

MEETING:	Cabinet
DATE:	Wednesday, 15 June 2016
TIME:	10.00 am
VENUE:	Reception Room, Barnsley Town Hall

SUPPLEMENTARY AGENDA

Items for Decision/Recommendation to Council

Place Spokesperson

12. Vulnerable and Older People's Housing Needs Assessment (Cab.15.6.2016/12)
(Pages 3 - 510)

To: Chair and Members of Cabinet:-

Councillors Houghton CBE (Chair), Andrews BEM, Bruff, Cheetham, Gardiner, Howard, Miller and Platts

Cabinet Support Members:

Councillors Cherryholme, Dures, Franklin, David Griffin, Lamb, Mitchell and Saunders

Chair of Overview and Scrutiny Committee
Chair of Audit Committee

Diana Terris, Chief Executive
Rachel Dickinson, Executive Director People
Matt Gladstone, Executive Director Place
Wendy Lowder, Interim Executive Director Communities
Julia Burrows, Director Public Health
Frances Foster, Director Finance, Assets and Information Services
Julia Bell, Director Human Resources, Performance and Communications
Andrew Frosdick, Director Legal and Governance
Anna Morley, Scrutiny Officer
Katie Rogers, Communications and Marketing Business Partner
Ian Turner, Service Director, Council Governance

Corporate Communications and Marketing
Labour Group Room – 1 copy

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7th June, 2016

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Annex A: Older People and dementia

This annex focuses on housing and services for older people and people with dementia. It does not include the following:

- Information and advice for older people (covered in section 4 of the main report)
- General needs housing for older people (covered in section 5 of the main report)
- Independent Living at Home and other practical and preventative services (covered in section 7 of the main report)

Most of the data is summarised in the Annex, with tables and charts provided in Appendix A1 that goes with this Annex. The tables and charts are numbered sequentially so that those in the Appendix can be clearly linked to the text in this Annex.

1. Introduction and local context

There will be a major growth in the older population; people aged 75 and over 65% growth in the population with dementia up to 2030. This will put increasing demands on the health and social care economy, without a continued shift towards promoting independence, choice and control and from reactive crisis to early intervention. Supported housing has an important role to play if the Council is to reduce its reliance on residential care and improve the care and support offer for older people.

The health and Well-being Market Position Statement (MPS) published in April 2014 aims for older people to achieve safe, healthy and independent lives.

The Council support around 4,500 older people with care and support needs to live at home.

The MPS also states that almost £38 million was spent on care and support services for older people in 2012/13. The budget for 2014/15 is £18.5 million, over a 50% reduction.

Priorities are to improve early diagnosis of dementia, reduce the need for long term care, falls prevention and Intermediate care interventions.

2. What is working well in housing and support services

- Berneslai have reviewed their under one roof schemes, some have been decommissioned and others have had significant capital investment with the majority letting well
- Day care services for older people have been reviewed and the new health and Well-being service including a service for people with dementia are successful and popular. One of the services is based in Westmeads extra care scheme
- There are a number of community based services designed to support people with dementia including a memory assessment advisor (funded by the CCG) and dementia support and outreach services (funded by the Council)
- Reablement works well as part of the Independent Living at Home Service
- The Council has reduced its reliance on residential care
- The budget for housing related support has been reduced and is now £312,126 with a further review due shortly

3. Adult Social Care performance data and care management data on older people

Summary

- Department of Health NASCIS data for adult social care shows that Barnsley has a higher than average expenditure on residential care (despite low fee levels) and a much lower than average expenditure on day and domiciliary care than its comparator group and the England average. It also has more people aged 65+ receiving residential care and fewer people receiving community based services than its comparator authority and England averages. This indicates that in both financial and delivery terms the system in Barnsley is still unbalanced and weighted towards institutional care rather than community solutions and prevention
- Of the 223 people on the adult social care database with a mental health problem who are living in the community:
 - 173 (77.6%) are older people (aged 65+). The majority of people with a mental illness are older people with dementia

- Of these 173 people: 40.5% are living in owner occupied housing; 30.7% social renting; 1.7% private renting; and for 27.2% their tenure status is not known
- Just under 40% of older people with a mental illness live alone
- Of the 347 people on the adult social care database with a mental health problem who are living in a care or nursing home placement:
 - The vast majority - 322 (92.8%) . are aged 65+; and two-thirds are recorded as for people with dementia (the remaining third are not recorded)
 - 25% of the placements are into nursing care and 75% into residential homes
- Of the 1277 people on the adult social care database with physical who are living in the community
 - 1050 (82.2%) are older people aged 65+
 - Of the 1050 older people: 47.8% are home owners; 39.3% social renting; 1.9% private renting; and for 11% the tenure status is not known
 - 566 (53.9%) of older people with a physical disability are living alone
- Of the 947 people age on the adult social care database with a physical disability or sensory impairment who are living in a care or nursing home placement:
 - 921 (97.3%) are aged 65+ of physically frail or sensory impaired care home placements are for older people with
 - 98% have a physical disability, 1% a sensory impairment, with 1% not known
 - 22% are placed into nursing and 78% into residential care
 - 76.7% of placements in care homes last from 1 . 3 years, with a further 15.2% 4-6 years, and 8% 7 years or more

Tables and charts providing further detail of the NASCIS data (Figures 1-10) and Barnsley adult social care and housing support client data (Figures 11-36) that underpin the summary data above are provided in the Appendix for Annex A.

4. Supply of accommodation, floating support and other services

Residential Care and Nursing Homes for Older People

The table below shows the total of care and nursing home places (beds) for each of the Area Council areas, and the number of homes which take people with dementia . the latter is homes not beds as the CQC data base does not specify the number of dementia beds for each home.

Tables are provided in Appendix 6 listing each home individually for each of the six Area Council Areas and spatial maps are provided in Appendix 7 to show the spread of homes across the borough.

Figure 37: Total of Care and Nursing Home Beds for Older People in Barnsley

Area	Residential beds	Nursing beds	Total beds	No of homes with Dementia beds
Central	271	245	516	6
Dearne	143	33	176	4
North	218	117	335	3
North East	125	157	282	5
Penistone	0	72	72	1
South	189	200	389	6
TOTAL	946	824	1770	25

Extra care housing

Information about the extra care (EC) housing schemes and service was provided by Anne Asquith in the form of a report she did for senior colleagues at the Council.

There are four schemes that have been designed and developed as extra-care schemes, each with a range of on-site facilities. The scheme manager service is funded by the Council. There is no on-site care provision to provide a background service during the day or overnight or to respond to emergencies.

The four EC schemes provide 217 units of accommodation in total (each of which can accommodate a single person or couple). The schemes are run by three separate landlord / support providers, all of which are Registered Providers (RPs). The majority of accommodation is rented, with a small number for shared ownership.

The Council supported the capital bids made by the respective RPs. Details of the scheme costs and what they provide is set out below:

Figure 38: Scheme costs and what they provide

Scheme	Units	1 bed apartment	2 bed apartment	1 bed bungalow	2 bed bungalow
Lavender Court (Together Housing)	Opened: March 2007 Total cost: £5,000,000.00 (inc £2,750,000.00 HCA grant funding)				
▪ Rented	52	25	19	0	8
▪ Shared ownership	0	0	0	0	0
▪ Owner occupier	0	0	0	0	0
Cherry Tree Court (Together Housing)	Opened: April 2011 - Total cost: £6,833,759.00 (inc £3,300,000.00 HCA grant funding)				
▪ Rented	60	1	59	0	0
▪ Shared ownership	0	0	0	0	0
▪ Owner occupier	0	0	0	0	0
Westmeads (SYHA)	Opened: April 2008 Total cost: £4,680,062.00 (inc £3,355,629.00 HCA grant funding)				
▪ Rented	49	0	42	0	7
▪ Shared ownership	8	0	8	0	0
▪ Owner occupier	0	0	0	0	0
Fitzwilliam Court (Guinness)	Opened: February 2011 Total cost: £6,037,000.00 (inc £2,268,260.00 - HCA and £1,423,989.00 DoH grant funding)				
▪ Rented	46	9	37	0	0
▪ Shared ownership	2	0	2	0	0
▪ Owner occupier	0	0	0	0	0
Total:					
Total capital spend	£22,550,821				
Total HCA grant	£11,673,889				
Total DoH grant	£1,423,989				

The recently commissioned scheme developed by SYHA at Newsome Vale has minimal communal facilities and is not being marketed as extra care. There is a

Well-being service with two part-time staff whose role is to engage with the local community and promote social and leisure activities.

Sheltered Schemes and other older people's schemes for rent

Details of the supply of sheltered housing across the Borough is set out in the tables below and based on the following definitions and designations:

Berneslai Under One Roof schemes have been designated as sheltered housing, although they do not always meet general definitions. Other Berneslai schemes for older people have been called "Other OP Schemes". All housing association schemes have been designated as sheltered housing.

Figure 39: Central Area

Landlord	Scheme Name	Sheltered	Other OP Scheme	No. of units
Central				
Berneslai Homes	Churchfield	Yes		34
Berneslai Homes	King Street	Yes		51
Guinness Northern Counties HA	Joseph Court	Yes		27
Dodworth				
Berneslai Homes	Pollyfox		Yes	50
Kingstone				
Guinness Northern Counties HA	Ashby Court	Yes		30
Yorkshire Metropolitan Housing	Chestnut Court	Yes		46
Stairfoot				
Berneslai Homes	Hudsons Haven	Yes		29
Worsbrough				
Berneslai Homes	Elm Court		Yes	35
Berneslai Homes	Maltas Court		Yes	29
Hanover Association Housing	Hanover Court	Yes		28
TOTAL				359

Figure 40: Dearne Area

Landlord	Scheme Name	Sheltered	Other OP Scheme	No. of units
Dearne North				
Berneslai Homes	Chestnut Grove		Yes	23
Berneslai Homes	Church Street Close	Yes		30
Yorkshire Metropolitan Housing	Park Court	Yes		45
Dearne South				
Berneslai Homes	Heather Court	Yes		42
Berneslai Homes	Willowcroft	Yes		34
Chevin Housing Association	Hallam Court	Yes		24
TOTAL				198

Figure 41: North Area

Landlord	Scheme Name	Sheltered	Other OP Scheme	No. of units
Darton West				
Berneslai Homes	Priestley Avenue		Yes	32
St Helen's Ward				
Yorkshire Metropolitan Housing	St Edwin's Croft	Yes		37
TOTAL				69

Figure 42: North East Area

Landlord	Scheme Name	Sheltered	Other OP Scheme	No. of units
Cudworth				
Berneslai Homes	Rosetree		Yes	52
North East				
Royston				
Berneslai Homes	Meadow Crescent		Yes	36
TOTAL				88

Figure 43: Penistone Area

Landlord	Scheme Name	Sheltered	Other OP Scheme	No. of units
Penistone East				
Berneslai Homes	Glebe Court	Yes		34
Penistone West				
Berneslai Homes	Pendon House	Yes		35
Equity Housing Group	Weavers Court	Yes		30
TOTAL				99

Figure 44: South Area

Landlord	Scheme Name	Sheltered	Other OP Scheme	No. of units
Darfield				
Berneslai Homes	Woodhall Flats	Yes		32
Hoyland Milton				
Berneslai Homes	Gray Street		Yes	23
Berneslai Homes	St Andrews		Yes	28
Guinness Northern Counties HA	St Helen's Court	Yes		26
Rockingham				
Berneslai Homes	Saville Court	Yes		41
Wombwell				
Berneslai Homes	Shipcroft	Yes		47
TOTAL				197

Figure 45: Total sheltered/older peoples housing for rent

Area	Total No. of units
Central	359
Dearne	198
North	69
North East	88
Penistone	99
South	197
TOTAL	1010

The table below shows the supply of leasehold and shared ownership retirement housing in the borough

Figure 46: Leasehold and shared ownership retirement housing

	Scheme Name	Number
Central – Kingstone		
Guinness Northern Counties HA	Ashby Court	17
Chevin Housing Association	Helena Close	10
North – Old Town		
Chevin Housing Association	Redbrook View	17
Chevin Housing Association	Redbrook Walk	18
South – Darfield		
Guinness Northern Counties HA	Shroggs Head Close	13
South – Hoyland Milton		
Chevin Housing Association	Oldfield Close	18
South – Rockingham		
Guinness Northern Counties HA	Rockingham Close	32
TOTAL		125

Intermediate care

Intermediate care (IC) services are commissioned by the CCG and the Council. There are 48 beds at Mount Vernon hospital plus the following:

- 21 step down beds in residential care homes at a cost of £400 per person per week
- ILA Independent Living at Home provides intermediate care at home for up to 6 weeks
- Hospital at Home based at Mt. Vernon
- Rapid Response to keep people who have nursing needs at home e.g. Intravenous antibiotics or similar clinical interventions

5. Findings

Extra care housing

Eligibility and allocations

Applications for the four schemes are via the Berneslai Homes lettings process. They maintain the waiting lists but individual Scheme Managers do home visits to assess applicants' needs. Allocations are decided by a panel. The panel meets once notice has been given on a property and includes representatives from:

- Berneslai Homes
- Assessment and Care Management
- Joint Commissioning
- Landlord / support provider

Assessments are undertaken when a void occurs. Where there is no-one suitable on the waiting list the Council is at risk of underwriting the void costs. Individual agreements with each of the RPs require the Council (adult social care purchasing budget) to cover income loss on voids after four weeks. To date costs have been low (2013/14 - 5 weeks at Lavender Court and 2 weeks at Westmeads) but continued low demand could see costs increasing.

The four schemes were designed for single people and couples aged 55 and over with care and support needs. In certain circumstances they can be let to younger people.

To maintain balanced communities an allocations process was agreed based on the following and in line with similar processes for extra care:

- 10% of applicants should have housing related support needs only (to meet the sheltered housing eligibility criteria)
- Remaining 90% to be split between:
 - 20% with low care needs (typically 4 - 10 hours / week)*
 - 70% with medium to high care needs (typically 10+ hours / week and including individuals at risk of going into a care home)*

*based on 'fair access to care' assessment criteria (facs)

With no care on site schemes struggle to meet high level needs and a snapshot showed large variations in residents needs with two schemes with a majority of residents with low level or no needs. Figure 47 shows that none of the schemes are supporting people many people with high level needs who would otherwise be in a care home.

Figure 47: Residents Needs

Scheme	HRS Needs only	Low care	Medium /High Needs
Lavender Court	4%	53%	43%
Westmeads	40%	16%	44%
Cherry Tree Court	9%	70%	21%
Fitzwilliam Court	69%	22%	9%

Service model

The Council funds a support service delivered by a Scheme Manager employed by the RP for residents eligible for Housing Benefit. Their role is to provide support to residents and promote social inclusion through the arrangement of activities and events. Schemes also have a community alarm and telecare.

The weekly cost for support (Scheme Manager, alarm and telecare) is £20 per unit per week in all four schemes.

There is no scheme based care commissioning. Residents eligibility for care is via FACs or self funded and is the same as it would be if they remained living in their previous home.

Emergency calls go to the Scheme Manager Monday . Friday during the day and the community alarm service out of hours.

When Westmeads scheme opened in 2008, an informal arrangement was made with a home care provider 'TLC Homecare' to have free use of an office facility within the scheme, in return for a small amount of 'ad-hoc' care provision. TLC Homecare continued with this arrangement until 2013.

The Fitzwilliam Court scheme was commissioned with care on site 24 hours / day. The contract was held by the Care and Support arm of Guinness, who also provide landlord and support functions, enabling an integrated service. This facility enabled Fitzwilliam Court to attract clients with dementia (reflecting the inclusion of DH funding in the development of the scheme), and those whose care needs could not be easily met in the community. The funding for the on-site care contract was withdrawn in April 2013, due to Council budget cuts.

Without any ~~extra~~ that would be available in the community the schemes cannot provide an alternative to residential care and/or meet high level or complex needs. As a consequence:

- Since April 2013 calls to BMBC Independent Living at Home service has increased typically from residents with dementia, requiring a response vehicle to attend to assist them back to their apartment
- Between April 2013 and March 2014, 14 residents moved from the schemes into permanent residential placements funded by the local authority. Based on an assumption that these were basic residential, rather than higher dependency or nursing placements, the weekly cost of **£369.39** equates to **£5,171.46** gross per week for this cohort (**£268,975.92** per annum).

A number of local authorities including the one in the case study below are seeking to ensure that extra care is cost effective.

In East Sussex the County Council (ESCC) carried out an evaluation of their extra care housing schemes which was published in June 2013. The report was based on a snapshot taken between November 2012 and January 2013 of people living in five Extra Care schemes. It was a desktop exercise using Adult Social Care tools of assessment; social care assessments, reviews and support plans supplied for each person, authenticated by scheme visits and staff discussions and supplemented by housing needs assessments and housing support plans. The information was also verified by a sample moderation exercise by ESCC Practice Managers. Findings included:

- Extra Care is a preventative service model which enables people to remain in the community and not enter residential or nursing care
- Analysis of hypothetical alternative placements for the current population in the schemes show that 63% would otherwise be in residential or

nursing care

- Extra Care offers value for money and a sustainable care delivery model for social care, housing and health. On average, the cost of a placement in extra care is half that of the alternative placements

Catering

Each of the schemes has a purpose built restaurant on site. In order to promote resident choice the Council agreed to underwrite the costs. In 2011/12 the cost of this was £84,000 and support was withdrawn in November 2011. Since that time the RPs have been responsible for catering services:

Cherry Tree Court

A private company 'Toast and Roast' run the catering service without any financial support, Tuesday to Friday, 9am - 4 pm and Sundays 9.30am - 1.30pm.

Lavender Court

A private company run the catering service, without financial support and 'Grannys Kitchen' is open Monday - Friday from 9am until 2pm.

Westmeads

The 'Turnaround cafe' run by Probation using Community Payback clients offers a choice of hot lunches 7 days per week on a pre-booked basis

Fitzwilliam Court

Yes2Ventures, a social enterprise company established the 'Friendship Cafe' which is open 7 days per week between 9am and 2pm. Guinness provided a £10,000 underwriting for the first operating year

Demand

There is confusion about who the schemes are for and what benefits they can deliver for older people with care and support needs with the current service model.

Consultation with staff in the five Adult Social Services Locality Teams raised the following issues:

- They did not consider the current service offer to be sufficient for them to be able to recommend it to face eligible clients and their families
- The lack of on-site care provision, particularly at night, was consistently raised as the greatest barrier preventing the schemes being an alternative to residential care

- Clients with dementia prone to wandering at night or people with a history of night time falls cannot be accommodated
- Misleading clients and their families by describing the four schemes as 'extra-care'. The term 'posh sheltered housing' was used to describe the schemes
- Changing the service model including withdrawing care and funding for catering
- Lack of provision in the west of the Borough and new luxury residential care in this area (all four schemes are in the east)

Commissioning models

A number of local authorities have been reviewing their arrangements for block contracting care in extra care in favour of more flexible and personalised arrangements. Alongside of this commissioners are increasingly focused on outcomes and in extra care this means diverting people from residential care and providing a home for life.

In Sunderland the local authority works with a number of providers to develop and deliver extra care housing, including provision for people with dementia and has made a clear commitment to phase out the use of residential care beds. They are moving away from block contracts but retaining care on site 24/7. At the most recent scheme the LA is working with Housing and Care 21 (H & C 21), which owns and manages the building and provides care. H & C 21 takes responsibility for initial care assessments of applicants wishing to buy or rent a property. All residents are required to pay for a minimum number of hours of care each week (self funded or assessed and funded by the LA). H & C 21 have the ability (within agreed parameters) to flex care up and down without the need for re-assessment by a LA Care Manager. They receive payment of residents' aggregated virtual budgets from the LA. In addition the LA pays for some additional hours during the day in order to ensure staff on site to respond to emergencies and meet changing needs and they also fund the overnight service.

Some providers have adapted this model, for example setting a weekly Well-being charge to cover the costs of staff on site (2 waking staff) overnight where the LA is reluctant to enter into a long term funding commitment. The RP can either deliver the care if they are registered to do so or contract with an independent domiciliary care agency. In this model LA care managers can use the Well-being service as part of a residents care package e.g. a bedtime call each evening and fund the costs. Other residents self fund or are assisted to claim Attendance Allowance to cover the cost of the charge

All the extra care schemes are in the east of the borough and the majority of the units are for rent. A mixed tenure scheme in the west would help to address the needs of owner occupiers. The service model for care and support could be based around a Well-being charge with the majority of the costs being met by residents.

Sheltered housing

Capital investment

In 2010 Berneslai reviewed their older persons housing provision. This included investment in 11 schemes and decommissioning and demolition of 6 schemes as a result of their unsuitability or because they were uneconomical to convert or upgrade. They also deregulated the age access requirements to more than 10 schemes (350 units) making them general needs. Almost 600 units of older persons housing stock were taken out of the market.

Capital investment in the older persons stock was %Decent Homes+ (completed 2010) and an ongoing programme of %Barnsley Homes Standard+ works. This provided an investment of between £12 - 15K per property which equates to around £5.5M on the 11 under one roof schemes. In addition schemes had the following improvement works carried out, bringing the total investment to around £10.5 million:

- Disability Discrimination Act compliance works £160K
- Installation / upgrade of communal heating systems £3M (including several %Green Energy biomass and ground source systems)
- Fire Alarm and Emergency lighting upgrade £100K
- Emergency Call Equipment replacement £125K
- Provision of secure mobility scooter storage and £180K charging facilities.
- Improvements to communal entrances £850K (up to 2014/2015 more to follow in 2015/2016)
- Conversion of former wardens accommodation £200K (up to 2014/2015)

General needs council housing

People aged 65 and over make up 32% of Berneslai tenant population and therefore are a key driver in maintaining and developing sustainability and community strategy ambitions. Berneslai provides the following services for older people:

- Investment in adaptations, across the stock, for those tenants (whatever their age) who wish to remain in their own home
- New developments to Lifetime Homes standard and some property types in new developments that suit older people
- Prioritising older people within the waiting system for schemes and properties that have suitable design characteristics

Sheltered housing service model

In 2013 Council significantly reduced the level of support provided under Supporting People+ funding. Berneslai now provide good neighbour support in the form of staff resources to designated schemes to sustain residents independence, comfort and quality of life. The service undertaken by Scheme Managers is more focused on building management, organisation of social activities, maintaining wellbeing and being a good neighbour+.

The only service funded by the Council into all the sheltered schemes is the community alarm monitoring and response service provided by the Independent Living at Home Service.

All the under one roof schemes have a 60+ lettings criteria. Some schemes in the East of the borough will consider applicants 40 and over if no one over 60 applies.

Some providers such as Yorkshire Housing Association have declined Council funding and made their own arrangements for support services for their residents. Others such as Guinness have tendered out the community alarm contract and provide a monitoring only service at a cost of £1.50 per week.

The Independent Living at Home service funded by the Council is local and provides a response which is considered to be important as part of the move to prevention and early intervention.

PFA experience elsewhere is that local authorities are moving away from funding support services including community alarms for specific types of housing and shifting towards funding based on individual need and adult social care assessment.

Property survey

PFA asked all the Registered Providers with sheltered housing to complete a property survey form to help to provide a better understanding about future

sustainability. The five schemes surveyed offer a range of tenures, one and two bedroom accommodation which let well. Details of the survey responses are provided in the Appendix to this Annex and key findings are summarised below:

- All 5 schemes were sheltered housing schemes between 21 and 30 years old. 4 were owned by The Guinness Partnership and 1 was an equity Housing scheme
- Of the 195 units, 147 (75%) were for rent and 48 (25%) shared ownership
- 115 units were one and 80 were two bedroom. None were bedsits. None shared bathrooms or toilets
- 3 schemes were described as being in a desirable area and 2 in a reasonable area. None were in in an unpopular area. All were close to public transport. 4 had good pedestrian access and 3 were close to shops
- Void levels were low - 5 voids (2.6%) at the time of the survey . and most re-lets took 4 weeks or less. This indicates a good level of demand for these schemes, even though they all stated that they had at least one other sheltered scheme within a mile
- In terms of re-lets/re-sales during the 12 months prior to the survey (mid 2014-15) almost all 14 applicants were already living in Barnsley, with 1 from a neighbouring authority and 1 outside the area. Of these 8 were owner occupiers, 5 social or private tenants and 3 living with family
- The main reasons for moving were: wanting sheltered or smaller accommodation, followed by location and being close to family
- All but 1 schemes seemed to have good accessibility for people with limited mobility, both into and within the scheme. All 4 schemes with more than 1 storey had a lift, and accessibility within the flats was described as easy in 3 schemes and reasonable in 2 schemes, even though flat sizes were described as moderate in 4 of the schemes
- All had a community alarm service, and all or most schemes had common rooms, laundry, guest room and care parking. One had an assisted bathroom and 1 a buggy store
- 4 schemes had improvements in the past 12 months (kitchens and bathrooms (2 schemes) and roof (1 scheme), and 2 had improvements planned over the next 12 months

Overall, all 5 schemes seemed to be popular, easy to re-let/re-sale the shared ownership units and none of them had sustainability issues.

The majority of sheltered housing in Barnsley is for rent with only 65 units of accommodation for sale (shared ownership and leasehold).

Intermediate care

Mount Vernon generally take patients with complex needs and 99% come from the acute trust. At the time of the review the hospital was not collecting data on re-admissions but were about to start doing this in accordance with their new contract being negotiated with the CCG to include 6 weeks and 6 months following discharge.

The average length of stay at Mount Vernon is 28 days. 75% of patients go home but this can include patients from care homes, with a small percentage receiving end of life care.

There is an IC assessment team in the acute trust made up of senior nurses and therapists who make referrals to Mount Vernon.

In the six months prior to the review there were 98 people ready to leave hospital and placed in care homes for a minimum of 2 weeks, funded by the NHS Resilience Fund

The National Audit of Intermediate Care Commissioner report published in November 2014 by the NHS Benchmarking Network states that the average number of IC beds commissioned = 23.7 per 100k population for 2014.

The Barnsley population in 2011 was c.230k. Using this metric Barnsley should have around 55 intermediate care beds rather than 69 (Mt. Vernon and care home beds)

The benchmarking report also stated:

'two health economies, not taking part in NAIC 2013, invest materially more in home based intermediate care services than other health economies (approximately five times the average)'

There is evidence (limited) that some health and social care economies are shifting away further from bed based to community based IC.

6. Predicting future demand

6.1 Demographic and household projections

Figures 48-51 below show a significant growth in the older population (45.5% for people aged 75-84 and 82.7% for people aged 85+) up to 2030, and also a 64.6% growth in the number of people aged 65+ with dementia.

The population growth will put significant additional pressure on housing, care and support services in the borough.

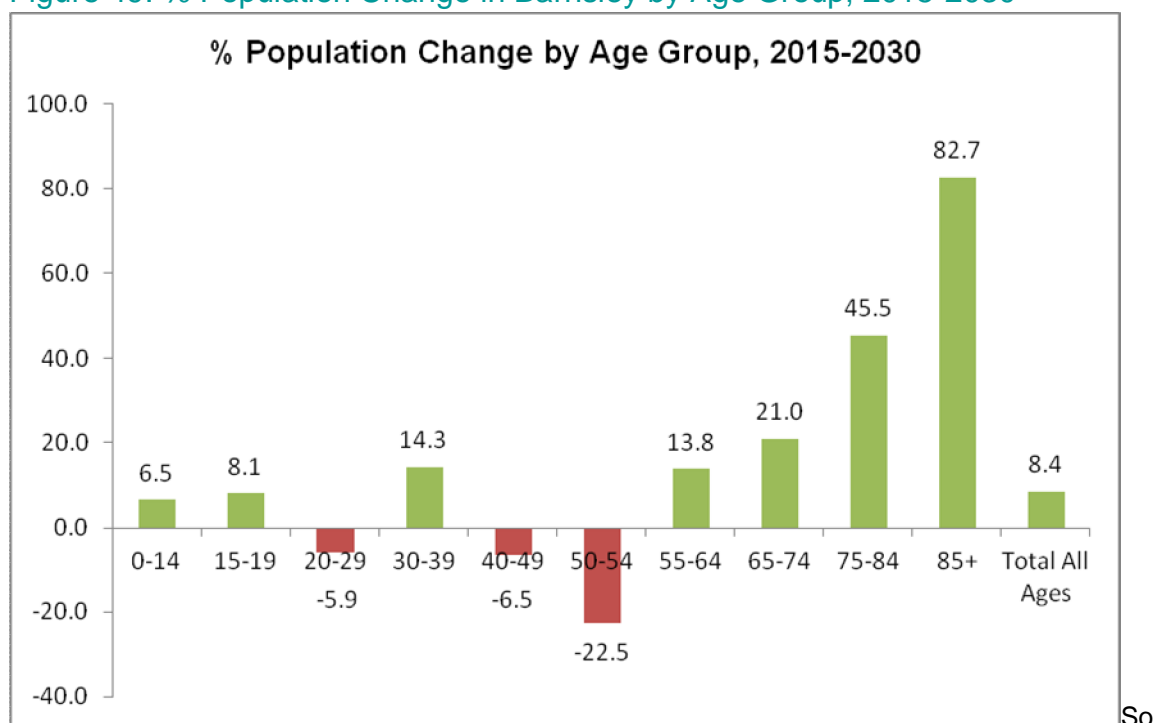
Local Authority Population Projections

Figure 48: Barnsley Population Projections, 2015-2030 (thousands)

Age	Year of Projection				Additional No. 2015-2030	% Change 2015-2030
	2015	2020	2025	2030		
0-14	41.3	43.8	44.3	44.0	2.7	6.5
15-19	13.6	12.4	14.0	14.7	1.1	8.1
20-29	28.9	28.9	26.8	27.2	- 1.7	- 5.9
30-39	27.9	30.7	32.1	31.9	4.0	14.3
40-49	34.0	29.3	29.1	31.8	- 2.2	- 6.5
50-54	17.8	18.3	16.1	13.8	- 4.0	- 22.5
55-64	29.7	33.1	35.5	33.8	4.1	13.8
65-74	25.2	26.4	27.2	30.5	5.3	21.0
75-84	14.3	16.4	19.6	20.8	6.5	45.5
85+	5.2	6.2	7.6	9.5	4.3	82.7
Total All Ages	237.9	245.5	252.3	258.0	20.1	8.4

Source: ONS 2012-based Sub-National Population Projections

Figure 49: % Population Change in Barnsley by Age Group, 2015-2030



Source: ONS 2012-based Sub-National Population Projections

Figure 50: Number of People aged 30-64 in Barnsley Predicted to have Early Onset Dementia, 2014-2030

Gender and Age	Year of Projection					Additional No.	% Change
	2014	2015	2020	2025	2030		
Males aged 30-39	1	1	1	1	1	0	0
Males aged 40-49	4	4	3	3	3	-1	-25
Males aged 50-59	19	20	22	21	19	0	0
Males aged 60-64	14	14	15	17	18	4	28.6
Total males aged 30-64	38	38	41	42	41	3	7.9
Females aged 30-39	1	1	1	1	1	0	0
Females aged 40-49	4	4	4	3	4	0	0
Females aged 50-59	12	13	14	13	12	0	0
Females aged 60-64	8	8	9	10	11	3	37.5
Total females aged 30-64	26	26	28	28	27	1	3.8

Source: PANSI (Projecting Adult Needs and Service Information)

Figure 51: Number of People aged 65+ in Barnsley Predicted to have Dementia, 2014-2030

Age	Year of Projection					Additional No.	% Change
	2014	2015	2020	2025	2030		
65-69	177	177	166	183	207	30	16.9
70-74	288	304	359	340	378	90	31.3
75-79	481	486	566	677	641	160	33.3
80-84	710	731	798	949	1,151	441	62.1
85-89	667	706	800	956	1,167	500	75.0
90+	480	539	628	834	1,069	589	122.7
Total 65+ Population	2,802	2,942	3,317	3,940	4,612	1810	64.6

Source: POPPI (Projecting Older People Population Information System)

Demographic conclusions

Future demand for extra care and sheltered housing for rent and sale/shared ownership, and for accessible downsizer housing of all tenures should be seen within the context of:

- 75% of the projected population growth up to 2030 is older people . 16,100 out of 21,000. Growth of the older population is more rapid after 2020
- SHMA data shows that over 50% of projected household growth from 2011 to 2021 is older households . an additional 4142 older households. Projecting that further to 2030 will almost double the number of new older households to 8,000

This means growing housing need and demand from older households. The SHMA survey shows that 70.3% of older people want to remain in their own home, and with 29.3% considering other renting or purchase options (12.2% purchasing on the open market; 6.5% buying sheltered; 5.2% part buying sheltered; 4.8% buying extra care and 3.1% part buying extra care)

6.2 Predicting future need and demand

PFA used the Strategic Housing for Older People Analysis Tool (SHOP) developed by the Housing Learning and Improvement network and endorsed by the Department of Health. It uses data generated by Elderly Accommodation Counsel's national records to predict future housing and care needs of older people. The tool has been used to predict future need for sheltered/retirement housing for rent and sale and extra care for rent and sale.

The tables below shows the future predicted need for Barnsley.

Figure 52: 75+ Long-term migration population figures to use as a multiplier for SHOP tool:

Year	Age Group – 75+
2015	19,500
2020	22,600
2025	27,200
2030	30,300

For extra care housing we have used an 80% rent/20% sale and shared ownership split for the SHOP figures in Figures 53 and 54 below. For sheltered housing we have worked on a 50% rent/50%sale and shared ownership split.

Figure 53: Projecting future supply against the SHOP Toolkit model

Type of Provision	Current supply (2015)	Suggested provision per 1000 of population 75+	Suggested supply 2015	Suggested supply by 2020	Suggested supply by 2025	Suggested supply by 2030
Housing based provision for dementia	0	6	117	136	163	182
Extra care/enhanced sheltered housing for rent	207	36	702	814	979	1091
Extra care/enhanced sheltered housing for sale	10	9	176	203	245	273
Sheltered for rent	1010	62.5	1219	1412	1700	1894
Sheltered for sale/shared ownership	125	62.5	1219	1412	1700	1894

Figure 54: Projecting net future supply against the SHOP Toolkit model

Type of provision	Suggested supply 2015	Suggested supply by 2020	Suggested supply by 2025	Suggested supply by 2030
Housing based provision for dementia	117	136	163	182
Extra care/enhanced sheltered housing for rent	495	607	772	884
Extra care/enhanced sheltered housing for sale	166	193	235	263
Sheltered for rent	209	402	690	884
Sheltered for sale/shared ownership	1094	1287	1575	1769

Residential and nursing home care

The SHOP tool has not been used to predict future need for residential or nursing care. This is to take account of the Council's view that there is currently an over supply, and its wish to further reduce reliance on residential and nursing care and the local market, which has empty beds, and where supply is not aligned to demand. In addition there are some issues of poor quality provision. Until these issues have been addressed with providers it is not helpful to use the SHOP tool to predict future need for residential and nursing home care.

Dementia

The SHOP tool recommends a supply of 182 units of housing based (i.e. not care home registered) accommodation for people with dementia. However, we are aware that the Council has no experience of such provision. This report includes a recommendation to develop housing based models for people with dementia and in recognition of the lack of independent research about the effectiveness of different types of provision, suggests developing one scheme and monitoring and evaluating the design and service model. The findings and lesson learned could then be used to inform a wider development programme.

We are recommending:

- an initial development of a 5 x five person flats or bungalows = 25 unit housing scheme on one site for people with dementia (including one of the five person units that could be used to house younger people with dementia) . see Appendix for Middlesbrough example
- Putting a further development programme in place, depending on the learning from the pilot . up to the 182 units recommended in the SHOP tool

In addition, we had a brief discussion with the Chair of the Dementia Action Alliance as part of this work and they have indicated a willingness to work with the council as a consultation group for designing dementia friendly housing based models in the borough.

There is good practice around the design principles for housing for people with dementia and organisations such as the Dementia Services Development Centre at the University of Stirling, the Housing LIN, JRF, Kings Fund and others have all published material about improving design to meet the needs of people with dementia.

It was originally planned that 10% of the allocations for the Fitzwilliam Court extra care scheme would be to people with dementia but this did not go ahead because of the high cost of providing specialist staff.

A number of the care homes have developed dementia units but many of these are considered to be poor quality . often a small dining area separate from the rest of the home and without any additional staffing, understanding or expertise in dementia care.

In EMI homes the focus is on tasks rather than outcomes for residents.

There is no reliable data on numbers or % of people with dementia in general residential care but many of the homes are thought to want to move residents with dementia on into specialist units.

Around the country there are a range of different models, the main ones being:

- Small group living schemes
- Clusters or courtyard developments
- Extra care schemes with dementia units

There is no single model of provision that can be considered as good practice. Instead there are a range of different schemes with their own designs, service models and funding arrangements. Appendix 8 of the main report provides a number of examples of housing based models for people with dementia.

There has been little in the way of formal research about housing models and dementia and the outcomes they can deliver compared to residential care or similar. PFA research in the north-east of England in May 2013 included interviews with local authority commissioners. The key themes emerging were:

- At an early stage of thinking and planning housing services for people with dementia
- Recognising the need but not being sure of the design or service models required and a perception that they may be less flexible than community services
- Recognition that extra care housing cannot meet the needs of everyone with dementia
- Wanted to offer an alternative to long term care
- Lack of good practice and evidence of cost effectiveness and improved outcomes

However, there are a growing number of authorities looking to develop housing based models for people with dementia, both to improve choice and quality of provision, and based on the recognition of the need for a wider range of options between home and long-term registered care.

Extra care housing

The SHOP tool recommends a further 884 rented and 263 leasehold/shared ownership units of extra care by 2030 in addition to the current supply. This is based on a market split of 80% rent and 20% sale. However, we are aware that the Council is at present very cautious about extra care. It does not have a commissioned service in the 4 existing schemes and the recently opened scheme at Newsome Vale has not been developed or marketed as an extra care development.

We are therefore proposing that the Council adopts a step by step approach, whereby the Council:

- Firstly, the Council develops a cost effective commissioning model for care and support services for the existing extra care schemes so that they can fulfil their potential to provide an alternative to residential care
- Secondly, once this is done develop a mixed tenure scheme in the west of the borough with a cost effective care and commissioning model built in from the start and careful monitoring of the care level mix of people living in the scheme
- Thirdly, following these initiatives the Council should re-visit the SHOP tool figures and agree a new development programme aligned to the likely future need and demand across all tenures

Where extra care is developed for sale and/or shared ownership it is assumed that some of these schemes will be private sector and deliver care and support services to residents independently of the Council (other than for residents who are eligible for personal budgets or direct payments).

Sheltered housing for rent and retirement housing for sale and downsizer housing.

Sheltered housing for rent

The SHOP tool identifies a net need for a further 884 sheltered units for rent by 2030, based on a 50%rent/50%sale and shared ownership tenure split. We understand that the existing stock of sheltered housing for rent is able to meet current demand. However, it is ageing and some upgrading and renewal will be needed over the years. However the projections do not take account of the impact of the rent cap on RPs development programmes. Anecdotally a number of providers are saying that they will not develop any provision over the next four

years and others are taking a much more cautious approach to future development.

Retirement housing for sale and shared ownership

In addition, based on a breakdown of 50% rent/50% sale and shared ownership the SHOP tool predicts the need for an additional 1769 units of market and shared ownership sheltered housing by 2030. The percentage breakdown is lower than the 64% home ownership in Barnsley to allow for the fact that some older households might want to release equity by moving from ownership to rent, and others might not be able to afford retirement housing.

The private market is underdeveloped with one provider (McCarthy and Stone) with a 70% market share. Mainstream house builders have been slow to identify the opportunities in the older person's market. Also a number of the specialist providers such as Churchill Retirement Housing and others have concentrated their developments in the south with only two developments in the north in Manchester and Cheshire (and two more planned, one in Southport on Merseyside and the other in Wetherby in West Yorkshire).

Downsizer housing

The predicted need for sheltered and retirement housing should be seen to include a wide range of new models of provision could include the following:

- Ordinary housing types with fewer bedrooms than the family home but often with good space standards and on the same size footprint. These might be a mix of houses, flats, cottages and bungalows - see the downsizer housing section 5.4.3 of the main report
- New flatted blocks designed to meet the needs of older people with or without communal facilities or services
- Remodelled sheltered schemes

Examples of mainstream housebuilders developing housing for older people are provided in section 5, and case study examples of retirement housing and assisted living are provided in Appendix 12 of the main report.

We would propose that in the context of an ageing population, the predicted growth of older households and the constraints likely for RPs, the Council sets the following targets for both downsizer housing and purpose designed

retirement housing for older people over the next 15 years, with a flexible approach to the mix:

- Downsizer housing/sheltered housing for rent - **500 additional units by 2030** across the borough, mix of downsizer housing and flatted retirement housing blocks
- Downsizer housing/ Retirement housing for sale/shared ownership - **Additional 800 units by 2030** in higher house price areas of the borough, mix of downsizer housing and flatted retirement housing blocks

We would also suggest that the Council actively works with and encourages private sector investment and development of older peoples housing in the borough.

7. Recommendations

These recommendations are in addition to those in section 4 on information and advice, section 5 on general needs housing and section 7 on independent living services in the main report.

- Keep the allocations process and payments for void losses in extra care housing under review
- Develop a cost effective commissioning model for extra care scheme that enables the schemes to provide an alternative to residential care for older people and other vulnerable groups and shares the risks and costs between the Council, providers and residents. It is recommended that the Council approaches the current providers to seek their views, consults with residents and their families about a new model and any associated costs. The new service could be piloted in one of the schemes before being rolled out to the other three
- Work with a provider to develop a mixed tenure extra care scheme in the west of the Borough and following this agree a further development programme up to 2030, balancing the needs figures in the SHOP tool with local knowledge of the market
- Agree development targets for sheltered housing for rent, and retirement housing for sale/shared ownership and downsizer housing
- Consult with sheltered housing providers and the Independent Living at Home Service about funding alarms and telecare for residents with care and support needs as part of adult social care packages to include:

- Fire detection and door entry systems where these are linked to the community alarm
- Hard wired systems . will these be retained or replaced with dispersed alarms?
- Information sharing protocols between adult social care, ILHS and landlords to enable landlords and ILHS to identify and refer residents at risk (with residents permission) and requiring a care assessment
- Develop a cost effective revenue funding model for supported housing for people with dementia in line with fee levels payable for EMI residential care beds which in Barnsley are low and pilot a housing based model for people with dementia. Following evaluation agree a further development programme of housing based provision for people with dementia based on the lessons learned
- Engage with Dementia Action Alliance (DAA) as the consultation group for designing dementia friendly housing models. Barnsley Dementia Action Alliance was formed from the local Community Dementia Forum which provided an arena for local people affected by dementia to share their knowledge and opinions.
- Shift intermediate care services from institutions (hospital and residential care) into community based services

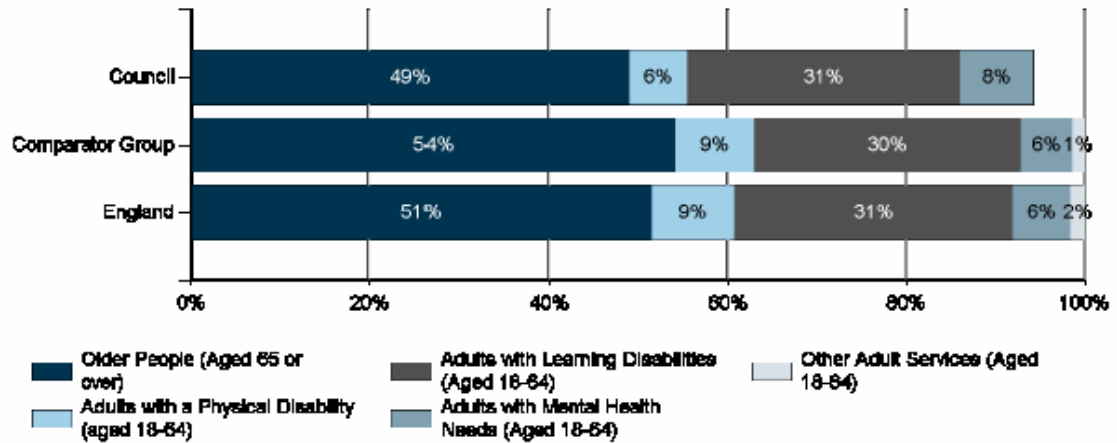
Annex A - Appendix

Appendix A1: Older People and dementia

Adult Social Care performance data and care management data on older people – links to section 3 of Annex A

Social Care Barnsley Department of Health NASCIS data

Figure 1: Percentage distribution of Total Gross Current Expenditure on Adult Social Services by client type, 2013-14

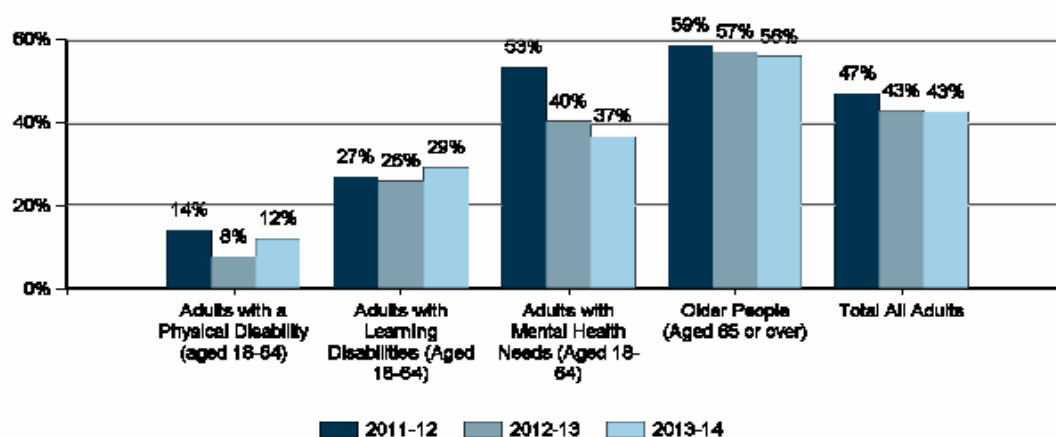


Source: PSS-EX1

Data for 2013-14 are based on final data. All values are percentages.

Not all councils provided all the data items required within the return. Where a council has not provided data, that council is not represented in the chart.

Figure 2: Percentage of Total Gross Current Expenditure spent on Residential and Nursing by client type, 2011-12 to 2013-14



Source: PSS-EX1

Data for 2013-14 are based on final data. All values are percentages.

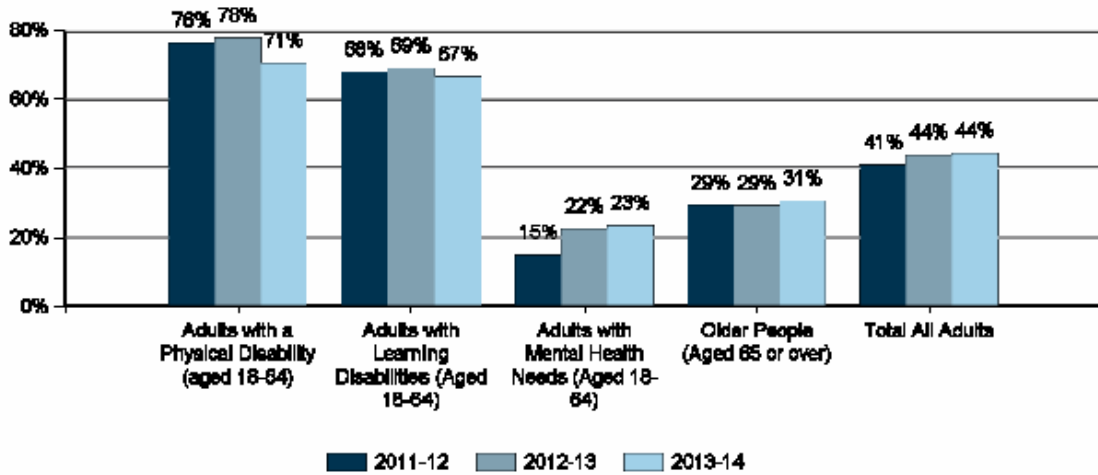
Not all councils provided all the data items required within the return. Where a council has not provided data, that council is not represented in the chart.

The council has reduced its reliance upon residential care. It is estimated that anywhere up to a third of beds are empty and there are some issues with poor quality providers.

