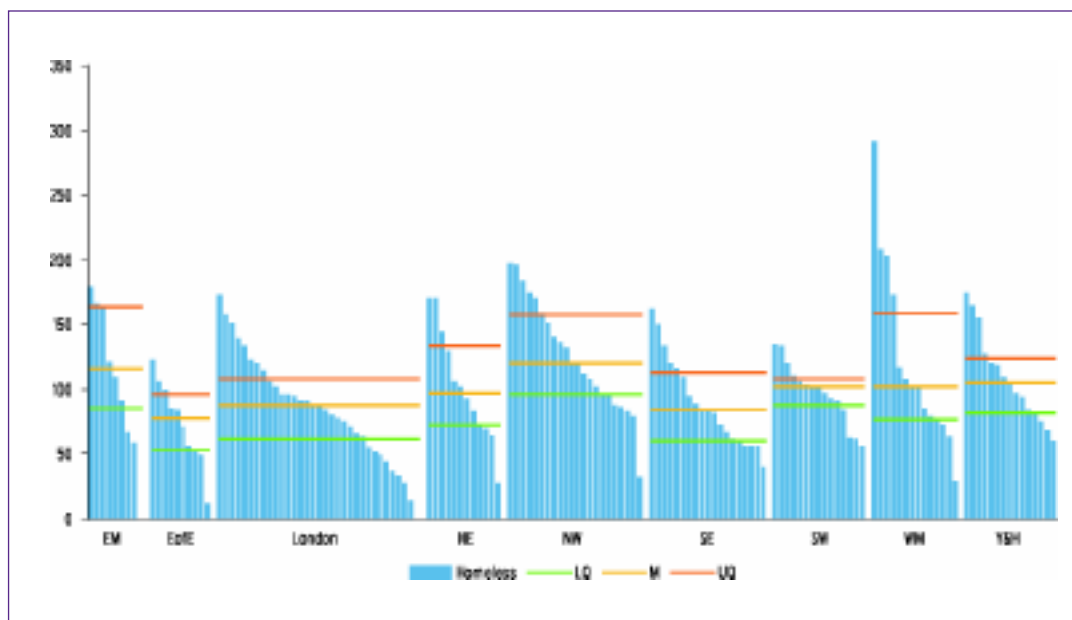
Regional Unit Costs for People with Mental Health Problems

There is a wide range of unit costs for People with Mental Health Problems across Administering Authorities within Regions.



Regional Unit Costs for Homeless People (Single and Families)

There is a wide range of unit costs for Homeless People (Single and Families) across Administering Authorities within Regions.



APPENDIX 5

Proposed Cross Authority Groups

- Cornwall, Isles of Scilly, Devon, Torbay, Plymouth
- Dorset, Borough of Poole, Bournemouth
- Hampshire, IoW, Southampton, Portsmouth
- Kent, Medway, Surrey, West Sussex, East Sussex, Brighton & Hove
- Somerset, Bristol, North Somerset, Bath & North East Somerset, South Gloucestershire
- Gloucestershire, Wiltshire, Swindon
- West Berkshire, Reading, Bracknell Forest, Wokingham, RB Windsor and Maidenhead, Slough, Milton Keynes, Buckinghamshire, Oxfordshire
- Essex, Southend, Thurrock
- Bedfordshire, Luton, Northamptonshire, Hertfordshire
- Peterborough, Cambridgeshire, Norfolk, Suffolk
- Leicester, Leicestershire, Rutland
- Shropshire, Telford & Wrekin, Herefordshire, Worcestershire
- North East Lincolnshire, North Lincolnshire, East Riding of Yorkshire, Kingston-upon-Hull
- Nottinghamshire, Nottingham, Derbyshire, Derby, Lincolnshire
- Leeds, Bradford, Calderdale, Kirklees, Wakefield
- Barnsley, Sheffield, Rotherham, Doncaster
- Warwickshire, Staffordshire, Stoke
- North Yorkshire, City of York
- Durham, Darlington, Redcar & Cleveland, Stockton, Middlesbrough, Hartlepool
- Cumbria, Lancashire, Blackpool, Blackburn