Fee levels are low compared with other local authorities:

- Residential £376.78
- Residential EMI £407.86
- Nursing £487.67
- Nursing EMI £529.39

Figure 3: Percentage of Total Gross Current Expenditure spent on Day and Domiciliary Care by client type 2011-12 to 2013-14

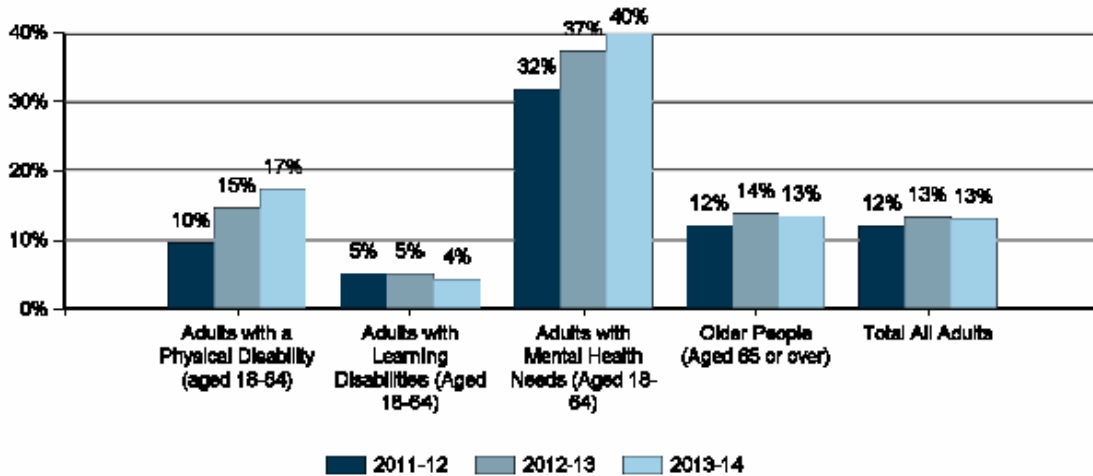


Source: PSS-EX1

Data for 2013-14 are based on final data. All values are percentages.

Not all councils provided all the data items required within the return. Where a council has not provided data, that council is not represented in the chart.

Figure 4: Percentage of Total Gross Current Expenditure spent on Assessment and Care Management by client type 2011-12 to 2013-14

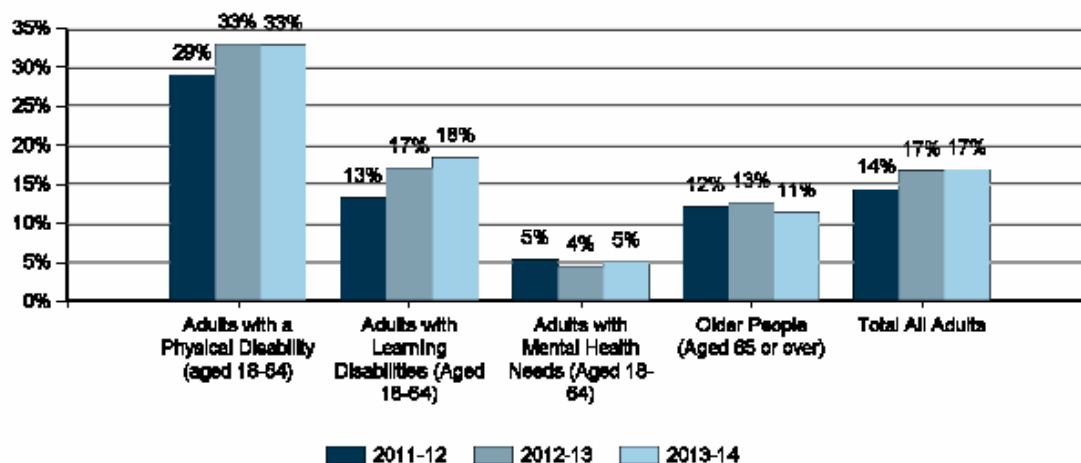


Source: PSS-EX1

Data for 2013-14 are based on final data. All values are percentages.

Not all councils provided all the data items required within the return. Where a council has not provided data, that council is not represented in the chart.

Figure 5: Percentage of Total Gross Current Expenditure spent for Day and Domiciliary Care spent on Direct Payments by client type 2011-12 to 2013-14



Source: PSS-EX1

Data for 2013-14 are based on final data. All values are percentages.

Not all councils provided all the data items required within the return. Where a council has not provided data, that council is not represented in the chart.

Figure 6: Number of people aged 65 and over, per 100,000 population, receiving residential care (RC), nursing care (NC) and community based services (CBS) and the ratio of those receiving RC&NC to those receiving CBS, as at 31st March (over the last 3 years)

	Council			Comparator Average	England
	2011-12	2012-13	2013-14	2013-14	2013-14
Residential Care	1,860	1,762	1,752	1,680	1,239
Nursing Care	340	318	334	496	537
Community Based Services	5,742	5,165	4,125	5,709	4,262
Ratio of RC + NC to CBS	0.3830	0.4028	0.5057	0.3812	0.4167

Source: ASC-CAR table S1, and RAP table P2s.

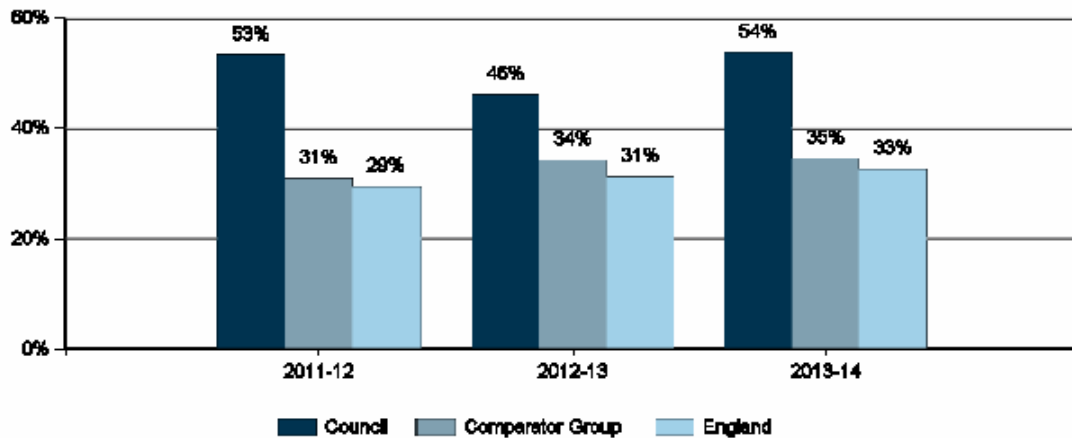
Data for 2013-14 are based on final data.

Residential care excludes adult placements, unstaffed and other homes.

Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009) model with the default variables selected.

Reliance upon residential care has been reducing but is still above the comparator and England averages.

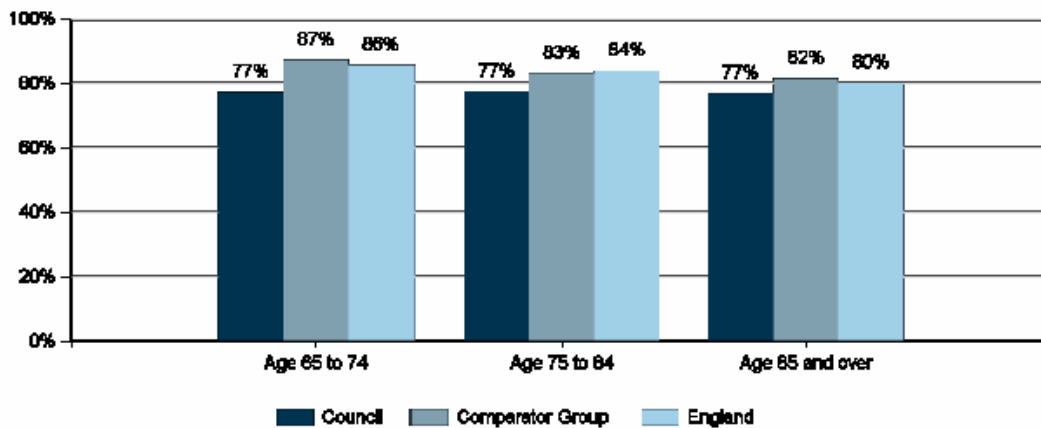
Figure 7: Number of carers looking after people aged 65 and over, as a percentage of clients aged 65 and over receiving services, 2011-12 to 2013-14



Source: RAP tables C1 and P1.
Data for 2013-14 are based on final data.

Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009) model with the default variables selected.

Figure 8: Achieving independence indicator (ASCOF measure 2B), by age group, 2013-14

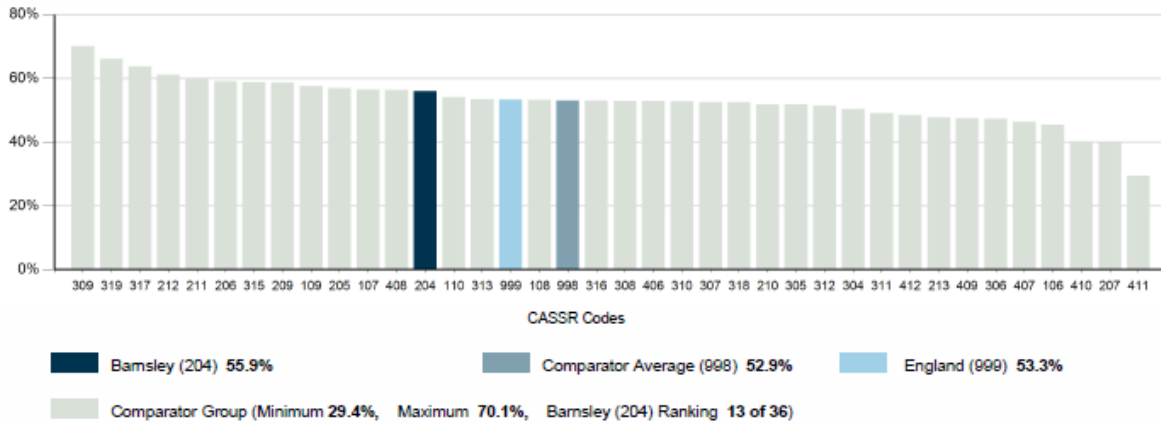


Source: ASC-CAR table I1.
Data for 2013-14 are based on final data.

Percentage of clients still in their own home after 91 days following discharge from hospital where the intention was for the client to return to their own home.

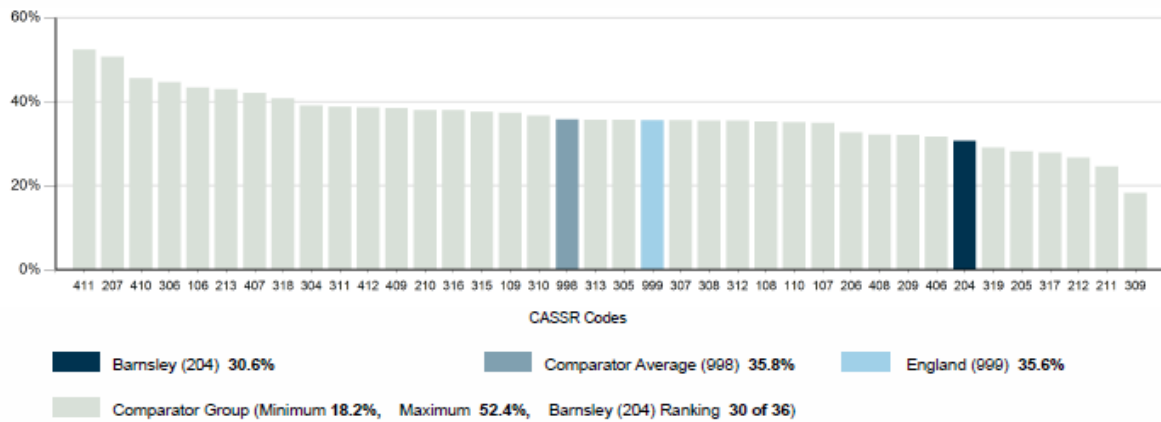
Comparator group councils are based on the CIPFA Statistical Nearest Neighbours (post April 2009) model with the default variables selected.

Figure 9: Nursing and Residential Care: Proportion of Gross Current Expenditure across client types. Older People (65 and over)



Source: PSS-EX1
 Data for 2013-14 are based on final data.
Gross current expenditure is total expenditure, excluding capital charges, less all income other than client contributions.
 Not all councils provided all the data items required within the return. Where a council has not provided data, that council is not represented in the chart.
 All missing data items have been estimated to create national totals.

Figure 10: Day and Domiciliary Care: Proportion of Gross Current Expenditure across client types. Older People (65 and over)



Source: PSS-EX1
 Data for 2013-14 are based on final data.
Gross current expenditure is total expenditure, excluding capital charges, less all income other than client contributions.
 Not all councils provided all the data items required within the return. Where a council has not provided data, that council is not represented in the chart.
 All missing data items have been estimated to create national totals.

Social Care client data on older people with mental health problems in Barnsley

Mental illness

Barnsley ASC Community Data – Mental Illness

Figure 11

Client Group	Number
Mental Illness	223

Figure 12

Client Sub Group	Number
Dementia	125
Not recorded	98

Figure 13

Age of Client with Mental Illness	Number	Percentage
Under 20 years	0	0%
20-24 years	1	0.4%
25-34 years	8	3.6%
35-44 years	6	2.7%
45-54 years	16	7.2%
55-64 years	19	8.5%
65-74 years	33	14.8%
75+ years	140	62.8%
TOTAL	223	100%

Figure 14

Age of Client with Mental Illness	Number	Percentage
Adults (under 65 years)	50	22.4%
Older People (65+)	173	77.6%
TOTAL	223	100%

Figure 15

Tenure of 65+	No.	% of that age group
Housing Association	10	5.8
Owner Occupied	70	40.5
Tenant Local Authority	43	24.9
Tenant Private Landlord	3	1.7
Not Recorded	47	27.2
Total	173	100.0

Figure 16

Age Group – Living alone	No.	% of that age group
Under 65	4	8.0
65+	67	38.7

Barnsley ASC Care home Placements Data Analysis – Mental Health

Figure 17

Client Group	Number	Percentage
Mental Health	347	23%

Figure 18

Client Group	Dementia	Not recorded
Mental Health	62%	38%

Figure 19

Client Group	Nursing	Residential
Mental Health	24.8%	75.2%

Figure 20

Client Group	Adult (under 65)	Older person (65+)
Mental Health	7.2%	92.8%

Figure 21

Age of Client with Mental Health	Percentage
Under 20 years	0%
20-24 years	0%
25-34 years	0%
35-44 years	0.6%
45-54 years	1.4%
55-64 years	5.2%
65-74 years	11.5%
75+ years	81.3%

Figure 22

Years since admission of Client with Mental Health	Percentage
Less than 1 year	17.6%
1-3 years	51.0%
4-6 years	23.1%
7-9 years	3.7%
10-12 years	3.2%
13+ years	1.4%

Physical disability

Barnsley ASC Community Data – Physical Disability

Figure 23

Client Group	Number
Physical Disability and sensory impairment	1277

Figure 24

Client Sub Group	Number
Dual Sensory Loss	3
Hearing Impairment	17
Physically Frail/ Temporarily Ill	1048
Visual Impairment	81
Not recorded	128
TOTAL	1277

Figure 25

Age of Client with a Physical Disability	Number	Percentage
Under 20 years	1	0.1%
20-24 years	6	0.5%
25-34 years	21	1.6%
35-44 years	32	2.5%
45-54 years	70	5.5%
55-64 years	97	7.6%
65-74 years	190	14.9%
75+ years	860	67.3%
TOTAL	1277	100%

Figure 26

Age of Client with a Physical Disability	Number	Percentage
Adults (under 65 years)	227	17.8%
Older People (65+)	1050	82.2%
TOTAL	1277	100%

Figure 27

Accommodation Type for people with a Physical Disability	Number
Not recorded	135
Acute/long stay health care	0
Adult placement	1
Housing Association	111
Owner Occupied	580
Supported Accommodation	0

Accommodation Type for people with a Physical Disability	Number
Tenant . Local Authority	416
Tenant . Private Landlord	34
TOTAL	1277

Figure 28

65+ Tenure	No.	% of that age group
Housing Association	84	8.0
Owner Occupied	502	47.8
Tenant Local Authority	329	31.3
Tenant Private Landlord	20	1.9
Not Recorded	115	11.0
Total	1050	100.0

Figure 29

Age Group – Living alone	No.	% of that age group
Under 65	78	34.4
65+	566	53.9

Barnsley ASC Care and Nursing Home Placements Data Analysis – Physical Disability

Figure 30

Client Group	Number
Physical Disability	947

Figure 31

Client Group	Percentage
Physical Disability	64%

Figure 32

Client Group	Physically Frail/Temp Ill	Visual impairment	Not recorded
Physical Disability	98%	1%	1%

Figure 33

Client Group	Nursing	Residential
Physical Disability	21.8%	78.2%

Figure 34

Client Group	Adult (under 65)	Older person (65+)
Physical Disability	2.7%	97.3%

Figure 35

Age of Client with a Physical Disability	Percentage
Under 20 years	0%
20-24 years	0%
25-34 years	0%
35-44 years	0.4%
45-54 years	0.7%
55-64 years	1.6%
65-74 years	9.3%
75+ years	88.0%

Figure 36

Years since admission of Client with a Physical Disability	Percentage
Less than 1 year	26.9%
1-3 years	49.8%
4-6 years	15.2%
7-9 years	4.6%
10-12 years	2.4%
13+ years	1.0%

Registered provider sheltered property survey and responses – links to section 4 of Annex A

PFA asked Registered Providers to complete a property survey form about their sheltered housing to help to provide a better understanding about future sustainability. The tables refer to the question numbers in the survey and so have not been given separate figure numbers in this Appendix.

Landlord

Landlord	Number of schemes
Equity Housing	1
The Guinness Partnership	4
TOTAL	5

Q1: Type of Property

Type of Scheme	Number
Sheltered/Residential	5
Extra Care	0
TOTAL	5

Q2. Age of Scheme

Age of Scheme	Number
Less than 10 years	0
11-20 years	0
21-30 years	5
Over 30 years	0
TOTAL	5

Q3. Tenure of units

Units	Number
Leasehold/Shared Ownership	48
Rent	147
TOTAL	195

Q.3 Size of units

Units	Number
Bedsit	0
1 bed	115
2 bed	80
3 bed	0
TOTAL	195

There are 2 units adapted for wheelchair use

Q4. Current vacancies

Units	Number
1 bed	0
2 bed	5
TOTAL	5

Q5. How long does it take to re-let or sell the units

	Less than 4 weeks	5-12 weeks	3-6 months	More than 6 months
1 bed flats	3	1	0	0
2 bed flats	1	0	0	1
TOTAL	4	1	0	1

Q6. Over the past 12 months – where were residents living prior to moving

	Number
Local Authority area	14
Neighbouring Local Authority area	1
Outside of Area	1

Q7. Of your new residents, in the past 12 months how many were previously:

	Number
Tenants . LA, RSL, private	5
Living with family	3
Owner occupiers	8
Homeless or living in temporary accommodation	0

Q8. What are the main reasons for people wanting properties here?

	Number
Want smaller accommodation	3
Location of scheme	2
Other reasons	5

The other reasons included, sheltered accommodation (5) and close to family (1)

Q9. How would you describe the area in which the scheme is situated?

	Number
Desirable	3
Reasonable	2
Unpopular	0

Q10. Location of scheme

	Yes	No	Total
Close to public transport	5	0	5
Close to local shops	3	2	5
Good pedestrian access	4	1	5

Q11. Is it difficult for people with limited mobility, e.g. people using a walking stick or frame to access any parts of the main building?

	Number
All parts easily accessed	3
Main entrance	2
Laundry	1
Lounge	1
Garden	1
Corridor	1
Other common parts	1

Q12. How easy is it for people with limited mobility, for example, people using a walking stick or frame, to move around inside their flat:

	Number
Easy	3
Reasonable	2
Difficult	0
TOTAL	5

Q13. Is there through floor lift access to all upper floors in main building?

	Number
Yes	4
No	0
N/A	1
TOTAL	5

Q14. Size of units

	Large	Moderate	Small
1 bed flats	1	3	0
2 bed flats	0	2	0
TOTAL	1	5	0

Q15. Do any units share bathrooms/toilets?

None of schemes shared bathrooms or toilets

Q16. Please show which of the facilities are available:

	Number
Communal Lounge	5
Dining room/Restaurant	0
Assisted bathrooms	1
Laundry	4
Guest room	4
Car parking	5
Buggy store	1

Q17. Does the scheme have an alarm system?

	Yes	No	Total
Community alarm service	5	0	5

Q18. Does the alarm service include a 24 hour mobile response service?

	Yes	No	Total
24 hour mobile response service	4	1	5

Q19. Within the last 12 months were there any improvements and/or repairs to any of the properties?

	Yes	No	Total
Improvements/repairs made	4	1	0

If yes, do these include any of the following?

	Number
External walls	0
Roof	1
Windows	0
External doors	0
Insulation	0
Rewiring	0
Central heating	0
Kitchens	2
Bathrooms	2

Q20. Within the next 12 months are there any improvements and/or repairs planned for any of the properties?

	Yes	No	Total
Improvements/repairs made	2	3	5

If yes, do these include any of the following?

	Number
External walls	0
Roof	0
Windows	1
External doors	0
Insulation	0
Rewiring	0
Central heating	0
Kitchens	0
Bathrooms	1
Lift to all floors	0

Q22. Are there any other sheltered housing schemes within a mile of your scheme?

All 5 of the schemes advised there were other sheltered schemes within a mile of them

Annex B: Vulnerable Adult Groups - Learning Disability, Physical Disability and Sensory Impairment and Mental Health

Introduction

This Annex looks at the housing and support needs of vulnerable adult groups in Barnsley:

- B1: People with a learning disability (pages 2-18; and Appendix B1: pages 48 . 63)
- B2: Adults with a physical disability or sensory impairment (older people are covered in Annex A) (pages 19-27; and Appendix B2: pages 64-69)
- B3: People with a mental health problem (pages 28 . 47; and Appendix B3: pages 70-87)

The context for this section is:

- A more integrated commissioning approach across all adult groups, and linking them to commissioning for older people
- Promoting greater choice and control and independent living solutions
- Continued pressure on Council and NHS budgets that sometimes make it hard to reconcile individual choice and the cost of providing care and support in independent settings for people at the higher end of the needs spectrum
- A continued push from central government to reduce long-stay hospital, institutional provision and out of borough placements . for example the October 2015 £45m NHS funding initiative to close up to half (1300) hospital beds for people with learning disabilities or autism by April 2019, under plans drawn up in response to the Winterbourne View scandal and to improve community based provision and support

There are 3 sets of Appendices which follow the same numbering as the client groups in this Annex. All figure numbers referred to are included in the Appendices if they are not in the Annex itself.

1. Learning Disability

1. Introduction and local context

This section looks at the housing and support needs of people with a learning disability. It should be read alongside the PDSI and mental health sections in Annex B.

The current Learning Disability Strategy for Barnsley 2012-15 highlighted:

- The growth in the number of people with a learning disability who are on an individual budget
- The growth in the number of people with a learning disability aged 60+
- One third of people with a learning disability are supported in the family home by people aged 70+

Resource pressures are from:

- Very disabled young people with a learning disability living longer
- People with learning disabilities living with older carers

The strategic direction aims to:

- Promote personalisation and choice
- Commission via self directed support

The action plan includes:

- Personalisation
- Day services
- Better health and access to mainstream healthcare
- Improving people's housing situation

Key aims in relation to accommodation include:

- Extending the shared lives scheme
- Lowering the use of residential care
- Setting up a purpose built respite care unit . The Brambles Unit
- Promoting the use of assistive technology for people with a learning disability

- Increasing the use of telecare in supported living in order to reduce the need for overnight staff cover

2. What is working well in housing and support services and systems for people with a learning disability

Feedback from the stakeholder workshop on 12 May and discussions with stakeholders indicated a number of positives in relation to housing and housing support for people with a learning disability in Barnsley. These included:

- The Council has a very clear vision and strategic direction about where it wants to take accommodation and support for people with a learning disability living in Barnsley
- Responsive provision of adaptations by Berneslai Homes (funded via HRA) . much shorter response times than DFG funded adaptations
- The social work teams and Support providers work well with Berneslai Homes in terms of rehousing
- Good and growing use of ILAH assistive technology services for people with a learning disability
- Success in reducing the number of out of borough placements (now 50)
- Reduction in the number of high cost placements
- Progress with reshaping Supported Living through the Supported Living Review
- Provision of more purpose built, self contained housing for people in Supported Living

Feedback from the Supported Living service user and carer consultation event on 27 April that we attended also highlighted:

- Most people in Supported Living attending the event felt that they do have greater choice and control in their lives than in 2012, when the previous consultation event had taken place
- People were generally happy with the support they receive from their support workers

3. Adult Social care performance data and care management data on people with learning disabilities

The Appendix for Annex B shows Department of Health NASCIS data (Figures 1 and 2) for adult social care spend on people with a learning disability. Figures 3 . 15 show findings from the Council's adult social care database on people with a learning disability in care or nursing home placements and in the community. A summary of the key findings is provided below.

For adults with a learning disability, Barnsley:

- Department of Health NASCIS data for adult social care shows that Barnsley spends a below average %age of its budget on long-term residential and nursing home care, and an above average %age of its budget on day and domiciliary care than its comparator group of local authorities and the England average
- Of the 633 people on the adult social care database with a learning disability:
 - Only 115 people (18%) are in care or nursing home placements, whereas 518 people (82%) are receiving community based services
 - Of those in a community placement 9.5% are aged 65+ and this will present issues in relation to supporting people who are ageing as well as have a learning disability
 - In terms of accommodation and tenure, for around a third of people the accommodation type is not recorded and for 63.1% the tenure is not recorded. Where the accommodation type is known, 126 people are in supported living, 92 are owner occupiers, 79 social renting and 20 private renting
 - Less than 10% of people with a learning disability in the community are living alone
 - 189 are receiving home care and 183 day care
 - 170 people are on direct payments
 - Of the 115 people living in care homes over 90% are in residential care and less than 10% in nursing homes. Around three quarters are under 65 and a quarter aged 65+. 9.5% have lived in a care home for over 10 years
- Housing support client record data for 2014-15 shows that only 2.5% (8 people) receiving a housing related support (HRS) funded service have a learning disability

4. What is in place to meet demand (supply of accommodation, floating support and other services)

Community accommodation and floating support

The only accommodation-based service for people with a learning disability (excluding Supported Living and Shared Lives) is the High Street, which houses 9 people. We have shown this service in the mental health section of the report because at present almost all residents living there have a mental health problem rather than a learning disability. This service is therefore under-used by learning disability social workers.

Supported Living

The total supply of supported living accommodation by Area Council area is provided in Figure 16 below. There is a total of 178 places but, as is shown, they are very unevenly spread across the 6 areas. Appendix 5 of the main report provides a list of every supported living property and the number of places it provides. Appendix 6 of the main report provides maps showing the location of all the supported living houses across the borough with individual maps for each Area Council area.

Figure 16: Supported Living Accommodation by Area Council area

Area	Total No. of Properties
Central	70
Dearne	13
North	39
North East	19
Penistone	0
South	37
TOTAL	178

We visited a number of Supported Living schemes run by the in-house service and by Mencap. The properties visited were:

In-house service

- Rockingham Close, Birdwell
- Oakdale Close, Worsborough
- Blackburn Street, Worsborough
- Silver Street, Dodworth

Mencap

- Ridge House, Old Town
- Springfield Street, Central

All the accommodation we saw was good quality but, as confirmed by the learning disability commissioners, was not always appropriate in terms of its layout for people with a learning disability, depending on their needs. For example:

- Rockingham Close is a purpose built 6 bed bungalow, divided into units for 2 and 4 people. It is suitable for a training bungalow but small for people with mobility problems and with a high cost of heating for people living there long-term
- Ridge House is large group home with 6 bedrooms and 2 ground floor self-contained flats. The nature of the building means that it cannot take a stair lift and the upstairs is not suitable for some older people and people with significant physical disabilities. In addition it is large for a group home where people need to be matched to ensure compatibility in terms of living in the same dwelling

In contrast a number of the schemes we saw were either purpose built ground floor disabled one or two bedroom units suitable for people with disabilities (e.g. Silver Street), or a group of existing adapted Council bungalows, again suitable for disability (e.g. Oakdale Close), or a house with self-contained individual flats (e.g. Springfield Street). Around 100 units/places still appear to be in shared housing for more than 2 people.

The Council's learning disability commissioners are looking to clarify the role of each dwelling going forward . for example whether a dwelling might be most appropriate as an assessment unit (perhaps Ridge House), a training unit to equip people to move on to a more independent setting (Springfield Street), or long-term or permanent housing (Oakdale Close).

We talked with staff from both the in-house service and Mencap and were impressed with their commitment to promote choice and control and independent living. However, we felt that the in-house service was more trusted by the Council, and staff felt more empowered to support people on their housing journey (including finding suitable accommodation for the people they support) than support workers working in the independent sector. We come back to this in section 5.

Other designated accommodation – Shared Lives

There are currently 61 Shared Lives carers and 151 service users accessing the service. Of these:

- 147 have disabilities (38 long term placements, 78 short breaks and 31 day support/sessional)
- 1 service user has mental health problems and is in a long-term placement
- 2 are other adult service users, one receiving 1 short breaks, and one 1 day support/sessional

Shared Lives has recently had some investment to expand the service and has recruited 6 additional members of staff. The service has undertaken a marketing plan over the past 12 months, visiting community care teams, attending events and recruiting carers.

Learning Disability commissioners say that Shared Lives does have a role to play for some service users. It offers an alternative to living at home with parents, or a form of respite. It is often seen as an alternative to residential care. This will be entirely dependent on assessment to match a person's support requirements to ensure that support is seen as reliable and reassuring for some individuals who may not be able to cope in other support options. It must be recognised that it is not the person's own home, but could be a stepping-stone towards that for some people.

Residential care accommodation and placements

Barnsley has a number of residential homes that accommodate people with a learning disability. Some of these focus on learning disabilities only and others house people with a range of needs that might also include people with learning disabilities.

Details of the homes that take people with a learning disability are set out in Figure 17 in the Appendix to this Annex. There are:

- 58 places in homes that only take people with a learning disability
- A further 104 places in homes that take a range of adult groups, including people with a learning disability

We did not visit any of the care homes and are not in a position to judge their quality.

People living out of borough/out of area placements

Despite progress on moving people into the borough there are currently 50 people with a learning disability placed outside Barnsley of whom:

- 5 are in hospital
- 3 in a secure unit
- 42 in residential care

Funding

The Market Position Statement for 2014 shows that Barnsley spends £21.56m per annum on services for people with a learning disability. Around £9m is from health and £12m from the Council.

HRS

Keyring Wombwell	£34,717
Keyring Honeywell	£34,672
Lifeways	£28,670
Sun Healthcare	£66,328
High Street	£79,179 (also shown under mental health services)

Other funding

Data provided by learning disability commissioners for Barnsley Council shows other funding as:

- £29,179.67 for BMBC Supported Living service . (no HRS funding as from 31 3 2015)
- Lifeways £246,351 . Block Contract . 3 properties/6 Service Users
- Sun Healthcare - £448,413 . Block Contract . 5 properties . 16 Service Users
- Mencap . 10 properties . approx. 60 Service Users . Spend £120,000 every 4 weeks.

In addition there are other ad hoc individual care and support packages that are not included in these figures.

5. The scale and type of unmet need

Snapshot survey

The snapshot survey - see Appendix 9 of the main report for methodology and survey form - went out to all relevant teams and service providers across the groups covered in this commission apart from services specifically for older people. The survey focused on unmet need.

None of the completed forms came directly from learning disability services. Social workers and learning disability accommodation and support services did not see people in their services as having immediate or short-term unmet need in terms of housing and support.

Nevertheless, of the 132 responses to the snapshot survey, 17 (around 13%) were people for whom the agency returning the survey identified learning disability as either the primary vulnerability (4 people) or secondary vulnerability (13 people).

14 were male and 3 female.

There was a wide age spread. The age ranges were 18-21 (5 people), 36-49 (4 people), 60+ (3 people), 50-59 (2 people), and 26-35, 16-17 and 22-25 one person each.

In terms of where they currently live or the support they receive, where this could be identified:

- 5 people with offending history in general needs housing with support from Action Housing
- 4 other people in general needs housing with floating support
- 3 people in The Forge
- 2 people in Highfield Terrace
- 2 people in T4 accommodation
- 1 person sofa surfing

The primary factors affecting people's chances of resolving their housing and support needs were identified as:

- Literacy or numeracy problems (4)
- Lack of life skills (3)
- Inability to manage money (2)
- Financial problems (2).
- Long use of drugs and alcohol (1)
- Vulnerable to exploitation (1)
- Anti-social behaviour history (1)

This focus on literacy, numeracy and life skills is particular to people with learning disability in the survey as opposed to factors identified for other client groups.

For other groups in the survey, the main primary factors affecting the chances of the person resolving their housing and support needs were seen as financial problems and difficulties managing money, long use of drugs or alcohol, as well as lack of life skills, and the difficulty in accessing long term (move-on) housing.

The most common need for move-on solutions was for a move to a settled tenancy in their own area, with some needing ongoing support, and some with a need for move-on accommodation with either no support or a short period of resettlement support. Overall, however, more people were thought to need support for between 1 and 2 years than for either shorter or longer periods.

Many of the people appear to have a history of dual diagnosis or complex needs, linking mental health (and in a small number of cases learning disability) with substance misuse and in some cases other issues that hinder their ability to have stable and sustainable housing.

Analysis of people living in supported living

Figure 18 in the Appendix for this Annex uses anonymised data provided by Barnsley Council about people living in supported living provided by both BMBC and external independent sector providers. In summary the tables show:

- Level of need: BMBC in-house service housing a slightly higher level of need than external providers
- Level of learning disability: BMBC in-house service housing a slightly higher level of learning disability than external providers
- Complexity of support: a wide range in terms of complexity of support, with behaviour problems being the most common, and some overlap with mental health, and also with PDSI in terms of both physical and sensory impairment
- Support hours: a wide range of support hours provided by both in-house and external providers
- Accommodation requirements: a range of future accommodation requirements, including ordinary housing, core and cluster accommodation, Keyring, shared accommodation, Shared Lives and sheltered/extra care housing
- Adaptations: some need is also identified for adaptations to support people in a housing setting, in particular level access accommodation and facilities
- Assistive technology and telecare: the data identifies both current use of and need for assistive technology and we have confirmed with ILAH that there are good links between ILAH and learning disability services to ensure that assistive technology is put in place where it can support more independent living, such as replacing on site night cover

Issues identified by disability teams and support services and types of unmet need and gaps to be addressed

We talked with social workers from the disability teams, support workers and managers from the in-house service and Mencap, and people living in Supported Living and family carers, as well as learning disability commissioners. The main issues emerging were:

- The Council and support agencies are still going through a cultural change from supporting to empowering people with a learning disability to take control of their lives
- There is a major lack of information about the housing and tenure options for people with a learning disability that would empower service users and carers to take control of their lives and their future housing circumstances
- People with a learning disability at the consultation workshop stated that there were not enough housing options, in particular ordinary housing. They also said that it could take a long time to find the right sort of property in a location where they wanted to live
- There is a lack of clarity about who in the system has the primary responsibility to support a person with disability achieve their accommodation goal. People with a learning disability no longer have a named social worker, and support workers at the consultation event felt frustrated that they did not always feel they had the authority to support a resident to make an accommodation move happen, including working with them on finding an appropriate dwelling, making an application to the Choice Based Lettings System, and helping with the move
- Some people who have long-term tenancies are in a Supported Living dwelling that is not suitable for them. This mainly applies to people living in shared houses. There is caution in making decisions to move people who have an Assured Tenancy (rather than a shorthold tenancy) on from unsuitable Supported Living when they do not want to move
- There are particular difficulties finding suitable accommodation for people with dual diagnosis, which includes a learning disability, although the numbers are low

No-one we talked to identified the need for additional care or nursing home accommodation.

Changing the culture – greater risk taking

A key area is the relationship between commissioners, social workers and organisations providing support. Support providers we talked to have clearly bought in to an independent living philosophy giving greater choice and control to people with a learning disability. We did not find that support organisations were resistant to change, for example moving from block contracts to individual purchasing through individual budgets. However providers felt that the Council had too much of a softly softly approach. They would welcome a more explicit approach, where they are involved as strategic partners in modernising and taking forward services for people with a learning disability in the borough.

Such a relationship needs to include openness about how the Council is trying to balance its vision of independent living with the budget realities and limitations in terms of the cost of support packages it can afford, and the implications of that for the type of accommodation options that might be available and affordable to the Council in the future - for example grouping self contained accommodation to reduce care costs.

There was a wide recognition that there is not enough money in the system for everyone with a learning disability to live in their own independent housing with their own dedicated care and support team.

Alongside this there was a strong consensus that in addition to access to general needs self contained housing, more types of grouped core and cluster type self contained housing, and therefore grouped support service options (e.g. Oakdale Close and Springfield Street) need to be developed in the Borough as part of planning for the future, alongside individual stand alone self-contained dwellings and support.

Overall, we identified that there was a need for greater risk taking in supporting moves to more independent living, based on a shared risk between the Council and Support providers and a philosophy of just enough support.

Matching service

One idea that emerged from discussion was developing a matching service to enable people with a learning disability choose another person they might want to live with in an independent setting in a dwelling for two

Clarity about the role of each Supported Living dwelling

Social workers in the disability assessment teams, some of whom are new to learning disability services, said that they are not always clear about the role that each Supported Living dwelling plays. They need clarity as to whether a dwelling is for assessment, training and life skills for independent living or is for long-term housing.

An example of the impact of this in the past was that Springfield Street started out as a training house to equip people to move on to an independent home. However, for a period they received referrals of people who needed long-term support. This meant that the house got silted up with people that it was not meant to house. We understand that it is now again receiving appropriate referrals for its designated use.

Transitions

In April 2015, as part of its restructuring of adult care services, the Council set up a transitions team linked to the adult social care disabilities teams. The main focus of that team initially is around learning disability. We have talked with that team and Future Directions and the Disabled Children's team.

We were told that only 1 or 2 young people in transition with either a learning disability or PDSI are referred to adult services each year.

A key transitions time is when a person with a learning disability living in the family home may wish to plan a move to a more independent living situation and to be referred on to adult social care.

The issue of lack of information on housing options for people with a learning disability applies equally to younger people as other age groups.

The transitions team does have two assistants who can act as advocates and help make housing applications and sort out benefits.

Shared Lives is seen as one option for people wishing to leave home, as a stepping-stone to more independent living.

The transitions team has identified young people in transitions with autism as the major challenge for the future in terms of housing. Often the family home cannot continue to support them as they may have challenging behaviour, and a Shared Lives or Supported Living placement might not be appropriate, and so a different housing solution is needed. The Transitions team is having some success in using private rented housing for some people from this group.

The main gap identified for young people is assessment and training units in Supported Living.

Older people

The demographic figures show that people with learning disabilities are living longer, and that there are a growing number of people with a learning disability with older carers who may not be able to support them in the future.

Two areas of need have been identified:

- Firstly, for the service and funding model in extra care housing to be developed so that they can take older adults including people with a learning disability
- Secondly, new core and cluster models need to include some accommodation that would be suitable for older people with a learning disability who are more likely to have physical disabilities

People out of borough

The Council has been successful in reducing the number of out of borough placements. We understand that the in-house Supported Living service will assess people with a view to determining with them the most suitable housing option for the future. We have not been told of any particular accommodation shortfalls that are impacting on the ability of the local authority to bring people with a learning disability back into Barnsley. However, we are assuming that these will relate to the need for provision for people with higher care and support needs.

Mental capacity

We were told by social workers of some concern as to whether people with a learning disability who are registered with the Court of Protection are able to have a property of their own, even where there is a social worker acting on their behalf. This is an area that needs further investigation.

6. The changes needed to fill the gaps and meet needs

What service or system improvements are needed

Information and advice and housing pathways

There is a need for specific information and advice on housing and tenure options for people with a learning disability and their families to encourage and enable them to self-help and make their own housing decisions, with support. This applies equally to people of all ages living in the family home and people in Supported Living. Schools and colleges, Council staff and support workers also need the same information.

Information should include:

- Housing options
- Housing benefits
- Tenancy rights
- Tenure options
- Housing applications
- What are the costs and how to pay for them

We also think there is merit in finding a way of offering a matching service to enable people to choose another person to live with in the future.

Alongside information and advice, a clear housing pathway is needed for people with learning disabilities, support providers and staff from different parts of the Council.

Making the best use of the Supported Living stock

The Council is looking to reshape the use of the Supported Living stock in Barnsley, but is finding this hard to make happen in practice.

First of all, a more proactive approach is needed to enable people with an Assured Tenancy in a Supported Living dwelling to make a housing move to a more appropriate setting.

Experience from the Housing and Support Alliance (who have been involved in the recent consultation with supported living tenants) is that it is possible to support people in long-term tenancies to make moving decisions (even if they or their family are not keen on a move) if the new housing option is an improvement for them.

Without a more proactive approach people will continue to be stuck in inappropriate Supported Living Schemes . in particular shared housing - and it will be difficult to reshape the use of some of the stock to a more appropriate role.

Secondly, the Council needs to provide a schedule for social workers setting out the role of each Supported Living dwelling.

Thirdly, the Council should develop a more explicit compact and partnership with Supported Living providers about the exact nature and role of each Supported Living dwelling in the future.

As part of this a shared plan needs to be developed between the Council and each Support Provider about achieving the change in role for that particular dwelling. For much of the shared housing this might include closure and re-development of new accessible grouped or individual self contained housing models.

Access to housing

There is a continued need for access to a supply of ordinary housing that is suitable for people with a learning disability.

The position of people applying where there is an issue of mental capacity needs to be clarified with the Choice Based Lettings team.

New housing

The main needs identified are for:

- More assessment and training flats in supported living to equip people with the social, financial and life skills to move to a more independent setting. These could mainly be provided by re-designating existing Supported Living houses for this purpose or new developments
- More supported living models for people with complex needs, including for people at the more serious end of the autism spectrum, with the most appropriate model likely to be grouped self-contained housing, which can also support
- A further need is for additional core and cluster housing to meet the needs of people with more complex needs, including people with autism and people from other adult groups with complex needs for whom higher cost care packages in individual stand alone accommodation might not be affordable. These are needed to provide future supply when existing schemes such as Oakdale are full.
- The fourth need is accessible accommodation for older people with a learning disability who might have a physical disability as well because of older age. Some of this could be provided via extra care housing, and some via sheltered or other forms of core and cluster housing. We do not see a need for separate new core and cluster schemes solely for older people with a learning disability. Ideally people should be able to age in their own home.
- A final area is finding emergency/immediate access accommodation for people with dual diagnosis. This is picked up as part of the homelessness recommendations.

Some support providers can now source their own houses and flexibility will be needed to ensure that more specialist accommodation in self contained housing is opened at a pace that meets need and demand in relation to the re-shaping of the Supported Living shared accommodation stock.

Appendix 12 provides examples of social and private developers who can access private investment to fund new build developments based on schemes qualifying as exempt accommodation, and with the loan costs being repaid through the rent.

Support services and support packages

For some other client groups covered in this report, support providers of people moving on from specialist housing can continue to provide support for a period after the person has moved into their own home.

This approach needs to evolve further as part of the development of the learning disability accommodation and support services. For providers currently on block contracts the potential of providing ongoing support after the move (if the service user wants them to continue) is a good incentive to both encourage them to move away from block contracts and to support people to move on from Supported Living accommodation.

In addition support workers in both the in-house service and external providers need to be given more authority and training to skill people up for independent living and progress re-housing plans.

7. Predicting future demand and future supply

Future demand

Overall, as the tables below show, there are predicted to be only very low increases in the number of people with learning disability or autism by 2030 and no increase in the number of people with Down’s Syndrome.

Figure 19 shows that the number of people in Barnsley aged 18-64 predicted to have a learning disability will only increase by 1% by 2030.

Figure 19: Number of People in Barnsley Predicted to have a Learning Disability (baseline estimates), 2014-2030

Age	Year of Projection					Additional No.	% Change
	2014	2015	2020	2025	2030		
18-24	525	528	478	466	515	-10	-1.9
25-34	737	742	779	774	722	-15	-2.0
35-44	719	707	704	773	813	94	13.1
45-54	832	840	804	702	697	-135	-16.2
55-64	665	674	752	807	768	103	15.5
Total 18-64	3,479	3,492	3,518	3,522	3,515	36	1.0

Source: PANSI (Projecting Adult Needs and Service Information)

Figure 20 shows that the number of people in Barnsley aged 18-64 predicted to have a moderate or severe learning disability will only increase by 1.8% by 2030.

Figure 20: Number of People in Barnsley Predicted to have a Learning Disability (moderate or severe), 2014-2030

Age	Year of Projection					Additional No.	% Change
	2014	2015	2020	2025	2030		
18-24	121	122	111	110	122	1	0.8
25-34	158	159	167	166	155	-3	-1.9
35-44	181	178	177	195	205	24	13.3
45-54	187	189	180	158	159	-28	-15.0
55-64	144	147	164	174	165	21	14.6
Total 18-64	792	795	799	803	806	14	1.8

Source: PANSI (Projecting Adult Needs and Service Information)

Figure 21 shows that there will be no increase in the number of people in Barnsley aged 18-64 predicted to have Down's Syndrome by 2030.

Figure 21: Number of People in Barnsley Predicted to have Down's Syndrome, 2014-2030

Age	Year of Projection					Additional No.	% Change
	2014	2015	2020	2025	2030		
18-24	12	12	11	11	12	0	0
25-34	19	19	20	19	18	-1	-5.3
35-44	18	18	18	20	21	3	16.7
45-54	22	23	21	19	18	-4	-18.2
55-64	18	19	21	22	21	3	16.7
Total 18-64	90	90	91	91	90	0	0

Source: PANSI (Projecting Adult Needs and Service Information)

Figure 22 shows that the number of people in Barnsley aged 18-64 predicted to have an autistic spectrum disorder will only increase by 1.8% by 2030.

Figure 22: Number of People in Barnsley Predicted to have an Autistic Spectrum Disorder, 2014-2030

Age	Year of Projection					Additional No.	% Change
	2014	2015	2020	2025	2030		
18-24	196	197	179	177	198	2	1.0
25-34	291	295	312	315	293	2	0.7
35-44	291	286	286	316	333	42	14.4
45-54	359	361	342	296	294	-65	-18.1
55-64	294	298	328	354	338	44	15.0
Total 18-64	1,431	1,438	1,448	1,458	1,457	26	1.8

Source: PANSI (Projecting Adult Needs and Service Information)

Summary of additional future supply or re-provision needed up to 2030

As the demographic projections show, the learning disability population is only predicted to rise by 1% by 2030 although the population is ageing. The main focus is to provide a wider choice via access to suitable ordinary housing, a shift from shared to self contained housing models, including for people with complex needs, and use of extra care housing for older adults:

Move on accommodation: 20-25 people a year made up of:

8 assessment/training flats with 6 month average stay and 50% moving onto permanent tenancy = 8 move on a year

c.100 of the supported living units are group living with more than 2 people: 8-10% move-on a year = 10 people

3% of shared lives placements = c.3-5 people a year

Housing based provision for vulnerable adults with complex needs . LD, autism, MH, ABI

- **Pilot 8-12 unit (non registered) housing based scheme** for adults with complex needs
- Based on the learning, develop further schemes for people with high care needs, to bring people back into the borough and reduce level of care home placements (**up to 40 units**)

Learning disability accommodation

- **5-10 person core and cluster self contained supported living units every 2-4 years** to replace existing shared housing models of supported living and to bring people back from outside the borough
- **8 person assessment and training unit** using core and cluster model
- **Up to 50 places in extra care housing by 2030** for people aged 55+ with a learning disability including Downs Syndrome (Nos. are included in supply figures under older people not additional to these)

8. Recommendations

These recommendations are in addition to those in section 4 on information and advice and section 5 on general needs housing in the main report.