- Northumberland, Newcastle, North Tyneside, South Tyneside, Gateshead, Sunderland
- Birmingham, Sandwell, Solihull, Walsall, Wolverhampton, Dudley, Coventry
- Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford, Wigan
- Cheshire, Halton, Warrington
- Greater London (all 33 London Boroughs – see sub-groups below)
- Wirral, Liverpool, Sefton, Knowsley, St Helens

London Sub-Groups

- LB Barnet, LB Camden, LB Enfield, LB Haringey, LB Islington
- LB Barking and Dagenham, Corporation of London, LB Hackney, LB Havering, LB Newham, LB Redbridge, LB Tower Hamlets, LB Waltham Forest
- LB Brent, LB Ealing, LB Hammersmith and Fulham, LB Harrow, LB Hillingdon, LB Hounslow, RB Kensington and Chelsea, Westminster City Council
- LB Bexley, LB Bromley, LB Greenwich, LB Lambeth, LB Lewisham, LB Southwark
- LB Croydon, LB Merton, RB Kingston upon Thames, LB Richmond, LB Sutton, LB Wandsworth

APPENDIX 6

Full Range of Outcomes for Service Reviews

Stage 4 Outcome	What it means
All okay, renew contract, no change	The service continues to be commissioned with no significant changes from the same provider under a new contract
Renew contract, amended unit cost	The service continues to be commissioned but at a different unit cost from the same provider under a new contract
Renew contract, amended capacity	The service continues to be commissioned at the same unit cost but with a different capacity from the same provider under a new contract
Renew contract, amended service definition	The service continues to be commissioned at the same unit cost & capacity but with significant changes to the service definition from the same provider under a new contract
Renew contract, amended unit cost and capacity	The service continues to be commissioned at a different unit cost & different capacity from the same provider under a new contract
Renew contract, amended unit cost and service definition	The service continues to be commissioned at a different unit cost with significant changes to the service definition from the same provider under a new contract
Renew contract, amended capacity and service definition	The service continues to be commissioned at a different capacity with significant changes to the service definition from the same provider under a new contract
Renew contract, amended unit cost, capacity and service definition	The service continues to be commissioned at a different unit cost & different capacity with significant changes to the service definition from the same provider under a new contract
Renew contract, with action plans	The service continues to be commissioned from the same provider under a new contract and an action plan is in place to address issues

Stage 4 Outcome	What it means
Renew contract, amended unit cost, with action plans	The service continues to be commissioned at a different unit cost from the same provider under a new contract and an action plan is in place to address issues
Renew contract, amended capacity, with action plans	The service continues to be commissioned with a different capacity from the same provider under a new contract and an action plan is in place to address issues
Renew contract, amended service definition, with action plans	The service continues to be commissioned but with significant changes to the service definition from the same provider under a new contract and an action plan is in place to address issues
Renew contract, amended unit cost and capacity, with action plans	The service continues to be commissioned at a different unit cost & different capacity from the same provider under a new contract and an action plan is in place to address issues
Renew contract, amended unit cost and service definition, with action plans	The service continues to be commissioned at a different unit cost with significant changes to the service definition from the same provider under a new contract and an action plan is in place to address issues
Renew contract, amended capacity and service definition, with action plans	The service continues to be commissioned with a different capacity and with significant changes to the service definition from the same provider under a new contract and an action plan is in place to address issues
Renew contract, amended unit cost, capacity and service definition, with action plans	The service continues to be commissioned at a different unit cost and a different capacity and with significant changes to the service definition from the same provider under a new contract and an action plan is in place to address issues
Temporary extension to existing contract with action plans	The service continues to be commissioned from the same provider under either a temporary extension to the existing contract or the continuation of the existing contract with an action plan in place to address issues
Maintain service but seek alternative provider	The service needs to continue to be commissioned with no significant changes but via the local procurement approach to seek an alternative provider

Stage 4 Outcome	What it means
Decommission service	SP funding will cease for this service – the service may close or continue to be commissioned outside SP with non SP funding
Major changes or remodelling of a service	The service requires significant changes or remodelling. This may happen either through negotiations with the existing provider or via the local procurement approach with a different provider.