Barnsley Council should:

- Ensure better recording on its adult social care client data base about both accommodation type and tenure of people with a learning disability
- Improve the information available specifically for people with a learning disability, families and staff about housing and tenure options and where to go for help and advice. Consider a matching service as part of that.
- Consider becoming a member of the Housing & Support Alliance, which brings with it access to advice on housing and tenure options for people with a learning disability (see Appendix 12 for examples of home ownership options), together with useful tools such as a DVD with case studies about people with a learning disability who have made a successful accommodation move
- Clarify the position of people under the Court of Protection in terms of eligibility for access to housing through the Choice Based Lettings scheme
- Develop a wider range of housing options, reducing the level of shared housing, through more core and cluster self contained schemes for people with a learning disability using grouped accommodation models such as Keyring, or a small block of accessible flats or bungalows
- Clarify the role of all the Supported Living dwellings with support providers and social workers and agree a clear plan to shift schemes from one role to another where the need for change is identified
- Evolve flexible floating support models for people moving on from accommodation based services
- Develop a clearer compact between support providers and the Council based on a partnership approach and greater risk taking

2. PDSI

1. Introduction and local context

This section looks at the housing and support needs of adults with physical disability and sensory impairment (PDSI) and should be read alongside the sections on adapted housing and adaptations in section 5 of the main report.

Services for people with PDSI are provided through the Council and SWYFT. Since April 2015 there are disability assessment teams covering adults with PDSI and people with a learning disability. The Council has a contract with SWYFT to provide the adaptations and equipment service, and the same team also covers sensory impairment.

The Barnsley Strategy for people with a physical or sensory impairment for 2012-2015 also included HIV. HIV is not part of this commission and so is not included in this report.

Barnsley supports a social model of disability, in line with the national strategy ~~Improving the Life Chances of Disabled People~~ The Strategy identifies housing as an area of development and a sub group was to be set up to work with housing partners on housing options. This work has not happened. The main development areas were identified as:

- Moving away from traditional forms of respite care in residential and nursing homes
- Reviewing the accommodation options and increasing housing choice for independent living

2. What is working well in housing and support services and systems for people with physical disability and sensory impairment

Feedback from the stakeholder workshop on 12 May highlighted a number of positives in the housing and support system for people with PDSI. These were:

- The responsiveness of provision of adaptations by Berneslai Homes (who fund adaptations via the Housing Revenue Account) . Berneslai Homes has a much shorter response time than adaptations funded via DFGs
- The links between the equipment and adaptations team and Berneslai Homes
- The speed of initial OT assessment for adaptations (currently 26 days - close to the target of 21 days)
- Housing related information and advice for people with PDSI provided by voluntary advice agencies such as DIAL and CAB

3. NHS and Adult Social care performance data and data on people with physical disability and sensory impairment

The Appendix for Annex B shows Department of Health NASCIS data (Figures 1 and 2) for adult social care spend on people with a physical disability or sensory impairment. Figures 3 . 14 show findings from the Council's adult social care database on people with a physical disability or sensory impairment in care or nursing home placements and in the community. A summary of the key findings is provided below.

For adults with PDSI, Barnsley:

- Department of Health NASCIS data for adult social care shows that Barnsley spends a below average %age of its budget on long-term residential and nursing home care, and above average %age of its budget on day and domiciliary care than its comparator group of local authorities and the England average
- Most people with PDSI supported by the Council are people with physical disabilities, with much lower numbers for visual and hearing impairment
- Of the people on the adult social care database with PDSI:
 - Only 26 (2.7%) of the 947 people in care or nursing home placements are under 65, whereas a much higher proportion, 227 (17.8%) of the 1277 people receiving community based services are under 65+
 - For people receiving community based services the accommodation type and tenure breakdown varies, with the majority of people under 65 in social and private rented accommodation, whereas for people aged 65+ the largest tenure group is home ownership
 - A smaller proportion of people with PDSI under 65 (34.4%) receiving community services are living alone (a key risk factor for entry to long-term care) compared with people aged 65+ (53.9%)
 - A much higher proportion of people with PDSI aged under 65 (41.9%) receiving community services are on a direct payment than people aged 65+ (18.2%)
 - In terms of community based services, only 1-2% (25 people) are receiving day care (of whom only 3 are aged under 65), whereas over 50% of both under 65s and people aged 65+ are receiving home care

4. What is in place to meet demand (supply of accommodation, floating support and other services)

Community accommodation and floating support

There is no community based accommodation or floating support service specifically for people in Barnsley with a physical disability or sensory impairment. There are some bedspaces in other specialist accommodation . for example one disabled access ground floor flat at The High Street - which provides accommodation suitable for

people with a physical disability who also have a mental health problem or learning disability.

There is one sheltered housing scheme managed by Habinteg, Bronte Close in the Central Ward, that provides 20 flats for people with a physical disability or sensory impairment. This scheme is identified in the supply tables in Appendix 6 of the main report on the GIS maps in Appendix 7 under sheltered housing.

Residential care accommodation and placements

Barnsley has a number of residential homes that accommodate people under 65 with PDSI. None of these focus on PDSI only. Details of the homes that take people with PDSI is set out in Figure 15 in the Appendix to this Annex. There are:

- A total of 25 places in 3 homes that take people with both physical disability and sensory impairment
- A total of 27 places in three homes that take people with sensory impairment but not physical disability
- A total of 244 places in six homes that take people with physical disability but not sensory impairment

Funding

The Market Position Statement for 2014 states that the Council budget for PDSI is £4.76m. None of this funds accommodation or floating support services through the HRS budget.

We are also not aware of any people funded by an individual budget via the RAP panel specifically for housing related support. This is different from, for example, mental health services where 70 people receive housing related support funded via the RAP panel and a further 20 via the Council's HRS budget.

Council funding for people with PDSI goes to fund:

- Residential and nursing home placements
- Day care
- Domiciliary Care
- Equipment and adaptations
- Other activity/quality of life services that are funded via Individual Budgets/Direct Payments

5. The scale and type of unmet need

Snapshot survey

There were 3 responses to the snapshot survey (see Appendix 9 of the main report for methodology and survey form) for people with a physical disability or sensory

impairment. For one person this was the primary factor affecting their chances of resolving their housing support needs, and for the other two it was the secondary factor. The survey responses did not provide details of the type of physical disability:

- One person is male, aged 26-35 with a history of offending, who currently has no accommodation and is sleeping rough. He wants to move to his own permanent accommodation, and would need ongoing support as he has difficulty managing his finances and has had difficulty in maintaining his home in the past
- One person is female, aged between 50 and 59. She is currently a tenant of Berneslai Homes and is receiving a floating support service via the Riverside generic service. She needs permanent floating support to be able to manage her money and is also vulnerable to exploitation and has difficulty coping with daily living
- One person is male, aged 50-59 who is living in private rented accommodation with support from the HOAPS support worker. He is unable to look after the property, has rent arrears and a serious medical condition and needs permanent social rented housing with more intensive support than he is currently receiving

Issues identified by disability teams and services and types of unmet need

From talking with social workers (and managers) in the disability teams and with SWYFT around the equipment and adaptations and sensory impairment services we found:

- Housing was a significant issue for social workers in the disability team
- No issues of shortage of capacity in the residential care and nursing home system. There is no expressed or hidden need for additional places
- No identifiable cases where the lack of a housing related support (HRS) service for people with PDSI has put their accommodation at risk, although the benefits of such a service for some people with PDSI who perhaps lacked skills and confidence to sustain their own home were raised with us
- No housing and support issues identified specifically for people with a sensory impairment. The focus is to skill people to live with their impairment, including their housing
- Concern about the lack of a dedicated care service in extra care housing, which, because of its accessible design, was seen as a very appropriate setting for older people aged 55+ with PDSI
- Lack of housing choice for general needs housing. Often the only offers given in terms of 1 and 2 bedroom units for people with PDSI via the Choice Based Lettings scheme are in blocks of flats (including sheltered blocks), often above ground floor. Bungalows are often in hilly areas unsuitable for people with a physical disability

- Lack of new build lifetime design or adapted homes, both smaller (1 and 2 bedroom) and some larger adapted properties for people with disabilities and in wheelchairs
- Lack of housing in a crisis for disabled people (for example if there is a family breakdown) . currently residential care is the only option. This includes people with a dual diagnosis who have a physical disability such as an amputation

In terms of transitions we were told that only 1 or 2 cases per year were transferred to adult social care where there might be an accommodation related issue.

There are also issues around:

- A lack of tenure choice for people who might want to buy or part buy
- Lack of dedicated adapted housing linked to support for people with head injuries or other neurological conditions
- Delays to DFGs

What are the gaps that need to be addressed and the changes needed to meet those gaps

General needs housing – adapted properties

In section 5 of the main report on general needs housing, from discussion with Council and SWYFT staff working with people with PDSI, we have identified the need for:

- More 1 and 2 bedroom accommodation, on the ground floor and in suitable locations, including adapted, wheelchair properties
- A small number (around 5 a year) of larger 3-4 bedroom accessible bungalows or parlour type houses for people with disabilities referred through the equipment and adaptations service or disability teams. We understand that because of the small number of units it is difficult to pre-plan such properties in the right location where individual households want to live
- A Register of Adapted Properties

Adaptations and equipment

In section 5 of the main report on general needs housing we also identified the need to:

- Look to find ways of reducing the waiting times for adaptations funded via DFGs
- Identify ways in which the range of services provided by Staying Put could be promoted to older and disabled households in the borough, including self-funders

- Develop a retail model for community equipment aimed at self-payers, particularly for low level equipment, which the Council no longer funds.

Information and advice

There is a lack of information and advice for people with PDSI about housing options across all tenures. This has been addressed in section 4 of the main report.

We are not therefore going to repeat these needs in the recommendations in this section of the report

Specialist accommodation

Main gaps identified were:

People with a neurological condition: This was the main gap identified. However, there was no appetite to commission a new specialist care/nursing home, or a wing of a larger home for this group because: firstly, their needs could be so individual; secondly there was a concern about the cost any provider would charge the Council if such a facility was commissioned; and thirdly staff we talked to said that the Council had been successful in finding ordinary housing solutions. Staff therefore preferred a more individual approach of having existing properties adapted to meet individual need.

The needs of the small number of people with complex needs because of ABI could be met through the proposed development of a supported housing scheme for people with complex needs that could meet needs across adult groups.

Extra care housing for people aged 55+: the lack of a dedicated care model for extra care housing was seen as a major gap and a wasted opportunity to meet the housing needs of people with PDSI aged 55+. The ageing of the population will mean a growing number of adults with PDSI living into older age, and we have assumed an additional 150 extra care places to take account of this, as part of our extra care needs estimates.

Floating support

Although no specific need for housing related support has been identified, the value of low-level support for 1-2 hours a week for vulnerable adults including people with PDSI was raised at the stakeholder workshop held on 12 May.

It would be possible to incorporate this into a care plan/individual budget in the same way as commissioned for mental health services by providers such as Together.

6. Predicting future demand

Data from PANSI provides projections up to 2030 for adults in Barnsley with both a physical disability and sensory impairment. Figure 16 shows low projected increase in the prevalence of people with a moderate or serious physical disability up to 2030.

Figure 16: Number of People in Barnsley Predicted to have a Moderate or Serious Physical Disability, 2014-2030

Age and Severity	Year of Projection					Additional No.	% Change
	2014	2015	2020	2025	2030		
18-24 moderate physical disability	795	799	726	709	787	-8	-1.0
25-34 moderate physical disability	1,243	1,252	1,315	1,306	1,218	-25	-2.0
35-44 moderate physical disability	1,641	1,613	1,602	1,753	1,837	196	11.9
45-54 moderate physical disability	3,463	3,492	3,317	2,881	2,852	-611	-17.6
55-64 moderate physical disability	4,366	4,425	4,932	5,289	5,036	670	15.3
Total 18-64 moderate physical disability	11,508	11,581	11,891	11,939	11,730	222	1.9
18-24 serious physical disability	155	156	142	138	154	-1	-0.6
25-34 serious physical disability	118	119	125	124	116	-2	-1.7
35-44 serious physical disability	498	490	486	532	558	60	12.0
45-54 serious physical disability	964	972	923	802	794	-170	-17.6
55-64 serious physical disability	1,699	1,723	1,920	2,059	1,960	261	15.4
Total 18-64 serious physical disability	3,435	3,459	3,596	3,656	3,581	146	4.3

Source: PANSI (Projecting Adult Needs and Service Information)

Figure 17 shows the prevalence rates for people with a serious visual impairment up to 2030. The predicted increase for people aged 18-64 to 2030 is 1.1%

Figure 17: Number of People in Barnsley Predicted to have a Serious Visual Impairment, 2014-2030

Age	Year of Projection					Additional No.	% Change
	2014	2015	2020	2025	2030		
18-24	13	13	12	11	12	-1	-7.7
25-34	19	19	20	20	19	0	0.0
35-44	19	19	19	20	21	2	10.5
45-54	23	23	22	19	19	-4	-17.4
55-64	19	19	22	23	22	3	15.8
Total 18-64	93	93	94	94	94	1	1.1

Source: PANSI (Projecting Adult Needs and Service Information)

Figure 18 shows the prevalence rates for people with a moderate to severe and profound hearing impairment up to 2030. The predicted increase for people aged 18-64 to 2030 with a moderate to severe hearing impairment is 3.3% and for profound hearing impairment is 5.7%. These are higher rates of predicted increase in prevalence than for either physical disability or sensory impairment.

Figure 18: Number of People in Barnsley Predicted to have a Moderate to Severe and Profound Hearing Impairment, 2014-2030

Age and Severity	Year of Projection					Additional No.	% Change
	2014	2015	2020	2025	2030		
18-24 moderate or severe hearing impairment	29	29	27	25	28	-1	-3.4
25-34 moderate or severe hearing impairment	143	143	149	145	136	-7	-4.9
35-44 moderate or severe hearing impairment	422	415	413	449	467	45	10.7
45-54 moderate or severe hearing impairment	2,018	2,029	1,929	1,674	1,658	-360	-17.8
55-64 moderate or severe hearing impairment	3,358	3,404	3,772	4,053	3,878	520	15.5
Total 18-64 moderate or severe hearing impairment	5,971	6,021	6,290	6,347	6,167	196	3.3
18-24 profound hearing impairment	0	0	0	0	0	0	0
25-34 profound hearing impairment	0	0	0	0	0	0	0
35-44 profound hearing impairment	0	0	0	0	0	0	0

Age and Severity	Year of Projection					Additional No.	% Change
	2014	2015	2020	2025	2030		
45-54 profound hearing impairment	16	16	15	13	13	-3	-18.8
55-64 profound hearing impairment	37	37	41	44	42	5	13.5
Total 18-64 profound hearing impairment	53	53	57	58	56	3	5.7

Source: PANSI (Projecting Adult Needs and Service Information)

7. Recommendations

These recommendations are in addition to those in section 4 on information and advice and section 5 on general needs housing in the main report, and in particular those in section 5.4.2 relating to adapted property, adaptations and equipment.

The Council should:

- Look at ensuring a small number of adapted units are developed as part any new specialist accommodation that is commissioned in the borough
- Ensure that the plans for 1 and 2 bedroom, and larger 4 bedroom new housing include a proportion of lifetime or adapted properties for people with physical disabilities
- Include the needs of people with ABI into the supported housing development proposed for people with complex needs
- Re-look at its service and funding model for extra care housing to ensure that it is suitable for people with PDSI as an alternative to other more expensive and unsuitable options
- Consider including floating housing related support as part of an individual budget for people with PDSI who might be at risk of sustaining their home (using the experience of commissioning such a service for people with mental health problems)

3. Mental Health

1. Introduction and local context

This section looks at the housing and support needs of people with mental health problems and people with dual diagnosis in relation to mental health and substance misuse. It should be read alongside the substance misuse and homelessness sections in Annex C, and the older people's Annex A, which includes dementia.

Mental health services in Barnsley are delivered for both health and social care through SWYFT (the South West Yorkshire Partnership NHS Foundation Trust). The service works through integrated teams that include social workers, mental nurses, support workers, doctors and other clinicians.

The Barnsley Mental Health Strategy 2015-18 identifies the main development areas for mental health in Barnsley, including:

- More information and advice and accessible self-help . this is covered in Section 4 of our main report
- More accommodation
- More early intervention

Commissioning priorities include:

- Investing more in the third sector to achieve greater choice, prevention, and value for money
- Reviewing mental health accommodation against the pathway and considering future commissioning options

Commissioning intentions include meeting the NHS and adult social care outcomes framework measures for accommodation amongst users of mental health services.

2. What is working well in housing and support services and systems for people with mental problems

Feedback from the stakeholder workshop on 12 May, interviews with staff from a number of SWYFT teams, and visits to a number of services, indicated a number of positives in relation to housing and housing support for people with mental health problems in Barnsley. These included:

- Mental health admissions to Kendray Hospital were well gate-kept by the Intensive Home-based Treatment team (IHBT)
- The role of the Housing Resettlement Worker in the Early Intervention Team (EIT)
- Where support providers can also access accommodation through good links with social housing and private rented sectors this works well

- Good support for supported accommodation providers and floating support providers from mental health care co-ordinators and medical staff from the specialist teams such as the Assertive Outreach Team
- Use of both Housing Related Support (HRS) and mental health Resource Allocation Panel (RAP) budgets to fund housing and support services for people with mental health problems
- The acute care pathway mental health assessment forms include identification of housing and accommodation needs at both 8 and 72 hour review times following hospital admission
- The role of the Berneslai Homes assessment and lettings teams in relation to assessment and rehousing, in particular when a clear support plan is in place. Re-housing takes months rather than years
- The Barnsley Council Local Welfare Assistance Scheme

Kendray Hospital can manage money for people with a mental problem - for example benefits can get paid into a hospital account and the hospital can pay bills and get cash from their support worker. This is particularly useful for people who do not have a bank account, and people who are at risk because they cannot manage their money at a particular point of their lives

3. [NHS and Adult Social care performance data, and management data on people with mental health problems](#)

3.1 Performance data

NHS outcomes measure for people with mental health problems in settled accommodation

The NHS measures patient outcomes for people who have used mental health services through a number of indicators. One of these is the proportion of people with mental illness and or disability in settled accommodation

The Barnsley Mental Health Strategy 2015-18 has identified that Barnsley is a poor performer in relation to this indicator. The figures for 2011/12 show that:

- Only 36.9% in Barnsley are in settled accommodation compared with an England average of 66.8% and the England best performer figure of 92.8%.

However, analysis of anonymised SWYFT client data provided to us . see section 3.2 below and in the Appendix for this Annex . calls this figure into question, as for 70.8% of clients (10,834 people) the accommodation status is not recorded. It is therefore impossible for us to say whether or not Barnsley is a good or a poor performer against this indicator.

Department of Health NASCIS data (see Figures 1-3 in the Appendix to this Annex) shows Barnsley as a higher user of residential care and a lower user of day and domiciliary care than its comparator group average.

3.2 Health and Social Care Client data on people with mental health problems in Barnsley

Health client data from RIO and adult social care client data have been provided for this commission and the full tables are set out in the Appendix for this Annex. Key data findings are:

Health data from RIO

Health client group data from RIO (Figures 4-14 in the Appendix) was provided for all Barnsley clients who were in contact with SWYFT mental health services at some point during the 2014-15 financial year. The data shows that, excluding people in care or nursing homes, of the 29.2% of people for whom their accommodation status is recorded, a small but significant number of people with mental problems are in temporary or unsettled accommodation, or are in some cases sofa surfing, homeless or sleeping rough, for example:

- Staying with family or friends short-term (47 people - 0.3%)
- Sofa surfing (20 people - 0.1%)
- Other homeless who do not have any accommodation to go to and who were not in any of the other categories(9 people)
- Rough sleeping (4 people)
- Temporary accommodation such as B & B (4 people)
- Refuge (3 people)

The tables in the Appendix break these figures down by age group.

This is a total of 87 people. Given the high level of non-recording of this data we can safely say that this is an underestimate.

Adult social care data

Adult social care client data (Figures 15-31 in the Appendix) confirms the NASCIS picture of Barnsley as a higher than average user of care and nursing home placements and a lower than average user of community based services.

In terms of housing and tenure for community based placements, the high level of non-recording, particularly in relation to people under the age of 65, makes it difficult to provide a clear picture. However, no-one is recorded as living in supported accommodation. The highest number of people for whom the accommodation type and tenure is known are owner occupiers, though owner occupiers are weighted towards the 65+ population with a greater proportion of people under the age of 65 renting.

3.3 Conclusions

The proportion of people with mental health problems in Barnsley who are not in settled accommodation is impossible to verify because of the high proportions of clients on the RIO database for whom this is not recorded. However, it appears to be well above the comparator norm:

- Department of Health NASCIS data (Figures 1-3 in the Appendix for this Annex) shows that Barnsley is:
 - A much higher than average user of care and nursing home placements than its comparator group and the England average
 - Barnsley is also a much lower than average user of day and domiciliary care than its comparator group and the England average
 - Barnsley appears to have a lower proportion of people with mental health problems living independently than its comparator group or the England average, and to have a higher than average proportion living in unsettled accommodation. This indicator links closely with the NHS indicator above on the low proportion of people in Barnsley with mental health problems living in settled accommodation.
- RIO data (Figures 4-14) shows a large number of people who have not been given a diagnosis and a large number of people whose accommodation status is unknown. It also shows that a small but significant number of people with mental health problems are in temporary or unsettled accommodation, and in some cases are sofa surfing, homeless or sleeping rough

4. What is in place to meet demand (supply of accommodation, floating support and other services)

Community accommodation and floating support

Figure 32 provides details of community based accommodation and floating support places and current placements for floating support services funded via HRS or the mental health RAP panel. Although Jubilee Gardens is a registered care home it operates as a supported housing scheme and we have been asked by the mental health commissioner to map it within that category.

Altogether there are:

- 32 community based accommodation units for people with mental health problems in Barnsley
- 90 people currently receiving a floating support service, 20 funded through HRS and 70 funded through the mental health RAP panel

Figure 32: Community accommodation and floating support placements

Scheme	Provider	Type of scheme	Funding	Number of units
Jubilee Gardens (core and flats)	South Yorkshire Housing Association	Accommodation: 10 self-contained bedsits in a building with shared kitchen and lounge (the core). This is a registered care but operates in a similar way to a supported housing scheme 6 self-contained flats in buildings next to the core	Beds are commissioned on an individual basis by the mental health RAP panel	10 registered beds in the core* 6 flats
Jubilee Gardens satellites	South Yorkshire Housing Association	Designated accommodation rented by SYHA as resettlement housing for people moving on from Jubilee Gardens. Residents then move on to permanent housing	Housing-related support	6 units
High Street	Sanctuary Carr Gomm	Supported housing scheme . also takes people with a learning disability	HRS	9 units**
Shared Lives	Barnsley Council	Placement in non registered accommodation with a family	People on individual budgets via the mental health RAP panel	1***
Together	Together UK	Floating support	HRS block contract People on individual budgets via the mental health RAP panel	c.20 people c.65 people***
Andy Barlow	Janet Barlow	Floating support using private rented sector housing	People on individual budgets via the mental	4***

Scheme	Provider	Type of scheme	Funding	Number of units
			health RAP panel	
Harmony	Harmony	Floating support using private rented sector housing	People on individual budgets via the mental health RAP panel	1***

*5 people at Jubilee Gardens are currently funded via the mental health RAP panel

** High Street is under mental health, as most current residents are mental health service users. The scheme also takes people with a learning disability

***These floating support numbers funded through the mental health RAP (Resources Allocation) Panel are correct as at 22 June 2015.

Residential care accommodation and placements

Barnsley has a number of residential homes that accommodate people with mental health problems. Some of these focus on mental health only and other house people with a range of needs that might also include people with mental health problems. Details of the homes that take people with mental health problems are set out in Figure 32 in the Appendix to this Annex. . The table shows that there are:

- 18 places in homes that only take people with a mental health problem
- A further 224 places in homes that take a range of adult groups, including people with mental health problems

Details of both short-term and longer-term residential placements funded through the mental health RAP panel, (excluding the 5 people funded at Jubilee Gardens) are:

- 3 people are funded on short-term residential respite placements . all at Elm Court within the period August 2014 . March 2015
- 6 people are funded on longer-term residential placements . 3 at Elm Court, and 1 each at Aspire, the Evergreens and Mapplewell Manor within the period June 2014 . May 2015

Feedback from the mental health teams indicated that there was generally a good supply of registered care and nursing homes in the borough for people with mental health problems, and that no additional supply was required.

There was only a limited amount of specialist housing related provision. Jubilee Gardens is the main specialist accommodation provision, which although a registered care home, operates as a supported housing scheme. Care home registration seems mainly to relate to its role around administering medication, and the complexity of clients housed.

It is generally used on a regular basis via RAP funding. Its main role at present appears to be for people with a dual diagnosis referred through the Assertive Outreach Team (AOT).

There is a MIND scheme at Sheffield Road that was intended to be set up specifically for people with mental health problems. However, as no referrals were received from the mental health teams it has now reverted to generic housing and so is not on the supply database. We were told by the mental health teams that the lack of referrals was not due to the fact that there was no need for suitable accommodation for people with mental health problems in Barnsley, but more due to the fact that the shared accommodation model offered was not the type of accommodation that people with mental health problems wished to live in.

The chair of the RAP panel and the CMHTs also reported that there were generally good successes using services such as Andy Barlow, Harmony and Together.

Discussions have also been held with three providers, including visiting Jubilee Gardens.

Jubilee Gardens

South Yorkshire Housing Association (SYHA) which manages Jubilee Gardens, says it needs to be registered because of the complexity of the clients referred (with 2 staff on at all times) and medication management. All staff are NVQ qualified

The core house takes people for up to 2 years and the flats next door act as step down accommodation before moving on to permanent housing. Barnsley satellites provides a further 6 places in houses or flats provided by SYHA for up to two years after which the person moves on to permanent housing.

A number of the clients are dual diagnosis or have complex needs and have a history of substance misuse and chaotic lifestyles. No alcohol or drugs are allowed on the premises. Most referrals come from the EIT and AOT.

SYHA reports that residents receive a structured offer in line with individual need, which includes activities. There is no specific recovery model in operation at Jubilee Gardens, which uses SYHA's 5 ways to well-being approach: give; be active; keep learning; connect; and take notice. Mental health care co-ordinators visit between 1 and 4 times a week

At the time of the visit there were 7 residents in the core house, a new resident due to move in and 2 vacancies.

The scheme's reputation for taking people with drug conditions does mean that some mental health staff do not want to place other people at Jubilee Gardens.

SYHA says that it is open to taking short-term/respite cases aged 18+ at Jubilee Gardens as long as a clear risk assessment has been carried out by the mental health care co-ordinator, there is a diagnosis and funding is in place through the RAP panel.

However, issues that have been raised with us are:

- How far it has a clear rehabilitation and recovery model alongside its housing support role
- The ability to place socially vulnerable people there because of the current type of client it is currently housing
- The potential to use it for a wider range of needs . for example emergency and/or respite, given that it is mostly under capacity, with an average 1-3 unoccupied beds at any one time

High Street

This accommodation based scheme run by Sanctuary Carr Gomm provides accommodation for 9 people. Currently there are 5 men and 4 women in the scheme. The building was refurbished in 2008 and provides:

- 6 bedrooms with en suite facilities . 18 months stay with a licence
- 3 self contained flats, one of which is ground floor with disabled access . 6 months follow on stay from the bedsits

There is therefore up to a two year pathway to independent living, and when people move on they receive 6 weeks further outreach support following the move. For the period April 2014 to March 2015 there have been 14 successful moves, including internal moves from bedsits to flats. Rehousing through Berneslai Homes works well.

It has housed people with a learning disability but now has mainly people with mental health problems, including young people leaving care and people with ADHD. Of the current residents three are aged 40+ and the other six are aged between 16 and 28. The referral trend is increasingly towards younger people, with a lot of referrals from Future Directions of younger people with a history of substance misuse. The scheme also has a lot of contact with the mental health teams and with Holden House, the Forge and Judith House.

The scheme would like to offer an emergency room but would need a concierge on duty overnight, as there is no onsite night cover at the present time.

Together

Together is a national charity that provides a floating support service in Barnsley. 17 support workers currently support 65 people funded via individual budgets and c.20 people funded through a block HRS grant from the Council. The majority of people they support live in Berneslai Homes stock. Others live with relatives or friends. One person currently has a housing need for which they completed a form for the snapshot survey.

The focus is practical support. Housing issues are around supporting someone to sustain their housing situation, including rents, benefits, bill payments and preventing eviction. The drop-in centre twice a week at the YMCA, funded via mental health commissioning, is seen as a very valuable support for people with mental health problems.

Some people need re-housing if the current housing is unsuitable, for example in the wrong area, and support staff help people with their housing applications and bids.

They have identified that currently each HRS funded person has to be approved individually by the Council, with an average of 2-4 hours of support a week. Together believes that it could have a more flexible and better value for money commissioning model for HRS, where it could flex hours up and down according to need.

Each referral is allocated a weekly number of hours, on average between 2 to 4 hrs per week. Referrals are usually made by housing officers or drug and alcohol services in Barnsley. At this moment in time Together is delivering 77 hrs per week funded by HRS to 23 individuals, though the number of individuals that can be supported over the next few months will need to be reduced in line with a budget reduction.

Together's ~~Your Way~~ model could offer a far more flexible model of support, concentrating on the actual needs of individuals weekly rather than them receiving the same number of hours each week because they have been allocated to them at point of referral. In reality this means that a person would receive the support they need weekly to support their mental health, ensuring the support model is flexible/fluid and person centred. If an individual is coping well they may need less hours and if they are unwell they can have increased support for a short period of time to help them through a mental health crisis.

A more flexible annual contract would enable Together to work with more service users over the financial year, as a person will not be receiving unnecessary support and the hours can be utilised for someone else. It would also enable Together to manage high demand for the service and reduce waiting times.

Funding

The market Position Statement, April 2014, states that £6.72m is spent by Barnsley Council on mental health services. We do not have a detailed breakdown of this budget.

HRS funding

HRS currently funds 3 services:

- Jubilee Gardens Satellites £27,292
- Together £70,407
- High Street £79,179

Details of accommodation and support services funded via the RAP were provided further above.

5. The scale and type of unmet need

Snapshot survey

The snapshot survey . see Appendix 9 of the main report for methodology and survey form - went out to all relevant teams and service providers across the groups covered in this commission apart from older people, including mental health services.

Of the 132 responses to the snapshot survey 9 (8%) were people with mental health problems. Figure 33 shows that 7 of the 9 completed forms came direct from mental services:

Figure 33: mental health agencies completing the snapshot survey

Agency	Number of entries
Community Mental Health Team	1
Oakwell Centre (Kendray Hospital)	4
NHS Adult Mental Health	1
Together for Mental Health Wellbeing	1
Total	7

We received feedback from staff in the mental health teams that they did not have time to complete the survey so the results below should be seen as an indicator of need and not as the extent of unmet need for people with mental health problems in Barnsley.

The survey focused on unmet need and did not cover people who were in settled accommodation, including specialist accommodation and people receiving floating support services.

35 people were identified as having mental health problems as their primary or secondary vulnerability.

10 people in the survey were identified as having mental health problems as the primary vulnerability.

25 people in the survey were identified as having mental health problems as a secondary vulnerability.

19 of the 35 were male and 16 female.

The most common age range was 26-35 (13 people) with the next highest being 18-21 (7 people) and 21-25 (6 people). 5 people were aged 36-49, 3 aged 50-59 and 1 aged 60+. Altogether, 13 people (nearly 40%) were aged 25 or under.

In terms of where they currently live or the support they receive, where this could be identified:

- 6 people were in accommodation based or floating support services for people with a substance misuse provided by Phoenix Futures
- 5 were in Judith House or in floating support linked to Judith House
- 5 people were receiving offender related floating support services from Foundation or Action Housing
- 4 people were in Kendray Hospital
- 3 were in The Forge
- 2 people were supported by the HOAPs floating support service
- 1 was in Holden House
- 1 was living in Highfield Terrace
- 1 was receiving a mental health floating support service

The primary factors affecting people's chances of resolving their housing and support needs were identified as:

- Financial problems (7). This was also identified as the main secondary reason if there was one, across all service user groups in the survey
- Long use of drugs and alcohol (5)
- Lack of life skills (5)
- Need help with re-housing/move on accommodation (4)
- Vulnerable to exploitation (3)
- Anti-social behaviour history (2)
- Offending; evictions history; child protection issues; inability to manage money; harassment; mental health issues; failed habitual residence test; and will not follow advice or attend appointments (all 1 each)

Of the 132 people in the survey, 49 people (37.1% - over a third) had been diagnosed with a mental illness and 83 (62.9%) had not.

The main primary factors in the responses affecting the chances of the person resolving their housing and support needs were seen as financial problems and difficulties managing money, long use of drugs or alcohol, lack of life skills, and the difficulty in accessing long term (move-on) housing.

The most common need for move-on solutions was for a move to a settled tenancy in their own area, with some needing ongoing support, and some with a need for move-on accommodation with either no support or a short period of resettlement support. Overall, however, more people were thought to need support for between 1 and 2 years than for either shorter or longer periods.

The survey asked if people were regularly in touch with mental health services. Of the 116 responses where this question was answered 32 people (27.6%) were regularly in touch with mental health services, 74 (63.8%) were not, and for a further 10 people (8.6%) this was not known. For a further 16 people this question was not answered.

Overall, 80% of the completed surveys that identified mental health problems as the primary or secondary issues were provided by agencies not working directly in the mental health sector, but who are supporting people who have a history of mental health problems.

Many of these people appear to have a history of dual diagnosis or complex needs, linking mental health with substance misuse and in some cases other issues that hinder their ability to have stable and sustainable housing.

HRS client record data about dual diagnosis and complex needs.

Other housing related support data about clients entering support services (supported accommodation and floating support services) in Figure 34 showed that a small number have a primary characteristic of mental health problems. A much larger number are recorded as having a mental health problem that is secondary to other vulnerabilities, including substance misuse. Figure 34 shows that in the most recent year of housing related support client data records, 28 were recorded as having dual needs (substance misuse and a mental health problem). A small number . 17 in the most recent year . have 4 different needs recorded.

Figure 34: Housing related support data

Client Group	2012-2013		2013-2014		2014-2015	
	No.	%	No.	%	No.	%
Primary mental health problems	9	1.8	6	1.3	4	1.3
Secondary mental health problems	45	9.2	81	17.7	44	14.1
Drug/alcohol misuse plus mental health problems	15	3.1	64	14.0	28	9.0

People with mental health problems also have other needs, including substance misuse. However, there is overall a lack of hard data about the number of people in Barnsley with dual diagnosis.

Hospital wards data

The Patient Flow and Resources Manager at Kendray Hospital did a data search of hospital patients in the first 20 weeks of 2015 who had accommodation problems.

For the four hospital wards at Kendray Hospital for inpatients with mental health problems, for the period January to mid May 2015:

- 17 individuals were identified with housing issues

- 10 of the 17 are homeless (59%)
- All of the individuals classified as homeless are male, and all in the working age range 18-65
- 1 of the 17 required at 2 bedroom flat/house
- 4 of the 17 (34%) required move on to appropriate accommodation/services
- 1 was residing with his son
- 1 had tenancy problems related to their mental illness

In terms of prevalence:

- One admission every two weeks is homeless
- One admission per week has an accommodation issue

This is a significant increase in prevalence from 2014, where from May-December 2014 only two inpatients were recorded as having accommodation issues.

Delayed Transfers of Care data also shows that for the period April 2014 to the end of March 2015, 17 delayed transfers of care were due to suitable accommodation awaiting to be arranged. This excludes patients waiting for placement in a rehabilitation unit and also excludes detained patients who are not recorded as delayed discharges.

Issues identified by mental health teams and services and types of unmet need

Specialist and community mental health teams

The Housing Resettlement Worker in the EIT team has around 40 cases. Out of a total of around 112 cases in the team 61 have housing, benefits or debt issues. Further information on the role of the Housing Resettlement Worker is provided in section 4.4 3 of the main report which looks at the role of specialist housing and support advice posts in Barnsley for vulnerable people. Gaps identified by the EIT relate to:

- The lack of direct access accommodation for people with mental health problems

An earlier audit carried out by the Housing Resettlement Worker with care co-ordinators in the EIT showed that they are spending regular time on housing issues.

The Intensive Home-based Treatment Team (IHBT) works with people in acute mental health need and also acts as the gatekeepers to mental health admissions to Kendray Hospital, through pre-admission assessments. The team works intensively with people for up to 3-4 months, with the aim of moving people on to another service. The main housing issues relate to:

- Breakdown in family and need for short-term housing. For some people this means hospital admission as there is no crisis accommodation alternative available in Barnsley. Some people may be placed in bed and breakfast in other neighbouring authorities such as Sheffield but many do not go and sofa surf instead. Crisis accommodation is needed once or twice a month. The key is accommodation for 24-48 hours that can meet the immediate short-term accommodation need. The IHBT would be able to support people with visits up to three times a day. This is mainly likely to be for people with dual diagnosis and personality disorder, and less likely to be needed for people with a psychotic disorder
- People of No Fixed Abode
- People in Stop Gap housing . staying with relatives
- Step down from the ward
- People with dual diagnosis whose family will not have them at home . and housing is needed to defuse the situation

The hospital provided data . see above - highlights the growing number of inpatients with housing and homelessness needs where hospital admission could have been avoided had emergency or short-term accommodation options been available. Ward staff also identified a shortage of one bedroom accommodation options.

The Assertive Outreach Team has 102 cases and focuses mainly on people with long-term psychotic illnesses, some of who will also have a chaotic lifestyle. Housing is seen as a major issue for the team, which used to have a specialist housing worker as in the EIT, but this post no longer exists. Issues identified include:

- The lack of landlords not requiring a bond. Many of the landlords not requiring a bond are ones with poor quality accommodation. This limits choice for people with mental health problems
- The limitations on the role of Jubilee Gardens
- Shortage of one bedroom permanent housing
- Lack of information about housing options and reliance on word of mouth between team members

The Community Mental Health Older Adults team covers services for people aged 40+ with depression, anxiety and schizophrenia, but not people with dementia. The team has a total caseload of between 400 and 500 cases, of which around 85% are aged 65+. Most people are in settled accommodation and the team only had one case for the snapshot survey. Housing issues are mainly to do with:

- Family breakdown or landlords giving people notice. The main short-term response is respite care in a care home for older people, with other solutions for younger people. The main aim is to prevent the crisis
- For re-housing for older people sheltered housing is an option though there can be issues around whether the offer is in a suitable location and the

attitude of other older neighbours to someone who might be in their 50s with a mental health problem being housed next to them

- Extra care is seen as generally a positive option, if a care package is included with the housing. However, the lack of night cover means that people might need to move on to residential care

We talked to the manager of two of the four Community Mental Health teams (CMHTs). He clarified that the Single Point of Access System (SPA) did not address housing issues, but that these are passed on to the CMHTs themselves. The main needs related to:

- Housing and support in relation to housing for people with chaotic lifestyles . often people with a personality disorder who also have a history of substance misuse and anti-social behaviour
- Younger people living at home where they are in danger of being kicked out of the family home
- Younger adults (i.e. 40+) with a dementia type illness who do not fit into a traditional care home

However, the numbers for the CHMTs in each of these groups is small, as the specialist teams tend to handle most of the cases where people have chaotic lifestyles that impacts on their accommodation.

The main issues around residential care are:

- The lack of a clear pathway to move people on to other forms of accommodation
- The lack of competition to prompt existing providers to raise standards

Key common issues that came out of discussions with the specialist mental health teams and the community mental health teams were:

- The mental health housing pathway developed in 2010 is no longer in use
- There is a lack of clarity about the role of the Housing Resettlement Worker outside the EIT. This applies in particular to housing advice and support he can provide to the hospital ward staff. He is clear that he has offered to provide advice and has a mini referral form. However ward staff do not seem to always be aware that he is able to support them in relation to accommodation issues, and say that he has not formally been commissioned to work with inpatients with housing issues. The Housing Resettlement Worker is certainly not involved as a matter of course where accommodation issues are identified at the 72 hours stage in the acute mental health pathway
- HOAPS has identified that a stronger link is needed with the Housing Resettlement Worker and other mental health staff so that they can work more closely together on solutions for people with mental health problems, in relation to homelessness and other housing options issues

- Staff in the mental teams, particularly the specialist teams . EIT, Assertive Outreach Team (AOT) and the Intensive Home-Based Treatment Team (IHBT) . say that they do not have good information on housing options for people with mental health problems and that there is a lack of awareness about how best to address housing related issues
- Mental health staff say that they find housing issues complicated to deal with, in particular in relation to issues such as accessing benefits, or preventing eviction
- There are sometimes issues in terms of the level of skill of accommodation based or floating support staff in supporting people with mental health problems with complex needs
- General needs housing available through the Choice Based Lettings scheme or the private sector is not always suitable in terms of type and location

Mental health teams did not identify a shortage of general needs housing supply as such, but did say that much of the one bedroom housing available via Berneslai Homes is not always in areas where people want to live, and is in flatted blocks where people with mental health problems may have to interact with other tenants.

In relation to transitions the CMHT Manager that we talked to said that few younger people in transition are referred through to the CMHTs and that none over the past year have had housing related problems. However, discussion with CAMHS indicates that sometimes young people needing to transition can get passed around different mental health teams without a case being picked up and that it can be difficult to get CMHTs to accept some young people into adult services. CAMHS do transfer cases where psychiatrists are involved. Other cases where young people have addressed their childhood or adolescence-related issues and a referral to adult services would not be appropriate or needed, are closed at the age of 18.

Housing and accommodation gaps that need to be addressed

The main issues are:

- Lack of direct access emergency housing in Barnsley for people with mental health problems, in particular people with a dual diagnosis
- The need for short-term (respite type) housing placements for people, including younger adults, where there is a family breakdown and other family members need a break - for example parents threatening to kick out a son or daughter because of their mental health problems
- A wider choice of mainstream 1-2 bedroom social housing

Overall there is no dedicated housing/mental service for people with dual diagnosis, although Jubilee House takes a number of people with a dual diagnosis.

Some areas have specialist mental health and housing services for people with a dual diagnosis. For examples Leeds has a dedicated dual diagnosis network and protocol which involves housing professionals <http://www.dual-diagnosis.org.uk/>

and

<http://www.dual-diagnosis.org.uk/Leeds%20DD%20Joint%20Working%20protocol%20-%202014.pdf>

This is clearly a large city solution that Barnsley would not be able to emulate. However, it is an area where more needs to be done to address housing needs of this group.

A specific gap identified by the older adults mental health team is that in Barnsley there does not seem to be a step in between EMI nursing and specialist MH provision. An example was provided of a client at Neville Court who requires male staff and a higher level of care than is provided at EMI, and is unable to move from specialist provision. If he were to move to EMI he would also require additional 1:1 support. Provision that bridged that gap would be useful and would avoid having to utilise expensive specialist provision especially when clients have settled and no longer require that level of input. It would also mean that clients would not have to be moved unnecessarily as their needs could be responded to in a more flexible but less costly way. However, we were unable to identify more than a one-off need in this area.

6. The changes needed to fill the gaps and meet needs

What service or system improvements are needed

Information and advice

- Improved information and advice for both service users and staff working with people with mental health problems
- Clarify the future role of the Housing Resettlement worker in the EIT so that they can play a broader advice role, in particular to the other specialist teams and ward staff at Kendray Hospital and working more closely with the Housing Options, Advice and Prevention Service to find solutions to meet the housing needs of people with mental health problems

Data collection

- Ensure that the accommodation and housing elements are completed in the SWYFT and Council client record databases for people with mental health problems

Pathways

- Reinststate the mental health housing pathway
- Develop clearer pathways out of residential care to ensure that people who could move on do not end up in a permanent residential care placement

Accommodation and support

- There is a need to rebalance the accommodation system away from the use of care and nursing homes and towards community based housing and support options
- These needs overlap with those for homeless people and include:
 - Development of direct access, short-term and respite accommodation, using existing schemes such as Jubilee Gardens and the High Street and developing new services, in particular a stickable support service for people with dual diagnosis and complex needs (a service which sticks with people irrespective of where they are living)
 - A more flexible commissioning model for floating support services that allows the provider to flex hours up and down, to meet client need, increase capacity and achieve better value for money for the commissioner
 - Low level support 1-2 hours per week
 - Invest to save preventative approach to reduce level of tenancy breakdown
- A more intensive navigator type support service targeted at people with dual diagnosis and complex needs including mental health/ASB/substance misuse

7. Predicting future demand and future supply

Future demand

Data from PANSI (Figures 35 and 36) only shows low predicted increases in numbers of people with mental health problems up to 2030, though the numbers of people with early onset dementia are predicted to rise at a faster rate, though still under 10% for both men and women.

Figure 35: Number of People in Barnsley Predicted to have a Mental Health Disorder, 2014-2030

Age and Type of Mental Health Disorder	Year of Projection					Additional No.	% Change
	2014	2015	2020	2025	2030		
People aged 18-64 predicted to have a common mental disorder	23,082	23,132	23,333	23,289	23,171	89	0.4
People aged 18-64 predicted to have a borderline personality disorder	645	647	652	650	647	2	0.3
People aged 18-64 predicted to have an antisocial personality disorder	501	503	507	510	509	8	1.6
People aged 18-64 predicted to have psychotic disorder	574	575	580	579	576	2	0.3
People aged 18-64 predicted to have two or more psychiatric disorders	10,319	10,346	10,433	10,430	10,385	66	0.6

Source: PANSI (Projecting Adult Needs and Service Information)

Figure 36: Number of People aged 30-64 in Barnsley Predicted to have Early Onset Dementia, 2014-2030

Gender and Age	Year of Projection					Additional No.	% Change
	2014	2015	2020	2025	2030		
Males aged 30-39	1	1	1	1	1	0	0
Males aged 40-49	4	4	3	3	3	-1	-25
Males aged 50-59	19	20	22	21	19	0	0
Males aged 60-64	14	14	15	17	18	4	28.6
Total males aged 30-64	38	38	41	42	41	3	7.9
Females aged 30-39	1	1	1	1	1	0	0
Females aged 40-49	4	4	4	3	4	0	0
Females aged 50-59	12	13	14	13	12	0	0
Females aged 60-64	8	8	9	10	11	3	37.5
Total females aged 30-64	26	26	28	28	27	1	3.8

Source: PANSI (Projecting Adult Needs and Service Information)

Summary of additional future supply or re-provision needed up to 2030

Extra 100 places in extra care housing for people aged 55+ with mental health problems who will move into older age (Nos. are included in supply figures under older people)

Emergency/respite - immediately available housing:

- **Immediately available accommodation needed for 1-5 people a month** to avoid hospital admission in particular for people with dual diagnosis
- Need for short-term accommodation to avoid homelessness from family breakdown . mainly using existing provision (e.g.Jubilee Gardens) . **2-3 people a month**

Note: these figures are included in the single homelessness gap analysis figures for immediately available housing to avoid homelessness, rough sleeping, and hospital admission, and to avoid homelessness on discharge from hospital and prison.

8. Recommendations

The current use of institutional care and accommodation is unbalanced and the system needs rebalancing away from use of care and nursing homes. A clear pathway is needed to move people out of institutional care

The mental health housing pathway developed in 2010, which has lapsed, needs to be updated and reinstated, and improved information is needed for staff about housing options for people with mental health problems and dual diagnosis.

The role of the Housing Resettlement Worker in the EIT should be retained, and the potential of the post providing wider accommodation advice to both hospital ward staff at Kendray Hospital and the other specialist mental health teams should be clarified. There needs to be closer working with the HOAPS service to jointly resolve housing needs of people with mental health needs and dual diagnosis.

Action to find accommodation solutions to avoid admissions to Kendray Hospital for primarily housing and homelessness reasons should be addressed as a priority. The main priority is people with dual diagnosis and complex needs. The potential of Jubilee Gardens and The High Street to provide emergency and short-term respite accommodation as part of their future role should be considered. If the focus is on avoiding hospital admissions then a joint funding approach should be developed between SWYFT and Barnsley Council. A further option might be to use short-term Shared Lives placements.

Other accommodation priorities are for younger people who need respite from the family home.

More flexible models of commissioning floating support would increase capacity in the system.

Annex B - Appendices

Introduction

The Appendices for Annex B follow the same order as the Annex:

1. Learning Disability (pages 48 - 63)
2. PDSI (pages 64 . 69)
3. Mental Health (pages 70 . 87)

Appendix B1: Learning Disability

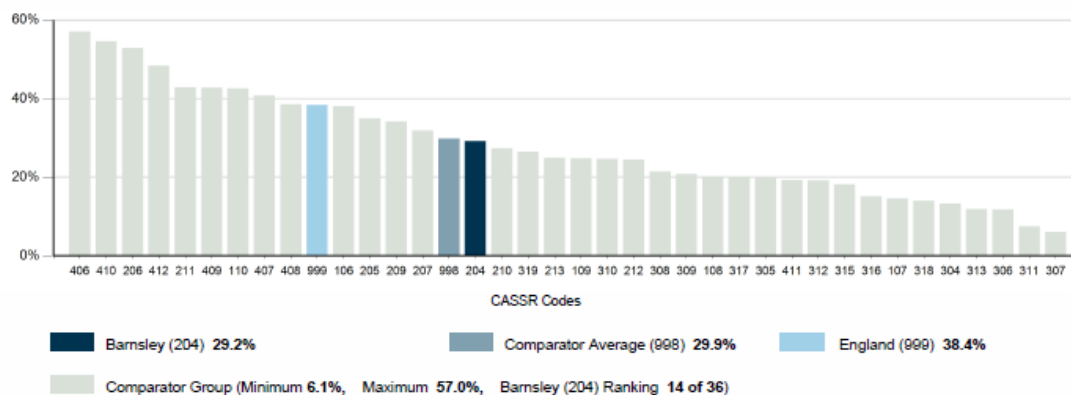
Adult Social Care performance data and care management data on older people – links to section 3 of the learning disability part of Annex B

Social Care Barnsley Department of Health NASCIS data

Department of Health NASCIS data for adult social care shows that Barnsley has a lower spend on residential care for adults with learning disabilities than the England average and a slightly lower spend than its comparator group average, as shown in Figure 1.

Figure 1: Spend on nursing and residential care for People with a learning disability in Barnsley compared with comparator group and England averages

Chart 5: Nursing and Residential Care: Proportion of Gross Current Expenditure across client types
Adults with learning disabilities (18-64)

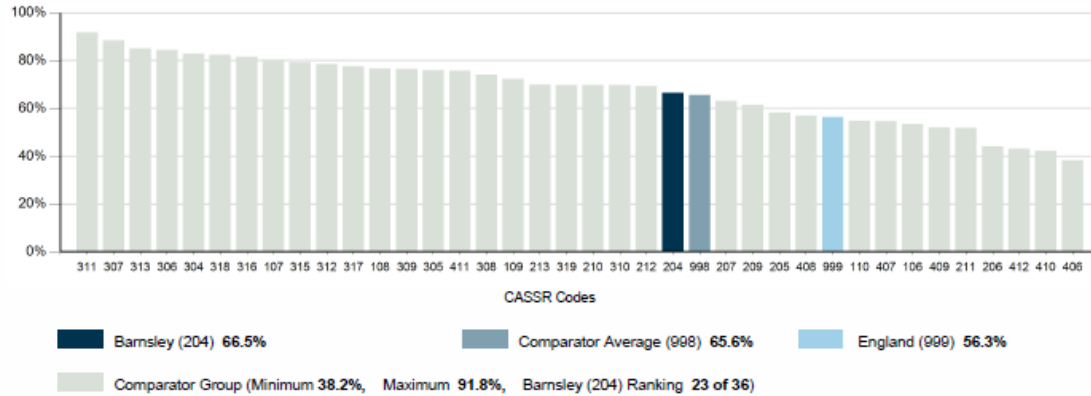


Source: PSS-EX1
Data for 2013-14 are based on final data.
Gross current expenditure is total expenditure, excluding capital charges, less all income other than client contributions.
Not all councils provided all the data items required within the return. Where a council has not provided data, that council is not represented in the chart.
All missing data items have been estimated to create national totals.

NASCIS data in Figure 2 also shows that Barnsley has a slightly higher spend than its comparator group and a much higher spend than the England average on day care and domiciliary care for people with a learning disability.

Figure 2: Spend on day and domiciliary care for People with a learning disability in Barnsley compared with comparator group and England averages

Chart 9: Day and Domiciliary Care: Proportion of Gross Current Expenditure across client types
Adults with learning disabilities (18-64)



Source: PSS-EX1

Data for 2013-14 are based on final data.

Gross current expenditure is total expenditure, excluding capital charges, less all income other than client contributions.

Not all councils provided all the data items required within the return. Where a council has not provided data, that council is not represented in the chart.

All missing data items have been estimated to create national totals.

Social Care client data on people with a learning disability in Barnsley

Social care client group data was provided to us for people in Barnsley who were being supported in the community and also people in care and nursing home placements.

Community data

Figure 3 shows that 518 people are being supported by adult social care in the community.

Figure 3: Number of people with a learning disability supported in the community

Client Group	Number
Learning Disability	518

Figures 4-7 set out the age spread of people supported in the community. There is a relatively even spread across all ages, including a significant number of older people . 77 people (14.9%) aged 55-64 and 49 people (9.5%) aged 65+. 90.5% are aged under 65

Figure 4: Age of people with a learning disability supported in the community

Age of Client with Learning Disability	Number	Percentage
Under 20 years	21	4.1%
20-24 years	80	15.4%
25-34 years	97	18.7%
35-44 years	90	17.4%
45-54 years	104	20.1%
55-64 years	77	14.9%
65-74 years	45	8.7%
75+ years	4	0.8%
TOTAL	518	

Figure 5: numbers of people with a learning disability over and under 65 supported in the community

Age of Client with Learning Disability	Number	Percentage
Adults (under 65 years)	469	90.5%
Older People (65+)	49	9.5%
TOTAL	518	

Figure 6 provides information on the type of accommodation occupied by people with a learning disability who are living and supported by the Council within the community. The highest number (126) live in supported living accommodation, with 92 owner occupiers, 79 social housing tenants and 20 private sector tenants. However for 173 people this data is not recorded.

Figure 6: Type of accommodation that people with a learning disability live in

Accommodation Type for people with a Learning Disability	Number
Not recorded	173
Acute/long stay health care	2
Adult placement	26
Housing Association	20
Owner Occupied	92
Supported Accommodation	126
Tenant . Local Authority	59
Tenant . Private Landlord	20
TOTAL	518

Figure 7 shows the tenure that people with a learning disability live in. For nearly two thirds of people (327 people) this data is not recorded.

Figure 7: Tenure of people with a learning disability living in the community

Tenure of people with a Learning Disability	Number	Percentage
Housing Association	20	3.9%
Owner Occupied	92	17.8%
Tenant . Local Authority	59	11.4%
Tenant . Private Landlord	20	3.9%
Not recorded	327	63.1%
TOTAL	518	

Figures 8 show that only 40 people (7.7%) with a learning disability in the community and receiving services from the Council are living alone

Figure 8: Numbers of people with a learning disability living in the community living alone

Client Group	Living Alone No.	Living Alone %	Not living alone No.	Not living alone %	TOTAL
Learning Disability	40	7.7%	478	92.3%	518

Figure 9: Number of people receiving day care, direct payments and home care

Service type	Receiving service	Not receiving service
Day Care	183	335
Direct Payments	170	348
Home Care	189	329

Care and nursing home placements data

Figures 10 shows that 115 people with a learning disability are in a care or nursing home placement, as compared with 518 people receiving community based services.

Figure 10: Number of people with a learning disability in a care or nursing home

Client Group	Number
Learning Disability	115

Of these people Figure 11 shows that over 90% are living in a care home and less than 10% in a nursing home

Figure 11: Proportion of people with a learning disability in a home in residential or nursing care

Client Group	Nursing	Residential
Learning Disability	9.6%	90.4%

Figure 12 shows that three quarters of people with a learning disability in Barnsley in a care home are under 65 and Figure 13 provides a breakdown by age. 9.5% are under 25 and there is then a reasonable age spread across the 25-64 age groups.

Figure 12: Proportion of people with a learning disability in a care home who are under or over 65

Client Group	Adult (under 65)	Older person (65+)
Learning Disability	74.8%	25.2%

Figure 13: Age breakdown of people with a learning disability in a care home

Age of Client with Learning Disability	Percentage
Under 20 years	1.7%
20-24 years	7.8%
25-34 years	20%
35-44 years	13.9%
45-54 years	22.6%
55-64 years	10.4%
65-74 years	15.7%
75+ years	7.8%

Figure 14 shows the number of years since admission to a care home. Nearly a third have been in for 1-3 years and a further third for 4-6 years. 15.7% have been in for over 10 years

Figure 14: Years since admission to a care home

Years since admission of Client with Learning Disability	Percentage
Less than 1 year	7.0%
1-3 years	32.2%
4-6 years	32.2%
7-9 years	13.0%
10-12 years	8.7%
13+ years	7.0%

Support services

Other housing related support data about clients entering support services (supported accommodation and floating support services) in Figure 15 showed that only a small number of clients in HRS funded services have a primary or secondary vulnerability categorised as learning disability.

Figure 15: Client data of proportion of people receiving HRS have learning disability

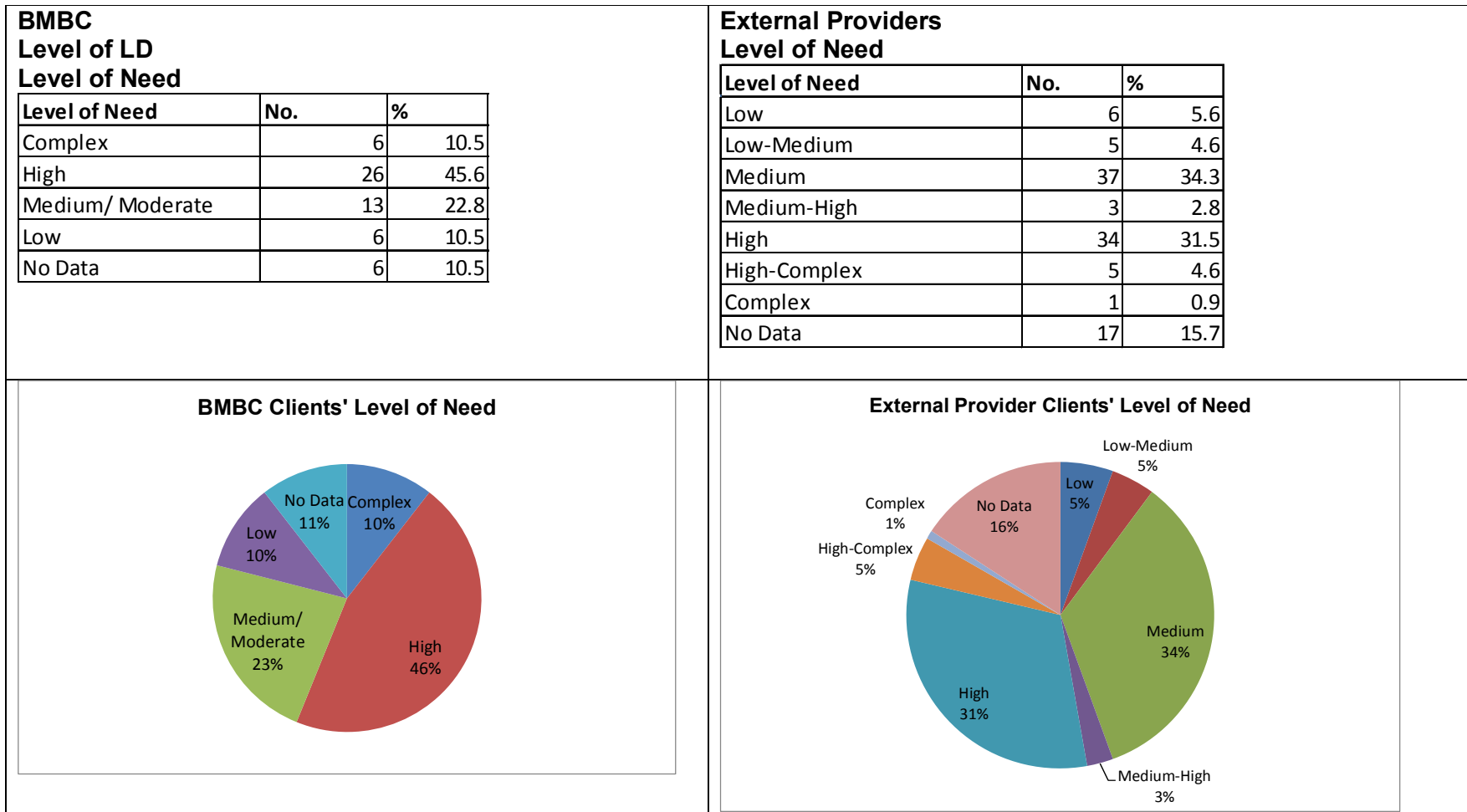
Client Group	2012-2013		2013-2014		2014-2015	
	No.	%	No.	%	No.	%
Primary learning disabilities	6	1.2%	1	0.2%	2	0.6%
Secondary learning disabilities	8	1.6%	16	3.5%	6	1.9%
Total clients in support services each year / % with learning disabilities	490	2.8%	458	3.7%	312	2.5%

What is in place to meet demand (supply of accommodation, floating support and other services) – links to section 4 of the learning disability part of Annex B

Figure 17: Residential care and nursing home places for Adults with learning disabilities

Name	Residential/ Nursing	MH	LD	PD	Substance misuse	Sensory	No. of beds
Central – Dodworth							
Aspire Respite Support Services	Residential	x	x	x		x	2
Dorothy House	Residential		x			x	16
The Brambles	Nursing		x	x			6
Central – Kingstone							
Shaftsbury House	Residential		x				10
Central – Stairfoot							
Park Cottages	Residential		x				9
Central – Worsbrough							
Highfield Farm	Residential		x				11
Oak House	Residential		x	x		x	4
North East – Monk Bretton							
199 Burton Road	Residential	x	x			x	4
13 Station Road (Aspire)	Residential	x	x			x	7
Ivy Mead	Residential	x	x	x		x	19
Penistone – Penistone East							
Hoylands House	Residential		x				11
South – Darfield							
Havenfield Lodge	Nursing		x	x			46
Pennine View	Residential		x				2
Rosglen Residential Home	Residential		x				9
South – Wombwell							
36 West Street	Residential		x				6
TOTAL							162

Figure 18: Anonymised data from adult social care about people living in council managed and independent sector managed supported living



<table border="1"> <thead> <tr> <th>Level of LD</th> <th>No.</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Mild</td> <td>9</td> <td>15.8</td> </tr> <tr> <td>Moderate</td> <td>23</td> <td>40.4</td> </tr> <tr> <td>Severe</td> <td>14</td> <td>24.6</td> </tr> <tr> <td>Severe/ Profound</td> <td>3</td> <td>5.3</td> </tr> <tr> <td>Profound</td> <td>3</td> <td>5.3</td> </tr> <tr> <td>No Data</td> <td>5</td> <td>8.8</td> </tr> </tbody> </table>	Level of LD	No.	%	Mild	9	15.8	Moderate	23	40.4	Severe	14	24.6	Severe/ Profound	3	5.3	Profound	3	5.3	No Data	5	8.8		<table border="1"> <thead> <tr> <th>Level of LD</th> <th>No.</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Low</td> <td>5</td> <td>4.6</td> </tr> <tr> <td>Mild</td> <td>20</td> <td>18.5</td> </tr> <tr> <td>Mild-Moderate</td> <td>1</td> <td>0.9</td> </tr> <tr> <td>Moderate</td> <td>45</td> <td>41.7</td> </tr> <tr> <td>Moderate-Severe</td> <td>3</td> <td>2.8</td> </tr> <tr> <td>Severe</td> <td>18</td> <td>16.7</td> </tr> <tr> <td>No Data</td> <td>16</td> <td>14.8</td> </tr> </tbody> </table>	Level of LD	No.	%	Low	5	4.6	Mild	20	18.5	Mild-Moderate	1	0.9	Moderate	45	41.7	Moderate-Severe	3	2.8	Severe	18	16.7	No Data	16	14.8				
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Complexity of Support			Complexity		
Number of Complexities of Support	No.	%	Number of Complexities	No	%
0	11	19.3	0	34	31.5
1	6	10.5	1	23	21.3
2	22	38.6	2	24	22.2
3	18	31.6	3	27	25.0

Complexity of Support 1	No.	%
Autism	2	3.5
Behaviour	12	21.1
Behaviour OCD	1	1.8
Communication	1	1.8
Dementia	4	7.0
Epilepsy	4	7.0
Forensic Issues	2	3.5
Health	3	5.3
Mental Health	6	10.5
Mobility	1	1.8
Non Verbal LD	3	5.3
Physical Disability	2	3.5
Physical Health	1	1.8
Risk Behaviour	1	1.8
Sensory	3	5.3
Blank	11	19.3

Complexity of Support 1	No.	%
Autism	3	2.8
Behaviour	21	19.4
Behaviour/ Communication	1	0.9
Cognitive Decline	2	1.9
Communication	1	0.9
Complex	1	0.9
Dementia	2	1.9
Epilepsy	3	2.8
Health	7	6.5
Mental Health	7	6.5
Mobility	8	7.4
Non Verbal LD	5	4.6
Personal Care	3	2.8
Physical Disability	4	3.7
Risk Management	1	0.9
Sensory	1	0.9
Sight Impaired	2	1.9
Tourette's Syndrome	1	0.9
Vulnerability	1	0.9
Blank	34	31.5

Complexity of Support 2	No.	%		Complexity of Support 2	No.	%	
Autism	3	5.3		Epilepsy	1	0.9	
Behaviour	8	14.0		ADL Support	1	0.9	
Communication	1	1.8		Behaviour	4	3.7	
Dementia	2	3.5		Behaviour/Autism	1	0.9	
Diabetes	1	1.8		Cognitive Decline	1	0.9	
Epilepsy	1	1.8		Cognitive Decline / Dementia	1	0.9	
Health	4	7.0		Communication	2	1.9	
Mental Health	1	1.8		Dementia	1	0.9	
Mobility	4	7.0		Epilepsy	5	4.6	
Non Verbal LD	6	10.5		Health	4	3.7	
Physical Disability	5	8.8		Hearing Impairment	1	0.9	
Risk Management	2	3.5		Mental Health	3	2.8	
Sensory	1	1.8		Mobility	8	7.4	
Substance Misuse	1	1.8		Non Verbal LD	4	3.7	
Blank	17	29.8		Personal Care	6	5.6	
				Physical Health (Diabetes)	1	0.9	
				Risk Management	7	6.5	
				Blank	57	52.8	

Complexity of Support 3			Complexity of Support 2		
No.	%		No.	%	
Autism	2	3.5	Epilepsy	1	0.9
Health	3	5.3	ADL Support	1	0.9
Health / Sensory	1	1.8	Behaviour	4	3.7
Mobility	5	8.8	Behaviour/Autism	1	0.9
Non Verbal LD	2	3.5	Cognitive Decline	1	0.9
Physical Disability	1	1.8	Cognitive Decline / Dementia	1	0.9
Physical Health	3	5.3	Communication	2	1.9
Sensory	1	1.8	Dementia	1	0.9
Blank	39	68.4	Epilepsy	5	4.6
			Health	4	3.7
			Hearing Impairment	1	0.9
			Mental Health	3	2.8
			Mobility	8	7.4
			Non Verbal LD	4	3.7
			Personal Care	6	5.6
			Physical Health (Diabetes)	1	0.9
			Risk Management	7	6.5
			Blank	57	52.8

Support Hours			Support Hours		
Existing Support Hours Grouped	No.	%	In receipt of Individual Budget	24	
4 to 16	13	22.8	% Total	22.2	
17-39	11	19.3			
40-65	15	26.3			
66-105	11	19.3			
Blank	7	12.3			
Existing Support Hours Comments	No.	%	Support Hrs Weekly	No.	%
Shared sleep in	21	36.8	10	4	3.7
Shared sleep in & WN staff	4	7.0	18	1	0.9
Shared WN	4	7.0	20	2	1.9
Sleep in x 7	5	8.8	21	1	0.9
Sleep in x 7 (Section 117)	2	3.5	25	4	3.7
WN	1	1.8	25.6	1	0.9
Blank	20	35.1	29	1	0.9
			29.5	1	0.9
			30	1	0.9
			30.25	2	1.9
			35	1	0.9
			40	1	0.9
			64	2	1.9
			Not Recorded	86	79.6

Accommodation Requirements			Accommodation requirements		
Accommodation Requirements further detail 1	No.	%	Accommodation Requirements	No.	%
Core and Cluster	4	7.0	Core and Cluster Model / or Clustered Accommodation	1	0.9
Extra Care with wrap around support	1	1.8	Explore possibility of Sheltered/Extra Care	1	0.9
Floating Support	3	5.3	Ground Floor / Level Access	1	0.9
Key Ring	3	5.3	Individual Occupancy may suit Key Ring scheme with additional support	1	0.9
Residential	6	10.5	Individual or Shared Accommodation	1	0.9
Residential - Dementia	1	1.8	Individual or shared occupancy. May suit sheltered/ extra care in the future	1	0.9
Residential - LD Specific	9	15.8	Residential Placement or may suit Extra Care but would require significant addition	1	0.9
Shared Lives Placement	1	1.8	Shared Accommodation	11	10.2
Sheltered Accommodation	4	7.0	Shared accommodation & family support	1	0.9
Sheltered/Extra Care	6	10.5	Shared Accommodation or Core and Cluster	1	0.9
Blank	19	33.3	Shared Accommodation with compatible other(s) and sleep in support overnight	4	3.7
			Shared Accommodation with compatible others	2	1.9
			Shared Accommodation with sleep in support	29	26.9
			Shared Accommodation with sleep in support or consider Extra Care scheme with	1	0.9
			Shared Accommodation with well matched others . Sleep in support	1	0.9
			Shared accommodation. Sleep in support overnight.	1	0.9
			Shared Lives	1	0.9
			Shared or Single Occupancy Accommodation	1	0.9
			Sheltered/Extra Care	5	4.6
			Single Occupancy	16	14.8
			Single Occupancy Accommodation with sleep in	1	0.9
			Blank	26	24.1

Accommodation Requirements further detail 2	No.	%	Accommodation Requirements Extra Detail	No.	%
Core and Cluster	1	1.8	Clustered Accommodation	10	9.1
Residential - older persons	1	1.8	Core and Cluster	6	5.5
Shared Lives Placement	1	1.8	Core and Cluster or Clustered Accommodation	2	1.8
Blank	54	94.7	Extra care (shared) with wrap around support	1	0.9
			Extra Care Accommodation	2	1.8
			Extra Care with wrap around support	2	1.8
			Key Ring Scheme	1	0.9
			May suit Core and Cluster with appropriate risk management	2	1.8
			Residential - LD Specific	4	3.6
			Residential Care	3	2.7
			Residential Placement or Extra Care	1	0.9
			Shared Lives Placement	2	1.8
			Sheltered Housing/Extra Care	7	6.3
			Sheltered Housing/Extra Care	1	0.9
			Sleep in support	1	0.9
			Blank	63	58.2

Adaptations			Adaptations		
Adaptations	No.	%	Adaptations	No.	%
Environmental adaptations to meet personal care and mobility needs	4	7.0	Environmental adaptations to maximise independence	1	0.9
Level access facilities	24	42.1	Ground Floor Level Access Accommodation and Facilities	4	3.7
Level access facilities and environmental adaptations	1	1.8	Level Access Accommodation and Facilities	33	30.6
Blank	28	49.1	Level access facilities. Environmental adaptation to meet sens	1	0.9
			Blank	69	63.9
Assistive Technology/ Telecare	No.	%	Assistive Technology/ Telecare	No.	%
Door and Window Sensors	1	1.8	Assess for suitability for use of Telecare	1	0.9
Door Sensors	1	1.8	Assess for Telecare 'falls risk'	1	0.9
Safe and Secure at Home & Alarm Pendant	4	7.0	Central Call	3	2.8
Safe and Secure at Home Package	14	24.6	Central Call, Assessment for use of Telecare	1	0.9
Blank	37	64.9	Central Call, Safe and Secure at Home	10	9.3
			Potential to use Assistive Technology	2	1.9
			Potential to use Central Call, Safe and Secure at Home package	1	0.9
			Safe and Secure at Home package	7	6.5
			Blank	82	75.9

Appendix B2: PDSI

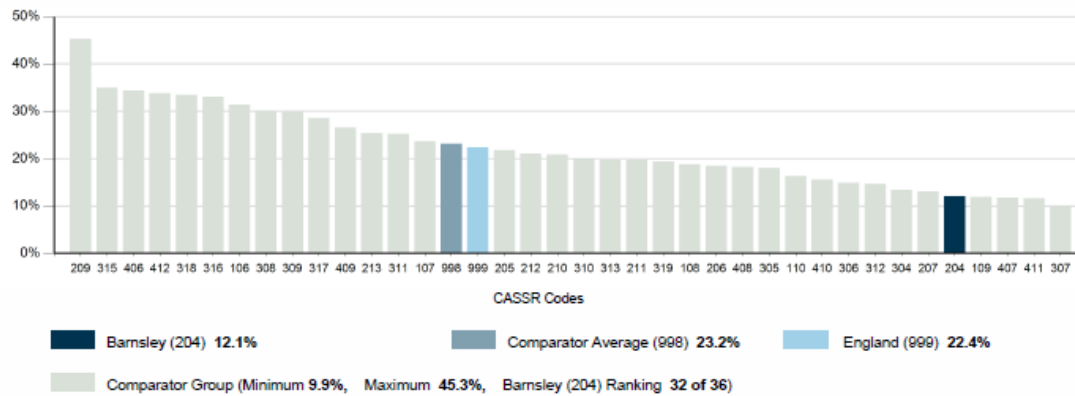
Adult Social Care performance data and care management data on older people – links to section 3 of PDSI part of Annex B

Social Care Barnsley Department of Health NASCIS data

Figure 1 below from Department of Health NASCIS data for adult social care shows that Barnsley is a low user of nursing and residential care for people with a physical disability compared with both its comparator group and the England average.

Figure 1: expenditure on nursing and residential care for adults with PDSI

Chart 4: Nursing and Residential Care: Proportion of Gross Current Expenditure across client types
Adults with physical disabilities (18-64)

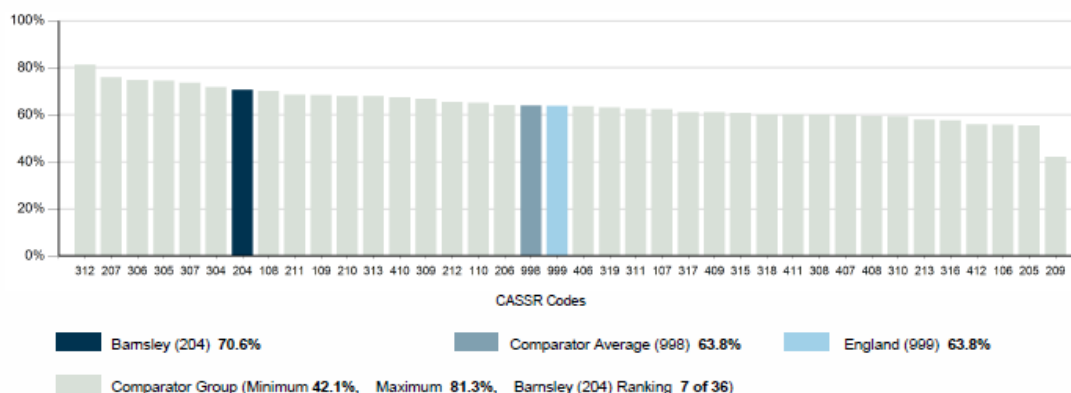


Source: PSS-EX1
Data for 2013-14 are based on final data.
Gross current expenditure is total expenditure, excluding capital charges, less all income other than client contributions.
Not all councils provided all the data items required within the return. Where a council has not provided data, that council is not represented in the chart.
All missing data items have been estimated to create national totals.

Figure 2 shows that in contrast Barnsley spends a much higher proportion of its budget than the England and comparator average on day and domiciliary care.

Figure 2: expenditure on day and domiciliary care for adults with PDSI

Chart 8: Day and Domiciliary Care: Proportion of Gross Current Expenditure across client types
Adults with physical disabilities (18-64)



Social Care client data on people with PDSI in Barnsley

Anonymised data was provided from the Council’s adult social care client database on adults and older people with PDSI.

Care and nursing home placements

This NASCIS data on low use of residential and nursing home care is confirmed by data on care home placements from Barnsley’s adult social care database.

The data in Figure 3 below shows that, of the 947 people with a physical disability or visual impairment who were in a residential care or nursing home in April 2015, only 2.7% (26) were under 65. 1.6% were aged 55-64 and 1.1% aged between 35 and 54. There were no adults with physical disability in care home placements under the age of 35.

Figure 3: Adults under 65 with PDSI as %age of all care home placements

Age of adults under 65 with a physical disability as a %age of total placements for all ages	Percentage
Under 20 years	0%
20-24 years	0%
25-34 years	0%
35-44 years	0.4%
45-54 years	0.7%
55-64 years	1.6%
65+	97.3%%

We were told by the Council that there are currently only 9 people with PDSI who are in long-term residential care or nursing homes, and that 30 people have been moved on to more independent settings. We assume therefore that the remainder of the 26 people logged on the adult social care client database as being in long-term care are in short-term or respite placements.

Community placements

Figure 4 below provides information on the breakdown of impairment type for the 1,277 adults and older people with PDSI who are living in the community with support from adult social care. Of those recorded, 1,048 were physically frail, 81 with visual impairment and 17 with hearing impairment.

Figure 4: Disability and impairment type

Client Sub Group	Number
Dual Sensory Loss	3
Hearing Impairment	17
Physically Frail/ Temporarily Ill	1,048
Visual Impairment	81
Not recorded	128
TOTAL	1,277

The data from the adult social care database on people with a physical disability living in the community shows in Figure 5 that 227 (17.8%) are under 65. It shows that a much higher number of people with PDSI under 65 are being supported in the community (227) rather than in long-term care (26)

Figure 5: Number and %age of PDSI clients who are under or over 65

Age of Client with a Physical Disability	Number	Percentage
Adults (under 65 years)	227	17.8%
Older People (65+)	1050	82.2%
TOTAL	1277	100%

A more detailed age breakdown is provided in Figure 6 below.

Figure 6: Age breakdown of people with PDSI receiving community based services

Age of Client with a Physical Disability	Number	Percentage
Under 20 years	1	0.1%
20-24 years	6	0.5%
25-34 years	21	1.6%
35-44 years	32	2.5%
45-54 years	70	5.5%
55-64 years	97	7.6%
65-74 years	190	14.9%
75+ years	860	67.3%
TOTAL	1277	100%

Figure 7 shows the accommodation type of people of all ages with PDSI living in the community.

Figure 7: Accommodation type of people with PDSI

Accommodation Type for people with a Physical Disability	Number
Not recorded	135
Acute/long stay health care	0
Adult placement	1
Housing Association	111
Owner Occupied	580
Supported Accommodation	0
Tenant . Local Authority	416
Tenant . Private Landlord	34
TOTAL	1277

Figures 8-10 show the tenure breakdown, firstly across all ages (Figure 8) and then for people under 65 (Figure 9) and people aged 65+ (Figure 10).

For people under 65 the largest tenure group is social and private renting, whereas for people aged 65+ a higher proportion own their own homes (47.8%) rather than rent

Figure 8: Tenure of people with PDSI (all ages of adults)

Tenure of people with a Physical Disability	Number	Percentage
Housing Association	111	8.7%
Owner Occupied	580	45.4%
Tenant . Local Authority	416	32.6%
Tenant . Private Landlord	34	2.7%
Not recorded	136	10.6%
TOTAL	1277	100%

Figure 9: Tenure of people with PDSI under 65

Tenure	No.	% of that age group
Adult Placement	1	0.4%
Housing Association	27	11.9%
Owner Occupied	78	34.4%
Tenant Local Authority	87	38.3%
Tenant Private Landlord	14	6.2%
Not Recorded	20	8.8%
Total	227	100.0%

Figure 10: Tenure of people with PDSI aged 65+

Tenure	No.	% of that age group
Housing Association	84	8.0%
Owner Occupied	502	47.8%
Tenant Local Authority	329	31.3%
Tenant Private Landlord	20	1.9%
Not Recorded	115	11.0%
Total	1050	100.0%

Figure 11 shows that 34.4% of people with PDSI aged under 65 live alone, whereas this figure increases to 53.9% of people aged 65+

Figure 11: %age of people with PDSI under 65 and 65+ Living Alone

Age Group	No.	% of that age group
Under 65	78	34.4%
65+	566	53.9%

Figure 12 shows that only 3 people with PDSI aged under 65 receive day care.

Figure 12: %age of people with PDSI under 65 and 65+ receiving day care

Age Group	No.	% of that age group
Under 65	3	1.3%
65+	22	2.1%

Figure 13 shows that a much higher %age of people with PDSI aged under 65 (41.9%) are on direct payments than people aged 65+ (18.2%)

Figure 13: %age of people with PDSI under 65 and 65+ on direct payments

Age Group	No.	% of that age group
Under 65	95	41.9%
65+	191	18.2%

Figure 14 shows that receipt of home care is consistent across adults and older people: 50.7% of people under 65 and 57.7% of people aged 65+.

Figure 14: %age of people with PDSI under 65 and 65+ receiving home care

Age Group	No.	% of that age group
Under 65	115	50.7%
65+	606	57.7%

What is in place to meet demand (supply of accommodation, floating support and other services) – links to section 4 of PDSI part of Annex B

Residential care accommodation and placements

Figure 15: Residential care and nursing home places for Adults with Physical disability or sensory impairment

Name	Residential/ Nursing	MH	LD	PD	Substance misuse	Sensory	No. of beds
Central – Dodworth							
Aspire Respite Support Services	Residential	x	x	x		x	2
Dorothy House	Residential		x			x	16
The Brambles	Nursing		x	x			6
Central – Stairfoot							
Neville Court	Nursing	x		x			20
Oak House	Residential		x	x		x	4
North East – Monk Bretton							
199 Burton Road	Residential	x	x			x	4
13 Station Road (Aspire)	Residential	x	x			x	7
Cherry Trees Care Home	Nursing & Residential	x		x			89
Ivy Mead	Residential	x	x	x		x	19
The Grange and Elm Court	Residential	x		x	x		43
North East – North East							
Dearnevale	Nursing	x		x			40
South – Darfield							
Havenfield Lodge	Nursing		x	x			46
TOTAL							296

Appendix B3: Mental health

NHS and Adult Social Care performance data and care management data on older people – links to section 3 of the mental health part of Annex B

This Appendix provides health and social care client data on people with mental Health problems on Barnsley and their housing situation:

- Department of Health NASCIS data for adult social care for people with mental health problems
- Mental health client data from RIO (the SWYFT database on mental clients in Barnsley)
- Adult Social care data mental health client data

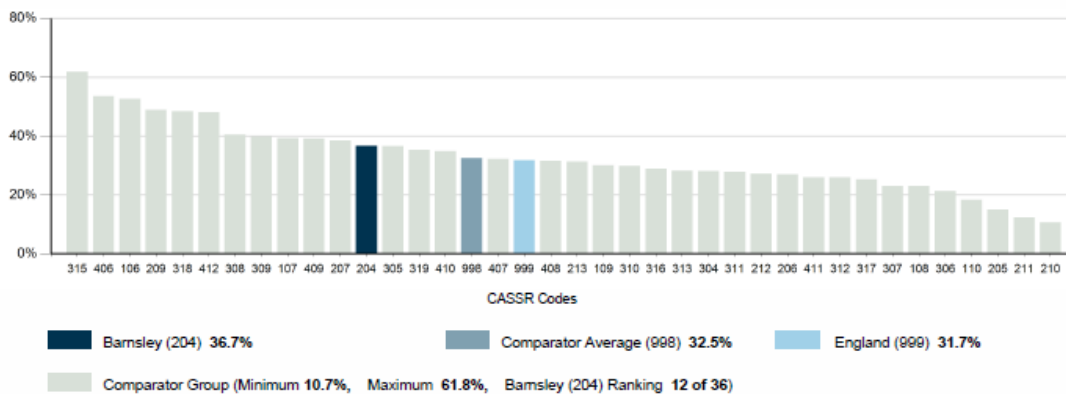
Department of Health NASCIS data

Adult social care outcome measures for people with mental health problems

Department of Health NASCIS data for adult social care shows that Barnsley is a higher than average user of residential care for adults with mental health problems, as is shown in Figure 1 below.

Figure 1: Use of nursing and residential care for people with mental health problems compared with comparator group and England averages

Chart 6: Nursing and Residential Care: Proportion of Gross Current Expenditure across client types Adults with mental health needs (18-64)



Source: PSS-EX1

Data for 2013-14 are based on final data.

Gross current expenditure is total expenditure, excluding capital charges, less all income other than client contributions.

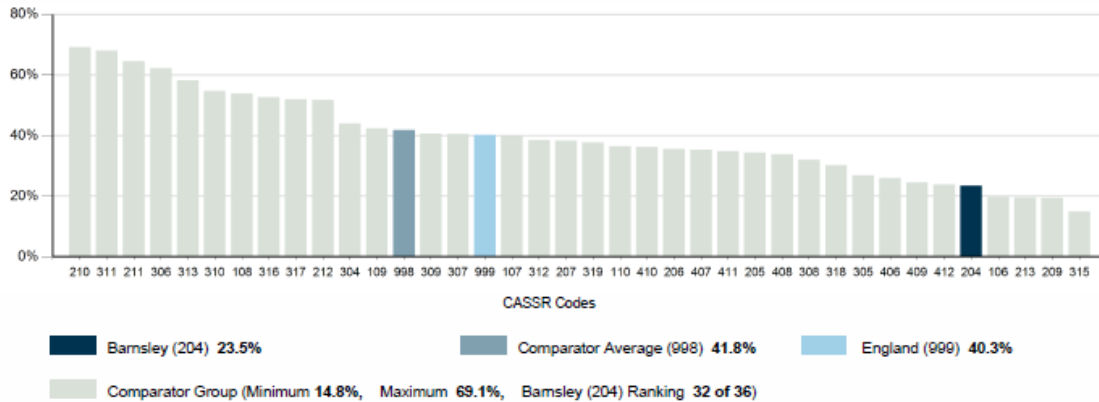
Not all councils provided all the data items required within the return. Where a council has not provided data, that council is not represented in the chart.

All missing data items have been estimated to create national totals.

NASCIS data also shows that Barnsley is a much lower than average user of day and domiciliary care provision for adults with mental health problems, as is shown in the Figure 2 below

Figure 2: Use of day and domiciliary care for people with mental health problems compared with comparator group and England averages

Chart 10: Day and Domiciliary Care: Proportion of Gross Current Expenditure across client types
Adults with mental health needs (18-64)

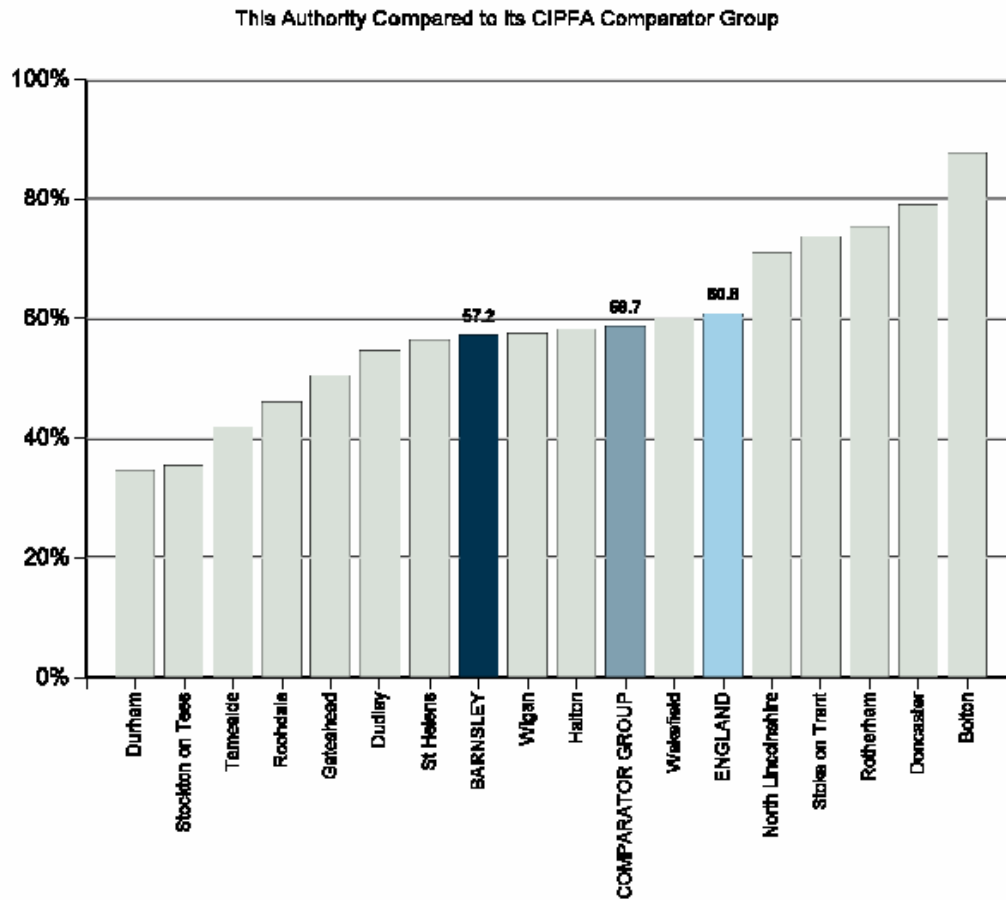


Source: PSS-EX1
 Data for 2013-14 are based on final data.
 Gross current expenditure is total expenditure, excluding capital charges, less all income other than client contributions.
 Not all councils provided all the data items required within the return. Where a council has not provided data, that council is not represented in the chart.
 All missing data items have been estimated to create national totals.

A further NASCIS indicator looks at the proportion of adults in contact with secondary mental health services living independently living with or without support. As the Figure 3 below shows Barnsley scores lower than both its comparator group and the England average. This indicator links closely with the NHS indicator above on the low proportion of people in Barnsley with mental health problems living in settled accommodation.

Figure 3: Proportion of adults with mental health problems living independently

1H - Adults in contact with secondary mental health services living independently, with or without support, expressed as a percentage, 2013-14



Stable and appropriate accommodation is closely linked to improving safety and reducing the risk of social exclusion.

Where council measures are not shown, data are either unavailable or have been suppressed by HSCIC.

Sources - Numerator and denominator: MHMDS.

Please note: National totals are not the exact sum of every councils data. In some instances it is not possible to attribute a service user to a council but these service users still form part of the national total.

Data for 2013-14 is based on final data.

Health client data from SWYFT

SWYFT has provided data on people with mental health problems in Barnsley. The tables below cover:

Figures 4-8: ALL clients on the database:

- Clients grouped under the different mental health cluster names
- Accommodation status where known
- Whether or not in settled accommodation
- Age profile

Figures 9-14: ONLY the 24.8% of the clients on the database that are allocated a cluster name. They exclude: people whose cluster was unallocated; and people whose accommodation status was not elsewhere classified, not known or not specified. Settled and unsettled tables are sub-sets of this group.

- Accommodation status of people in settled accommodation
- Accommodation status of people in non settled accommodation
- Accommodation status (both settled and not settled) by 4 age categories . under 18, 18-25, 25-65, 65+

The accommodation status tables state whether a particular category of accommodation status is counted as:

- Settled (S)
- Not settled (NonS)

Figure 4 provides information on the number of people in each mental health cluster group for the allocated cases, which represent 24.8% of total cases. 75.2% of cases (11514 cases) were not allocated a designated mental health cluster. The highest proportion of allocated cases relate to:

- Cognitive impairment
- Non psychotic disorders
- Psychoses

Figure 4: Client status by mental health cluster group

Cluster Name	No.	%
0 Variance	26	0.2
1 Common MH prob (Low severity)	8	0.1
10 First Episode Psychosis	146	1.0
11 Ongoing Recurrent Psych (Low symp)	207	1.4
12 Ongoing/Recurrent Psych (High dis)	182	1.2
13 Ongoing/Recurrent Psych High symp/Dis	97	0.6
14 Psychotic Crisis	31	0.2
15 Severe Psychotic Depression	13	0.1
16 Dual Diagnosis	37	0.2
17 Psychosis and Affective Disorder	87	0.6
18 Cognitive Impairment (Low need)	865	5.7
19 Cog Impairment or Dementia (Mod need)	608	4.0
2 Common MH prob (Low sev greater need)	32	0.2
20 Cog Impairment or Dementia (High need)	116	0.8
21 Cog Impairment/Dem (High Phy or Eng)	25	0.2
3 Non-Psychotic (Moderate severity)	214	1.4
4 Non-Psychotic (Severe)	268	1.8
5 Non-Psychotic Disorders (Very severe)	118	0.8
6 Non-Psych Disorder of Over-valued Idea	97	0.6
7 Endure Non-Psych Disorders (High dis)	450	2.9
8 Non-Psych Chaotic/Challenging Disorder	165	1.1
99 Unallocated	11514	75.2

Figure 5 sets out the accommodation status for all cases. In 70.8% of cases the accommodation status is unknown. Of the 29.2% of cases where the accommodation status is known:

People in settled accommodation

The highest proportion were:

- Home owners (10.6%), followed by
- Tenants with a social landlord (7.2%)
- Private sector tenants (2.8%)
- Settled housing with family/friends (2.8%)
- Supported housing (0.2%)
- Sheltered housing (0.1%)

People not in settled accommodation

The highest proportion were people living in different designations of care or nursing home

- People in a non mental health registered care home (1.5%), followed by
- Nursing home for older people (1.3%)
- Mental health registered care home (0.8%)

Smaller numbers of people were not in short or long-term institutional care but were in an unsettled housing situation. For example:

- Staying with family or friends short-term (47 people - 0.3%)
- Sofa surfing (20 people - 0.1%)
- Other homeless (9 people)
- Rough sleeper (4 people)
- Temporary accommodation such as B & B (4 people)
- Refuge (3 people)

Figure 5: Accommodation status of all cases

Accommodation Status	No.	%
Acute/long stay HC res fac/hosp (Non-S)	2	0.0
Bail/Probation hostel (S)	2	0.0
Extra care sheltered housing (S)	4	0.0
Independent hospital/clinic (Non-S)	4	0.0
MH Registered Care Home (Non-S)	119	0.8
Mobile accom (Gypsy/Roma) (S)	1	0.0
NHS acute psychiatric ward (Non-S)	6	0.0
Non-MH Registered Care Home (Non-S)	225	1.5
Not elsewhere classified	3	0.0
Not known	12	0.1
Not specified	3	0.0
Nursing Home older persons (Non-S)	203	1.3
Other accom care/supp (not spec MH) (S)	8	0.1
Other accom criminal justice supp (S)	1	0.0
Other accom with MH care and support (S)	17	0.1
Other homeless (Non-S)	9	0.1
Other mainstream housing (S)	14	0.1
Other NHS facilities/hospital (Non-S)	1	0.0
Other sheltered housing (S)	6	0.0
Owner/Occupier (S)	1617	10.6
Prison (Non-S)	3	0.0
Refuge (Non-S)	3	0.0
Rough sleeper (Non-S)	4	0.0
Secure psychiatric unit (Non-S)	12	0.1
Settled housing with family/friends (S)	432	2.8
Shared ownership scheme (S)	5	0.0
Sheltered housing for older persons (S)	17	0.1
Sofa surfers-dif friend each night(Non-S)	20	0.1
Specialist rehabilitation/recvry (Non-S)	7	0.0
Squatting (Non-S)	1	0.0
Staying family/friends short term(Non-S)	47	0.3
Supported accommodation (S)	33	0.2
Supported group home (S)	5	0.0
Supported lodgings (S)	1	0.0
Temp LA accom eg B&B (Non-S)	4	0.0
Tenant - Housing Association (S)	424	2.8
Tenant - private landlord (S)	378	2.5
Tenant -LA/Managmnt Org/Reg Landlord (S)	819	5.4
Unknown	10834	70.8

Figure 6 shows that 24.7% of all cases are in settled accommodation, and 4.5% cases are in non settled accommodation. However, for 70.8% of cases the situation is unknown.