APPENDIX 7

Detailed Destinations

KPI 1

Completed support programme
To independent housing
To sheltered housing
To long-term supported housing
Died
Committed suicide
Taken into custody
To a long-stay hospital or hospice
To an acute psychiatric hospital
To a care home
To a nursing care home
To short-term supported housing
Evicted
Abandoned tenancy
Unknown/lost contact

Long-term departures

KPI 2

Staying with friends
Staying with family members
Bed & breakfast
Supported housing
Sheltered housing
Moved into a care home
Owner occupier
Renting privately owned accommodation
RSL tenancy (general needs)
Local authority tenancy (general needs)
Returned to previous home
Entered hospital (not for long term care)
Committed suicide
Taken into custody
Sleeping rough
Entered a long stay hospital or hospice
Entered an acute psychiatric hospital
Not known
Total short-term departures

APPENDIX 8

Outcomes Form

SERVICE USER RECORD AND SUPPORT OUTCOMES FORM

PART 1 - SERVICE USER DETAILS

1 NAME OF SERVICE USER

2 DATE OF BIRTH OF SERVICE USER

3 SEX OF THE SERVICE USER tick one

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

4 ECONOMIC STATUS OF THE SERVICE USER tick one

Full time work (24 hours or more a week)	<input type="checkbox"/>
Part time work	<input type="checkbox"/>
Government training/New Deal	<input type="checkbox"/>
Job seeker	<input type="checkbox"/>
Retired	<input type="checkbox"/>
Not seeking work	<input type="checkbox"/>
Full time student	<input type="checkbox"/>
Long term sick/disabled	<input type="checkbox"/>
Other	<input type="checkbox"/>

5 ETHNIC ORIGIN OF SERVICE USER (as defined by service user) tick one

White - British	<input type="checkbox"/>
White - Irish	<input type="checkbox"/>
White - Other	<input type="checkbox"/>
Mixed - White and Black Caribbean	<input type="checkbox"/>
Mixed - White and Black African	<input type="checkbox"/>
Mixed - White and Asian	<input type="checkbox"/>
Mixed - Other	<input type="checkbox"/>
Asian or Asian British - Indian	<input type="checkbox"/>
Asian or Asian British - Pakistani	<input type="checkbox"/>
Asian or Asian British - Bangladeshi	<input type="checkbox"/>
Asian or Asian British - Other	<input type="checkbox"/>
Black or Black British - Caribbean	<input type="checkbox"/>
Black or Black British - African	<input type="checkbox"/>
Black or Black British - Other	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Other Ethnic Group	<input type="checkbox"/>
Refused	<input type="checkbox"/>

6 CLIENT GROUP (by which the service user is defined) Primary Secondary

	Primary tick one	Secondary tick up to 3
Older people with support needs	<input type="checkbox"/>	<input type="checkbox"/>
Older people with mental health problems	<input type="checkbox"/>	<input type="checkbox"/>
Frail elderly	<input type="checkbox"/>	<input type="checkbox"/>
Mental health problems	<input type="checkbox"/>	<input type="checkbox"/>
Learning disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Physical or sensory disability	<input type="checkbox"/>	<input type="checkbox"/>
Single homeless with support	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol problems	<input type="checkbox"/>	<input type="checkbox"/>
Drug problems	<input type="checkbox"/>	<input type="checkbox"/>
Offenders or at risk of offending	<input type="checkbox"/>	<input type="checkbox"/>
Mentally disordered offenders	<input type="checkbox"/>	<input type="checkbox"/>
Young people at risk	<input type="checkbox"/>	<input type="checkbox"/>
Young people leaving care	<input type="checkbox"/>	<input type="checkbox"/>
Women at risk from domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
People with HIV / AIDS	<input type="checkbox"/>	<input type="checkbox"/>
Homeless families with support needs	<input type="checkbox"/>	<input type="checkbox"/>
Refugees	<input type="checkbox"/>	<input type="checkbox"/>
Teenage parents	<input type="checkbox"/>	<input type="checkbox"/>
Rough sleeper	<input type="checkbox"/>	<input type="checkbox"/>
Traveller	<input type="checkbox"/>	<input type="checkbox"/>
Generic/Complex needs	<input type="checkbox"/>	<input type="checkbox"/>

7 OTHER HOUSEHOLD MEMBERS (under the same support plan)

	Age	Sex M/F	Refship	Econ St
Person 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Person 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Person 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Person 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Person 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

See codes for relationship to service user and economic status

PROVIDER NAME

National Provider ID

SERVICE NAME

SP Service ID

8 STATUTORY FRAMEWORKS

Has the service user been accepted under the following statutory frameworks? tick any

Care Management (Social Services)	<input type="checkbox"/>
Care Programme Approach (CPA)	<input type="checkbox"/>
Probation Service or Youth Offending Team	<input type="checkbox"/>
Statutory homeless	<input type="checkbox"/>

Has the service user been assessed as a high risk under the following? tick any

Care Programme Approach (Enhanced)	<input type="checkbox"/>
Multi Agency Public Protection Arrangements	<input type="checkbox"/>

9 SOURCE OF REFERRAL tick one

Nominated by local housing authority	<input type="checkbox"/>
LA housing department (referral)	<input type="checkbox"/>
Social Services	<input type="checkbox"/>
Probation service/prison	<input type="checkbox"/>
Community Mental Health Team	<input type="checkbox"/>
Voluntary agency	<input type="checkbox"/>
Self referral/Direct application	<input type="checkbox"/>
Nominated under HOMES	<input type="checkbox"/>
Internal transfer	<input type="checkbox"/>
Moving from (another) RSL	<input type="checkbox"/>
Health service/GP	<input type="checkbox"/>
Youth Offending Team	<input type="checkbox"/>
Police	<input type="checkbox"/>
Other	<input type="checkbox"/>

10 TYPE OF REFERRAL tick one

Host	<input type="checkbox"/>
Non-Host: Multi-lateral	<input type="checkbox"/>
Non-Host: Spot Purchase	<input type="checkbox"/>
Non-Host: Structured	<input type="checkbox"/>
Non-Host: Open Access	<input type="checkbox"/>

11 PREVIOUS ACCOMMODATION tick one

General needs local authority tenant	<input type="checkbox"/>
General needs RSL/HA tenancy	<input type="checkbox"/>
Private Rented	<input type="checkbox"/>
Tied home or renting with the job	<input type="checkbox"/>
Owner occupier	<input type="checkbox"/>
Supported housing	<input type="checkbox"/>
Direct access hostel	<input type="checkbox"/>
Sheltered housing or retirement home	<input type="checkbox"/>
Residential care home	<input type="checkbox"/>
Prison	<input type="checkbox"/>
Approved Bail hostel	<input type="checkbox"/>
Children's home/foster care	<input type="checkbox"/>
Bed and breakfast accommodation	<input type="checkbox"/>
Short-life housing	<input type="checkbox"/>
Living with family	<input type="checkbox"/>
Staying with friends	<input type="checkbox"/>
Any other temporary accommodation	<input type="checkbox"/>
Rough Sleeping	<input type="checkbox"/>
Other	<input type="checkbox"/>

Please tick if service user continues to live in this accommodation ☐

Location of this accommodation

Name of housing authority	ONS Code	Post Code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

If post code not known or accommodation was temporary please tick ☐

12 START DATE OF SUPPORT SERVICE

PART 2 - SUPPORT OUTCOMES

13 ASSESSMENT OF SUPPORT OBJECTIVES AND OUTCOMES OF THE SUPPORT SERVICE

Tick main objective of the support plan (one only)

tick one

Crisis intervention initial engagement . To stop the situation deteriorating/escalating, or to establish a programme of support	
Stabilisation/maintenance . For instance helping a user with mental health problems to maintain a tenancy	
Moving forward/development. This would involve increasingly moving toward independence	

Tick whether the support objectives agreed with the service user have been achieved