Figures 7 and 8 show the age breakdown of cases. Over half are aged 25-65. 23.7% of cases are 25 or under, with nearly half of these under 18. A further 23% are aged 65+

Figure 6: Number and %age of people in settled accommodation

Settled Accommodation	No.	%
Yes	3784	24.7
No	688	4.5
Unknown	10834	70.8

Figure 7: Age Group of people in settled accommodation

Age Group	No.	%
Under 18	1747	11.4
18-25	1889	12.3
25-65	8164	53.3
65+	3506	22.9

Figure 8: Age Profile of people in settled accommodation

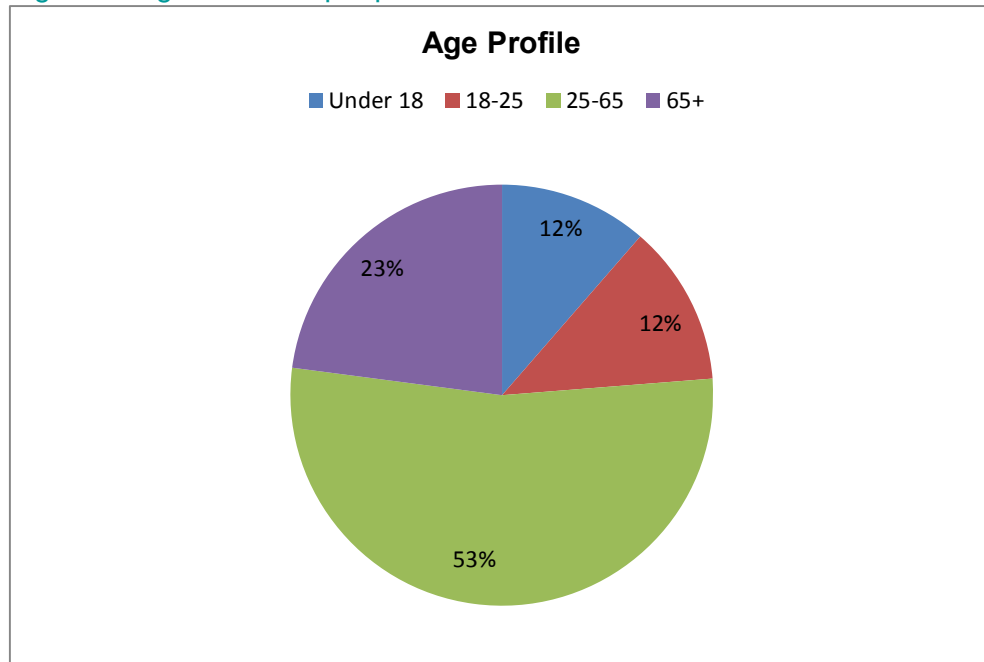


Figure 9 focuses on the 3784 (24.7%) of people who are in settled accommodation. 42.7% are owner occupiers, 32.8% social housing tenants, 10% private sector tenants, 11.4% settled with family or friends. Much smaller numbers are living in some form of specialist housing,

Figure 9: Settled accommodation

Accommodation Status	No.	%
Bail/Probation hostel (S)	2	0.1
Extra care sheltered housing (S)	4	0.1
Mobile accom (Gypsy/Roma) (S)	1	0.0
Other accom care/supp (not spec MH) (S)	8	0.2
Other accom criminal justice supp (S)	1	0.0
Other accom with MH care and support (S)	17	0.4
Other mainstream housing (S)	14	0.4
Other sheltered housing (S)	6	0.2
Owner/Occupier (S)	1617	42.7
Settled housing with family/friends (S)	432	11.4
Shared ownership scheme (S)	5	0.1
Sheltered housing for older persons (S)	17	0.4
Supported accommodation (S)	33	0.9
Supported group home (S)	5	0.1
Supported lodgings (S)	1	0.0
Tenant - Housing Association (S)	424	11.2
Tenant - private landlord (S)	378	10.0
Tenant -LA/Managmnt Org/Reg Landlord (S)	819	21.6

Figure 10 looks at the 688 (4.5%) of people who are not living in settled accommodation. 33.6% are living in a non mental health registered care home, 30.3% in a nursing home for older people, 17% (119people) in a mental health registered care home.

Nearly 12% are in short-term or unsettled accommodation, including: either staying with family or friends on a temporary basis (7%), 3% are sofa surfing; 0.6% rough sleeping and a further 0.6% in temporary accommodation such as B&Bs.

Figure 10: Non-settled accommodation

Accommodation Status	No.	%
Acute/long stay HC res fac/hosp (Non-S)	2	0.3
Independent hospital/clinic (Non-S)	4	0.6
MH Registered Care Home (Non-S)	119	17.8
NHS acute psychiatric ward (Non-S)	6	0.9
Non-MH Registered Care Home (Non-S)	225	33.6
Nursing Home older persons (Non-S)	203	30.3
Other homeless (Non-S)	9	1.3
Other NHS facilities/hospital (Non-S)	1	0.1
Prison (Non-S)	3	0.4
Refuge (Non-S)	3	0.4
Rough sleeper (Non-S)	4	0.6
Secure psychiatric unit (Non-S)	12	1.8
Sofa surfin-dif friend each night(Non-S)	20	3.0
Specialist rehabilitation/recvry (Non-S)	7	1.0
Squatting (Non-S)	1	0.1
Staying family/friends short term(Non-S)	47	7.0
Temp LA accom eg B&B (Non-S)	4	0.6

Figures 11-14 break the data of accommodation status for different age groups, showing numbers and %ages in both settled and unsettled accommodation.

Under 18

Figure 11 shows that most people aged under 18 who have an allocated cluster group are in settled accommodation

Figure 11: Accommodation status for people under 18

Accommodation Status	No.	%
Other accom care/supp (not spec MH) (S)	1	5.6
Owner/Occupier (S)	1	5.6
Settled housing with family/friends (S)	14	77.8
Staying family/friends short term(Non-S)	1	5.6
Tenant - private landlord (S)	1	5.6

18-25

Figure 12 shows that most people aged 18-25 who have an allocated cluster group are in settled accommodation. However, 8 (2.1%) are sofa surfing, one is homeless, and 1 is squatting

Figure 12: Accommodation status for people aged 18-25

Accommodation Status	No.	%
Bail/Probation hostel (S)	1	0.3
NHS acute psychiatric ward (Non-S)	2	0.5
Other accom care/supp (not spec MH) (S)	1	0.3
Other accom with MH care and support (S)	1	0.3
Other homeless (Non-S)	1	0.3
Other mainstream housing (S)	2	0.5
Owner/Occupier (S)	11	2.9
Prison (Non-S)	2	0.5
Secure psychiatric unit (Non-S)	1	0.3
Settled housing with family/friends (S)	189	50.1
Sofa surfin-dif friend each night(Non-S)	8	2.1
Specialist rehabilitation/recvry (Non-S)	1	0.3
Squatting (Non-S)	1	0.3
Staying family/friends short term(Non-S)	19	5.0
Supported accommodation (S)	5	1.3
Supported group home (S)	2	0.5
Supported lodgings (S)	1	0.3
Tenant - Housing Association (S)	28	7.4
Tenant - private landlord (S)	61	16.2
Tenant -LA/Managmnt Org/Reg Landlord (S)	40	10.6

25-65

Figure 13 shows that most people are in settled accommodation. However, of those not in settled accommodation, 25 are staying with family and friends on a short-term basis, 12 are sofa surfing, 8 are homeless, 4 are rough sleeping, 3 are living in a refuge, and 3 in B&Bs or other temporary accommodation.

Figure 13: Accommodation status for people aged 25-65

Accommodation Status	No.	%
Acute/long stay HC res fac/hosp (Non-S)	2	0.1
Bail/Probation hostel (S)	1	0.1
Extra care sheltered housing (S)	2	0.1
Independent hospital/clinic (Non-S)	4	0.2
MH Registered Care Home (Non-S)	13	0.7
NHS acute psychiatric ward (Non-S)	1	0.1
Non-MH Registered Care Home (Non-S)	4	0.2
Nursing Home older persons (Non-S)	5	0.3
Other accom care/supp (not spec MH) (S)	4	0.2
Other accom criminal justice supp (S)	1	0.1
Other accom with MH care and support (S)	11	0.6
Other homeless (Non-S)	8	0.4
Other mainstream housing (S)	11	0.6
Other sheltered housing (S)	2	0.1
Owner/Occupier (S)	554	29.8
Prison (Non-S)	1	0.1
Refuge (Non-S)	3	0.2
Rough sleeper (Non-S)	4	0.2
Secure psychiatric unit (Non-S)	10	0.5
Settled housing with family/friends (S)	193	10.4
Shared ownership scheme (S)	4	0.2
Sofa surf/dif friend each night(Non-S)	12	0.6
Specialist rehabilitation/recvry (Non-S)	5	0.3
Staying family/friends short term(Non-S)	25	1.3
Supported accommodation (S)	21	1.1
Supported group home (S)	1	0.1
Temp LA accom eg B&B (Non-S)	3	0.2
Tenant - Housing Association (S)	237	12.7
Tenant - private landlord (S)	269	14.5
Tenant -LA/Managmnt Org/Reg Landlord (S)	449	24.1

65+

Figure 14 shows that most people aged 65+ who have an allocated cluster group are in settled accommodation. Very few are in temporary housing, with 2 staying with family and friends short-term and 1 in B&B.

Figure 14: Accommodation status for people aged 65+

Accommodation Status	No.	%
Extra care sheltered housing (S)	2	0.1
MH Registered Care Home (Non-S)	106	4.8
Mobile accom (Gypsy/Roma) (S)	1	0.0
NHS acute psychiatric ward (Non-S)	3	0.1
Non-MH Registered Care Home (Non-S)	221	10.1
Nursing Home older persons (Non-S)	198	9.0
Other accom care/supp (not spec MH) (S)	2	0.1
Other accom with MH care and support (S)	5	0.2
Other mainstream housing (S)	1	0.0
Other NHS facilities/hospital (Non-S)	1	0.0
Other sheltered housing (S)	4	0.2
Owner/Occupier (S)	1051	47.8
Secure psychiatric unit (Non-S)	1	0.0
Settled housing with family/friends (S)	36	1.6
Shared ownership scheme (S)	1	0.0
Sheltered housing for older persons (S)	17	0.8
Specialist rehabilitation/recvry (Non-S)	1	0.0
Staying family/friends short term(Non-S)	2	0.1
Supported accommodation (S)	7	0.3
Supported group home (S)	2	0.1
Temp LA accom eg B&B (Non-S)	1	0.0
Tenant - Housing Association (S)	159	7.2
Tenant - private landlord (S)	47	2.1
Tenant -LA/Managmnt Org/Reg Landlord (S)	330	15.0

Adult social care client data for people with mental health problems

Adult social care data is provided below for people living in community settings and people in care homes. Most people recorded in both sets of data are aged 65+, and there is therefore an overlap with the older people\$ Annex in this report. However, the data is reproduced in full for comparison purposes.

The numbers are much smaller than in the SWYFT mental health client data base as most mental health services in Barnsley are provided via SWYFT, with the adult social care role confined to financial support where appropriate.

People with mental health problems living in community settings.

Figure 15 shows that 223 people with mental health problems on the adult social care client database are living in community settings

Figure 15: Number in a community setting

Client Group	Number
Mental Illness	223

Figure 16 shows that of the client sub group 125 people have dementia and for 98 people the client sub group is not recorded

Figure 16: Client sub group

Client Sub Group	Number
Dementia	125
Not recorded	98

Figures 17 and 18 provides the age breakdown, with 77.6% aged 65+ (with most aged 75+), and 22.4% aged under 65. Only 6.7% are aged under 45.

Figure 17: Age breakdown

Age of Client with Mental Illness	Number	Percentage
Under 20 years	0	0%
20-24 years	1	0.4%
25-34 years	8	3.6%
35-44 years	6	2.7%
45-54 years	16	7.2%
55-64 years	19	8.5%
65-74 years	33	14.8%
75+ years	140	62.8%
TOTAL	223	100%

Figure 18: Age breakdown, over or under 65+

Age of Client with Mental Illness	Number	Percentage
Adults (under 65 years)	50	22.4%
Older People (65+)	173	77.6%
TOTAL	223	100%

Figure 19 details the accommodation type, with most being owner occupiers or social renting. However, the accommodation type for over one third (82 people) is not recorded.

Figure 19: Accommodation type

Accommodation Type for people with Mental Illness	Number
Not recorded	82
Acute/long stay health care	0
Adult placement	0
Housing Association	12
Owner Occupied	75
Supported Accommodation	0
Tenant . Local Authority	50
Tenant . Private Landlord	4
TOTAL	223

Figures 20 and 21 set out the tenure breakdown for people under and over 65. This is not recorded for two thirds of people under 65. Of those for whom it is recorded most are social housing tenants. For people aged 65+ there is a higher level of recording, with the highest proportion being owner occupiers.

Figure 20: Tenure of under 65s

Tenure	No.	% of that age group
Housing Association	2	4.0
Owner Occupied	5	10.0
Tenant Local Authority	7	14.0
Tenant Private Landlord	1	2.0
Not Recorded	35	70.0
Total	50	100.0

Figure 21: Tenure of 65+

Tenure	No.	% of that age group
Housing Association	10	5.8
Owner Occupied	70	40.5
Tenant Local Authority	43	24.9
Tenant Private Landlord	3	1.7
Not Recorded	47	27.2
Total	173	100.0

Figure 22 shows that only 8% of people under the age of 65 are living alone, though this rises to 38.7% for people aged 65+

Figure 22: Living Alone

Age Group	No.	% of that age group
Under 65	4	8.0
65+	67	38.7

Figures 23 shows that no-one aged under 65 is receiving day care and 5.8% of people aged 65+ are receiving day care.

Figure 23: Day Care

Age Group	No.	% of that age group
Under 65	0	0.0
65+	10	5.8

Figure 24 shows that 12% of people aged under 65 and 17.9% of people aged 65+ are receiving direct payments.

Figure 24: Direct Payments

Age Group	No.	% of that age group
Under 65	6	12.0
65+	31	17.9

Figure 25 shows that the main service being received is home care with 66% of people aged under 65 and 59% of people over 65 receiving home care.

Figure 25: Home Care

Age Group	No.	% of that age group
Under 65	33	66.0
65+	102	59.0

People with mental health problems living in care or nursing home placements

Figure 26 shows that there are 347 people on the adult social care data base with mental problems who are in a care or nursing home. This is a higher number than those people in community settings (223)

Figure 26: People with mental health problems in care home placements

Client Group	Number
Mental Health	347

Figure 27 shows that of the client sub group 62% people have dementia and for 38% the client sub group is not recorded

Figure 27: Client sub group

Client Group	Dementia	Not recorded
Mental Health	62%	38%

Figure 28 shows that three quarters are in a care home and a quarter in a nursing home.

Figure 28: %age in care or nursing home

Client Group	Nursing	Residential
Mental Health	24.8%	75.2%

Figure 29 and 30 provide an age breakdown of people in a care or nursing home placement. Figure 26 shows that a very high proportion (92.8%) are people aged 65+, with only 7.2% aged under 65. This compares with the community placements where 22.4% are under 65. Figure 27 shows that no-one under 35 is in a care home, and only 2% are aged between 35 and 54.

Figure 29: Age breakdown - %age under 65 and aged 65+

Client Group	Adult (under 65)	Older person (65+)
Mental Health	7.2%	92.8%

Figure 30: Age breakdown

Age of Client with Mental Health	Percentage
Under 20 years	0%
20-24 years	0%
25-34 years	0%
35-44 years	0.6%
45-54 years	1.4%
55-64 years	5.2%
65-74 years	11.5%
75+ years	81.3%

Figure 31 shows the length of time in a care home placement, with 51% between 1 and 3 years, and a further 23.1% 4-6 years. 4.6% had been in a home for 10 or more years.

Figure 31: Years since admission

Years since admission of Client with Mental Health	Percentage
Less than 1 year	17.6%
1-3 years	51.0%
4-6 years	23.1%
7-9 years	3.7%
10-12 years	3.2%
13+ years	1.4%

Figure 32: Residential care and nursing home places for Adults with mental health problems

Name	Residential/ Nursing	MH	LD	PD	Substance misuse	Sensory	No. of beds
Central – Central							
Rosebery House	Residential	x					6
Central – Dodworth							
Aspire Respite Support Services	Residential	x	x	x		x	2
Central – Kingstone							
Derby House	Residential	x					3
Central – Stairfoot							
Neville Court	Nursing	x		x			20
North – St Helen's							
Bridge House	Residential	x					9
North East – Monk Bretton							
199 Burton Road	Residential	x	x			x	4
13 Station Road (Aspire)	Residential	x	x			x	7
Cherry Trees Care Home	Nursing & Residential	x		x			89
Ivy Mead	Residential	x	x	x		x	19
The Grange and Elm Court	Residential	x		x	x		43
North East – North East							
Dearnevale	Nursing	x		x			40
TOTAL							242

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Annex C: Detailed analysis of housing and support needs for socially excluded groups

Introduction

This Annex considers the needs of socially excluded groups within the following sections:

1. Single Homeless and Rough Sleepers . incorporating the needs of ex-Forces personnel and people with multiple and complex needs (pages 5-26; and Appendix C1: pages 107-118)
2. Offenders (pages 27-38; and Appendix C2: pages 119-120)
3. Substance misusers (pages 39-51; and Appendix C3: pages 121-123)
4. Young people . incorporating the needs of young people at risk of homelessness, care leavers, young offenders and teenage parents (pages 52-70; and Appendix C4: pages 124-133)
5. Refugees and migrant workers (pages 71-76; and Appendix C5: pages 134-136)
6. People experiencing or at risk of domestic abuse (pages 77-94; and Appendix C6: pages 137-142)
7. Homeless or vulnerable families (pages 95-106; and Appendix C7: pages 143-149)

The first three sections should to be read together; issues are often common across all these groups, and are mainly dealt with in the Single Homelessness and Rough Sleeper section so as to avoid repetition. It is also the case that many services cater for people from across all three groups, though specialising to a degree. Recommendations may thus offer solutions for people from more than one of the groups.

The Annex first of all sets out the national context and then goes on to look at each of the seven socially excluded groups in turn. There are 7 Appendices (from p.107 onwards) which follow the same numbering as the client groups in this Annex. All figure numbers referred to are included in the Appendices if they are not in the Annex itself.

The current national context

Homelessness

Homelessness is on the increase at national level. The quarterly figures published in June 2015 showed that, compared to the same quarter in 2014, there had been an 8% increase in England in the number of homeless households accepted as being owed a full housing duty, together with increases in the use of temporary

accommodation to house homeless households, and in households being placed in other local authority areas. There was also a 2% increase in the number of homeless applications.

Within the rise in homelessness acceptances across England is an increasing figure of those becoming homeless because of the end of an Assured Shorthold Tenancy in the private rented sector, which has risen by 10% in comparison to the same period in 2014. This is now the most common cause of homelessness for those accepted as being owed a full duty.

The homelessness acceptance figures convey only a small part of the picture. In England almost one fifth (18.85% in 2014-15) of all homeless applicants were considered to be not in a priority group, and were entitled only to advice and assistance which may include signposting to short-term or settled accommodation. Added to this, more than 220,000 households received a homelessness prevention or relief action, and did not make a homelessness application at that point (though some may have gone on to do so later, if the prevention or relief action did not resolve the problem). In addition, some authorities make it clear that single people or childless couples are unlikely to qualify for a full housing duty, so effectively gate keeping homeless applications; this is not the case in Barnsley.

Rough sleeping is also on the increase. Compared to Autumn 2013, there was a 14% increase in the Autumn 2014 figures. The number in London accounts for a significant proportion of this increase (37%), whilst there was a small (2%) decrease in Yorkshire & Humberside.

A ruling in the Supreme Court in May 2015 has the potential to change the profile and number of homeless acceptances. Discussed in more detail in the Single Homeless section, in summary this stated that local authorities should assess someone's priority need by comparing him or her to people that are not homeless, rather than those who are. If their circumstances and vulnerabilities are greater than the housed population, they should be considered in priority need. Case law will test the ruling's impact and provide more guidance for homelessness staff, but it is anticipated that far more single people and childless couples will have to be accepted homeless in future.

Trends in housing support for socially excluded groups

Homeless Link's annual review of services (now called Support for Single Homeless People in England, previously known as the Survey of Needs and Provision (SNAP)), reported in 2014 that there were 1,271 accommodation projects in England for single homeless people, a small decrease of 3% from 2013.

Considerably more accommodation projects reported that they had refused referrals or access to those homeless people with the highest needs or the most challenging behaviour:

- 91% of accommodation projects said they refused access to people because they were considered to be too high a risk to other clients or staff, compared to 79% in the 2013 survey

- 74% refused people because their needs were too high for the project to manage, up from 63% in the previous year
 - 40% of projects refused access to people who were under the influence of drugs or alcohol, also increased from 2013, by 22%

These results suggest a worrying increase in projects that are not able to work with individuals with high and complex needs, and may also show an increase in the number of people being referred who have high or complex needs. Other publications report an increase in complex needs amongst young people.

The Homeless Link survey also found that many providers had reduced their range of services offered to single homeless people as a result of funding cuts. Many services offer support to get involved in meaningful activities for residents to gain skills, enjoyment of life, and socialisation, as well as improving their chances of getting into work. Despite the funding cuts, the positive story is that many providers thought that outcomes in terms of health, ability to manage money, reduce offending, and move into work had improved since 2013. However, providers noted that welfare benefit changes – particularly the stricter conditionality and sanctions regime, changes to Local Welfare Assistance schemes, and the Shared Accommodation Rate – were having an impact on their customers, and some people were experiencing greater anxiety about making ends meet.

The challenges have been balanced by increasing creativity in ways of meeting needs. Over the last few years, services working with socially excluded people have begun to adopt new ways of working which are having positive effects: personalisation funds and systems to develop individualised services for the most chronically excluded, such as:

- Housing First schemes for long term homeless clients
- Psychologically Informed and Trauma Informed Environments for working with the most damaged individuals, and
- Specialist advocacy and advice services for working with groups such as people experiencing domestic abuse

For very young, homeless people aged 16 or 17, the *Southwark Judgement* made by the Supreme Court in May 2009, has improved their chances of being accepted homeless and/or provided with accommodation and support. In the past, many Children's Services deemed that young people in this age group did not necessarily need care from local authorities but help and support in accessing accommodation and housing benefits. Since the judgement, councils have had a legal obligation provide accommodation and – often – leaving care services to this group of young people. The judgement has taken considerable time to be applied across all local authorities. This has decreased the numbers of 16/17 year olds in services provided for single homeless people, although it does not always work well. It has also decreased the numbers that have to be accepted as homeless, since Children's

Services (often the leaving care teams) intervene to provide age-appropriate supported accommodation.

Whilst the judgement has placed an additional cost burden on Children's Services, it has had a positive impact on services that prevent homelessness from a family home. More focus has been placed on mediating between teenagers and parents so that they can reach agreement on acceptable behaviours, rules and responsibilities; enabling the young person to return to their family. Parents are also more likely to be helped to develop strategies to tackle the behaviour that often resulted in them telling their teenager to leave the home.

The extension of the Shared Accommodation Rate for Housing Benefit . until April 2012 applicable to single people under 25 years, but now extended to those under 35 years . has had adverse impacts on both groups, including the housing opportunities of the younger age range, who are less likely to compete well for what is a constrained supply of houses with shared facilities. Private landlords are more likely to regard tenants who are seen as more mature, will probably have had previous tenancies and are also more likely to be in work as a lower risk.

Reports of domestic abuse have increasing countrywide for some years and, although some of this increase may be attributed to a greater awareness and acceptance by victims that they do not need to stay with their abuser, there appears to be an upward underlying trend. At the same time, refuges for (primarily) women and children that need to leave their home are decreasing in number because of funding pressures. The latest annual Women's Aid survey (which reviews the 2013-14 year) found that:

- Nearly a third (31%) of referrals to refuges were turned away because of lack of space
- 37% of respondents were running services without dedicated funding; 65% were running services on reserves and 24% were running services on a voluntary basis
- 13% had suspended or closed an area of service due to lack of funding
- 74% of women accommodated came from a different local authority area to the refuge

1. Single Homeless and Rough Sleepers

1. Introduction

This section of the report looks at the needs of single homeless people, childless couples, and rough sleepers. The section focuses on adults aged 25 and above for the most part, but also includes issues affecting single homeless people aged 18-25, so there will be a small degree of overlap between this section and the section on young people. The section also looks at the needs of ex-Forces personnel and addressing the needs of people with multiple and complex needs.

2. What is working well in housing and support services and systems for people with single homeless people and rough sleepers

The Council's Housing Options, Advice and Prevention Service (HOAPS) is well known to most service users, and is in the centre of town. Homeless applications are taken for a homeless person in any client group, and on occasions HOAPS officers spend considerable amounts of time trying to find the right accommodation for a single homeless person, to prevent them remaining homeless.

The Council's Social Lettings Agency, a scheme which helps people to access short term private rented accommodation as an alternative to other temporary accommodation, works well to help single homeless people and childless couples to get into this sector. It provides bonds through the Homelessness Prevention Fund (working in conjunction with the Credit Union) and also provides support so that the tenant has a good chance of sustaining the accommodation, and of moving on into a longer term home.

Temporary accommodation for single homeless people is provided by Riverside ECHG at Holden House. This also hosts the emergency beds for rough sleepers, and is able to accommodate people who are found sleeping rough during the night or at weekends as well as those who contact HOAPS during the day.

Organisations such as Lifeline Rotherham have supported the development of responses to rough sleeping through the No Second Night Out approach. Barnsley Churches Drop-in Project offers informal and friendly services to people sleeping rough and at risk of homelessness, as well as other isolated people. Both Lifeline and BCDP support homeless people to make approaches to the Council's HOAPS team to resolve their housing need, and Barnsley also benefits from a number of advice and support services (in the treatment sector, in criminal justice services, and in mental health services) which signpost people to HOAPS and work with them to try to find the right accommodation and to prevent homelessness.

The Council's Housing Independence and Prevention Forum involves agencies working with single homeless people and rough sleepers (amongst others), and the Barnsley Accommodation Group provides an opportunity for key agencies to share information and discuss common problems.

3. Expressed demand

Demand for housing and support is expressed through homeless applications, housing advice enquiries, applications to the housing register, and people moving into supported accommodation or making use of floating support.

Homeless applications

The number of single person and childless couple homeless applications has remained steady for the last 3 years (2012-13: 255; 2013-14: 279; 2014-15: 269), but the proportion of the total has increased. In 2008/9, the proportion was 66%, but this had increased to 72% in 2010/11, and by 2014/15, the figure stood at 72.5% (262 single people of all ages), 77% including 7 childless couples. (Appendix 1 Figure 1)

The largest age group is that for 25-34 year olds (86 applications in 2014-15). Applications for single people and childless couples aged below 35 accounted for just over two thirds of applicants by 2014-15. It is important to note that the Council stopped recording homeless 16-17 year olds in 2014-15 as agreement was reached with Future Directions that they would be the first port of call for this age group. (Figures 2 and 3)

Barnsley's homelessness data does not record any applications from people leaving the Forces over the last 3 years.

Causes of homelessness

The most common reasons for homelessness for single people and childless couples in Barnsley are: parents and friends not being willing to accommodate them any longer; people leaving NASS accommodation (in 2014-15); and losing accommodation with a partner. A number (34 in 2014-15) are homeless on leaving hospital, prison, remand or another institution. 18 people were homeless last year after violence from a partner or another person. Sleeping rough was recorded as the reason for homelessness for a growing number . 10 in 2014-15 compared to four in 2012-13. (Figure 4)

Resolving homelessness

In 2014-15 only two households were accepted as homeless and offered the full housing duty, a very low figure (as is the total acceptance figure for Barnsley). Most households either had their homelessness prevented or were deemed not homeless. For the total of 262 households who made a homeless application, 169 had a positive prevention activity, with the most common actions being a move into the private rented sector or a move into supported housing. (Figure 5, 6, 7)

Housing advice enquiries

Household type for people making housing advice enquiries was not recorded until partway through 2013-14. A total of 1,111 enquiries were made in in 2014-15, 54% of

the total. People aged under 35 account for the highest number of enquiries, but the 45-59 age band also has a high number. Benefit changes may in part account for this: whilst the Shared Accommodation Rate has affected under 35s, Bedroom Tax has affected all age-groups including older adults whose adult children have left home. However Bedroom Tax is given as the reason for the enquiry in only a small number of cases (3 in 2013-15). (Figure 8, and 9).

Reasons for enquiry

The most common reasons for people seeking housing advice were violent or non-violent relationship breakdowns, being asked to leave by parents or other relatives / friends, and loss of private rented property. (Figure 10)

8 households sought advice after leaving the Forces, 3 in 2013-14, and 5 in 2014-15. 4 of these were single person households, and 1 was in a family. Homelessness prevention work was not recorded for all but 1, who moved into social housing.

Action taken following a housing advice enquiry

Only 155 of the 1,111 enquiries resulted in a homelessness prevention action. The largest group (41 people over the 3 years) moved into social housing, while 30 people over the 3 years moved into supported housing. 24 people moved into the private rented sector, with or without a landlord incentive, and some through the Council's Social Lettings Agency.

Early interventions with landlords account for actions taken for just 3 of those enquiries, suggesting that more could possibly be done to prevent the loss of a private rented home for single people and childless couples in Barnsley.

Accessing housing support services (accommodation-based and floating support)

The Client Record Form data shows that more single homeless people accessed housing support services in 2012-13 than in 2014-15, which may reflect the fact that some services have been cut in recent years. Single homelessness as a primary need accounts for around a quarter of all those accessing short term housing support services, although the funding for single homeless services accounts for only 15% of the total contract value (taking only Holden House as a single homeless service as The Forge is only available to people aged below 25). (Figures 11, 12, 13, 14)

Looking at the previous accommodation of single homeless people, the largest group had been staying with family or friends. The numbers coming from an institution or from NASS accommodation have grown over the last 3 years. (Figure 15)

Over a third of all entries into housing support services in 2014-15 were for people with single homelessness as their primary or secondary support need. The vast majority (83%) of these were men. Other common needs recorded for single homeless households were drug or alcohol misuse (32 people), mental health needs (19), and an offending background (21). 7 people were refugees and 1 person was classified as having complex needs. 14 single person households had 4 different primary and

secondary needs, with the most common being a combination of drug and/or alcohol use, mental health needs and an offending history.

The housing support data tell us that in 2012-13, there were 3 households accessing housing support who were recorded as being ex-Forces: 1 family, 1 single person, and 1 single person with complex needs. In 2013-14, there were 8, all single people, and all but 1 with substance misuse problems. In 2014-15, there were 7 households, all single people, and all with substance misuse problems, with offending also an issue in the case of 2 people. This reflects a pattern seen around the country of ex-Services personnel leaving with substance misuse and related needs and requiring support to reintegrate and recover balance in their lives.

Outcomes from housing support

A number of single homeless people and rough sleepers went outside Barnsley for housing support. This represented around 10% of the clients in this group in 2012-13 but by 2014-15 it represented 25% of the total clients who accessed housing support. (Figure 16)

4. What is in place to meet demand (supply of accommodation, floating support and other services)

Figure 17: Supply of accommodation, floating support and other services

Scheme	Provider	Type of scheme	Funding	Number of units
Holden House	Riverside ECHG	Accommodation-based scheme . rooms in clusters, bedsits, and self-contained flats. For men and women	Housing-related support	42 bedspaces
Holden House NSNO beds	Riverside ECHG	Emergency beds . camp beds in meeting room. For men and women but not on the same night.	#DCLG sub-regional funds for West Yorkshire	4 beds
NSNO verification and engagement	Lifeline Rotherham	Verification of rough sleepers for No Second Night Out, reconnections, and use of personalisation fund (outreach work is a separate strand of Lifeline work.)	#DCLG sub-regional funds for West Yorkshire	

Scheme	Provider	Type of scheme	Funding	Number of units
Barnsley Churches Drop-In Project	BCDP	Meals, clothing and bedding, toiletries, food packs, socialising, signposting to other services, and a listening ear and informal support. Also offer surgery sessions with HOAPS and BH when funding and staffing permits.	Charitable funds and donations	

NB Verification work came to an end in Barnsley at end of April 2015, and Lifeline's outreach work ends on 26th August 2015.

Accommodation for single homeless people is provided in one scheme in Barnsley, built onto a refurbished swimming pool. This scheme has three stages of accommodation: 11 rooms based around a small shared living room and shared bathroom; 17 bedsits; and 14 single person flats. This enables residents to move to more self-contained accommodation as they grow in confidence and gain skills to look after themselves. In the self-contained flats, residents must pay their own fuel bills. Staff work with residents to help them to gain skills such as cooking on a budget, and Crisis provides sessions on other skills such as literacy and numeracy as well activities to engage people and draw them towards employment.

Holden House is able to accommodate most single homeless people, having restrictions only where there would be a risk of the person causing harm to others (e.g. a serious risk of arson, assault, supplying drugs, sexual assault or gross indecency). There is a short waiting list and the scheme can sometimes accommodate a person on the day they are referred. Referrals come from a range of agencies (including prisons, Probation, Adult Social Care, and advisers), with the largest group coming from the Council's homelessness service (HOAPS).

Since there is only 1 scheme for this group, when it is full or people are not able to be housed there because of their past behaviour or assessed risks, people are offered the chance of accommodation in hostels and Bed & Breakfast places outside Barnsley. Couples cannot be accommodated at Holden House, so a homeless couple needing emergency accommodation would need to be accommodated in B&B if they are to be able to stay together.

There are no other publicly-funded services offering accommodation or support to single homeless people and rough sleepers in Barnsley. One non-profit-making provider (known as ~~28A+~~) offers emergency and longer term accommodation, with low level support, for single homeless people: the provider has 27 bedspaces in flats,

houses and bedsits in Barnsley (and a few properties in Wakefield, where they receive funding for housing-related support from the Council). Other emergency accommodation is available only outside the borough, in Sheffield and Rotherham and occasionally in Bradford and Leeds. Both Sheffield and Bradford Councils expect their commissioned services to prioritise referrals for people living in their areas, so this accommodation is not often available. In Rotherham, the Lighthouse hostels (one for men and one for women) takes a high proportion of their referrals for people from Barnsley, but many do not take up the offer of accommodation, particularly in the case of the male hostel.

A national charity for ex-Forces personnel, Help 4 Homeless Veterans, has its base in Barnsley and has rented 5 properties from Berneslai Homes in which it offers short term (up to 2 years) supported accommodation to help people who become homeless after leaving the Forces. Support is provided by volunteers,

No day centres exist to offer services to rough sleepers in Barnsley, and there is no building where people can get showers, other than in public sports facilities, and no medical facilities specialising in help for rough sleepers and other single homeless people. The Street Pastors offer hot meals and drinks, blankets, and advice and signposting to people they encounter sleeping rough in Barnsley town centre. They may be able to help people to contact the Council's emergency duty team to access overnight accommodation if this has not been tried earlier. It does not appear that any services work with people who sleep rough elsewhere in the borough, such as Wombwell Woods. Barnsley Churches Drop-In Project (BCDP) provides hot meals and drinks, informal support and befriending, and signposting to other services in sessions held three days a week. Berneslai Homes and HOAPS have at times provided surgery sessions at BCDP, as has Lifeline.

No Second Night Out in Barnsley

In 2012, the Coalition Government asked all areas of the country to consider developing No Second Night Out (NSNO) arrangements, and provided some funding (allocated by sub-region) for providing services to enable rough sleepers to be accommodated so that they did not have to spend a second night on the streets once they had been identified or asked for help.

The five key principles of NSNO are:

- Identify rough sleepers and help them immediately, so that new rough sleepers do not fall into a dangerous rough sleeping lifestyle
- Encourage a community response by helping members of the public to play an active role by reporting and referring people sleeping rough
- Access a place of safety where rough sleepers' needs can be assessed quickly and safely

- Access to emergency accommodation and other services, such as healthcare, to help support the rough sleeper
- Reconnect the rough sleeper to support, accommodation, family and friends, in this country or elsewhere, unless there is a good reason why they cannot return

In South Yorkshire, the NSNO Personalisation Service is operated by Lifeline, a Rotherham-based treatment and recovery organisation. It provides solutions for new rough sleepers, whilst minimising long term rough sleeping and reducing the number of repeat rough sleepers. Between August 2013 and April 2015 they were commissioned to provide one member of staff to work across the four authorities. The NSNO service consisted of the following activities:

- Seeking out any rough sleepers notified to them by Barnsley Council's HOAPS service . connecting with them, advising them and accompanying them to go to HOAPS for a homeless assessment and to be verified as a rough sleeper by HOAPS
- Making referrals to HOAPS for anyone found rough sleeping or at risk of sleeping rough, and accompanying them to the Civic for an appointment
- Calling in to the Barnsley Churches Drop-in Project (BCDP) to make contact with anyone sleeping rough or at risk of homelessness, to offer support, make a referral to HOAPS and encourage them to go to HOAPS
- Reconnecting people to their home area or country
- Using a Personalisation Fund to pay for emergency beds (at Holden House), bonds for private rented accommodation, basic furniture for people moving into accommodation, clothes, and other items to help to people to make a change in their lives.
- Provision of accommodation for a few nights at either Holden House or in a Bed & Breakfast place outside Barnsley

Referrals for the NSNO beds can come only from HOAPS or the Emergency Duty Team, though the Street Pastors and Lifeline said they had occasionally been able to directly arrange for a bed.

Criteria for referrals to Lifeline from HOAPS were:

- Rough sleepers, including both 1st nighters and entrenched rough sleepers
- Non-priority households
- No existing accommodation

Lifeline also prioritised people who had no local connection with Barnsley, or had exhausted all other options, and those who would not approach HOAPS.

Lifeline was not required to do their own outreach work to find rough sleepers, but between April and August 2015 have been doing outreach work 1 day a week to look for rough sleepers. After 26th August 2015, this service will cease as the funding comes to an end.

5. The scale and type of unmet need

Scale of unmet need

PFA Snapshot Survey

We used a snapshot survey to estimate the scale of unmet need for housing and support for vulnerable socially excluded groups in Barnsley. We also carried out a reduced survey with the Probation Service, HOAPS, and BCDP, and explored other data to show the scale of rough sleeping in Barnsley.

Need for accommodation

The snapshot survey does not provide definitive data about the scale of unmet need, as not every agency working with Barnsley's single homeless or rough sleeping population, but it provides a starting point. (Figure 18)

Of the 130 entries in the snapshot survey, 78 were single people and couples aged 18 and over and 50 were recorded as having no accommodation or being in temporary accommodation. Of the 50 households:

- 23 (including 3 couples) had no accommodation of their own at all . 2 households (one single person and one couple) were sleeping rough, 7 single people were sofa surfing, and 14 (including 1 couple) were staying very temporarily with friends or family
- 18 were staying in short term accommodation . in a hostel or other supported housing
- 5 were in prison and 4 in psychiatric hospital, all ready for discharge

10 of the 50 households were living outside Barnsley at the time of the survey. Of these, 5 were staying in a hostel, and 1 was sofa surfing in Rotherham. 2 of these people preferred to live outside Barnsley and 5 wanted to live in a different part of Barnsley to where they were currently staying.

A further 37 single people and 6 couples had their own accommodation but were included in the survey because there was a risk of losing that accommodation.

Single people and couples requiring support or more support

Of the 78 single people and couples included in the snapshot survey, 57 were considered to need a move to their own tenancy, most (all but 13) requiring support for a short time (8) or for the long term (36). Only 2 required less support than they were currently receiving, whilst 12 required more support than they were receiving. (Figure 19)

Scale of rough sleeping in Barnsley

The most recent rough sleeping estimate (Autumn 2014) provided a figure of 4 rough sleepers known to agencies in the borough. This does appear to be an under-estimate. In discussions for this study, BCDP and the Barnsley Street Pastors gave an estimate of around **10-15 people** sleeping rough on most nights in the town centre, and the Street Pastors also knew of additional people sleeping rough in Wombwell Woods. (Figure 20, 21, 22, 23 and 24)

Client Record Forms show that in 2014-15, 5 people had rough sleeping as their primary need, and 8 had rough sleeping as either their primary or one of their secondary needs. However, 31 people were recorded as having slept rough immediately before accessing a housing support service. The Council received 34 notifications that someone may be sleeping rough in 2014 from StreetLink (a national helpline and website for reporting rough sleeping) and other places. From this information, 10 people were verified as having no accommodation, and being seen sleeping rough in Barnsley for the first time. (Verifications do not cover repeat incidences of the same person sleeping rough.) (Figure 25).

The snapshot survey recorded only 2 households as sleeping rough in the research period (March 2015). 7 people were recorded as sofa surfers, and they may sleep rough from time to time.

The 2 rough sleepers were aged 26-35, one male and one female who was part of a couple. One has physical health and offending problems, and the other has substance misuse problem and mental health needs. 9 people were recorded as sleeping rough by Probation services, 3 by HOAPS, and 3 by BCDP. The 3 people recorded by BCDP were different to those recorded on the snapshot survey. 2 of these were aged 36-49, and the other 26-35. 2 had both substance misuse problems and an offending history, while the other had no additional problems beyond being homeless. 1 had slept rough for only a few weeks, 1 for between 6 months and a year, and 1 for more than 5 years. A further 3 were street homeless (this category was added as volunteers are not

always certain whether people are sleeping rough or not). 2 had been in this situation for more than a year.

BCDP's experience is that not all rough sleepers will contact the HOAPS service for help, and HOAPS are unlikely to record someone as sleeping rough unless they have made a homeless presentation, so a number go unreported. HOAPS's strict line on which agencies they will count as providing trusted evidence of rough sleeping may also have led to some missed opportunities to address rough sleeping.

A comparison with other towns and cities shows that the estimated number in Barnsley is rather larger than might be expected for a town which is not a regional capital. Kirklees provides a useful comparison: in 2006, the authority considered that there were no rough sleepers on the streets of their towns, and there were no services other than a drop-in service at a church café. A snapshot survey and needs analysis carried out in 2008 identified a figure of 46 people identified by local agencies as sleeping rough during the survey period. A number of services were gradually put in place (and later linked with NSNO), including a rough sleeper case management system, an outreach service, a Hub service providing accommodation, a prevention fund providing bonds, and a rent a room scheme. Dedicated accommodation for rough sleepers and other single homeless people is currently being procured. The estimated rough sleeping figure in Kirklees at the end of 2014 was 4.

Between August 2013 and April 2015, Lifeline received 11 referrals from Barnsley Council to make contact with people reported as sleeping rough. Lifeline also worked with 2 others who they came across in other parts of South Yorkshire, and 17 others who they met through BCDP or at other places. A total of 140 people were worked with across the sub-region and, at one point, Lifeline were making use of 5 members of staff to work with rough sleepers, rather than the 1 person provided for in their contract.

The use of emergency NSNO beds (up to four camp beds placed in the meeting room at Holden House) was limited by the fact that the beds could only accommodate either men or women on any particular night (so excluding the other sex on that night). In addition, referrals to the emergency beds have largely been allowed only through HOAPS or the Council's Out of Hours service. A further point made by HOAPS staff is that the long Housing Benefit form needs to be completed for someone being accommodated at Holden House in a NSNO bed, and this can delay matters when an emergency situation needs to be resolved quickly.

Since the service started in December 2013, the beds have been occupied as follows:

- 88 referrals, and 77 people placed
- Of the 77 people placed, 7 did not turn up, or left the premises, or were denied access as they were drunk or under the influence of drugs
- 259 nights where beds were in use (38%)
- 416 nights when no beds were in use (62%)

- No occasions when all 4 beds were full in one night; there were some occasions when 3 people were accommodated and so an extra member of staff was needed

Data from Kendray Hospital about hospital admissions for people in housing need

Information provided by Kendray Hospital has identified a need for action to prevent homelessness on discharge and to stop people being stuck in hospital because of lack of housing options.

Four hospital wards at Kendray Hospital for inpatients with mental health problems told us that between January and May 2015:

- 17 individuals with housing issues, of whom 10 were homeless (59%)
- One admission every two weeks is homeless
- One admission per week has an accommodation issue
- This is a significant increase in prevalence from 2014, where from May-December 2014 only 2 inpatients were recorded as having accommodation issues
- Those inpatients with a dual diagnosis (mental health and substance misuse) can have additional problems finding appropriate accommodation

This data is supported by evidence from the RIO system about the accommodation status of people from Barnsley who were in contact with one of SWYPFT's Mental Health services at some point during 2014/15. Analysis of the data shows that 4 people were sleeping rough, 20 were sofa surfing, 1 was squatting, 4 were in B&B, and 47 were staying temporarily with friends or family. A further 34 were in some form of supported housing.

There has been a lot of work put into trying to reduce homelessness on hospital discharge in recent years. The Department of Health funded a series of short pilots around the country in 2013-14; the evaluation of those projects showed that considerable benefits had come from joint work between the homelessness and health sectors (see Homeless Link Hospital Discharge resources¹). Many of the people

¹ <http://www.homeless.org.uk/sites/default/files/site-attachments/Evaluation%20of%20the%20Homeless%20Hospital%20Discharge%20Fund%20FINAL.pdf>
<http://www.homeless.org.uk/sites/default/files/site-attachments/Final%20Rapid%20Review%20summary.pdf>

assisted were 'frequent flyers' . people who frequently go to A&E and may be admitted into surgical wards because of injuries, ulcers, or overdoses, or into mental health wards because of problems associated with homelessness including sleeping on the streets. Their accommodation problems may lead to delays in being discharged from hospital, frequent readmissions, and treatment and aftercare being ineffective. Many have substance misuse problems as well as mental and physical health problems.

Joint work between the hospitals and the Council, including HOAPS and other homelessness services, could reduce the number of people admitted to hospital who have housing problems, as well as reducing the number who are discharged without accommodation to go to.

Good practice example: Sunderland Changing Lives Hospital Discharge team

Using funding from the Department of Health's Homeless Hospital Discharge Fund, Changing Lives put in place a team of 3 navigators, together with a project co-ordinator, aiming to work with people who had no accommodation to go to from either of the city's two hospitals. In the Acute Trust and the Mental Health Trust, the team set up open days, went to team meetings, and displayed a poster about how to make referrals into the team. They set up a steering group with key frontline workers and managers, and attended Heavy Service User meetings. The funding from DoH was also used to purchase and refurbish 3 flats which were used to accommodate people who had no other options, or needed a short term step-down place after a stay in hospital.

- Over the period December 2013-June 2104, the project had the following outcomes and outputs:
- Received 70 referrals, for 64 different clients
- Supported 54 people, (71% men, 29% women, aged 18 to 62)
- Worked with 18 Frequent flyers
- Helped 46 people into accommodation, including 6 into their own tenancies
- Refurbished 3 flats and supported 3 people in respite/ intermediate accommodation in those flats
- Supported 1 person into rehabilitation, 1 into veterans'sq accommodation, 1 into sheltered housing and 1 into a care home

It is difficult to estimate the financial savings from the project, but an evaluation of the project showed that the outcomes for the health and homelessness system and for individuals were:

- Reduced anxiety of patients, leading to quicker recoveries and reduced length of stay in hospital
- Reduced discharges at night from Emergency Department
- Reduced delayed discharges
- Enabled more effective treatment after discharge . in accommodation more appropriate to the health and social needs of the client
- Reduced re-admissions for Frequent Flyers
- Taken into account the wider needs of each person, and helped them to attend and sustain involvement with a range of services
- Supported people along a pathway to more appropriate longer term accommodation
- Built good relationships with hospital, social care, and other staff

Since the DoH funding ended, Changing Lives has been successful in obtaining funding for the project from the Clinical Commissioning Group, for a team of navigators who will help to prevent unnecessary admission or re-admission to hospital as well as homelessness on discharge. Importantly, the team is part of a larger network of services within Changing Lives doing assertive outreach work with homeless people and rough sleepers and inreach work into large hostels, and many of the team have lived experience of homelessness or other problems.

Type of unmet needs for single homeless people, childless couples, and rough sleepers

Scarcity of emergency accommodation for single homeless people

The lack of accommodation identified as direct access provision in Barnsley was raised as a significant issue by agencies involved in the workshops and interviewed, and also by service users. The term 'emergency access' is more widely used now, and in practice the service provided at Holden House can be available on the same day that a referral is made, so providing emergency access. It can also be accessed without a referral from the Council, although some agencies thought that referrals could be made only by the Council's HOAPS team. It would be helpful for the access route to be clarified.

Accommodation is commonly offered in B&B or hostels outside Barnsley. However, people referred to accommodation in Rotherham, Sheffield, Bradford or Leeds may not be able to get there if they have no money to pay for fares and no-one willing to take them, and may be unwilling to go if this disrupts their ability to get to treatment appointments, court appearances, or supervision by Probation services, or to maintain important connections with their families. Many do not turn up (this is particularly true of homeless men (as reported, for example, by the Lighthouse hostel in Rotherham)

and may then end up sleeping rough or continuing to sofa surf in unsuitable places as a result. This has also resulted in decisions that the homelessness duty has been discharged, though the person's homelessness has not been resolved.

Holden House can be a difficult place to live in for people who are either trying to become or remain drug-free, and some people refuse offers of a bed there for these reasons. It may also be the case that, because of limited access routes into ordinary housing for people who have an emergency need for accommodation, people with no support needs or who may need only short term resettlement support are having to be accommodated in supported accommodation and may end up staying there longer than necessary. It is important therefore to improve the prevention of homelessness for single people, and pathways and access routes into ordinary accommodation, as well as providing a wider range of options for meeting emergency accommodation needs.

Supporting people to sustain supported accommodation

It is important that the provision of accommodation supports homeless people to address their other needs (financial literacy, addictions, offending, health and unemployment). Accommodation is often lost because of financial problems and non-payment of charges, or because of behaviour linked to drug or alcohol use. Whilst some providers of supported accommodation have developed a good range of activities which can help service users to both gain independence and employability skills, this is not universal and some service users said they were bored, and that this can contribute to problems building up within the accommodation, and a picture of people hanging around outside hostels with little to do.

A further issue raised during the consultation with customers was that problems of exploitation and bullying are not always addressed, and this can lead to abandonment or retaliatory behaviour which leads to people losing their accommodation.

NSNO processes

NSNO verification by the Council considers whether the person can be proved to be sleeping rough, has any accommodation they can occupy, and whether they have a local connection. Considerable emphasis is put on finding proof that the person is indeed sleeping rough but HOAPS does not appear to have the capacity to go out to see where people are reported to be sleeping rough; unusually, Lifeline were not previously engaged to provide an early morning service to find people sleeping on the streets or in buildings or other structures that are not intended for habitation (such as tents, disused buildings, skips, church outbuildings, and retail premises). Both agencies and service users have commented that the Council have been very particular about needing evidence of rough sleeping, and have not been willing to accept the assessment of other agencies such as Probation or a substance misuse service that the person was indeed sleeping on the streets. Some agencies feel that the onus for finding evidence to prove rough sleeping seems to have been placed on

the homeless person, rather than on the Council, and may have resulted in some cases of people being on the streets for longer than one night.

Repeat homelessness amongst people with complex and multiple needs

Agencies referred in the workshops and interviews to repeat homelessness for single people who had accessed Holden House, The Forge or private rented sector accommodation. The people involved usually have multiple needs including a history of rough sleeping, drug and/or alcohol problems, mental health needs, and some level of offending history, and there is a group of at least 14 people each year, as shown by the housing support analysis, who have a combination of these multiple needs. There is also a cohort of young people who have low level learning disabilities or difficulties in addition to offending and substance misuse problems, and, for some, a history of care.

Supported accommodation providers and others (including 28A, a non-commissioned provider) referred to the difficulties of accommodating people with multiple needs. Holden House, for example, had recently encountered problems to do with people with severe mental health needs, one of whom had repeatedly self-harmed within his room. It can prove difficult to get mental health services to come out to the hostel and take action to safeguard someone at this crisis point, and the hostel staff, who do not have training to deal with severe mental health needs or crises, often feel they are left to cope with a resident whose behaviour and needs are beyond their capabilities to manage. On other occasions it is these or similar behaviours which result in people losing their accommodation and being faced with finding a place in the private sector, in B&B or hostels outside Barnsley, or sofa surfing / on the streets. A number of the long term rough sleepers in the town fall into this group.

There are no services working specifically with people with multiple needs in Barnsley. One service has been working to develop a Psychologically Informed Environments (PIE) approach. This way of working with residents of supported housing, allied to developing trauma-informed approaches, has been gaining strength amongst supported housing providers around the country. It is focused on the development of a consistent approach across the whole organisation to dealing with difficult behaviour, getting the resident to look at what triggers incidents and how to adapt their behaviour to avoid such occurrences, alongside a review of the physical environment, and development of reflective practice as the norm for support staff. At The Forge, early signs show that the number of incidents has reduced, and fewer people have been asked to leave or have abandoned their accommodation.

6. The changes needed to fill the gaps and meet needs

There is a need to clarify the referral route into the emergency access provision at Holden House; some agencies thought that referrals could come only through HOAPS

but others said that they had been able to secure a bed for someone without a referral from HOAPS.

At the end of August 2015, funding for NSNO beds will come to an end. The Council needs to decide whether it is to provide emergency beds for those who are sleeping rough for the first time. This could be done by paying for beds to be kept vacant at Holden House (i.e. paying for the vacant nights when no-one has been referred through NSNO). There also needs to be a service which carries out outreach and engagement work with this group: helping them to access services, and staying with them as they move into supported accommodation (if needed) and into independence. This service is described in the section on prevention services.

Additional supported accommodation is required to meet the needs of single homeless people in Barnsley. We also suggest that the shape of the service provided at Holden House is reviewed, as it is not currently meeting the needs of single homeless people to sustain their accommodation in safe ways which help them to move into independence and towards employment. In addition, a large service which forces so many single homeless people together in one place is not ideal.

There are several options for delivering this:

Emergency access to supported accommodation:

Developing new hostel provision: the provision of additional beds in further supported accommodation would help to meet the unmet need, and ensure that fewer people need to sleep rough in Barnsley, and would ensure that the few couples who need emergency accommodation can be accommodated. However we accept that this is an expensive and probably unaffordable option.

Developing low support hostel provision: it is possible to provide hostel accommodation with Housing Benefit as the main income. This may need initial funding to acquire and equip the building, and to establish the service. This model is similar to that adopted by 28A, with the main differences being that the Darlington hostel provides low level support aimed at helping people to identify a route into supported accommodation, and the availability of supported accommodation as a pathway from this hostel.

Good practice example: B&B-style hostel accommodation run by non-profit-making agencies

The 700 Club, a voluntary agency in Darlington has a longstanding hostel for single homeless people. In June 2013, it took over a building used as a private B&B, in order to expand its services to meet the need for emergency accommodation in the town. The service provides short term transitional housing for those who have nowhere to go. Some may have been excluded from other provision because of their chaotic lifestyles, or may have an emergency need for other reasons.

The Lodge provides high quality accommodation, staffed 24 hours, and tailored specifically to the needs of a medium-to-high need client group. This is a far better

option than most of the private sector hostel and B&B accommodation in the area, and allows people to have a stable and supportive environment in which to make positive life choices. Many clients work their way through homelessness, and into independent living, even though they have previously been excluded or have chosen less sustainable options.

The Lodge has increased the housing options for homeless people and people at risk of homelessness within Darlington at no cost to the local authority. Funding to purchase the building came from the 700 Club's reserves, and funds for refurbishment were secured from a charitable source. Running costs in the first year were supported by the Homelessness Transition Fund, but the service is shortly to become sustained only by Housing Benefit.

Ensuring emergency beds are available to meet the needs of rough sleepers: T

This can be achieved by paying for emergency beds within Holden House to be kept vacant, i.e. paying for any nights they are not in use for a rough sleeper. It does not appear that all 4 beds are needed, but 2 bedspaces in single occupancy rooms should be sufficient to meet needs, provided people are moved on swiftly. Facilities should also be available for rough sleepers to be able to get a shower, and facilities to change their clothes outside the limited hours that BCDP is open.

Other options for meeting emergency needs:

Nightstop services: the Nightstop model has mainly been used to provide short term accommodation, usually for up to 3 nights, for homeless people under 25, but it has been shown that it can also work for adults over 25. It can offer people with or without support needs a respite from the streets or a way to prevent homelessness, provided they are not people with significant mental health needs or are either under the influence of drugs or alcohol at the time of the referral, or unable to refrain from using substances whilst in the host's home.

Good practice example: Adult Nightstop

DePaul UK has been running an Adult Nightstop scheme in the North East since November 2013. Funded as a pilot by the North East Regional Homelessness Group (using DCLG Single Homeless funding), it has so far accommodated 41 adults in the homes of volunteer hosts, a total of 339 bednights. The service delivered to homeless individuals is accommodation, meals, shower and washing facilities and a listening ear at the homes of trained and vetted hosts. Service users will be assisted to get to the accommodation by staff or volunteer drivers.

The adult service was built on the back of young people's services which already existed across the region, asking hosts if they were willing to help older homeless people as well. Most have agreed to do this. Very few placements have not been successful.

The service costs . around £45-50k a year - cover the cost for a worker to receive referrals, carry out assessments, recruit, train and support hosts, and help people placed in the hostshomes to move on into other accommodation, and costs of transport, and £15 a night for the meals and accommodation at hostshomes.

More information about Adult Nightstop, including a short video, can be found at: <http://www.depaulnightstopuk.org/>

Improving access to settled accommodation:

Speeding up access into social housing: this may require further de-designation of accommodation in the future, so that more people aged under 60 years can access accommodation in Barnsley. However, a full review of age designations was undertaken and implemented in 2014.

Enabling more single people to access the private rented sector: additional funding for bonds, rent in advance and administration fees could help single people to avoid becoming homeless and to access settled accommodation more speedily.

Sharing solutions: single people who are affected by Bedroom Tax (any age) or the Shared Accommodation Rate (under 35s) can be helped by schemes designed to make sharing more sustainable and more acceptable. Good matching of potential sharers, pre-tenancy training, and a charter for sharers can support schemes which save money for both providers and tenants, and help some people to access accommodation which might otherwise not be available or affordable.

Addressing multiple needs

Developing MEAM services

Making Every Adult Matter (MEAM) is an approach developed by a consortium of national agencies covering single homelessness, mental health needs, offending and substance misuse². Local authorities and their partners have been supported to develop ways of working together to co-ordinate the work of services already likely to be all working with the same individuals, and to prompt the development of system change to meet the needs of this group more effectively. Typically, MEAM services adopt the following characteristics:

- A co-ordinator who may do casework alongside other agencies, but who mainly helps other agencies to pull together to achieve positive outcomes for the clients they have in common, often through an operational group

² <http://meam.org.uk/> and <http://meam.org.uk/the-meam-approach/>

(similar to the case management approach for rough sleepers)

- A direct link into strategic groups to achieve system change where needed to better meet needs of this group
- Service navigators . often people with lived experience of homelessness or other social exclusion . who work closely with the person to help them to access services (a %efer and accompany+style) and to engage them so as to help them move on with their lives
- Personalisation funds to pay for the often small services that can make a difference to a person who has been excluded for some years; examples include bus passes to help the person to rebuild contact with family; money for new clothes, meals, cleaning products or haircuts that provide people with new self-respect and an opportunity to engage with the person
- Access to accommodation and support chosen to work directly with that person to address their needs, alongside the navigator

A Big Lottery funding call may provide the opportunity to develop services for people with multiple needs and/or for rough sleepers. Homeless Link will be able to advise on how to make a bid with the best chance of success, working either as an individual area or with neighbouring authorities.

<https://www.biglotteryfund.org.uk/global-content/programmes/england/help-through-crisis>

Encouraging the development of the PIE approach

Developing of the PIE approach across more of the supported accommodation sector could bring about a change in outcomes for people with multiple or enduring needs. The council could support this development by establishing seminars and workshops for local agencies to learn about this approach (and to discuss other ways of addressing multiple needs, as above).

<http://pielink.ning.com/>

Developing approaches to reduce homelessness on discharge from hospital and admission to hospital for people who have housing needs

Developing a protocol for preventing homelessness on discharge from hospital would be a good first step to identifying what else is needed to reduce the number of people

going into hospital with housing problems, and building links and systems to prevent readmissions and homelessness amongst the group with complex and multiple needs.

7. Predicting future demand for next 15 years

Trends from existing data

The current trends would indicate that single and childless couple homelessness will remain a significant part of the customer base for Barnsley's homelessness services. This group has been increasing as a proportion of the total number of homeless applicants, 77% in the last full year, and 55 % of the housing advice enquiries came from this group.

As in many areas, the data also shows a trend for an increase in the number of people with multiple needs, including a small number of young people who have multiple needs.

Factors likely to affect homelessness for this group

Government cuts: cuts to public services may affect single homeless people, particularly if support to help people sustain tenancies is reduced or removed. The key factors, however, are likely to be benefit changes and availability of work. The announcements made in the July 2015 Budget that will affect this group are:

- Freezing working-age benefits
- Removing Housing Benefit from most JSA claimants aged 18-20

Welfare benefit changes: The introduction of Universal Credit for single people, introduced in Barnsley from April 2015, has raised fears about whether people who have been homeless or are vulnerable for other reasons will be able to manage with money paid to them at the end of a month, and through a bank account.

Loss of NSNO funding: The loss of NSNO services might increase the number of people remaining on the streets. From 10 June 2015, EEA jobseekers have been prevented from claiming Universal Credit, and further restrictions on benefit claims for migrant workers are likely to result in further homelessness for this group in Barnsley.

Supreme Court ruling: An important ruling from the Supreme Court in May 2015 has the potential to increase the number of single person households who are accepted as being owed a full housing duty. The ruling covered the question of who is likely to be considered as vulnerable, with the following specific clarifications:

- 1) A person's individual circumstances should be considered in their totality when a local authority makes an assessment of vulnerability
- 2) Other support a person receives from a third party can be considered in assessing somebody's vulnerability (as long as the support is consistent and predictable). If a person is receiving support from another agency, this does not necessarily mean they are not vulnerable, and their situation needs to be fully assessed
- 3) Councils cannot take into account other homelessness burdens or local resources in assessing vulnerability
- 4) The term ~~fund~~ for oneself commonly used in local authority decision letters to justify not granting people priority need status, is not mentioned in the legislation. The local authority must decide for itself whether the person is vulnerable and therefore in priority need
- 5) People who are not sleeping rough may nonetheless be vulnerable
- 6) Statistics (for example, to show the likelihood of them committing suicide) cannot be used to justify a decision that the person is not vulnerable
- 7) Assessments must take into account what an applicant's vulnerability will be if they become homeless, not just their current situation i.e. to compare them with someone who is not homeless rather than the next homeless person
- 8) Councils cannot simply rule that if a person lives with someone else who is able-bodied that they are automatically not vulnerable

Case law has yet to clarify the Supreme Court ruling, but it may have considerable implications for an authority which at present makes very few full housing duty decisions for single homeless applicants. The Council might expect future challenges on behalf of people who could be seen as vulnerable as a result of physical disabilities, physical health problems, mental health needs, or drug or alcohol problems. Rough sleepers and other single homeless people who often have a combination of those problems, as well as those who are vulnerable to exploitation by others, may well have a case to be considered as in priority need, and entitled to accommodation.

The solutions may be no different to those which the Council is already providing, but if Holden House is full, it could be harder to argue that a place in B&B offered in Sheffield or Rotherham meets the duty for temporary accommodation.

Recommendations

Barnsley Council should:

- Review Holden House and clarify the referral route into Holden House
- Explore ways of providing more bedspaces for single homeless people, including exploring the development of a Nightstop service, and other options for those needing low level support, so that higher level support services can be focused on those with higher support needs

- Ensure there continues to be provision of emergency beds for people who are identified as sleeping rough
- Seek funding to develop services and approaches to work with rough sleepers and people with multiple needs:
 - Facilities to get showers and clean clothes
 - A case management group to bring agencies together to improve outcomes for rough sleepers, both new rough sleepers and the long term group
 - Navigators to address the needs of rough sleepers and people with multiple needs
 - Development of the MEAM approach in Barnsley Promote the PIE approach and provide an opportunity for supported housing agencies to learn about and adopt this approach and other ways of supporting people with multiple needs
 - Develop a Homeless Hospital Discharge Protocol as a first step to addressing the needs of people being admitted to hospital with housing problems or leaving hospital with no accommodation
 - Carry out a desktop review of recent non-priority cases to check whether guidance for HOAPS staff needs to be revised in the light of the Supreme Court ruling about assessment of vulnerability
 - Broaden access to ordinary settled accommodation through de-designating more social housing, and providing additional funds for bonds, rent in advance and administration fees

2. Offenders

1. Introduction

This section covers the housing and support needs of people with an offending history or who are at risk of offending in Barnsley. Findings and recommendations set out in the Single Homeless and Rough Sleeping section also apply to this group, and are not repeated here, and the same is true of findings set out in the Young Persons section.

The Criminal Justice System (CJS) across the country is in a period of great change at present; this can make it difficult to get information and time commitment from CJS agencies, and also provides a challenge to ensure that housing and support staff are aware of which CJS agency is doing what, and how their approaches to meeting resettlement (including housing) needs is changing.

2. What's working well to meet the housing and support needs of offenders

Housing support services offer strong support and help to move on with their lives to both low and medium risk offenders, and higher risk offenders.

There are advice services in place to help offenders find the appropriate housing solution, through a service based within the Probation services, and another based in Action Housing. Good links with other advice and accommodation providers come through the Barnsley Accommodation Group.

For people who use the supported accommodation, there is a good pathway from prison and Approved Premises into supported housing and then onto settled housing, with the possibility of making use along the way of intermediate housing (provided by Housing Associations or Berneslai Homes) with less support.

3. Expressed need for housing and support

Homeless applications

Barnsley's homelessness application data records whether people are homeless because of leaving prison or remand. A total of 67 households made homeless applications over the last 3 years on leaving custody (all single person households). The number has been stable for the last 2 years, around 25 households per year. (Appendix 2 Figure 1)

There were 2 women and 65 men amongst the 67 applicants, and all but 1 whose ethnic origin was known were White British. The largest age band for people leaving prison was 25-34, followed by 35-39, and 40-59.

Referrals were most commonly from prison or other advice services, but about one third were self-referrals; these may well be people who had not left prison immediately before making their homeless presentation at HOAPS.

No-one was accepted as being owed the full housing duty over the course of the 3 years as a result of vulnerability from being in custody. It is not possible to tell how many of the people accepted as being owed the full housing duty had offending histories. (Figure 2)

Resolving homelessness

Relatively few of the 67 had their homelessness prevented. 23 had a prevention action, and 41 (almost two thirds of the total) were either considered not to be homeless or contact was lost so no decision was made. Prevention actions were focused on a move to supported accommodation, or to the private rented sector including Houses in Multiple Occupation (HMOs). Only 1 person in the 3 years was recorded as moving to a social rented property. (Figure 3)

Housing advice enquiries

60 households . all single . made a housing advice enquiry over the 3 years after leaving prison or remand. The age profile was similar to that of those making a homeless application. Ethnic origin was not recorded in many of the cases, and all recorded were White British. It is not possible to identify how many housing advice enquirers had an offending history.

Only 4 people had a prevention action taken: 3 moved into supported accommodation and 1 into social housing.

It appears that offenders who leave prison or remand and seek housing assistance in Barnsley are rather unlikely to have a homelessness solution or prevention action taken to resolve their need. The picture would hopefully be different were people's full needs to be recorded as part of the homelessness or housing advice database.

Accessing housing support services (accommodation-based and floating support)

156 people whose primary client group was recorded as offending accessed housing support services over the 3 years. In 2012-13, two thirds were men, but in the subsequent 2 years, 90% were men. A further 80 people had offending as a secondary need, so a total of 236 people with a need related to offending. The number of offenders accessing housing support fell between 2013-14 and 2014-15, from 81 cases to 29, and the proportion of the total accessing housing support fell from 17.7% to 9.3%. (Figure 4, 5)

Most offenders (primary support: offending) accessing housing support accessed floating support rather than supported accommodation; the majority accessed Action Housing's services, either supported accommodation or floating support.

Few had come straight from prison or Approved Premises, and some had slept rough immediately before.

Outcomes from housing support

Action Housing reports a high level of positive outcomes for their clients:

Of 13 people who left their supported accommodation in 2014-15, 7 people moved into a tenancy of their own, 3 to family or friends, and 2 into custody. 1 was evicted.

Of the 15 who stopped receiving floating support, 7 were able to stay in their properties without support. 1 moved to another tenancy, 4 moved in with family or friends or into the home of a partner, and 1 died. 1 was evicted.

Foundation's floating support service for high risk offenders had similar positive outcomes:

Of the 16 people reported as leaving the service in 2014-15, 9 remained in their tenancy, 2 moved into supported housing, 2 returned to prison, and 1 to family or friends. 2 outcomes were unknown.

4. What is in place to meet demand (supply of accommodation, floating support and other services)

Figure 6: Supply of accommodation, floating support and other services

Scheme	Provider	Type of scheme	Funding	Number of units
Barnsley Offender Project Dispersed Housing	Action Housing	Accommodation-based scheme . dispersed For low to medium risk offenders	Housing-related support	16 flats
Barnsley Offender Project Floating Support	Action Housing	Floating support For low to medium risk offenders	Housing-related support	43 units (can go up to 45 at times)
Barnsley Offender Support Service	Foundation Housing	Floating support For high risk offenders	Housing-related support	16 units
Offender Housing Advice Worker	Action Housing	Advice and prevention	Probation	

Scheme	Provider	Type of scheme	Funding	Number of units
Action Housing Drop-in	Action Housing	Accommodation, training and employment advice . twice weekly	Action Housing	Around 600 people a year

Action Housing's dispersed flats are spread around the borough, mostly in the east, north or centre. All but 2 are owned by Berneslai Homes, with the remaining 2 being owned by Action Housing. The scheme accommodates low to medium risk offenders, for up to 2 years. Referrals can come from prisons, but there is usually a waiting list and people can wait a little while for a vacancy to become available. People leaving the dispersed housing, as well as other offenders and those at risk of offending, can access floating support for up to 2 years.

Move-on accommodation from Action Housing's scheme is often to a Berneslai Homes or Action Housing property, and floating support with the Action Housing scheme is usually easy to arrange once a property has been identified.

Foundation Housing's floating support service is for high risk offenders, and most referrals come from the National Probation Service (NPS) including its Approved Premises, though occasionally referrals come from the South Yorkshire Community Rehabilitation Company (SYCRC) which works with low to medium risk offenders. Referrals are made 2 years before release is due, so this is a planned move to ordinary accommodation. Foundation works with the person for around 6 months before they are due to leave prison or Approved Premises, and accommodation is found in either social rented or private rented housing.

There is a waiting list as the service is limited by the number of people that the 2 members of staff can work with. There is also a need for more 1 bed properties which ex-offenders can apply for in a choice of areas to support a continued move away from re-offending.

Action Housing also provides a drop-in service, run by a volunteer supported by a member of staff. All current service users and people who have recently left the service can get help with job searches and looking for training, and to socialise with other service users. The drop-in also provides advice on accommodation for people on their waiting list and others looking for accommodation. People who need accommodation when they come to the drop-in can join the waiting list for the dispersed accommodation or the advisers can make referrals to HOAPS for Holden House or for other accommodation in Barnsley or elsewhere.

Action Housing has also hosted the Offender Accommodation Officer post, now provided by NACRO (as of May 2015). The advisor is based within and funded by the SYCRC, and also offers advice to NPS clients; at least once a month he goes into local prisons to see people who have been referred. He advises around xx people a year, and carries an open caseload of around 30 people.

To make sure that this post is as effective as possible, closer ties with the council's HOAPS service are desirable, and we would suggest that the Council talks with NACRO, the SYCRC and NPS about ways of building stronger links between the two services.

There are no other commissioned services providing advice, support or accommodation specifically to offenders in Barnsley. Offenders with housing needs may be accommodated by a number of other temporary accommodation providers, including:

- Holden House (for single homeless people)
- The Thursday Project (for people with mental health needs)
- Sanctuary's High Street project (for people with mental health needs)
- 28A

28A has in the past offered accommodation to many offenders, but has recently found this more challenging, with a high rate of damage to their properties and little sense of partnership working with some Offender Managers. As a result, the manager is being more cautious about who rooms or houses are let to, and also trying to develop more sense of responsibility for residents within each property by involving them in deciding who should be housed and where. It should also be noted that 28A requires £170 in fees plus £50 key money, and this may not be affordable for all offenders needing accommodation. The Vicars Relief Fund may not cover these costs, as they do not usually meet admin fees for people moving into the private rented sector.

5. The type and scale of unmet need

Type of unmet needs for offenders with housing and support needs

Help to resolve housing needs for prolific offenders

There is a sense of desperation within CJS teams in Barnsley about how well the housing needs of offenders are met. Despite the work of the two specialist offender advice services (Action Housing and NACRO) and that of the prison housing advice services (now provided by NACRO), offenders returning to Barnsley from prison or living in Barnsley may struggle to find suitable and stable accommodation. This is in part due to the scarcity of commissioned emergency and short term supported accommodation for single people (see below).

One person summed up the current situation, saying: *We are some way from meeting the housing needs of offenders in Barnsley.* This person went on to say that vulnerable and chaotic individuals are having to live with other vulnerable groups, and there is a lack of knowledge of where offenders are as a result. This can lead to some

difficulties managing levels of anti-social behaviour and crime which can then have quite an impact on local communities.

Barriers to ordinary housing can include an over-careful attitude to past poor behaviour and to rent arrears. Barnsley Council's policy and Berneslai Homes' normal practice is to consider each individual's case carefully, but a number of people within the CJS teams (Probation and other services) have raised their concern that the practice is sometimes to ask for a list of all convictions before an ex-offender's housing application can be considered, and that there is a lack of information for applicants about how long they will need to wait to demonstrate changed behaviour or reduced rent arrears, to be accepted onto the Housing Register. Whilst Berneslai Homes policy set out good guidance to staff on both issues, and decisions about exclusion are made by a senior member of staff to achieve consistency, there are steps that could be taken to improve the confidence of Probation officers in this process, and to arrive at jointly agreed decisions about what would help an offender to show that they have addressed their past poor behaviour.

We have included a good practice example from another ALMO about how risks associated with housing offenders are managed, using a jointly agreed protocol, joint training, and joint decisions about exclusions. Our recommendations on these issues are covered in Section 5 of this report.

Good Practice example: Protocol for addressing offender need – Your Homes Newcastle and Northumbria Probation Trust (drawn from a presentation by YHN given in 2013)

Your Homes Newcastle, the ArmsqLength Management Organisation in Newcastle upon Tyne, developed a protocol in 2013 with what was then Northumbria Probation Trust, aiming to meet offender housing need more effectively. After some discussion with the Probation Trust, YHN reviewed the current state of affairs in which offenders were frequently excluded from the Housing Register, and concluded that:

- Not housing offenders did not make them go away - they were still living in the community, but often nobody was exactly sure where they were
- The policy of ~~ineligibility~~ was not making estates safer, but rather it was making it harder to manage the stock effectively
- The success of housing MAPPA cases gave confidence, and working closely with partners worked well

By contrast it appeared that:

- Offering the right housing stopped offenders from ~~going~~ underground
- It made it easier for YHN and partner agencies to manage them
- It helped offenders get into employment

- It helped to maintain protective factors
- It protected victims and other vulnerable individuals
- This created maximum public protection and gave offenders the best chance to rehabilitate

This led to a new information sharing protocol, the end of any blanket exclusions, joint decisions about ineligibility for the Housing Register, a programme of joint training for all frontline housing and Probation staff, decisions based on the information that is available to be shared, and joint action plans for the management of difficult cases. In 2013, it was reported that there were far fewer housing management issues with offenders, and very few were referred for eviction, offenders were being offered the right housing, and the Probation service had greater confidence that they knew where their clients were and that more tenancies were being sustained.

An additional layer of communication between the CJS and the Council could help to support the development of a pathway for offenders who are not able to access Action Housing's accommodation project. There is a group meeting to talk about accommodation, attended by CJS staff and people from HOAPS, as well as providers, but this operates largely at the level of information sharing about problems and services.

Scarcity of emergency accommodation for homeless offenders

The most significant unmet need is for emergency access accommodation, and this is covered in the section on Single Homeless and Rough Sleepers, but in addition it is important to note that there is usually a waiting list for Action Housing's Offender Accommodation. More accommodation in this scheme would help to reduce the number of people who are sleeping rough, staying in HMOs, sofa surfing, or being accommodated at Holden House. This could reduce the burden on Holden House where accommodating a large number of offenders together and in close proximity to each other, is not ideal.

Access to settled accommodation

Although there is a wide range of private rented sector stock in Barnsley . from good self-contained flats and houses, to shared houses, some in very poor condition - the use of HMOs, mostly in the centre of Barnsley, to meet offender housing needs is often very unsatisfactory. There is a high concentration of offenders in this sector, and private landlords have no particular responsibility towards managing the behaviour this group of people. Agencies working with this group say that many houses are in a poor state of repair (and may have suffered from high levels of damage), have a chaotic feel, do not support a move away from re-offending and substance misuse, and are difficult places for vulnerable individuals.

The process of move-on into social rented housing from supported housing is relatively smooth if the ex-offender is moving from Action Housing's Accommodation Project. Once the person is ready to move on, a Band 3 priority will be awarded following a special assessment, and the person can bid for move-on accommodation straightaway.

For people trying to move from HMOs or other accommodation, however, the process might not be quite so smooth, depending on the person's housing history and type of offences, and some people then get stuck with no options but the private rented sector or temporary solutions. This can then affect the person's ability to move away from offending. The rate of rehousing into social housing for people supported by the Action Housing Accommodation Officer, for example, was very low. He could think of only 1 person who had been successful in being rehoused into this sector. There was also a concern that offenders are sometimes asked to provide evidence of long periods of desisting from offending.

Scale of unmet needs for offenders with housing and support needs

PFA snapshot survey

Only 7 entries in the snapshot survey were submitted by a Probation worker for their clients, with the remaining entries for people with an offending history being submitted by one of the housing support agencies. Both the SYCR and the NPS found the task too labour-intensive for staff under severe time pressures. Both sets of staff contributed in another way, by filling in a sheet with summary information about their clients in housing need (see below). Unfortunately, it is not possible to assess how many people might appear in both the snapshot survey and the Probation data.

42 of the 132 entries in the snapshot survey, submitted by a range of agencies, were for people with an offending history as their primary vulnerability (just under a third of the total). A further 16 had offending as a secondary vulnerability, adding up to 58 (44% of the total). An offending history is thus a significant factor for people at risk of or experiencing homelessness or housing need in Barnsley.

All but 3 of the households with an offending history were single person households. 13 had no accommodation (3 rough sleeping, 5 sofa surfing, 5 staying very temporarily with family or friends), and 10 were in short term housing, whilst 19 were in their own tenancy. Most of the cohort with an offending history were aged between 26 and 49. All were White British.

34 of the total of 58 (59%) had both offending and drug or alcohol vulnerabilities.

Supplementary data collected by Probation agencies

SYCRC and NPS staff filled in a pro-forma devised for them for this purpose. In the case of SYCRC, all relevant staff completed the form, whilst only about a quarter of NPS's relevant staff did so.

The completed exercise told us that in March / April 2015:

- Just under half - 46% - of their total caseload did not have settled housing which met their needs; as might be expected, this was the case for a higher proportion of the SYCRC caseload than that of the NPS staff
- Of those without settled accommodation, a proportion . around a quarter - were still in prison without a good housing solution to come out to
- 8 people were sleeping rough for all or most of the week, and 24 were sofa surfing
- 15 were in supported housing, of whom 5 were placed in supported housing outside Barnsley
- 17 were in private rented property which was thought to be unsuitable for their needs
- A further 7 were at risk of losing their tenancies
- A total of 56 did not have sufficient housing support to meet their needs
- Only 1 of the total with housing needs would expect to live with their children

Data from Probation services

The Offender Assessment System (OASys) records the risk of offending from factors such as accommodation difficulties at various points along the offender's journey. These figures show the latest assessment during the relevant year of the risk of re-offending related to the suitability, permanence and location of accommodation, as well as the numbers who were of No Fixed Abode at the point of the assessment. No Fixed Abode in this context includes people who are sleeping rough, sofa surfing, or in nightshelters, B&B, or other very temporary accommodation. (Figure 7)

The figures show that the problem of a lack of settled or suitable accommodation has been getting worse over the last 3 years, with both permanence and suitability identified as factors which may affect re-offending. In the last full year, 56 people were recorded as having No Fixed Abode, more than double the figure from 2 years before.

Conclusions: the scale of need

Probation snapshot data shows that a group of people with an offending history, around 8 people, are sleeping rough at any one time in Barnsley. This appears to be a high proportion of the total of those sleeping rough (total of 10-15 at any time). 24 offenders were sofa surfing, so more than had been identified in total in the snapshot survey (7 people). Data from OASys records 56 people as having no fixed abode during 2014-15, so an average of around 1 per week. This was a considerable increase on the previous year.

Substance misuse problems, as might be expected, are experienced by a number of offenders . over half of those entered into the snapshot survey. Multiple needs are covered in the section on Single Homelessness and Rough Sleeping, including suggestions for addressing multiple needs more effectively.

6. The changes needed to fill the gaps and meet needs

Temporary accommodation: More supported accommodation is needed to meet the need for support to help offenders to gain independence skills, re-integrate into society, and move towards employment. Were Berneslai Homes or another provider is able to make a few more dispersed properties, then a small additional amount of funding for support could enable Action Homes to help more offenders along that pathway. (An addition of £40k could potentially add 50% capacity to the scheme.)

Floating support: Similarly, a relatively small amount to add to the capacity of this scheme (an addition of £40k could add 50% capacity).

Greater and more effective collaboration between the CJS and Barnsley Council

Two steps could help to produce greater collaboration. A regular solutions-focused meeting between the HOAPS team, the NACRO Accommodation Officer, and the Action Housing drop-in worker, could help to reach agreement on which person has the highest priority for the scarce accommodation available in Barnsley, and what other solutions might be tried. This could also help to reach consensus about individuals, and reduce conflict, time spent negotiating about ways of meeting individualsqneeds, and time spent by customers in the HOAPS service trying to resolve their needs. This meeting may ultimately be merged with the suggested rough sleeper case management meeting but it is suggested that it is a separate meeting initially, so as to build relationships between these two sectors.

A further opportunity would be provided by involving HOAPS in the Integrated Offender Management (IMPACT) regular meeting. Berneslai Homes is currently invited to this meeting, but they cannot speak for the homeless service and this misses the opportunity to resolve housing needs for the prolific offender group supported through the IMPACT system. Again, the meeting between the Council and CJS agencies may not be needed as well as this meeting in the long term, and the involvement of other agencies (Police, drug treatment agencies, and others) would help to get multi-agency consensus about ways of meeting needs in a more effective way.

An example is given below of effective collaboration between housing and homelessness teams for IOM clients which reduced homelessness for IOM clients and enabled people to move more quickly towards not re-offending. We have also provided a further example showing how joint training, better information sharing, and a new way of looking at exclusions from the Housing Register had improved relationships between the two sectors. Whilst relationships between BH and the CJS teams are not in question, the process for improving confidence and reducing conflict between the

council and CJS teams could help reduce workloads as well as stress for clients and staff.

Good practice notes: Housing input to Bolton Integrated Offender Management team discussions

(from a report for Greater Manchester Probation Trust 2014)

Bolton At Home, Riverside ECHG and Bolton Housing Options all attend Spotlight (IOM) fortnightly migration meetings. This is a significant help in addressing IOM offender Housing need.

Bolton Council and housing providers give priority to offenders once they have shown a period of 3 months without offending.

It was recognised that some housing officers in social housing providers were being very risk averse if offenders had any rent arrears or a history of ASB. This has been addressed through a joint training programme and improved sharing of information about the degree of risk and whether there is a risk for the housing organisation, neighbours, or the public.

Bolton Urban Outreach OARS (Offender Accommodation, Resettlement and Support) specifically targets male offenders from Bolton released from HMP Forest Bank facing potential homelessness. The service visits 6-12 weeks before release to assess suitability. Riverside (providing supported accommodation in Bolton House) also provides an in-reach service. Bolton MBC funds both services. Forest Bank will also make pre-release referrals to the Gateway, Bolton's supported housing access point.

7. Predicting future demand

Crime fell by 9% between the year to September 2013-2014 (Crime Survey for England and Wales) and increased by less than 1% in the same year (all police-recorded crimes). Over the same period, there was no change in total crime for South Yorkshire, but there was a decrease of 9% in drug offences, and 11% for burglary. The incidence of violence with injury increased by 18%, and theft decreased by 6%.

Across the country, re-offending rates remained stable in the year July 2012-June 2013 (the most recent year for which the Ministry of Justice's re-offending data is available.) In South Yorkshire, re-offending rates increased slightly . by 3.8% in relation to the proportion of offenders who re-offend, and by 5.4% in relation to the number of re-offences.

The increasing prevalence of legal highs (New Psychoactive Substances) has led to changes in the law about how legal highs are to be treated, which were announced soon after the General Election and may be in place in the next year. It is not known what effect this change would have on offending rates.

The change to the Criminal Justice System . the introduction of Transforming Rehabilitation and separation of the SYCRC and NPS services . may have some

impact on the way that housing needs are resolved. All offenders convicted since February 1st 2015 now have a licence and a resettlement plan, so this will improve the position for those with short (under 12 month) sentences. However the systems are still settling in, and not all arrangements are in place as yet. Through the Gate services are not fully staffed and volunteers are not yet in place, so some offenders are leaving prison without help to get to their accommodation and other appointments. Services which previously provided housing advice have been transferred to new providers (NACRO, in the case of Yorkshire and Humberside prisons) but their role is less broad than before, and the arrangements for helping prisoners to apply for social housing are being made much later (only 12 weeks before release) and the repayment of rent arrears, which can remove one barrier to social housing, is not being done everywhere.

8. Recommendations

Barnsley Council should:

- Review the contracts for dispersed accommodation and for floating support for offenders, with a view to increasing capacity for both schemes in Barnsley (with improved access to accommodation to be achieved by other actions recommended in the report)
- Develop closer links between the Council and the Criminal Justice System . at strategic and operational level, at casework level between NACRO and Action Housing advisers and HOAPS, and through regular involvement with the IMPACT team for Barnsley, and to seek to include prevention data from these agencies in homelessness prevention reports sent to DCLG

3. Substance Misusers

1. Introduction

This section looks at the housing and support needs of people with drug and/or alcohol problems. It should be read alongside the sections for Single Homeless and Rough Sleepers, and for Offenders, since many of the issues cover all three groups.

Although people's use of legal highs (New Psychoactive Substances) must be taken into account in looking at housing and support needs, there is as yet little hard evidence of the numbers of people involved in using these substances, or about the scale of need for housing as a result of problems associated with these drugs. We do know that the use of legal highs has created significant problems for supported housing providers, particularly but not only those working with young people, and this will be referred to in later in this section.

2. What is working well in housing and support services and systems for people with substance misuse problems

There is a good pathway from prison, homelessness, detox and rehabilitation into housing, support, and treatment services in Barnsley. Referrals to treatment services can come from people with drug or alcohol needs, from GPs, or from other services. There are walk-in services in both Addaction and Phoenix Futures, and there are services which help people to prepare for recovery, which supports better retention of people in treatment services.

People with both housing and substance misuse problems in Barnsley can find out what services there are to resolve their needs through a network of treatment services provided by Addaction and Phoenix Futures, both for young people and adults. Phoenix Futures has several bases in the borough, and at the Widening Horizons centre located in the centre of Barnsley, people can access housing advice and signposting to housing services from the T4 Housing Liaison Officer. This role has a very open brief, and the adviser is able to resolve housing needs for a high number of the customers who seek help.

The T4 abstinence-based service supported accommodation at Beavor Court (managed by Phoenix Futures but formerly operated by NACRO) is very high quality accommodation, with positive feedback from residents. Most residents move on in a positive way to settled housing, using a well-structured pathway into 2nd stage T4 housing, either to intermediate accommodation leased from Berneslai Homes or other settled housing. Floating support provided by T4 helps a larger number of people sustain their homes, for those moving on from Beavor Court, and for people in their own homes whose substance misuse is putting at risk their ability to maintain their independent home.

Phoenix Futures ensures that it has good links to other services, including prisons and other Criminal Justice Services, and has taken a key role as chair of the Barnsley Accommodation Group which brings providers, homelessness services, Probation and other services together to discuss the housing needs of vulnerable groups in the borough. Phoenix Futures also works well with other providers, helping them to support their clients into and to maintain structured treatment in the area.

In Barnsley, Addaction does not provide any housing services but provides support, particularly where clients are homeless and need a "handholding" service to access homelessness services.

Barnsley Churches Drop-in Project (BCDP) is an important part of the services in the borough. It started as a service for people with drug and alcohol problems but now supports other homeless and isolated people. Based next to Addaction's offices in the town centre, it makes contact with, engages and supports a large number of people who have both housing and substance misuse problems, and signposts them to other services.

A number of mutual aid groups (such as Alcoholics Anonymous) support substance misusers, and this, and the Substance Misuse Service User Group, are important elements of the system helping people to recover from their addictions.

A re-commissioning exercise is in train currently for all substance misuse treatment services in Barnsley. This should ensure that housing and support services, including advice services, continue to be well-integrated with treatment services.

3. Expressed need for housing and support

Homeless applications and housing advice enquiries

Barnsley is not recorded as having accepted anyone as being owed a full housing duty as a result of drug or alcohol dependency in the last year. The housing advice database does not record whether enquirers have a drug or alcohol need.

Substance misusers accessing housing support services

In 2014-15, 65 people (20.8%) who accessed housing support services had a substance misuse problem as their primary need. Where the secondary need is taken into account, substance misusers account for almost 40% of the total of people accessing these services. A small number have both needs. (Appendix 3 Figure 1, 2, 3)

Of those with a primary need for addressing substance misuse who accessed supported accommodation (16 in 2014-15), the majority had no accommodation of their own prior to this, though a few had a private tenancy. Of the 49 who accessed floating support, 10 had previously been in supported housing, 1 had been in prison, and 1 had slept rough, but the remainder (37) had their own tenancies. (Figure 4)

People with substance misuse problems also have other needs, including a small number of people with a learning disability, but as might be expected, a greater number with a history of offending, or mental health needs. In the most recent year, 28 were recorded as having dual needs (substance misuse and a mental health problem). A small number . 17 in the most recent year . have 4 different needs recorded.

Outcomes

Floating support is supporting a good number of people with substance misuse problems to be able to sustain their own homes, and exits from supported housing are mostly positive and into settled accommodation. Outcomes for people with a primary need of drug or alcohol use who left supported housing in 2014-15 were mainly to social or private housing (9 people), with 1 going to other temporary accommodation and 3 going to live with family. Almost all of those exiting from floating support services in 2014-15 remained in a tenancy or in owned homes, with only 10 unplanned moves out of 62 in the year. (Figure 5)

Treatment data

The National Drug Treatment Monitoring System (NDTMS) captures data about people in treatment, including their substance use and their accommodation status when they enter treatment. There have been changes in the way that data is collected and recorded during 2011/15, so the data is not quite comparable across the last few years. (Note that NFA includes night shelters and sofa surfing, and a housing problem, is defined as short stay accommodation, whilst longer term supported housing is seen as not providing a housing problem.)

The definitions are set out below:

NFA - Urgent housing problem

- Living on streets
- Uses night hostels (night by night basis)
- Sleeps on different friends floor each night

Housing problem

- Staying with friends/family as a short term guest
- Night winter shelter
- Direct Access short stay hostel
- Short term B&B or other hotel
- Squatting

No housing problem

- Local Authority (LA)/Registered Social Landlord (RSL) rented
- Private rented
- Approved premises
- Supported housing/hostel
- Traveller
- Own Property
- Settled with friends

From NDTMS Business Definition Data Set L Version 11.02 May 2013

The data shows that the prevalence of acute housing difficulties for people with problematic drug and alcohol use is reducing gradually: in 2014-15, the total number of drug and alcohol users with an urgent housing need is 23, rather less than the total of 34 for the previous year, and 47 in the year before that. For those with a lesser degree of housing problem, the figure for 2014-15 was 82, compared to 59 in the previous year and 86 in the year 2012-13.

There was an increase in the number of people entering treatment for drug use between 2012-13 and 2013-14, but a decrease between those two years for those with alcohol use as their main problem. In 2014-15, the data has been recorded in a different way, so it is not possible to compare separate alcohol and drug use with previous years, but the figures show that the total number of drug and alcohol users in treatment has decreased by 5%.

The ethnic origin of substance misusers is recorded alongside other data at entry into treatment. In Barnsley, there has been little change in the proportions of ethnic origin of people in treatment over the last few years: around 2% are White Other, and 1% are Asian or mixed Asian and white.

Other data showing demand for services

Phoenix Futuresq Housing Liaison Officer helps people with substance misuse problems with their housing difficulties. During 2014-15, he had a total of 212 enquiries, of whom:

- 48 were homeless
- 70 were in unsuitable accommodation including 26 people who needed move-on accommodation and/or support, and 36 who had financial problems including rent arrears
- 14 were facing eviction

Housing solutions were obtained for all but 10 (awaiting an outcome by the end of the year) and 1 who disengaged or returned to prison. Homelessness was prevented for 13, 47 obtained permanent accommodation and 6 temporary, whilst 43 were referred to housing providers.

4. What is in place to meet demand (supply of accommodation, floating support and other services)

Figure 5: Supply of accommodation, floating support and other services

Scheme	Provider	Type of scheme	Funding	Number of units
T4 Core & Cluster scheme: Beevor Court William Street	Phoenix Futures	Accommodation: 6 self-contained bedsits in a building with shared kitchen and lounge 4 self-contained flats on another site	Housing-related support and DAAT	10 beds
T4 floating support	Phoenix Futures	Floating support	Housing-related support and DAAT	40 units
T4 Housing Liaison Officer	Phoenix Futures	Housing advice	DAAT funds	200+ enquiries per annum

The T4 supported accommodation at Beevor Court (managed by Phoenix Futures but formerly operated by NACRO) is very high quality accommodation, with large, well-furnished bedsitting rooms for each resident, a large kitchen and sitting room, and a pleasant outlook to a garden and woods. To be referred to the service, applicants must be alcohol- or drug-free and in structured treatment, and have a housing need, though need not necessarily be homeless. Motivation to work towards recovery is essential, and referees must be in touch with a Recovery Navigator.

Activities are well-structured, so that residents gain independence skills and gain skills and experience which will help them move towards employment. Residents are expected to be engaged in structured activities during the day, either structured treatment or activities which will help them to apply for work, training or education. All residents are expected to take part in house meetings and groups and activities, including looking after the communal areas and buying food and cooking for a communal meal once a week. A 12 week programme is completed by most service

users, and outcomes are positive: in 2014-15, Beever Court had 80% planned move-ons, and William Street 100%. Move-ons are initially to the 2nd stage units at William Street, and then to either intermediate accommodation leased from Berneslai Homes, or to other settled housing in the social or private rented sectors. Support can come from the T4 Floating Support Service. (Figure 6)

The floating support service works with people moving on from the supported accommodation and with people in their own homes whose substance misuse is putting their independence at risk. They do not need to be abstinent or in treatment, but may be helped to access or go back into treatment services. Some interventions are short, whilst other people require longer term support. Floating support outcomes were planned and positive outcomes in 84% of cases in 2014-15.

The T4 Housing Liaison Officer provides a drop-in at the Widening Horizons base within Phoenix Futures treatment services. This service has been in place since 2011, and the adviser (in post until June 2015) had a crucial housing advice background. The role has a fairly open brief, focused primarily on helping people to access housing and housing support services, or to sustain their homes through tackling benefit problems, negotiating with landlords, or helping the service user to address other housing needs such as repairs or adaptations, in a seamless service. Good communication with other parts of treatment and housing services within T4 and with others is an important aspect of this service.

Barnsley Churches Drop-in Project (BCDP) is an important part of the services in the borough. It started as a service for people with drug and alcohol problems but now supports other homeless and isolated people. Based next to Addaction offices in the town centre, it makes contact with, engages and supports a large number of people who have both housing and substance misuse problems, and signposts them to other services. It provides hot meals and drinks, food parcels, clothing, and low level support and befriending. Other services come in during the 3 sessions a week to provide advice or to make contact with their clients.

There are also several groups in Barnsley focused on providing support to carers of people with substance misuse problems, and providing mutual aid to substance misusers. They are not currently engaged in addressing housing needs.

5. The scale and type of unmet need

The scale of unmet need

PFA Snapshot survey

78 people (59%) in the survey used drugs or alcohol. 28 of the 132 entries (21.2%) were for people whose primary vulnerability was substance misuse. (Figure 8) A further 34 had substance misuse problems as a secondary vulnerability, making a total of 62 (47% of the total). Long term use of drugs or alcohol was a primary issue affecting the chances of resolving housing need for 17 people, and a secondary need for 26 people, a total of 43 (just under a third of the total).

The most common age band for people with substance misuse needs in the survey entries was 26- 35 (28 people). This was followed by those aged 36-49 (18 people), and those under 21 (16 people). (Figure 7) Of the total aged 25 and under (27 people), 9 were said to be using legal highs.

The survey asked which substances people used. Almost 30% used drugs as their drug of choice, whilst 15% used alcohol and 12% used both. Heroin, cannabis and alcohol were the main drugs of choice, with 9 using legal highs.

Importantly, of those recorded as having a substance misuse problem, over a quarter were thought not to be in structured treatment at the time that the survey was completed, though some (a third of this group not in treatment) has been in treatment in the past. Most of the total with substance misuse problems were also not in specialist accommodation for people with substance misuse problems (though 2 were). 15 were in their own tenancy, 11 were in supported housing, and 8 were sofa surfing or sleeping rough. 22 of those not thought to be in structured treatment were aged 16-25, of whom 7 used legal highs. (Figure 9)

Types of unmet need for housing and support

Gaps in meeting housing and support needs

Service users told us that there is for more provision like the T4 supported accommodation at Beevor Court and William Street. They were unflinching in their praise for the service and the staff, and said that it had enabled them to be considerably more positive in their lives and about their futures than in the past. However, they said that there were always people waiting to get into this service and more accommodation like this is needed.