Support objectives	Achieved	Partly achieved	Still outstanding	Comments (optional)
Income/benefits				
Help to:				
Claim Housing Benefit				
Claim DSS/JSA				
Claim other welfare benefits				
Enable service user to understanding entitlements				
Enable the service user to manage own claim				
Bills/budgeting				
Help to:				
Establish regular rent and service charge pay/mts				
Establish bill payment mechanisms				
Establish rent and service charge arrears agree't				
Establish debt agreement with creditors				
Establish realistic budget				
Develop ability to live within budget				
Maintain payments to creditors				
Prevent further debt accumulation				
Reduce debt to manageable levels				
Enable user to avoid accumulation of debt				
Enable user to work out own budget and manage				
Personal Admin				
Help to:				
Deal immediately with official correspondence				
Enable service user to seek help in dealing with admin				
Increase ability of service user to deal with routine admin				
Enable service user to manage own admin				
Health				
Help to (including brokering access to services):				
Establish access to required health service				
Ensure continuing engagement with health service				
Ensure that physical health is being maintained				
Ensure that mental health is being managed				
Ensure that substance misuse is being managed				
Ensure that abstinence remains stable				
Sustain improvements to health				
Reduce lapses in mental health requiring hospitalisation				
Reduce lapses into substance misuse				
Education/training/work/meaningful day time activity				
Help to (including brokering access to services):				
Identify aspirations and areas of interest				
Enable service user to identify and select options				
Establish access to chosen options				
Sustain engagement/attendance				
Reduce boredom or isolation				
Improve self confidence				
Improve life skills in chosen area				
Access skills training on literacy and numeracy				
Contribute to the establishment of social networks				
Obtain employment				
Sustain regular/ongoing employment				
Achieve education/training goals				
Sustain and develop hobbies/interests				
Sustain social networks				
Sustain meaningful day time activities				
Self care				
Help to:				
Establish and addressed immediate self care needs				
Establish awareness of the importance of self care				
Ensure external services supported user to self care				
Enable user to acquire identified self care skills				
Ensure external services continued to support user				
Maintain self care tasks without prompts				
Reduce need for external support for self care				
Ensure external support is provided at right level				

Managing accommodation

Help to:

Raise awareness of tenancy obligations	
Purchase of suitable furniture	
Sustain tenancy with support	
Manage own home	
Maintain safety and security of accomm	
Sustain tenancy independently	
Proactively obtain advice and assistance	

Social Networks and Relationships

Help to:

Establish regular contact with key worker/support service	
Establish on going engagement with the support service	
Establish contact with external groups/services	
Sustain contact with external groups/services	
Establish contact with significant others	
Establish awareness of the need to change behaviour	
Establish awareness of avoiding unhelpful social netw'ks	
Establish positive social networks	
Establish positive relationships with significant others	
Reduce likelihood of involvement in conflict situations	

Legal

Help to:

Obtain legal advice and representation	
Comply with court orders	
Resolve legal issues	

Offending Behaviour

Help to:

Engage with probation service	
Comply with statutory orders	
Address offending behaviour	
Reduce offending behaviour	

14 SUPPORT SERVICE REQUIRED AND RECEIVED

Approximate frequency of formal SP key work sessions agreed with user

	tick one	tick one
	Initially	On-going
Daily		
More than once a week		
Once a week		
Once a fortnight		
Once a month		

Actual number of formal SP key work sessions:

Actual number of formal SP key work sessions	Number

Overall level of engagement with the support service

	Tick one
Active engagement	
Partial engagement	
Non engagement	

15 OTHER SERVICES REQUIRED & RECEIVED

Tick all the services required as a result of an assessment (even where the service user previously received the service) and show those services that were actually received and their frequency.

A = One off appointment, O = Occasionally, D = Daily, R = More than once a week, W = weekly, F = Fortnightly, M = Monthly.