Access to settled housing can be achieved smoothly for people leaving supported accommodation for substance misusers. But for those who have not been able to access this provision (for example because they are not yet in treatment, do not yet have a Recovery Navigator working with them, or are not yet abstinent from drug or alcohol use), may struggle to find accommodation that will support a move towards abstinence. Holden House is the most likely temporary supported accommodation for adults, and The Forge for younger people.

Too many people who have housing needs and substance misuse needs are not yet in structured treatment, as shown by the PFA Snapshot Survey. People who are not yet in treatment or who have relapsed from treatment may well be those who are on the streets or sofa surfing, but may also be staying in hostels, HMOs or B&Bs.

Holden House staff work to support people who are in treatment, but it can be hard for people to remain or work towards abstinence or even harm reduction when they are amongst other residents who are still in the chaotic phase of using drugs or alcohol. The impression given by service users is that staff in Holden House tolerate not only drug and alcohol use on the premises, but also people being offered drugs or alcohol by other residents, and at times turn a blind eye the bullying that often accompanies this. Substance misuse can also be more common in places where residents are not

actively engaged in activities during the day, as is the case (despite the staff's best efforts) at Holden House, as service users told us during the consultation for this study.

Drug and alcohol use on premises should not be a reason to evict or give people warnings, but should lead to active encouragement to engage in treatment, be discussed during support work sessions. Many hostels where drug or alcohol use is a common problem employ drugs workers to do focused work with residents on this issue, or bring in agencies to do group work with substance misusers, or invite mutual aid groups to hold group sessions. Some authorities have also developed common policies so that all supported housing providers know what is expected of them in working with people who may use drugs on the premises; policies are aimed at ensuring that people do not lose their accommodation as a result, since being homeless means that drug users are less likely to be able to tackle their addictions

(see <http://www.kfx.org.uk/resources/htdp2011.pdf> and <http://www.newcastle.gov.uk/housing/housing-advice-and-homelessness/information-for-professionals/temp-accommodation-drug-management>).

Service users also told us that it can be hard to sustain motivation and therefore abstinence or harm reduction in a new home if the place is not homely, needs decoration, needs more furniture, or has a garden which is in a mess. Resettlement services may be able to help people with some of these issues, but other services may be able to meet the needs, and may be able to involve service users in gaining skills and move more quickly towards employment.

Gaps in meeting needs for treatment

We cannot comment on any gaps in treatment services, but the study as shown that there are gaps in information about the treatment system: in particular, service users told us that not all GPs knew about treatment or about T4 housing support services, and some thought that they would have been able to address their addictions much earlier had the referral been made to this service sooner. Service users also suggested that information could be posted up in more places where they would find out about both treatment and housing support services, as well as the housing advice service offered by T4, such as on buses, in GP surgeries, and in libraries and other public places.

We also heard from people whose first language is not English that there is not enough readily-available information about treatment services or housing support services in other languages.

There does not appear to be any readily-available treatment for people taking legal highs, and sadly, the behaviours associated with taking these types of drugs are reported to be difficult to manage for those working in shared supported housing. Although there is not any substantial information about this as yet, it would appear likely to lead to the loss of supported and settled accommodation, particularly for young people.

6. The changes needed to fill the gaps and meet needs

Accommodation to support people to become abstinent or move into treatment

There is a need for better information circulation about housing support services to GPs and others who can help substance misusers to address their addictions.

There is a need for more supported accommodation for people who are abstinent, and for accommodation for people who are not yet at the stage of being abstinent. Some examples are given below showcasing successful housing support services which work with people who are not in treatment, as well as people with long term addictions.

SINCLAIR PROJECT, LEEDS HOUSING CONCERN

This scheme has been going since 1999, providing dispersed supported housing for active (and often still chaotic) drug users. It provides a good standard of stable accommodation, helping people to get to the point of accessing rehabilitation and other treatment, to access appropriate services, and to work ways of minimising the harm resulting from substance misuse. The accommodation is mostly in self-contained flats with some shared houses, leased from either the Council or a Housing Association. All residents have Assured Shorthold Tenancies.

People are referred from hostels, or may be on the street, due to leave prison, or occasionally in their own tenancy with a risk of homelessness because of drug use. Some may also have alcohol or mental health needs. The initial stay is for 6 months, with a review every 6 months, and the maximum length of stay is 2 years. All residents have at least weekly support meetings, but at the start of their stay they are likely to have more frequent contact, and may be in touch with staff through group meetings and other contact during each week.

4 staff operate a keyworking system, and provide a tailored response to people at different stages of tackling their drug use. Key aspects of the scheme are the non-judgemental approach of staff, a determination to make this scheme a success within the community, flexibility, and positive relationships with drug treatment agencies. Multi-agency working is encouraged, and there are regular inter-agency support plan meetings for each client.

Although being in treatment is not a requirement of the scheme, most residents engage in treatment before or soon after being referred to the scheme.

Residents are encouraged to get involved in activities in the community live in, making contact with people who are not drug users, as well as with others in the Sinclair Project who are facing the same challenges that they face. At the end of their stay, people are helped to access settled housing, and are helped to make this move to independence.

Outcomes:

The majority of clients achieve a level of control in their lives and over their drug use after moving into the scheme. Abandonments from the service are rare, although recall to prison can lead to unplanned moves in a minority of cases.

<http://www.leedshc.org.uk/en/scheme/sinclair.aspx>

CARR BECK, LEEDS HOUSING CONCERN

This scheme provides supported accommodation for single women aged 16 and over who have alcohol problems and who wish to carry on drinking. Some women have drug problems as well, and many have physical health needs as well as substance misuse and some mental health problems. The aim is to provide safe, secure, high quality accommodation, recognising need for privacy, dignity, respect, choice, and independence, and help to make informed choices about their lives.

The hostel provides 6 fully self-contained 1 bed flats each containing a bedroom, bathroom and open plan kitchen/ living area, in a purpose-built scheme on a recently built housing estate, provided for as long as it is needed. Two flats are adapted for people with mobility problems, and there is a walk-in shower on the ground floor, a stair lift, a communal lounge and a kitchen / dining for joint meals. A further 6 self-contained fully furnished flats are dispersed around Leeds, and these have a 2 year maximum stay. The scheme offers 24 hour cover through night-time sleep-in cover provided centrally by LHC.

The primary aim of the scheme is to help clients to regain independence, self esteem and dignity with a strong focus on harm reduction. A holistic approach is taken to clients needs that focuses on reducing the harmful effects associated with alcohol consumption.

A keyworker and co-key worker work with each client to help them to shop, clean and look after themselves, and provides support through at least weekly meetings, with a focus on harm reduction work and addressing health needs. There is daily contact made with each client; for anyone who is at greater risk of harm from alcohol or self-harm, there may be more frequent checks to see that they are safe and well. Women are also helped to develop good social networks and gain skills for living well independently.

Women may drink on the premises. This enables women who would otherwise be excluded from hostel accommodation to have the chance to maintain accommodation and have no fear of losing it because of their drinking. This leads to some women reducing the amount they drink, as it no longer has to be clandestine use, or drunk very quickly before they return home. Women can ask staff to store their alcohol for them.

Domiciliary care may also be needed by some women, particularly as they get older, so staff will liaise with and co-ordinate care services which come into the hostel. Many

of the clients have significant health, or mental health needs, often linked to rape or other forms of sexual abuse, and may access other health services.

There is a positive relationship between the scheme and emergency services. Multi-agency working is encouraged so that women receive holistic support. For those women who want to and are able to move-on, the scheme offers help and support to find and move into more independent accommodation.

Outcomes:

All the women have GPs and have access to other health/ addiction services. The majority of women regain some level of control in their lives and their alcohol use, and several past clients have been abstinent for some years. The scheme provides proof that quality housing and support can lead to positive outcomes for women drinkers.

<http://www.leedshc.org.uk/en/scheme/carrbeck.aspx>

Feedback from service users indicates that Holden House staff may need to develop additional skills for working with people who are using drugs or alcohol, to minimise the harm from the use of substances, not only for the user but also for other residents. Riverside ECHG should consider employing a drugs worker, and/or bringing other agencies and group sessions into the hostel.

It is also clear that more needs to be done to engage Holden House residents in activities as a matter of course during each day. This may require deepening service user involvement so that residents decide what activities they want to do, or what topics they want to learn about, and that they begin to take responsibility for organising or leading the activities. Informal sessions . such as playing games or going on trips . can help staff to build residents confidence and trust in staff, and their willingness to get engaged.

There do not appear to be many services in Barnsley working with socially excluded groups to develop their employability skills and move towards work. It has been suggested elsewhere that employing service users (people with lived experience) can have a very positive impact on outcomes, but this is also true of schemes that help people to move into or towards work. An example is given below.

Framework Housing Association: EVE Works (Education, Volunteering and Employment)

Framework Housing Association provides housing and support services for homeless and other vulnerable groups across the East Midlands. In 2001, it developed an approach to providing learning and employment opportunities, now called EVE Works. This provides learning, training, volunteering and employment opportunities through a number of schemes, including a pre-tenancy training scheme, all designed to give people the skills, confidence and experience they need to find work or meaningful occupation.

EVE Trades (Social Enterprises) employ both trainees and volunteers in a range of services. Volunteers and trainees, led by experienced professionals, are supported into work placements in a professional and structured environment. Some of their work is done in the homes of new tenants who have just left supported housing and need work done on their new places to make them into real homes. This provides new tenants with some DIY skills, as well as helping other trainees and volunteers with experience to put on their CVs, and qualifications. There is a painting and decorating team, a DIY team, a bike repair service, and a woodworking team.

http://www.frameworkha.org/how_we_help/training_employment_eve_works

http://www.frameworkha.org/how_we_help/social_enterprises_and_opportunity_eve_trades

Training is needed for staff working with service users who may take legal highs, to minimise the risk of people losing their accommodation.

7. Predicting future demand

Trends in numbers of people in drug and alcohol treatment in Barnsley indicate that problematic substance misuse is slightly decreasing. The figures also show that there has been a smaller number of substance misusers with severe housing problems in the last year, though the number with some level of housing problem . a need for stable and settled housing . has increased.

Although there is no data available to provide evidence of this, the use of legal highs is likely to be increasing as they become more readily available. There is no date as yet for the proposed ban on the sale of legal highs, and there is some scepticism about whether the ban will be effective, given that new forms of legal highs (New Psychoactive Substances and other drugs) are produced on a very frequent basis. The difficult behaviour associated with these drugs is likely to increase, and to have an increasing effect for young people affected by homelessness, including increasing the chances of them being losing their accommodation.

8. Recommendations

Barnsley Council should:

- Work with the treatment sector to develop wider circulation of information about drug and alcohol treatment, housing support services for substance misusers, and the T4 housing drop-in, and to ensure the information is available in languages used commonly in Barnsley.
- Explore whether additional supported accommodation could be developed to meet the needs of substance misusers, including additional capacity for T4 schemes to support people who are not yet at the stage where they are ready to be abstinent, and schemes for people who have long term drug or alcohol addictions.
- Work with providers and the treatment system to:
 - Ensure that people resident in single person hostels have the best chance of remaining abstinent, or moving towards abstinence or harm reduction.
 - A menu of meaningful activities for engaging homeless people and helping them to gain employability skills.
 - Promote staff training for working with people likely to take legal highs.

4. Young People and Care Leavers

1. Introduction

This section is about the range of young people, most of whom are aged up to 21 years old, that are most likely to be at risk of homelessness or in need of support. These include young people that are:

- 16 or 17 years old who are potentially or actually homeless
- Aged up to 21 years and in the care of the local authority
- Teenage parents
- Some young people in transition from children's to adults' services. (Specific transitions issues for young people who have learning disabilities, mental ill health, and physical disabilities are included in the relevant sections for adults with those needs)

Some of the services and approaches discussed in this section are available to young people up to 25 years old so there are some overlaps with the data and information in the single homeless and rough sleepers section.

The findings and conclusions from data are included here but data tables and charts are for the most part included in Appendix 4 to Annex C. The text here references the data in the Appendix.

2. What is working well to meet the housing and support needs of young people at risk of homelessness

The Council invited St Basil's - a leading young persons' provider - to review their services and has been developing a strategic response to known service issues. A positive pathway for vulnerable young people on the edge of care or homelessness has been agreed that looks at early intervention to minimise demand; reducing crises through mediation, family-based work and breathing spaces; a single integrated gateway to support and housing options; and a range of options for short term and settled housing.

A joint accommodation panel now meets to discuss and agree referrals into specialist services. This has clarified and simplified the pathway for all parties, and ensures that placements are needs based. A crash pad bed has been introduced at Highfield Terrace that can be used by young people to relieve pressure on families, and also provides an emergency bed for young people that would otherwise be homeless that night.

Specialist services are provided to support young people - both care leavers and those that have become homeless at a young age - to develop independent living skills and a sustainable lifestyle, and to access education and training. Teenage parents are helped through a specialist support service that works closely with the

Family Nursing Partnership to develop parenting skills. Issues in The Forge have been responded to well, including seconding a member of Future Directions staff to turn around the scheme.

Future Directions and the Housing Options Advice and Prevention Service (HOAPS) are working together to agree a joint assessment and protocol for 16/17 year olds that present as homeless or at risk of homelessness. This will ensure that 16 and 17 year olds that approach the Council receive a prompt, consistent response that safeguards the young person. In the meantime, Future Directions has been taking the lead with all enquiries from homeless 16/17 year olds, offering them a child in need assessment that takes account of their full range of needs and is age-appropriate.

Staying put is in place for looked after children, so that they can stay with foster carers beyond their 18th birthday.

Care leavers who are ready to move into independent living have top priority in the Allocations policy and Berneslai Homes provides most of the settled accommodation. They are usually able to secure a suitable settled home quite quickly and always referred for floating support. Berneslai Homes is helpful in assessing and understanding care leavers' needs and also understand that care leavers are more likely to get into difficulties with their tenancy including paying rent. Where there are rent arrears or other tenancy issues, Berneslai Homes contacts Future Directions so that support can be arranged.

3. Expressed demand

Housing advice enquiries

In the three years 2012/13 to 2014/15, a total of 188 people aged less than 18 years, and 1,644 people aged 18 to 24 years sought advice from HOAPS (figure 1).

Ethnicity is not well recorded, but where it is known:

- Only one person aged 16 or 17 years was not a UK national resident
- 1.56% of those aged 18 to 24 were EEA nationals
- 5.25% of those aged 18 to 24 were non-EEA nationals

In 2014/15, when household type was reliably recorded all year, the split of household types is shown in Figure 2.

It should be noted that, in 2014/15, all 16 and 17 year olds presenting as homeless should have been referred direct to Future Directions and as a consequence were not included in the HOAPS database.

Reasons for enquiry

The reasons for seeking advice vary depending on age group.

Only 8% of 16 and 17 year olds came into HOAPS for advice on housing options or other housing matters. Most were being told to leave by family or friends. Despite their

age, a few were already living in private rented properties. Specific reasons for enquiries are in Figure 3.

18 to 24 year olds were somewhat more likely to come into HOAPS for advice on housing options or other housing matters, accounting for at least 11% of all enquiries. More specific reasons for enquiries are in Figure 4. Whilst the main reason for enquiry was still being told to leave by family or friends, parental notices were around half the rate of 16 and 17 year olds.

Action taken following a housing advice enquiry

Data on the numbers of enquirers that were potentially or actually homeless is not available, but homelessness was prevented at the enquiry stage for a minority of enquirers (see figure 5). One person was helped after receiving a negative homeless decision, but the data does not record how. Although there was an agreement in 2014/15 that homeless 16 and 17 year olds would be referred direct to Future Directions, where homelessness could be prevented this was still handled by HOAPS.

For 18 to 24 year olds, the range of prevention approaches was much broader, depending on their housing situation (see figure 6). Where helped to keep their current accommodation, most were helped with debt, benefits and other renting issues. Where helped to move, in 2012/13 and 2013/14, most went into private rented or supported housing. In 2014/15, private rented dropped considerably and the number helped into social housing doubled to 10.

Homelessness applications

Homeless applications have been considered for young people up to the age of 21: the age at which a Council's duties towards a young person who has been in the care of the local authority would usually end, unless they are in full time higher or residential further education. Since the local authority may have an accommodation duty towards 16 and 17 year olds, these have been separated out from those that are 18 to 20 years old.

16 and 17 year olds

Although homeless applications from 16 and 17 year olds dropped to 5 in 2014/15 compared with earlier years (26 to 29 . see figure 7), this is because of the agreement that all homeless 16 and 17 year olds would be referred immediately to Future Directions, pending the finalisation of the joint protocol and assessment. The applications of a small number were assessed in that year prior to this agreement.

93% of all applicants with known ethnicity were White British.

Apart from self-referrals, in 2012/13 and 2013/14, most referrals were from social care services including the Youth Offending Team and Emergency Duty Team (see figure 8).

18 to 20 year olds

135 households aged between 18 years and 21 years old made homelessness applications between April 2012 and March 2015. These accounted for an increasing proportion of applications, reaching 16% in 2014/15. The vast majority were single person households.

113 were recorded as UK national residents, 112 of whom were White British. 1 was a national of another EEA country and 4 as non-EEA nationals. The ethnicity of 17 was not disclosed.

Around 61% of all applicants referred themselves to HOAPS. Voluntary organisations were also significant referrers (figure 10).

Causes of homelessness

16 and 17 year olds

Most 16 and 17 year olds were homeless because they had been told to leave the family home (see figure 11), but some were homeless from a rented home. 16 and 17 year olds cannot hold a tenancy in their own right, and will have required a guarantor to take on a tenancy.

18 to 20 year olds

As with 16/17 year olds, the majority (over half) were homeless from the home of a parent, relative or friend but the range of reasons (see figure 12) was much greater including loss of tenancies, leaving prison or remand, partnership break-up (including 5 cases of domestic violence) and people granted refugee status.

Resolving homelessness

16 and 17 year olds

Only one out of the 60 applications across the three years was accepted as homeless and owed a full duty (see figure 13). Most commonly homelessness was prevented, but a significant number were found to be not homeless. Six were found to be intentionally homeless, a decision that can be made if the applicant has, for example, behaved in a manner that would lead to a parent or friend asking them to leave. However, most authorities do not make intentional homeless decisions for this reason in this age group unless there is persistent, very unreasonable behaviour despite support to mediate and resolve issues.

Homelessness prevention was achieved for a total of 30 applicants . more than half of all applications . in 2012/13 and 2013/14 (there were no preventions at this stage in 2014/15 . figure 14).

18 to 20 year olds

No applicant in this age group was accepted homeless, with most being found not be homeless, and a small number intentionally homeless, most of whom had lost their private sector accommodation (figure 15).

Homelessness prevention was achieved for 68 households . around half of all applicants. Almost two thirds were referred into supported accommodation (figure 16).

Future Directions

Prior to April 2014, all 16 and 17 year olds that presented as homeless saw HOAPS first and were then, if homelessness could not be prevented, referred to Future Directions for an assessment under the Children Act 1989. In 2013/14, 13 were taken into the care of the local authority and accommodated by Future Directions as looked after children under section 20 of the Children Act 1989. Since then, pending agreement of a joint protocol and assessment between Future Directions and HOAPS, Future Directions has agreed to take referrals of all homeless 16 and 17 year olds, carry out an assessment under section 17 or 20 of the Act and refer back to HOAPS should there be no need for Children's Services involvement. Future Directions has found that a significant number of homeless young people were in families with inputs from Stronger Families, who encouraged the teenager to leave to leave family home to relieve pressures and improve the life chances of younger children in the family.

In 2013/14, only 13 16/17 year olds did not have their homelessness prevented by HOAPS. However, in 2014/15, the numbers assessed by Future Directions rose considerably and year 26 16/17 year olds entered the care of the Council . i.e. double the number in the preceding year. The average cost to the authority of a looked after child is £55,000 per year, so the total additional cost of the homeless 16/17 year olds is £1,430,000 per year.

A further 14 homeless 16/17 year olds were supported in independent and semi-independent accommodation. The cost of these placements ranged between £500 and £900 per week. At a mid point of £700 per week, the cost to the Council was £509,600 per year, not including professional social work support.

Future Directions works with around 140 care leavers at any one time, and the majority do not leave care until they are 18 years old. At the time of the review around 30 were 16/17 years old, of which only three were relevant young people, all of whom were 17 year old females that have become pregnant and returned to their parents. On this basis, the additional numbers coming into care as a result of being homeless clearly have a huge impact on both the work of the team, and the costs to the authority.

Added to this, more teenagers are now coming into care and there is a need to break that cycle and find ways to enable them to stay with their families, provided they are not at risk.

In the three years from April 2011 to March 2014, 64 young people left the care of the local authority. Of these, 27 moved to independent living, 21 returning to their families,

and 12 were in suitable accommodation including accommodation for full time education, semi-independent living such as supported accommodation or with their former carers. Two were serving long-term custodial sentences and two disabled people stayed in long term residential arrangements.

Accessing housing support services (accommodation-based and floating support)

The numbers of young people in support services commissioned through housing-related support funding are shown in figure 17. Young people aged 21 or under accounted for over a quarter of all supported accommodation places, and almost a fifth of floating support places in 2014/15, despite the decrease in support services.

Figure 18 shows that significant numbers of support customers have a primary and/or secondary classification as young people in need . care leavers, at risk or teenage parents. Some people will have more than one of these classifications.

Teenage parents

Barnsley Teenage Parents floating support service had 77 referrals between January 2012 and April 2015 (see figure 19). Most referrals were from the Family Nursing Partnership . a specialist health service for young mothers. The service takes teenage mothers that have an established pregnancy or a baby.

Figure 19: Referral source of teenage parents entering specialist support service

Agency referring	No. since January 2012
Family Nursing Partnership (FNP)	42
Health Visitors	10
Social Care	6
HOAPS	3
Barneslai Homes	4
Children's Centres	6
Teenage Midwife	2
Leaving Care	1
Housing Associations	2
Private Landlord	1
Total	77

Source: Teenage Parents floating support service

Demand exceeds supply of this specialist service. Since April 2012, 61 young mothers have been supported including the 12 that are currently in the service. 5 were supported ~~ad hoc~~ with their support needs being met prior to a vacancy on the service becoming available.

Most referrals will have had involvement from Children and Family services during their own childhood, be from a chaotic family background and have difficulty living alone. They often have mental health issues, and a loss of confidence and may have attachment disorders. Domestic violence is also a common issue . young mothers

have been brought up in families where there is domestic abuse and they become vulnerable to abuse themselves. Most are at least in targeted services and have a Child Assessment Framework (CAF), and about half have a child protection plan. Part of the support plan might be complying with the child protection plan requirement that the Mum has to leave her parents.

Some clients may already be in their own tenancy but be at risk of eviction - the service often finds that, despite involvement of social care services, benefits have not been sorted out before the service gets involved.

Feedback from support services for single people

Service details are in the section about supply, below.

Many young people supported in these services are care leavers or have been made homeless at 16 or 17 years old and have a range of vulnerabilities related to this. Common issues are mental health issues (particularly depression and anxiety), debt, isolation, substance misuse (particularly legal highs and cannabis), and domestic abuse. Those with mental health problems may be in receipt of disability living allowance (DLA) or Personal Independence Payments (PIP) and although some are in contact with mental health services those with depression often are not. Accessing mental health services can take a long time.

The services also identified that clients may have intellectual disabilities that have either not been picked up during their childhood or are below the threshold for social care services. This is particularly an issue where they have had some involvement from Children's services because of learning delays or difficulties but their assessment at 17 and a half showed that they do not have a diagnosed learning disability. After these clients have left the support service, they may have repeated crises. Some clients have re-entered support for this reason.

Outcomes from housing support

The tables below show outcomes for all clients that left services when they were under 22 years old. Numbers decreased considerably in the last year, owing to some service closures or changes.

Figure 20: Support exits . clients under 22 years old

Clients under 22 leaving services	2012/13	2013/14	2014/15
Average stay (weeks)	30	30.2	36.2
% Planned exits from services	77.2%	78.4%	83.1%
Did not stay in Barnsley	21	16	18
Total clients leaving services before 22nd birthday	127	102	77

Source: SP Client data

Accommodation outcomes are shown in figure 21. In 2014/15, 40% leaving supported accommodation moved into social tenancies with no support. In the two previous

years, between a quarter and a third had moved back to families, but only 10% did so in 2014/15. Private rented as an move on solution decreased from a quarter in 2012/13 to just 13% in 2014/15. Despite improvements in planned exits to over 83%, negative accommodation outcomes increased in the last year.

Outcomes for key issues such as maintaining accommodation, keeping safe and dealing with health issues are good. However, progress on employment is not as successful.

4. What is in place to meet demand (supply of accommodation, floating support and other services)

Figure 22: Accommodation and support services for young people

Scheme	Provider	Type of scheme	Funding	Number of units
The Forge	SYHA	Accommodation-based scheme . 7 rooms in a shared core, and 10 self-contained flats.	Housing-related support	17 units
Highfield Terrace	Stonham	Accommodation-based scheme - 5 self contained units with a crash pad for short stays	Housing-related support	5 units plus emergency bed
Stonham floating support	Stonham	Floating support for young people	Housing-related support	20 units
Thursday project	SYHA	Floating support . generic service but takes high proportion of young people. Currently manages 17 Berneslai Homes properties for younger people, that convert to Berneslai Homes tenancies once tenancy-ready	Housing-related support	17

N.B. the services listed above are only those funded by housing-related support. Other services are described below.

The Forge and Highfield Terrace

An accommodation panel that includes HOAPS, mental health, learning disability and substance misuse workers meets monthly to discuss referrals and allocate to these two schemes.

Referrals to The Forge have to be carefully balanced since it is a large scheme and too many clients with, say, substance misuse issues would be impossible to manage. At present, 16 and 17 year olds cannot be allocated to The Forge, following instances of sexual exploitation (by people outside the scheme). As a consequence the scheme is not considered to be safe for very young people. The scheme has improved since the secondment of a member of Future Directions staff as manager and some allocations of 16/17 year olds may now be permitted, but these have to be approved by senior management.

The Forge is a relatively large, purpose built scheme with rooms with shared facilities at the core and 10 self-contained flats. Its location is relatively isolated; though on a main road it does not have other residential property around it. The manager has introduced a psychologically informed environment approach and is developing this with staff so that the emotional and psychological issues experienced by many care leavers and those estranged from and made homeless by their families can be more positively worked through.

Clients tend to have multiple issues and many have been in care. Behavioural issues are common and the size and layout of the scheme can make these very difficult to challenge and address. Essentially, young people can hide away in the flats if they don't want to see, or be seen by staff. Although the service is now better managed, there are still issues around damaging the property . at any time there might be three units out of commission because of damage caused by clients. The manager and staff have put a lot of effort into encouraging clients to respect their environment by working with them to paint and decorate the scheme. It should be noted that some services are included in the debateable service charge for this scheme that are in fact ineligible for housing benefits.

Highfield Terrace is a five-unit large terraced property in the town centre. It has recently, at the request of the Council, turned its common room into a crash pad designed particularly for 16/17 year olds made homeless and for whom there is no emergency solution. This has been used by both Future Directions and HOAPS, including for a looked after young person who was evicted by one of the specialist providers outside Barnsley. The project is well designed and managed and it works well for 16 years and upwards (most enter at 16 or 17 years old). Most placements are care leavers and young homeless.

Clients can stay up to two years, and most will stay this long. They are supported to move on and can take furniture from their flats to their new property, provided their rents are up to date and they haven't had to be evicted. If clients want to work they cannot afford to stay at Highfield Terrace because of the service charges, and have to be found move-on accommodation. The scheme also has access to the Chairman's Fund at Stonham that can provide funding for a removal van and small item including

microwaves etc. Like other providers, staff also apply to a local church fund that provides support for young people who have been in care, and to Starter Packs . a voluntary organisation that provides equipment for people setting up home.

Stonham outreach support service

This is a floating support service for 20 people aged between 16 and 25, with two staff. Support can last up to two years but most exit within 18 months. Most clients have typically moved on from Highfield Terrace and The Forge and clients can come into Highfield to use computers and look for jobs. The service tries to get them involved in other positive activities, such as the Youth Parliament. Care leavers may come onto the service at age 16 but the service doesn't currently have any homeless 16 or 17 year olds. People moving on are usually 17 to 20 years old. Around 90% of service users are care leavers, although not all were looked after children. Some were homeless at 16 or 17 who now have a Council tenancy and have been referred for support.

Thursday Project

This is a highly flexible service, delivered by South Yorkshire Housing Association, that will call out of office hours if go out of hours if they need to catch the client at home. Berneslai Homes properties are managed for up to two years before the tenancy converts to a Council tenancy. The service often has more clients than its stated numbers . 19 clients were being support during the review, of which four were care leavers. In the past the service has had a lot of young Mums but is now taking a greater range of clients including a greater age range. Clients often have substance misuse and/or mental health issues and may have mild (undiagnosed) to moderate learning disabilities.

The service does a follow-up four weeks and six months after the case is closed, and clients can ring if they have a problem. Perhaps three clients do not manage to keep their tenancy every year. Clients that get a full time job have to be handed back to Berneslai Homes as the charges funding the management arrangements are not affordable.

Barnsley Teenage Parents floating support

This service, provided by South Yorkshire Housing Association, has a contract for 12 clients but usually has another six that are waiting for places and are provided with short inputs to resolve specific issues. Clients are aged between 16 to 20 years and two staff are contracted to work a total of 48 hours per week. Most are referred when five or so months pregnant or have just had the baby, and are living with parents or friends. The service works to find them a tenancy, help them resettle and then to establish a sustainable tenancy and parenting approaches. Berneslai Homes is prepared to allocate a tenancy to a 16 or 17 year old provided there is floating support.

However, it is not uncommon that clients' mothers have been evicted from a Council tenancy in the last, and Berneslai Homes is understandably concerned to ensure that the mother doesn't move in with their teenage daughter and grandchild, so around half of this service's clients are found private rented accommodation.

The service tries to find a tenancy before the baby is born, but clients are sometimes street homeless, sofa surfing, or statutory homeless and have often worn out their welcome with their friends' mums. Support lasts up to two years, although the longest is 3.5 years. Clients who have been young carers and have run a house on behalf of their parent just need a bit of help initially.

Family Nursing Partnership

This specialist health service takes Mums under the age of 20 years who are expecting their first baby. The six family nurses on the team have different backgrounds and take up to 25 clients per full time equivalent, and the nurse replaces the health visitor's role. Referrals can be made by anyone including self-referrals, but most are from maternity services. Clients tend to have multiple vulnerabilities and a complex set of needs. Some may be with their family or the father, but most are not. The preference is to be involved as early as possible in the pregnancy up to when the child reaches two years old.

This is a very structured, strengths-based programme with specific materials, and the essence is the therapeutic relationship between the nurse and the client. If crises overtake the programme (for example homelessness) the practitioners look to meet most immediate needs first. Clients need to build self-confidence. They have often never heard anything good said about them and can find it difficult to accept that they have good qualities.

At some point on the programme, around 75% of clients have environmental challenges of some kind, which might include unsuitable housing, parents want them to leave, they want to live independently etc. Housing might be top of their list of issues but the team works with clients around all issues, to build resilience. This service works very closely with the teenage parents' support service and also with other organisations such as substance misuse, housing, children's centres, early years, and the college. A primary role is to help clients to navigate services.

Future Directions

Every care leaver has an allocated worker until at least aged 21, and longer if they are in full time education. All care leavers moving into an independent tenancy are referred for floating support - care leavers receive top priority in terms of bidding for properties. Berneslai Homes' approach to assessing young people for a tenancy is excellent, and the majority of tenancies are sustained. Berneslai Homes now ensures that Future Directions are notified of care leavers with tenancy risks such as rent arrears.

There is Council-wide commitment to the concept of corporate parenting, which has a high profile. For the last 18 months, two bedsits have been available from Berneslai Homes to be used for care leavers that are not quite ready for their own tenancy. Placements are made by Future Directions and they last perhaps three or four months. There have been some neighbour issues that threaten the continuance of these arrangements. Barnsley has adopted staying put with its foster carers, where young people can stay within the foster family up to and beyond their 18th birthday. 19 young people are in these arrangements at present.

One acute issue is the lack of any specialist accommodation in Barnsley for looked after children and care leavers. The Council has signed up to use the White Rose contract, which means that all providers are accredited and checked, but none have accommodation within Barnsley. This has made it very difficult for some young people who have a strong Barnsley background and lose touch with friends and families and have to move college, although Future Directions does fund travel back to Barnsley so courses can be maintained. Provision can also be very expensive, although the group procurement approach has tightened up costs.

Positive Pathway for vulnerable young people that are at risk of care or homelessness

In recent years there have been increases in the rates of teenagers coming into care from around 14 years old, and in rates of homelessness amongst 16 and 17 year olds. The Children in Care service is looking at how admissions to care can be reduced by enabling teenagers to stay with their families. HOAPS and Future Directions have already joint-funded a social work post to work specifically with 16 and 17 year olds that are homeless or threatened with homelessness from their families.

A Pathway for adolescents has now been developed (see appendix to this section) to offer focused, intensive support to the young person and their family using brief solution-focused therapy and mediation. This pathway is based on successful models elsewhere, and also draws on experience through the Troubled Families Programme.

A dedicated Intensive Adolescent Support Team (IAST) has therefore been set up consisting of:

- 1 x Joint Officer Assessment and Mediation (Housing)
- 1 x Team Manager
- 2 x Social Workers (assessment and direct work)
- 2 x Support Workers (assessment and direct work)
- Voluntary sector support for mediation services

The intention is to grow the service by drawing in multi-agency support across a range of issues, including offending behaviour, substance misuse, child sexual exploitation,

poor emotional health and Education, Employment and Training (EET) status. The aim is to respond in a timely manner, particularly when families are experiencing crisis, and maintain a focus on modifying disruptive behaviour by parents/carers and young people themselves. The service is taking a strengths-based approach and working to build resilience within the family unit by understanding behaviour and developing the skills needed for the family to avoid negative behaviours escalating and increasing coping skills for when they do.

The IAST team (which started work in June 2015) will therefore respond where there are identified problems within the family home, either as a result of chronic and long term issues or the sudden escalation of issues to crisis level, which are likely to lead to out of home placement of a young person. It will sit as part of the continuum of support available to families in Barnsley and focus its efforts on families where there is a youth aged 14+ that is:

- At risk of entering the care system
- At risk of becoming homeless (16 / 17 year olds).

5. The type and scale of unmet need

Scale of unmet need

Data on young people that are not in education, training or employment (NEET) shows that Barnsley compares well with Yorkshire and Humberside as a whole in knowing what young people are doing, but has a higher percentage of young people that are NEET.

Figure 23: Young people that are NEET in Barnsley and Yorks and Humber

NEET at end of 2014	16-18 year olds known to the local authority	16-18 year olds NEET		% whose activity is not known
		Estimated number	%	
YORKS & THE HUMBER	177,650	9,060	5.1%	6.6%
Barnsley	8,010	430	5.4%	6.2%

There are usually at least 6 people on the waiting list for the teenage parents support service, and other floating support services have similar waiting lists.

We were told that the accommodation panel may discuss 16 cases but only have one void to allocate. Unfortunately the referrals numbers and results were not available to the review.

Type of unmet need

The White Rose contracted providers have no specialist accommodation for looked after children in Barnsley so, whilst looked after children are in appropriate accommodation, this makes it very difficult to maintain links with family and friends and to move back to Barnsley when accommodation placements end at age 18.

Clients move relatively slowly through Highfield Terrace and The Forge, and throughput needs to be optimised and maintained in order to reduce the numbers for whom there is no appropriate accommodation solution. Some 16 or 17 year old end up in Holden House, which takes all age groups, and there are concerns about exploitation and safeguarding. Young people who spoke to us as part of this review said that going into Holden House meant that they would end up on drugs. everybody is using and also harder drugs.

Although two bedsits are used as short-term accommodation by Future Directions, there are no training flats for young homeless people or care leavers.

There is little privately rented housing available to under 21 year olds and very few will accept a 16 or 17 year old without a guarantor. These problems will increase with changes to welfare benefits announced in the 2015 summer budget.

Housing issues apply particularly to 17 year olds that have been assessed as a child in need and are approaching their 18th birthday, when support from Future Directions will stop. They have had insufficient time in services for their independent living skills to be developed and often present to HOAPS as homeless once they are 18 years old.

Emergency accommodation is required for 16/17 homeless and for care leavers that are not prepared to stay with foster carers. Whilst the crash pad at Highfield Terrace has provided a much-needed emergency bed, it is difficult to move young people on to appropriate accommodation, especially when a specialist White Rose provider has evicted them. As a result, the crash pad is likely to be silted up. The only other emergency accommodation is in bed and breakfasts outside Barnsley.

There are concerns about non-looked after children that have had inputs from children's services but whose diagnostic assessment at 17 and a half years old finds that they do not have a learning disability sufficient to access adult services. These then drop out of services entirely. Support services all said that some clients have low-level learning disabilities that are not sufficient to access adult services and for whom there is no long term or occasional support.

The Forge and Highfield Terrace have also found that young people with apparent learning disabilities may never have had children's services input or been assessed for a learning disability. Young people have also had late diagnoses as ADHD or as autistic spectrum disorder (ASD) following referrals by support services. There are delays getting an autism diagnosis as the client starts with learning disability services, which then refer to mental health services. The new ASD service may help to break through this.

Some young people are not in touch with the mental health services they need, and there is a long waiting list for both CAMHS and adult mental health services. The waiting list to see a psychiatrist was said to be 12 months or more. Support services also highlighted difficulties where young people have had CAMHS services but then are not transitioned to adult mental health services. CAMHS told us that young people may refuse a referral to adult mental health services, which they can do since they are now adults, but they can also find it difficult to get referrals accepted by adult mental health services. Waiting lists for one to one counselling are also long . said to be 9 months.

All services commented on difficulties with out of work benefit claims. Nearly all applications for benefits have to be completed online and forms are not enabled for mobile phones. Young people often have no access to computers. Job Centres are sending young people interviews and training courses where some dates clash with their signing on times. They are expected to attend both the course or interview and their signing on slot and as a result are frequently sanctioned.

There are currently no generally available mediation services for adolescents. Troubled Families has commissioned some additional capacity within Remedi (a mediation service) to do more of that work in the Youth Offending Team, and this will also be directed towards enabling teenagers to stay within families.

Services that do not provide housing and housing-related support particularly commented on difficulties in navigating systems and locating services. Services change frequently and disappear as contracts change owing to shrinking budgets and they are not kept up to date, and nor are websites. Young people get very frustrated and cross and then are judged by services for being cross. It is particularly an issue when it has taken a long time to persuade someone to accept a referral and then they find the service has disappeared or changed its criteria.

Access to education is a real issue for young Mums as they can rarely carry on at their own school. A school at Wombwell provides special classes for young mums but most clients do not want to go there, although a few have been persuaded to try it. There is also little childcare for young people that want to go to college.

6. The changes needed to fill the gaps and meet needs

The Young PersonsqPathway shows that Barnsley has already identified many of the changes needed to prevent adolescents from entering care or becoming homeless. As yet the IAST has not had time to make an impression, and there are concerns that the team will be overwhelmed with young people. The service will need to be adjusted in the light of experience. There is a need to progress and finalise the joint protocol and assessment between HOAPS and Future Directions. A good practice example has already have been provided to help with this.

The biggest single issue is the need to provide **appropriate and Barnsley-based accommodation for 16 and 17 year old homeless and care leavers**. Local provision of supported accommodation with specialist providers for 16 and 17 year

olds who are in care or homeless would improve the experience of young people, enable them to keep their family and friend connections and would also improve access to education and training for employment. Barnsley should consider tendering for this type of specialist accommodation to be based in Barnsley.

Emergency accommodation is also needed . the crash pad provides one unit but moving on the young person is difficult. A **Nightstop** scheme, such as that already in operation in York, which works with host families to provide a bed for a few nights while services work to get the young person home or into alternative accommodation would be an option in Barnsley. Future Directions has used the York scheme on a few occasions.

Nightstop

The York Nightstop scheme recruits hosts to offer emergency accommodation in their homes to young people where they are at risk of rough sleeping or are homeless. This provides a breathing space for services to get involved and negotiate a return to the family home or, if necessary, a move on to supported lodgings or other suitable accommodation.

Whilst **The Forge** provides 17 much-needed spaces for young people, it cannot currently take 16/17 year olds and there was general agreement that is an unsuitable building and design, particularly for its chaotic client group. It should be sold or used for other purposes (such as the student accommodation) and Highfield Terrace-type units provided instead. This will require capital investment and there will also be a period of increased revenue costs while services are transitioned.

There are also other options that would enhance the range of accommodation for young people, including **supported lodgings and trainer flats**.

Supported Lodgings

Safe and Sound Homes (SASH) has set up a supported lodgings scheme for young people in East Yorkshire that aims to place young people into family homes with people that have experience of adolescents (usually their own). They provide support into the home as part of the service and lodgings providers receive a rent and service charge.

Training flats for care leavers

In York, training flats are rented from the Council by Children's Services and then licensed to care leavers for a week or two, to a few months at a time. Young people can have a taste of living alone, shopping and cooking, and relying on their own resources. This gives experience of living alone . often for the first time in years .

and enables them to develop strategies to deal with this, and also to control access to their property.

Young people have a contract that includes requirements around meeting support workers, having friends round, and staying overnight in the property. If things go wrong, the licence can be ended and the young person moved back to their previous accommodation.

This provides real life experience of living alone without the threat of failing and leaving with rent arrears.

Clients need to **move on from Highfield Terrace and The Forge more promptly**, provided they could sustain a property with floating support inputs, which could be adjusted to provide more intensive support at the start of the tenancy. Clients told us that they are reluctant to leave Highfield Terrace especially, and some want to return, having found a tenancy to be rather isolating. This highlights the importance of establishing and maintaining connections that decrease loneliness and isolation. Young people at The Forge are also reluctant to move on and told us that they would find a tenancy much harder work, including having to cook their own meals. The accommodation panel should regularly review clients already in these two schemes to determine what other inputs are required to help them to be ready to move on.

The provision of **shared accommodation** for two or three young people could be achieved through leases on private sector houses. These would then be let on licences to young people by Future Directions or a social landlord, and would give young people opportunities to live independently but without being isolated.

The long waiting times for **mental health services** need to be addressed, but this is a national issue. The CCG could consider procuring a counselling service that could help young people with attachment disorders, for example.

It can be very difficult for teenage parents, particularly, to carpet homes. The local welfare scheme and charitable schemes provide much of what is needed, but families with babies do need to have floor coverings. We were also told that Berneslai Homesq tenancies may have gardens with no fencing, which is well beyond the resources of a young mother.

7. Predicting future demand

It is difficult to understand the starting point for assessing future demand, as referral numbers of 16/17 year olds that are homeless to Future Directions were not available to the review and were not recorded by HOAPS. It is however clear that homelessness amongst this age group has increased considerably in the last year or so. However,

direct referrals to Future Directions are not resulting in many homeless preventions, whereas this was relatively successful when they were first seen by HOAPS.

Unlike many other areas, numbers of homeless 16 and 17 year olds are high, and there have been few tools with which to tackle these and achieve a return to their families. As a result, the current numbers are considerably higher than experienced elsewhere.

It is not unreasonable to assume that, with the changes being introduced and progressed through the Young Persons Pathway, numbers of homeless 16 and 17 year olds should start to decline.

Trends from existing data

Trends in numbers of 16 and 17 year olds that are homeless are not available, but there does appear to be a steep upward trend.

The percentage of all homeless applicants that are aged below 21 years has increased year-on-year and this trend is likely to continue.

In 2014/15, young people aged 21 or under accounted for a greater proportion of supported accommodation and floating support places than the two previous years: over a quarter of all supported accommodation places, and almost a fifth of floating support places in 2014/15.

Factors likely to affect homelessness for this group

Future Directions involvement with 16/17 year olds that are homeless should have a better and longer lasting impact, which should reduce the numbers that become homeless after they are 18 years old.

The Young Persons Pathway, and in particular IAST, will have a downward impact of numbers of adolescents that enter care or become homeless.

Welfare reforms introduced in the 2015 summer budget are anticipated to have a strong upward impact on homelessness and resulting support needs.

Reforms such as the freezing of Local Housing Allowances will affect everybody, but young people are the most likely to lose out, as they are far less able to secure a tenancy and will compete poorly with others looking for the same sort of accommodation. Private landlords are already reluctant to let to anybody who is under 21 years old.

Stopping the automatic entitlement to housing benefits (or allowances) for most people who are under 21 years old that are out of work is likely to make it far more difficult to meet the housing and support needs of 18 to 20 year olds. The government has said this will not affect people that have children living with them, and there will be exemptions for vulnerable young people [and] those who may not be able to return home to live with their parents. However, as this is being introduced under Universal

Credit and by regulation, at present the precise terms are unknown, but there will certainly be stringent assessments of any claims.

Freezing working age benefits and limiting tax credits and housing benefits to two children will put further pressure on families that are struggling to afford to feed and care for their children. This could lead to more teenagers being asked to leave the family home for financial reasons.

8. Recommendations

Barnsley should:

- Consider tendering for provision of local supported accommodation for 16 and 17 year old care leavers and homeless. This could be a specific tender to White Rose providers or a separate tender.
- The above tender could also include the replacement of The Forge, since the building is unfit for its current purpose.
- Work with third sector providers to set up Nightstop and Supported Lodgings schemes that can provide emergency accommodation and a more homely stay for care leavers and young homeless people
- Work with Berneslai Homes and housing associations to set up a small provision of training flats that are available for short stays . a week to a month . initially, so that young people can practice living alone and develop their independence skills
- Include at the accommodation panel a review of young people in Highfield Terrace and The Forge to ensure additional inputs that would enable a more prompt move-on. Consider whether there is potential for earlier moves with a more flexible intensive floating support scheme that can step downq after resettlement.
- Work with Berneslai Homes and housing associations to consider the potential for taking on leases of private sector properties to provide two and three bedroom shared accommodation for young people that would prefer to share

5. Refugees and Migrants

1. Introduction

The brief for this study did not initially cover the needs of refugees, asylum seekers or other groups of people coming from abroad. However, in discussion with the Steering Group, it was agreed that the housing and support needs of refugees and migrant workers should be included.

2. What's working well to meet the housing and support needs of refugees and migrants

Housing needs of asylum seekers are dealt with by the Home Office contractor, G4S. Once people are given refugees status, they are expected to leave their accommodation very quickly. For families and others in priority need, Barnsley Council's HOAPS team works with them to find accommodation, with Barley Close (family temporary accommodation) being a common first stop.

There is now only the Red Cross providing advice and information for refugees and asylum seekers in Barnsley, the other service (funded by G4S) having recently closed.

Migrant workers are not provided with any specific or dedicated housing or support services in the area, but can access generic advice services.

Private landlords are willing to accommodate refugees and migrant workers, and some are prepared to sign people up quite quickly so that people who have no other options can be housed. HOAPS has good links with private landlords across the borough.

3. Expressed need for housing and support

Demographic data

The SHMA household survey tells us about the ethnic origin of the head of the 1983 households who responded to that survey. Headlines are that 98% of the respondents were White British, less than 1% were White Irish, White Central or Eastern European, White Other, Asian, Black African/Caribbean/British, and less than 1% were of mixed ethnic group or from other White groups. (Appendix 4, Figure 1)

Whilst numbers of refugees with housing needs can be gleaned from homelessness data, it is very difficult to assess the numbers of people moving to Barnsley from other parts of the world to work here, or being trafficked here.

Asylum applications and placements in the UK fell since the peak of 2002 to around a quarter of the number at the peak coming to the UK in 2013. In the year 2014-15, the figure showed an increase of around 5% compared to the previous year.

There has been an increase in the number of asylum seekers being placed in NASS accommodation in Barnsley, possibly as a result of wide availability of low rent private rented sector properties. At the end of May 2015, the Council's figures showed that there were 457 asylum seekers in Barnsley, a quadrupling in the number in 2010. New asylum seekers were from Pakistan, Iran, China, Eritrea, and Nigeria, and it would seem that there has been a significant increase in the number of single person households being placed in the borough.

The Council does not have any information on how many asylum seekers stay within the borough after being granted leave to remain.

The most recent information about migrant workers coming to the area is for 2013, when 830 people were known to be in Barnsley.