Income/benefits

	Required	Received	Frequency
	tick any	tick any	Code
Generic benefits advice from CAB/other			
Specialist benefits advice			
Advocate/advocacy service			

Bills/budgeting

	Required	Received	Frequency
	tick any	tick any	Code
Specialist debt counselling service			
Generic debt counselling advice			
Other advice/information service			
Advocate/advocacy service			

Health

	Required	Received	Frequency
	tick any	tick any	Code
GP service			
Dentist service			
Treatment related to physical health			
Community Mental Health Team			
Social worker			
Community Psychiatric Nurse			
Psychiatrist			
Counsellor/therapist – mental health			
Counsellor/therapist – substance misuse			
Counsellor/therapist – generic			
Specialist medical consultant			
Carer			
Domiciliary care service			
Occupational Therapist			
Other medical or health professional e.g. speech therapist, dietician, chiropodist			

Education/training/work/meaningful day time activity

	Required	Received	Frequency
	tick any	tick any	Code
College/university/other educational estabm't			
Adult education service			
Personal development courses			
Job centre/job club			
Employment training service			
Volunteer bureau or other volunteering body			
Day centre – generic			
Day centre specialist e.g. mental health			
Advisory service re skills/learning/activities			

Self care

	Required	Received	Frequency
	tick any	tick any	Code
Carer			
Domiciliary care service			
Meals on wheels			

Managing accommodation			
	tick any	tick any	Code
Domiciliary care service			
Furniture project			
Community Service Volunteers			
Resettlement services			
Landlord's support service			
Another SP service (e.g. floating support)			
Other (specialist support)			
	tick any	tick any	Code
Advocate/advocacy service			
Translation/interpreter			
Deaf signer			
Other specialist voluntary service			

16 OUTSTANDING RISKS

Please identify any outstanding risks that will need to be managed after the service user ceases to use the service/has departed?

Potential risk to others	tick any
Physical attack	
verbal abuse	
Intimidation	
Arson	
Damage to building or equipment	
Offending behaviour	

Potential risk to self	tick any
Suicide	
Self harm	
Harm from others	
Self neglect	
Overdose	
Accidental harm	
Relapse in relation to substance abuse	

17 REASON FOR THE SUPPORT SERVICE CEASING

Where did the service user move to/ reason for service ceasing?

	tick one
Completed a programme of support (support only service)	
Staying with friends	
Staying with family	
Moved into bed and breakfast	
Moved into short term supported housing	
Moved into long term supported housing	
Moved into sheltered housing	
Moved into a care home	
Moved into a nursing care home	
Moved into owner occupied accommodation	
Private rented accommodation	
Moved to a housing association tenancy (general needs)	
Moved to a local authority tenancy (general needs)	
Returned to previous home	
Died	
Committed suicide	
Taken into custody	
Sleeping rough	
Entered a long stay hospital or hospice	
Entered an acute psychiatric hospital	
Entered hospital other than for long term/psychiatric care	
Lost contact	
Not known	

Completed by

Telephone No

Legal

	tick any	tick any	Code
Solicitor			
Community Law Centre/other advice centre			

Offending behaviour

	tick any	tick any	Code
Probation/offender management service			

Social Networks and Relationships

	tick any	tick any	Code
Voluntary body/community group service			

How should these risks be managed?

How should these risks be managed?

Date the support service ceased

Was the case closure/departure from the service planned?

Yes ☐ No ☐

If unplanned, was the case closure/departure due to:

	tick one
Eviction	
Abandonment of tenancy	
Unplanned other	

Location of new address (where the service user has moved to a known destination)

Name of housing authority

Please tick if not applicable because the service user has remained at their existing address ☐

Date

Email

APPENDIX 9

Supporting People Baseline Users Survey Categories

The survey presented 13 different kinds of help which were banded into five categories:

- **Practical advice** (including (a) improving home security, (b) looking after money, (c) keeping safe when going out, and (d) cooking, cleaning and doing laundry better)
- **Help with dealing with the authorities** (including (a) filling in official forms, (b) speaking to Social Services or the council, and (c) Making appointments to see a doctor, nurse, social worker or solicitor)
- **Behavioural help** (including (a) improving self-confidence, (b) learning how to control feelings/anxieties better, and (c) learning how to get on with people better)
- **Regular health checks**
- **Horizon broadening** (including (a) suggesting groups/activities of interest, and (b) finding about groups/activities identified by the service user)



Office of the
Deputy Prime Minister

Creating sustainable communities

supporting**people**

supporting independence