Homelessness data

Applications from former asylum seekers leaving Home Office-funded accommodation (known as NASS accommodation) increased in 2014-15 to almost twice the number 2 years previously. The majority were accepted as homeless in 2012-13, but in 2014-15 only 8 of the 52 applicants were accepted as homeless. Households making a homeless application were most likely to be non-European, either Asian, Black African, or other ethnic origins. (Figure 2)

There has been an increase in the number and proportion of single people leaving NASS accommodation and making homeless applications: in 2014-15, 36 of the 52 households were single people, compared to 11 out of 28 two years previously. (Figure 3)

Homelessness was prevented in 32 cases, mostly to the private rented sector.

Housing advice enquiries

A small number of people left NASS accommodation and asked for housing advice. Of the total of 46 in the 3 years 2012-15, single person households accounted for just under half. Homelessness was recorded as being prevented for only 3 households, through a move to private rented accommodation for 2, and into supported housing for 1. (Figure 4)

Housing support data

In 2014-15, 10 single refugees were accommodated, 5 at The Gorge and 5 at Holden House, double that of the previous year. None had other needs identified. (Figure 5)

Temporary accommodation at Barley Close is no longer supported accommodation, so households accommodated there were not entered onto the system in 2014-15, but

in 2012-13 there were 20 families provided with accommodation or floating support, and in 2013-14 17 families received housing-related support. Again, most had no other needs identified.

4. What is in place to meet demand (supply of accommodation, floating support and other services)

The Housing Options, Advice and Prevention Service (HOAPS) provides services to asylum seekers given leave to remain, either providing advice or a homeless assessment and accommodation. Families and others in priority need are accommodated at Barley Close or in B&B. If accommodated in B&B, the family will be moved to Barley Close as soon as possible. In Barley Close, if need is identified, they can receive support from HOAPS Tenancy Support worker, both within the temporary accommodation and once they move on.

Single people not in priority need are not entitled to accommodation, but will be referred to accommodation such as Holden House and The Forge. In 2014-15, 5 refugees were accommodated at Holden House and 5 at The Forge. Occasionally, a single person may be accommodated at Barley Close.

There is now only one other service in place to support refugees, the advice service provided by the Red Cross. This is a drop-in, operating weekly, offering advice on benefits, housing, and other available help. The main aim is to support new asylum seekers, but the advice is also available for people given leave to remain. The advice worker typically sees around 20 households a week, of whom a quarter are new cases, and less than a quarter are refugees.

5. The type and scale of unmet need

The scale of unmet need

PFA Snapshot survey

15 of the 132 entries in the survey were for people who were not White British. Of these, a small number were asylum seekers, refugees and migrants with unmet housing or support needs. 4 were asylum seekers, and there was only 1 refugee, 2 people who had no recourse to public funds (1 of whom was a migrant worker) and 1 other migrant worker. As the numbers were so small their needs are not identified here for each of these groups, but the most common needs were drug or alcohol problems and mental health needs, and 1 had suffered from domestic abuse.

5 had their own tenancies, and were struggling to manage their tenancy, with either financial difficulties or a lack of a good command of English. The others were living in short term or very short term accommodation.

The types of unmet needs

Agencies working with refugees were unanimous in saying that the most significant need is for resettlement support. There was a commissioned support service in place some years ago, and until very recently the G4S service provided informal and non-commissioned support to supplement the limited service that the Council's Tenancy Support Officer was able to provide.

People given leave to remain have a short space of time to vacate the accommodation offered by G4S, and once they are offered a property as move-on from Barley Close, have a short space of time to organise their new benefit claim, furniture, and the move. This can be complicated by not having a National Insurance number, or not having a date for a Job Seekers Allowance claim, and also by language difficulties. Whilst asylum claims are being dealt with much more speedily, it is taking longer to get National Insurance numbers at the moment, sometimes as long as 6 weeks.

Although most refugees enrol in classes to learn English fairly soon after they have got their refugee status, very few families, but fortunately a greater number of single people, are initially able to communicate in English. Providing support to people who do not understand British systems and have little English can be very time-consuming and frustrating. Some agencies commented that HOAPS staff can at times lack the sensitivity to help people who have a limited understanding of our systems and ways of working.

A common problem for refugees is establishing a home with the small amount of furniture they can obtain using the Local Welfare Assistance scheme. The Barnsley scheme was much praised for its speed and the sensitivity of decisions by advice and other agencies, but nonetheless it is a limited pot and many refugee families are dismayed about taking on a house with very little in the way of furniture and furnishings, and do not have the family and friend networks that longer term residents of the town will have to help them with setting up a home.

Debt problems are not uncommon for refugee households. This can often be a result of not understanding how benefit and other systems work, or of the long delays (3 months is not unusual) experienced in receiving the first payments of Child Benefit and Child Tax Credits, and debts may start whilst a family is in temporary accommodation if these benefits have not yet been received. Once arrears and other debts have accumulated, other problems may arise, and tenancies will be harder to sustain, leading to eviction and destitution; short term resettlement advice and support at the start of their tenancy could help to alleviate some of these problems.

As a result of the lack of networks, many refugees move on from Barnsley once they have leave to remain. There is no data to show the scale of this, but all agencies agreed that this is a common occurrence. For single people, the fact that there is so little temporary accommodation available in Barnsley is a factor, particularly since there is no funding to cover the travel to a hostel or B&B found for them outside the borough. Surprisingly, few migrant workers or refugees sleep rough, since most find friends who do have places to live willing to accommodate them for a short while.

There are concerns about the overcrowding of private rented properties occupied by migrant workers, and some people referred to this being a sizeable problem, with 10-20 people living in a large number of ordinary terraced houses. However there is little evidence of this and data provided by the Council did not show that stories about this scale of problem to be borne out by the evidence: in the period 1/4/14 to 31/3/15, the Council was aware of only 7 cases of overcrowding in privately rented properties. The problem occurs most often in the Goldthorpe area of the Dearne and the outskirts of the town centre, and Council staff are keeping a watchful eye on any growth of the problem through the Our Street project.

It was also suggested that there was a growth of substance misuse problems amongst workers, with the consequent anti-social behaviour and crime that is often linked to drug and alcohol use. Again, there was no hard evidence of this, either from conversations with service users and treatment agencies, or from the data collected by treatment agencies about the numbers in treatment. There is information available about treatment services in other languages - Polish, Russian, Albanian, Arabic, Chinese, Farsi, French, Latvian - but these were not on obvious display, and foreign users of treatment services tend to find out about services from other migrant workers. The scarcity of information about housing is reinforced by the lack of any information in languages used by recent migrants to the area.

6. The changes needed to fill the gaps and meet needs

A resettlement and housing support service for refugees recently given leave to remain could make a significant difference to a relatively small number of households.

7. Predicting future demand

There were 25,020 asylum applications (main applicants) in the year ending March 2015, an increase of 5% compared with the previous year (23,803). Whilst the increase is relatively small, this could change if the Government decides to accept a larger number of applications from people from Syria.

The number of migrants coming for work from EU countries has increase rapidly since 2003, with the widening of the EEA. Work-related immigration fell between 2009 and 2011, but has increased since then. It is difficult to know what the trend is likely to be in the coming years, with the Government seeking to limit the numbers of people coming in to work by restricting the ability to claim in-work benefits, a high minimum income figure for anyone wanting to stay on after an initial work period, and for those wanting to bring family members to join them. There is evidence, however, of Polish and possibly other European work agencies advertising opportunities for work in the Barnsley area, so it is likely that there will continue to be a steady flow of people coming from those countries.

8. Recommendations

The two main areas in which recommendations can be made are concerned with information and support.

This report covers the provision of advice and information in another section. Our recommendations support the need for clear information that can be understood by people from other countries, to be able to help themselves as well as to find out where to go for further advice and assistance, and for information to be translated into the languages commonly used in Barnsley.

Refugees moving into their own accommodation are in need of support, and there is a critical need for the support service which was de-commissioned to be reinstated. Services working with refugees need to be culturally aware, and aware of the extra difficulties facing people who have experienced trauma, who are in a country with potentially very different systems from their own, and who are struggling to cope with being a long way from their families and without much in the way of resources.

Barnsley Council to:

- Ensure that information about how to resolve housing problems and where to go for help takes account of the needs and languages of people who come from other countries.
- Explore ways of providing short term resettlement support for refugees, with the option of longer term support for a few families and individuals

6. Domestic Abuse

1. Introduction

This section is about people who are homeless or at risk of homelessness because of domestic abuse. This can affect people of any sex or sexuality, any age or ethnicity and any household type. The Government's definition³ of domestic violence & abuse is 'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members, regardless of gender or sexuality.' The full definition includes both controlling and coercive behaviour and the Government announced in December 2014 the introduction of a new domestic abuse offence to legislate against this. It encompasses forced marriage, genital mutilation and honour-based violence.

Most of the tables and charts from which information is drawn are included in the Data Appendix, and are referenced in the text.

The Home Office's ready reckoner tool enables boroughs to estimate the real levels of need, taking into account known levels of under reporting. This indicates that in Barnsley 6,942 women and girls aged 15-69 will have been the victim of domestic violence in the past year.

2. What is working well to meet the housing and support needs of victims of domestic abuse

The Barnsley domestic, sexual abuse and gender-based violence partnership (BDASVP) . reporting to the Community Safety Partnership - brings together police officers, social workers and voluntary sector specialists to reduce and respond to incidents and victims of domestic, sexual abuse & gender based violence. The partnership's four strategic strands are:

- Prevention . tackling attitudes and raising awareness within communities
- Early identification and intervention . training all those who might encounter victims to spot the early signs of abuse and preventing issues from escalating or becoming entrenched behaviours.
- Effective support and rehabilitation . ensuring that support is appropriate and empowers vulnerable people and supports them to independence; ensuring that perpetrators are brought to justice and, where they want to change, are offered support to enable this to happen.
- Partnership working . continuing to work towards effective integration of service provision across all sectors to improve outcomes for all those affected.

³ Home Office, 2013

Key agencies attend monthly MARACs⁴ to consider high-risk cases and agree how risk will be reduced and adults and children protected. Chaired by a Police specialist, there is good commitment to and attendance at MARACs, with housing circumstances and support needs considered as part of practical risk-reducing approaches. Berneslai Homes is proactive in offering alternative homes to tenants and others who need a move to reduce risk.

Independent Domestic Violence Advocates (IDVAs) receive referrals direct from the Police, enabling them to respond quickly to victims at high risk of domestic abuse.

The domestic violence refuge accepts households with male children up to their 16th birthday, unlike many others that refuse families where sons are 12 years or above. Children are also supported to recover from their experiences. There are good outcomes from both of the commissioned housing-related support services.

There is currently a good range of counselling and other programmes for victims that aim to support recovery and empower them to avoid or deal with abuse. Children are also helped through a specialist programme. Both Pathways and Victim Support have volunteers that work with victims at medium or standard risk, and both offer support to male victims.

3. Expressed need for housing and support

Housing advice enquiries

Between 2012/13 and 2014/15, 5.3% of all housing advice and homeless prevention enquiries were in relation to violence from a partner or ex-partner (the only specifically relevant classification within housing advice data). The proportions of all housing advice enquiries represented by domestic violence have risen over those three years from 4.4% to 6% - see figure 1.

It is noticeable that the numbers and proportions of those in their thirties and who are 60 years and over have increased, while the proportions (but not the numbers) of teenagers have decreased over the three years (figure 2).

The household type, recorded by HOAPS since mid 2013/14, was roughly even between families with dependant children and single person households. Unfortunately, the gender of enquirers was not available. Ethnicity is not well recorded in housing advice data: between a fifth and a third of these cases each year had an unknown ethnicity. Where ethnicity was recorded, the vast majority were UK residents and White British, with a total of eight EEA nationals and only three non-EEA nationals.

Action taken following a housing advice enquiry

For the vast majority, there is no recorded outcome of the advice in the data received.

⁴ Multi Agency Risk Assessment Conferences

Over the three year period, homelessness was prevented in a small minority of cases which again are split roughly evenly between single person and family households: by moving to a private rented property (1 case), or into social housing (9 cases, most of which were offers through the housing register . domestic abuse attracts the highest priority), or into supported accommodation (three cases, all single people).

Homelessness applications

The numbers, gender and household type of homeless applicants in each year for reasons of domestic abuse involving either a partner or someone else associated with the victim form a relatively small percentage of all homeless applications (figure 3) of between 4% and 7.4% in each year.

Resolving homelessness

None of these applicants were accepted homeless but some had homelessness prevented by being assisted into an alternative property:

- In 2012/13, one 46-year-old male who was fleeing violence from his partner was assisted to move into a hostel or HMO.
- In 2013/14, four males, four single females and one female parent were helped to move. The parent and a single male (who had been referred by Berneslai Homes) were rehoused via the housing register; three people were moved into supported accommodation; a single female who had been referred from the women's refuge was moved into a social lettings agency property and the remaining three people were helped to secure private rented properties.
- In 2014/15, two males, three single females and one female parent were helped to move. The parent was rehoused via the housing register, five people moved into supported accommodation and one into a private rented property.

Comparing dates between housing advice and homelessness records, it appears that these were different customers to those who were assisted to move at the housing advice stage.

In the three years 2011/12 to 2013/14 only one customer was placed in Judith House (in 2011/12). In the same year, another three customers were placed in refuges outside Barnsley. One customer was placed in a refuge outside Barnsley in 2013/14.

All other applicants in 2013/14 and 2014/15 were found to be not homeless, withdrew their application or didn't stay in contact with HOAPS; possibly (though unconfirmed) because they accessed a refuge using the national helpline.

Police reports

In 2014/15, the police recorded 6,259 reports of domestic abuse in Barnsley, and 2,255 of these reports involved repeat victims. Only 20.7% of these incidents were classified as a crime. Where there is no evidence of a crime having been committed when the police arrive, the incident will be reported as a non-crime although it will still be classified as an incident of domestic abuse. 62% of the crimes recorded resulted in over 800 arrests.

The numbers of domestic abuse reports have increased by almost 60% in the five years since 2010/11, however data is not available on the number of individual victims involved in reports.

Data from MARACs and specialist agencies.

Multi Agency Risk Assessment Conferences (MARACs) are a national initiative providing a co-ordinated approach to high-risk victims of domestic violence and their families and are part of the Specialist Domestic Violence Court (SDVC) accreditation. MARACs are aimed at the top 10% of those at risk of serious harm or domestic homicide, and aim to:

- Share information to increase the safety, health and wellbeing of adult and child victims
- Determine whether the perpetrator poses a significant risk to a specific individual and/or the general community;
- Construct and implement a joint risk management plan to provide professional support to those at risk and reduces the risk of harm;
- Reduce repeat victimisation;
- Improve agency accountability; and
- Improve support for staff involved in high-risk domestic violence cases.

The MARACs role is to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to increase safety. Responsibility for actions rests with individual agencies that have committed to these at or as a result of a MARAC.

In the calendar year 2011, 155 high-risk cases were referred to Barnsley's MARAC.

By 2014, the number of cases discussed at MARAC had increased to 339, of which 24% were repeat referrals. This represents 35 cases per 10,000 of the adult female population. In 3.5% of cases the victim was a male (below the good practice minimum of 4%), and 2.7% of victims were from a BME background (compared to the area population of 3.9%). 12 cases involved a victim aged 16 or 17 years old and 3 cases

involved a perpetrator who was under 18 years old. 78% of referrals were made by the Police . somewhat higher than best practice would indicate.

Of the 312 cases that went to MARAC in the 2014/15 fiscal year, 1.9% involved child protection issues and victims had a range of other vulnerabilities:

- 2.6% had a mental health issue
- 1.3% were substance misusers
- 1.3% were registered disabled
- 1% were LGBT

IDVAs and other specialist domestic abuse services

During 2014/15, the Independent Domestic Violence Advocate (IDVA) employed by Pathways had 152 referrals of cases going to MARACs, and 135 accepted the service.

Pathways also runs a range of other specialist services related to domestic abuse including counselling and programmes to help victims (and, in 2014/15, perpetrators). In total, 960 new clients were referred to the whole range of Pathways services: around a fifth were males, either victims (10% of all clients) or perpetrators (11% of all clients). There is more information in the supply section below.

About a third were referred by the Police and a fifth each by social care and health. The CMHT has in the past been the biggest referrer, but referrals from health in general have decreased over the last three years and referrals from CMHT/early intervention service have reduced by over 40%. On the other hand, referrals from community nursing services have increased by 70% albeit from a low base. Social care referrals were prompted by safeguarding concerns, including safeguarding of children.

Of the 1,320 people receiving a service during 2014/15 (which included 360 ongoing clients), over 92% were White British.

The gender and age profile is shown in figure 4. The peak for females occurs between 19 and 50 years of age, and for males between 19 and 40 years old.

Since 2010/11, the number of clients seen in any of Pathways services has doubled, with numbers increasing by 50% between 2013/14 and 2014/15.

Pathways carried out a client survey, completed by over 70 people. The findings highlight how domestic abuse issues follow generation to generation. 88% of all clients identified that family members had physically injured them when they were children, although not all incidents were identified as domestic abuse. 62% witnessed domestic abuse as children, and 69% experienced it themselves. Of those who became looked after children, domestic abuse was a precipitating factor in 49% of cases.

In 2013/14 (the latest year for which data is available) the IDVA at Victim Support received 118 referrals of cases going to MARACs. In the same year, volunteers

working with Victim Support also helped 98 other medium and standard risk victims. Male victims make up 2% of the clients . a much lower proportion than the Pathways client group.

Social care services

Barnsley operates the 'Think Family' approach . early help response . for which domestic abuse is an indicator. There are approximately 4000 'contacts-in' to Children's Social Care each year where domestic violence is a significant factor. Of these, around 20% are high risk and receive an immediate response. Medium and standard risk families are offered 'early help'. early intervention and support . to improve outcomes for children and prevent escalation of problems under the 'Think Family' approach.

An average of 175 children and young people are subject to a Child Protection Plan (CPP): this has remained steady against the regional comparators. Domestic abuse is a significant factor in those cases that progress to Child Protection Conferences.

Domestic abuse is not currently separately monitored under the Troubled Families programme, so the number of families where this is a factor is not able to be distinguished.

Accessing housing support services (accommodation-based and floating support)

Commissioned support services

The data below and in the data appendix is taken from the client record forms. It should be noted that the details of children have not been completed in client record forms for the last two years, but at least 60% of women coming to the refuge have children, as do 75% of people on floating support. Other client characteristics have not been reliably completed so information on the numbers with mental health and other vulnerabilities is incomplete.

2012/13

Judith House refuge and the associated floating support service together supported 58 households, all female.

- 43 were in the refuge and 15 were in floating support.
- 53% of the 43 clients in the refuge had previously lived outside Barnsley.
- Eight clients of other support services were also at risk of domestic abuse.

2013/14

Judith House refuge and floating support services supported 37 clients, all female.

- 24 were in the refuge and 13 received floating support.

- 21% of clients in the refuge had previously lived outside Barnsley
- 18 clients of other support services were also at risk of domestic abuse.

2014/15

Judith House refuge and floating support services supported 49 clients, all but one were female.

- 36 were in the refuge and 13 received floating support.
- 42% of clients in the refuge had previously lived outside Barnsley
- 5 clients of other support services were also at risk of domestic abuse.

Outcomes from support

Data on outcomes shows that around 62% of refuge clients stay in Barnsley when their support ends. The remainder move elsewhere . often returning to their original area. Barnsley therefore does not appear to gain net incomers as a result of the domestic violence refuge being used by people from outside Barnsley.

Most clients left the specialist support services in a planned way. Only a small number were unable or unwilling to participate in support to address issues (figure 5).

Most moves on from the refuge (figure 6) were to settled accommodation, although one person returned to her abusive partner, and around a quarter moved from the refuge to live with family or friends. A quarter moved into social housing with or without floating support, and about a fifth moved into a private tenancy. Only six could return to the home that they had had to leave as a result of domestic abuse. It is excellent that, in the last two years, nobody had to move to bed and breakfast or other temporary accommodation.

4. What is in place to meet demand (supply of accommodation, floating support and other services)

Figure 7: Accommodation and support services for victims of domestic abuse

Scheme/service	Provider	Type of scheme /service	Funding	Number of units
Judith House	Riverside ECHG	Accommodation-based refuge with self-contained units. For women only. Cannot accept families with sons that are 16 year or above.	Housing-related support	8 units. 6 upstairs can accomm up to 7 people. 2 units downstairs can accomm 6 in total

Scheme/service	Provider	Type of scheme /service	Funding	Number of units
Judith House floating support	Riverside ECHG	Floating support specifically for people at risk of DV	Housing-related support	16 units Any tenure
IDVAs	1 each at Pathways and Victim Support; Further 2 being recruited by Council	Provide risk management and support to people at high risk of injury because of domestic abuse	Council; PCC; Home Office	Respond to demand
Support and counselling services for people at risk of DV	Pathways	Women's Freedom Programme Counselling Self esteem Mum and me group (for children involved in DA) School-based groups (for children that have witnessed DA)	Public health; Council; PCC; Charitable funds and donations; Staff volunteering time	Varies but have supported 3,400 individuals over the last four years
Support for victims at medium and standard risk	Pathways and Victim Support	Mix of paid workers and volunteers	Ministry of Justice; Council; Charitable funds and donations; Staff volunteering time	

N.B. These services do not include those provided by statutory agencies such as the police.

Women's refuge

60% of Judith House residents are from Barnsley but the numbers from Barnsley that access a refuge in another area is unknown. Refuges need to be seen as a national resource. It is often unsafe for someone to stay in their local area, particularly where the perpetrator is persistent and determined. Indeed homeless legislation and guidance specifies that local connection should be overlooked where the reason for applying in a different area is domestic abuse and the inability to return safely to the home area.

At the time of the review, Judith House's customers were not included in the move-on arrangements that apply to other supported housing in Barnsley. There was some suggestion that this is because access is not limited to Barnsley residents, and reference has been made to the fact that, under the Lettings Policy, some residents would usually be classed as non-Barnsley residents with no local connection. Without move-on priority being given to residents, a typical dwell time has risen to 6 months and, in 2014/15, three households stayed for over a year. There is a long waiting list of women and children, mostly staying with friends or relatives while they wait for a refuge vacancy. Many of these are from Barnsley and do not want to leave as they need their local informal support.

HOAPS and the refuge both told us that women at the refuge are not usually referred into HOAPS for a homelessness assessment. This appears to be an arrangement that is several years old and has not been reviewed or challenged. There is no protocol in place to clarify where women should present as homeless, although a homelessness acceptance would considerably shorten dwell time in the refuge and ensure that households went into appropriate move-on accommodation.

Floating support

Almost all customers of this service have moved on from the refuge, have been referred by IDVAs once risks have been reduced, or have been referred by other agencies that have recognised that they are experiencing or are at risk of domestic abuse. The service aims to help victims to resettle into a new home, develop strategies to avoid abuse from partners from whom they are not willing to separate or to recover from previous abuse, and establish a sustainable life that includes standard housing-related support such as benefits and debt management. Support can last for up to two years, but the average duration in 2014/15 was 17 weeks, with a minimum of two weeks and maximum of 29 weeks.

IDVAs

Victims that are at high risk of harm and/or referred to MARAC are also referred to the two IDVAs. Pathways and Victim Support employ one each. At the time of the review, the Council had secured funding and was recruiting an additional two workers. This will take Barnsley to, or slightly above, the recommended number for the rate of referral. The Council is employing these directly, pending a somewhat delayed review

of partnership arrangements. There are concerns that the advertised pay grade for these two posts, which is based on the agreed rates for the type of post, is above the salary for current IDVAs. Whichever organisation is eventually awarded the reviewed contract for provision of IDVA services will inherit, through TUPE, staff on different pay grades, and will have the problem of unifying pay grades.

Unlike other areas, few referrals to MARAC are made by the IDVAs. Direct referrals to IDVAs tend to only be made direct by the police and hospital (who may already have involved the police). Otherwise they are notified of referrals to MARAC by email or phone call. This means they have little time prior to MARAC to contact the victim and discuss their needs, although at a MARAC their main role should be as the victim's advocate. It is not unusual to find that they are the last agency involved . referrals having been made to other agencies first . and they can struggle to have any discussion with the victim prior to the meeting. One factor is that referrals may omit the victim's key information, such as how they can be contacted. The lack of a shared system means that the two IDVAs have to spend time together to identify who is working with whom and agree who will take on new cases. We also discovered that some key referrers were unaware of one or the other agency.

It is not unhelpful to have IDVAs working for different agencies. Given that each organisation will have different strengths and protocols, this enables the IDVAs to agree which will best meet victim's needs. However, with three different provider organisations, there is potential for more confusion about referral routes and more of their time needing to be spent on coordination. Every effort needs to be made to avoid confusion of referral pathways and case management. Ideally, the IDVAs need to share office space and / or a referral database.

There is an indistinct line between the work of the IDVAs and that of the Police Domestic Violence Officers (DVOs), who go on the first visit with the IDVA and leave their contact details with the victim. Ideally there should be one key contact for victims that, where there is high risk, should be the IDVA. This is not a criticism of the DVOs . clearly victims should be able to reach someone that can take action against the perpetrator . but IDVAs should be the key for the victim him or herself and the coordinator for inputs from others. Confusing the victim about their main contact could lead to missed information and unnecessary time sorting out communications.

Other support for victims, including those at standard to medium risk

Both Pathways and Victim Support have volunteers that work with victims and survivors to advise, assist and support them to make changes that will reduce risk to them and to their children, choose healthy relationships and recognise those that aren't, and help them to re-establish their lives.

Pathways also runs a range of specialist programmes designed to empower victims and survivors, help them to address the psychological issues resulting from abuse and to avoid abusers in future. These include Mum and me groups for children that have been involved in domestic abuse, and school-based groups for children that have witnessed it.

The Women's Freedom Programme is key to enabling women to develop self-esteem and tactics around violent partners. Most referrals are made by social care, often as a result of a Child Assessment Framework (CAF) plan, and by solicitors where families have looked after children or are going through court proceedings. Participation can be a requirement of women keeping their children as part of a Public Law Outline (PLO) agreement. In this case, the woman only has 26 weeks to comply with the PLO to avoid the child/ren being taken into care, so access to the programme needs to be enabled. Pathways has therefore reduced the length of the programme (but not the input) from 12 weeks for 2 hours a week to 6 weeks for 4 hours a week and this can also help women to deal with childcare issues. The programme is always over-subscribed with a three or four week waiting list.

They also offer counselling that is currently funded by public health from under spends elsewhere. There is a two-week waiting list for counselling and concerns about whether this will be able to be continued if replacement funding cannot be found.

Under phase 2 of Troubled Families, domestic abuse is a main indicator and the Think Family Board has ensured that services are also alert to cases where mental health issues and substance misuse are also found. Domestic violence, substance misuse and mental ill health occurring together in a child's parent/carer are known as the ~~toxic~~ toxic trio. These indicate much poorer outcomes for children and families, including a much higher likelihood of the child eventually being taken into care. In an analysis of a small sample of children in care, all three factors combined were found to be present in around 26% of cases. Having external funding for families with multiple issues has helped the Council and its partners to focus on the wider issues occurring in families.

The Police are setting up a new unit in Barnsley with two officers dealing specifically with domestic abuse cases.

5. The type and scale of unmet need

The scale of unmet need

Data based on the national experience

Nationally 7.1% of women and 4.4% of men experienced partner abuse during 2012/13. In Barnsley, this equates to around 6,740 females and 4,040 males. In 2014/15, the police recorded 6,259 reports of domestic abuse in Barnsley, but 2,255 of these reports involved repeat victims (some of whom will make repeated calls). The number of individuals who reported violence is not known, nor the gender split. Clearly, there are many victims that are not currently being supported.

There is no indication that rates of domestic abuse vary across ethnicity. MARAC data shows that only 2.7% of all cases discussed in 2014 involved a victim from a B&ME group, whereas the local population rate is 3.9%.

Only 1% of high-risk cases discussed at MARACs involved someone who was LGBT, but national data indicates that rates amongst gay men and people that are transgender are much higher. 49% of gay men have experienced at least one incident

of domestic violence since the age of 16, compared with 17% of all men⁵, and 80% of those that are transgender have experienced emotional, physical or sexual abuse from a partner or ex-partner⁶.

PFA snapshot survey

Details of 13 clients in need of housing or support services related to domestic abuse were submitted in the snapshot survey. All were currently in receipt of a floating support service, only one of which was not the domestic abuse service (more details are in the data appendix).

- Three of the twelve had child protection issues; three were misusing alcohol and nine had diagnosed mental health issues.

Refuge places

The Council of Europe recommends that there is one family place in a refuge per 10,000 of the population⁷, which indicates that Barnsley requires 23 refuge places. Whilst England has an overall shortfall of 32% on this target, Barnsley's individual shortfall is more than twice the average at 65%.

The refuge referrals and acceptance data shown in figure 8 confirm the supply shortfall.

Whilst some of the referred households will have found a refuge place elsewhere in the country, Women's Aid research indicates that if a place of refuge cannot be found at the point a woman decides to leave, they are likely to stay in the home and relationship and as a result suffer further violence. This unmet need is exacerbated by long move-on times from the refuge. This contrasts with other refuge services; for example in Doncaster there is a 28-day target for dwell time before move-on, whereas it can take 3 to 6 months for Barnsley refuge clients. However the Doncaster refuge also has satellite properties to enable this.

There is no specific provision in Barnsley for male victims (there is very little male refuge accommodation in England and Wales) or for a family with a son who is 16 years and over (no refuges accept males over 16 years, and most do not accept males who are 12 or over). HOAPS has prevented homelessness for between 12 and 15 households in the last two years by arranging private or social rented accommodation or, for single people, a place at Holden House. They are also able to provide temporary accommodation as part of homelessness provision, but currently in Barnsley have only

⁵ Stonewall Gay and Bisexual Men's Health Survey 2012.

⁶ Roch A, Morton J, Ritchie G et al. (2010) Abuse out of sight out of mind: transgender people's experiences of domestic abuse.

⁷ Kelly, L. and Dubois, L. (2008) *Combating violence against women: minimum standards for support services* Directorate General of Human Rights and Legal Affairs, Council of Europe.

the eight units at Barley Place. They can also place in bed and breakfasts outside Barnsley, but this, whilst assuring safety, does not provide the support needed to enable a victim to sustain their separation from an abuser. Victims also often have to leave all household goods and their identity and benefit papers, so claiming benefits, especially where they are placed away from Barnsley, and setting up a new home are particular challenges.

At any time there is a considerable scale of domestic abuse that has not been reported to the Police or other agencies. Work to publicise the unacceptability of domestic abuse, to encourage victims to come forward and others to alert the police and other agencies to households where there is domestic abuse is bearing fruit but the emotional and psychological effects of abuse and the fact that it often takes place behind closed doors means that this has only limited impacts.

Type of unmet need

Currently the provision of support for issues around domestic abuse is based on legacy decisions. A planned systematic review of how the system operates, the funding and the supply compared to need had been started in October 2014 but not completed, and staff changes at the Council had delayed decisions about the strategic leadership and commissioning responsibilities.

Commissioning has now been picked up by the Locality Commissioning & Healthier Communities team, and the review is starting, as had originally been agreed, from a zero base. Provided all agencies cooperate and pool their knowledge and experience, this should enable a clear-sighted view of what support and other related services are needed to tackle and prevent domestic abuse, and support victims and survivors, including children.

The population of Barnsley indicates a need for five IDVAs, four of which are indicated by MARAC case rates plus one additional for high-risk cases that are not referred to MARAC . perhaps because the perpetrator is in custody. Most of the currently unmet, or insufficiently met need will be responded to once the two additional IDVAs are in place. The two current IDVAs are trying to respond to perhaps 200 referrals each per year and are holding double the recommended case level. It seems unlikely that funding can be found for a fifth IDVA.

There is currently no perpetrator programme in Barnsley. Pathways ran a programme based on neuro linguistic programming for four years, funded by the Big Lottery, which ended in January 2015. The evaluation shows good outcomes for the 371 participants, many of whom referred themselves to the programme. There is strong evidence that abusers will repeat their behaviour with victim after victim if they do not learn other ways to express and deal with anger and other emotions that result in violence. Many perpetrators understand that their behaviour is not acceptable but need help and support to change. Pathways has applied for funding to restart the programme. If this application is not successful, consideration should be given to funding from within partnership resources on the basis that this will help to prevent future and repeat violence.

There is also a need to consider how to break the cycle of abusive behaviour where partners are both victim and perpetrator. Alcohol is often a factor. Treatment services are available but clients need to be willing to address their drinking.

Despite their role in enabling children to stay within their families and out of care, and victims of both sexes to recover from their experiences and establish strategies to avoid future abuse, the programmes run by Pathways are not funded. The Women's Freedom Programme for example is proven to have long lasting positive impacts but is now provided on a purely voluntary basis. These specialist services are at risk. As a partnership concerned with prevention, the Barnsley DASVP should consider how these can be continued.

Whilst women are referred by social care as part of a CAF plan, they are rarely assisted with childcare, so attendance can be very difficult to manage. Pathways did have 12 months funding to help women with childcare but this is now exhausted.

There is unmet need for mental health and therapeutic services for adult victims and children. There are long waits for statutory services for children and adults and NHS-provided counselling. Pathways counselling service is funded by the CCG from under spends elsewhere, and Pathways has been told that funding will end in October 2015. There is a waiting list of only 2 weeks for this service, so it provides very quick access when compared with the months waiting for statutory services. The specialist agencies also identified that there are high levels of enduring mental ill health amongst their client group, but there is insufficient support available.

As found in other client groups, each organisation including the Council has its own interpretation and translation budget and there is no pooling of resources and capacity that might relieve the pressure or indeed provide continuity for people who are clients of more than one service. Pathways interpretation budget is very stretched, although it has responded to demand by recruiting staff and volunteers with language skills.

6. The changes needed to fill the gaps and meet needs

Until late in the review, Judith House's customers were not included in the move on arrangements that apply to other supported housing in Barnsley. This has been addressed to some extent but arrangements need to be adjusted so that women from outside Barnsley have the same access to move-on housing, as will be provided by other areas for women from Barnsley. Quicker move through would release much needed spaces for others who cannot / should not stay in their homes. Move-on should be aimed at one to two months, allowing for some specialist support in the refuge and referral and entry to specialist programmes for both adults and children, with the floating support service enabling resettlement including recovery or replacement of household goods.

HOAPS and the refuge both told us that women at the refuge are not usually referred into HOAPS for a homelessness assessment. This appears to be an arrangement that is several years old and has not been reviewed or challenged. There is no protocol in place to clarify where women should present as homeless. However, a homelessness

acceptance would considerably shorten dwell time in the refuge and ensure that households went into appropriate move-on accommodation. It would also clarify the situation for women from outside Barnsley who cannot return to their home area.

Pooling language resources and capacity (including staff and volunteers) across partners into a shared directory and fund would help all partners to meet the interpretation and translation needs of people for whom English is very much a second language, and the deaf community.

The following issues should be considered as part of the strategic review and the joint re-commissioning of domestic abuse services.

Funding for childcare to enable victims and survivors to attend specialist programmes would reduce risks to their children as well as themselves, and avert children being taken into care. This should be seen as a value for money input by children's services, and is in line with the Think Family approach.

Under-provision of mental health services for children and adults is a national issue and is a matter for the CCG to consider alongside demand for other health services. We are informed that the CCG is putting together a scoping paper around addressing needs for therapeutic and lower level mental health services across a wider range of client groups. For children and young people in all the socially excluded groups including domestic abuse, many needs could be met through provision of counselling and other psychological services.

The specialist programmes provided by Pathways need to be maintained and funded appropriately, so that repeat victimisation is reduced, and victims and their children are supported to regain good mental health and self-perception, and can move forward from their experiences. This will also save longer-term costs to partner agencies.

If funding is not secured for a perpetrator programme in Barnsley, serious consideration should be given to local funding to reduce repeat victimisation together with the wider costs of domestic abuse. Consideration should also be given to services for people who are both victim and perpetrator.

The referral pathway from services other than the police needs confirming and sharing across all agencies so that high-risk victims reach IDVAs without delay, and medium/standard risk victims are offered support from the specialist services, including floating support. This must include clarity about what information must be included in a referral.

IDVAs need a shared database and/or a shared office space in order to reduce the time they have to spend in administering referrals.

7. Predicting future demand

Between a third and a quarter of women and around one in six men in England & Wales will experience domestic abuse/violence at some point in their lives. In 2012/13

(the latest data available⁸), 16.3% of men and 30% of women aged 16 to 59 reported that they had experienced domestic abuse at some point/s since the age of 16, while 4.4% of men and 7.1% of women reported having experienced domestic abuse within the past year. However, less than 40% of domestic abuse was reported to the police, with men being less likely to report it . and men are also less likely to report it to friends or colleagues.

The risk of experiencing domestic violence or abuse is increased if someone:

- Is aged 16. 24 (women) or 16. 19 (men)
- Has a long-term illness or disability . almost double the risk
- Has a mental health problem
- Is a woman who is separated, and the risk is higher around the time of separation
- Is pregnant or has recently given birth, with a strong correlation between postnatal depression and domestic violence and abuse
- Is a gay or bisexual man . 49% have experienced at least one incident of domestic violence since the age of 16, compared with 17% of all men⁹
- Is transgender - 80% have experienced emotional, physical or sexual abuse from a partner or ex-partner¹⁰

Sadly, partner abuse is also prevalent in teenage relationships: in 2009, 72% of girls and 51% of boys aged 13 to 16 reported experiencing emotional violence in an intimate partner relationship; 31% of girls and 16% of boys reported sexual violence; and 25% of girls and 18% of boys experienced physical violence¹¹.

Domestic violence partnerships are focused on encouraging reporting by the victim and others associated with the victim so that action can be taken to prevent further harm and reduce the level of risk. Although there are concerns that prosecution of perpetrators is at a relatively low level, that level has been rising since a dip in 2012/13. A successful prosecution largely depends on the victim being willing to give evidence against the perpetrator and special domestic violence courts have been set up to reduce the pressure on, and support the victim. Even so over a quarter of victims retract their statements. In South Yorkshire pre-charge decision volumes increased by over 27% from 2013/14 to 2014/15, and total decisions to charge increased by over 24% - better than Yorkshire and Humberside as a whole.

⁸ Crime Survey for England and Wales, Office for National Statistics, Feb 2013

⁹ Stonewall Gay and Bisexual Men's Health Survey 2012.

¹⁰ Roch A, Morton J, Ritchie G et al. (2010) Abuse out of sight out of mind: transgender people's experiences of domestic abuse.

¹¹ Meltzer H, Doos L, Vostanis P et al. (2009) The mental health of children who witness domestic violence.

Trends from existing data

In Barnsley, the numbers of domestic abuse incident reports to the police increased by almost 60% in the five years since 2010/11, although data is not available on the number of individual victims involved. Referrals of high-risk cases to MARAC more than doubled between 2011 and 2014.

Some of this increase could be attributed to increased awareness (through training) of staff that are in a position to meet victims (eg, in hospitals, in tenancies, at schools) and increased reporting by victims and those associated with them owing to better public awareness of domestic abuse. Realistically, however, there is probably an underlying increase in arising domestic abuse, and it appears to be becoming more common in teenagers.

Domestic abuse is by its nature a hidden crime, so it is impossible to state the real trends within Barnsley. What is clear is that reporting is increasing, and rates of support and housing need will rise with reporting.

Factors likely to affect homelessness for this group

Effective police action against the perpetrator . removing them from the household . means that upward trends need for housing should be lower than upward trends in reporting. Victims are increasingly supported by risk reduction actions to stay in their home, so that the perpetrator is the one that has to move out (where they were living together). However, domestic abuse rates rise at the point of relationship breakdown, and it is very difficult to avert risks from previous partners when they know where the victim lives.

To protect victims and children there will continue to be a need to leave the home, at least temporarily, but that could last many months while waiting for a case to go through court. It is therefore unlikely that people that have to go to a place of safety (relative, friend or refuge) will be able to return to their original home, particularly where there is a reliance on housing benefits.

9. Recommendations

Barnsley should:

- Ensure that move-on arrangements with the refuge include people from outside Barnsley. This may require a protocol around who should make a homelessness application and when

- If move on from the refuge using Priority 3 cannot be prompt enough to release voids for others in need, consider how homelessness applications can be used instead to get swift move-on.
- As a group of agencies, agree how capacity for interpretation and translation can be pooled. This would also benefit other client groups
- As part of the strategic and commissioning review of domestic abuse services ensure:
 - Provision of or funding for childcare to enable victims to participate in recovery and empowerment programmes, particularly where this is part of a CAF or PLO
 - Continuance of specialist therapeutic programmes and the counselling service
 - That if charitable funding is not secured for a perpetrator programme, this is picked up by the partnership
 - Re-draw the referral pathway and ensure that all agencies are aware of this and the information that must be included in referrals
 - Provide IDVAs with a shared system so that there is shared knowledge about referrals and less risk that they will fall through the net

7. Families

1. Introduction

This section is about families with dependant children who are homeless or at risk of homelessness and those who need support to reduce risks or resettle into a home.

Homelessness can affect anybody who has only just sufficient resources and is then hit with unexpected expenses, or who loses their job and therefore their means to pay for their home. It can also occur where the household breaches their tenancy conditions, including where adults or their children are behaving antisocially, or where there is a relationship breakdown.

Data tables and charts from which information has been drawn is included in the Data Appendix and referenced in the text.

2. What is working well to meet the housing and support needs of families at risk of homelessness

Barnsley is doing a good job in preventing and resolving homelessness for families, and supporting them with a range of issues around parenting, worklessness and tenancy sustainment.

The Council's Housing Options Advice and Prevention Service (HOAPS) puts considerable effort into preventing homelessness by trying to find ways for a family to keep their home, or an alternative suitable home for them to move to. Where this cannot be achieved, or cannot be achieved quickly, families are able to apply as homeless. Even then HOAPS will continue to make efforts to avert homelessness. These efforts have resulted in low levels of accepted homeless cases, and an ability to hand back some of the temporary accommodation stock.

Barnsley's Troubled Families programme has achieved 100% of the phase 1 target number for turning around families with two or more defined issues. Services that are taking the lead role with families have successful ways of working and make a difference in the life chances of children and adults.

The Think Family partnership provides early help where health and care issues are identified to prevent escalation, and enable families to stay and thrive together. As a group the agencies are working together to see how they can improve effectiveness.

Barnsley has a long history of good parenting support.

3. Expressed demand

Housing advice enquiries

Over the three years from 2012/13 to 2014/15, 36.6% of all households (based on the cases where household type is known) who approached HOAPS for assistance with

housing issues were families with dependent children. If household make-up was consistent prior to household type being recorded, this would equate to around 2,280 family households.

The analysis is based on the 1,264 cases recorded from mid August 2013, when household type was reliably recorded. It has not been possible to look at trends because there is under two years of data.

Figure 1 shows that around 7% of enquirers with dependent children were teenagers. 26.4% in total were aged less than 25 years, and a further 36.5% were aged from 25 to 34 years.

Where ethnicity is known (it is not recorded for 27% of cases), 94.6% of families were UK national residents. Of these, over 99% were White British.

Reasons for enquiry

Around 12% of enquiries are about housing options or for general advice on a tenancy. By far the highest numbers were for help with private rented tenancies. Almost 10% were where families were living with family or friends who wanted them to move out. Domestic abuse accounted for 8%. Non-violent relationship breakdown was the main issue in around 9% of cases. More detail is in the Data Appendix (figure 2).

Action taken following a housing advice enquiry

Homelessness was prevented in 154 family cases between August 2013 and March 2015 - 13.8% of all cases where there was or could have been a risk of homelessness (ie, excluding enquiries for housing options or other advice only). 144 of these prevention approaches fall into four types:

Figure 3: Homeless preventions at housing advice stage . family enquirers

Resolution	How homelessness prevented	No.	% all preventions
Helped to stay	Owner-occupiers helped with arrears/affordability	37	24.0%
	Resolved HB or rent arrears issues	58	37.7%
Helped to move	Private rented home	11	7.1%
	Social rented home	38	24.7%

Source: HOAPS data

Given that only three cases involved use of the mortgage rescue scheme, an impressive number of owner-occupiers have been helped to retain their home where lenders were seeking repossession.

Homelessness applications

Across the three years 2012/13 to 2014/15, 139 family households made homelessness applications, of which two thirds were single parent households. Only 10 of the 93 single parents were fathers. 242 dependent children and 8 pregnancies were recorded in family households (but note that pregnancies may not be recorded

where there are other children). Three households were extended families with grandchildren and ten families had non-dependent children.

Around 56 households made a homeless application from August 2013 . comparing with housing advice enquiries from that date this represents, at most, 4.4% of housing advice enquiries.

It is noticeable that homeless applications by families with children have decreased considerably in the three years. By 2014/15, there was only 37.7% of the number in 2012/13 (see figure 4).

95.9% of UK national residents were White British, with only three from other ethnic groups.

There were no homeless applicants under 20 years old in 2014/15, and only one in the previous year. Homeless families are most likely to be in the 35 to 39 age range (figure 5).

Across the three years, an average of 62% were self-referrals (increasing to 69% in 2014/15), around a fifth of referrals came from the asylum support team and fewer than 10 were referred by social services.

Causes of homelessness

Across the three years from 2012/13 to 2014/15, a total of 139 households with children made homeless applications. Overall the numbers of families making an application have reduced by 63% since 2012/13. The most common reason (figure 6) was that a family had been granted refugee status and is required to leave home office accommodation, accounting for over half of cases in 2014/15.

Decisions are shown in figure 7 in the Data Appendix. Of the 19 applications that have been accepted as being owed a full duty since April 2013, only four have been for reasons other than being a refugee required to leave NASS (Home office) accommodation. Three of these had lost their private rented tenancy and one their own home.

Non-priority need decisions may typically be made where child/ren in the family are non-dependant or where the applicant is hoping to have their children move in with them but this does not happen.

Where the decision is that the applicant is homeless but intentionally so (only two cases, both in 2012/13) and homelessness cannot be resolved, the family will be referred to social services to safeguard the children.

Resolving homelessness

Homelessness was prevented for 40 applicants (in addition to those whose homelessness was prevented at the housing advice stage). 6 were enabled to stay in their current home and the remainder were helped to move. 18 families were helped

to move into private rented accommodation, 10 into social rented tenancies, and 4 into a social lettings agency property. See figure 8.

Where a family is owed a full duty, they are placed in temporary accommodation and become top priority for rehousing through the housing register. HOAPS now only has the eight units at Barley Close so occasionally some families may spend a night or two in bed and breakfast, which will be outside Barnsley. Clearly this is far from ideal but the Council only uses such accommodation in an emergency and does not breach the regulations around length of time a family would spend in bed and breakfast.

Barnsley has not adopted a private sector discharge policy for accepted homeless applicants, so private sector offers are made to households who are / will not be accepted as homeless, or where the family wants to live somewhere that has little or no social housing.

As with all customer groups, where a negative homeless decision is made, HOAPS will still try to resolve homelessness.

Accessing housing support services (accommodation-based and floating support)

Whilst in 2012/13, 153 families with recorded dependent children were provided with support or supported accommodation, by 2014/15, with changes in service provision, there were only three such households. All were single parent families. One was 17 years old and the other two were both 22 years old. All three were supported by Stonham young persons floating support service in their Berneslai Homes tenancies.

The teenage parents floating support service also provided support to families with children but the child/ren are not included on the client record forms. These cases are discussed in the section about young people.

Four outcome records are distinguishable as family households. Three of the four were in Berneslai Homes tenancies. Three were supported by the Thursday project and one by the teenage parents service. Three of the four had planned exits from support and one breached their tenancy conditions and lost their accommodation.

Troubled Families

The three years of Phase 1 of the Troubled Families programme completed in March 2015. Barnsley was able to claim the full Phase 1 performance related payment for turning around its 645 families, although it worked with far more families over the three years.

Troubled families in phase 1 were defined as those who:

- Are involved in youth crime or anti-social behaviour
- Have children who are excluded from school or regularly truanting

- Have an adult on out-of-work benefits
- Cost the public sector large sums in responding to their problems

Turned around means that:

- All children have been back in school for a year when they were previously truant or excluded; and
- Either youth crime and anti-social behaviour has been significantly cut across the whole family, or
- An adult in the home has moved off benefits and into work for three consecutive months or more.

Services commissioned to deliver the programme included the Family Intervention Service, Education Welfare Service, Youth Offending Team, Community Safety Partnership, and Stronger Families Team in liaison with wider support services such as Children's Centres, Targeted Youth Support, Schools, Connexions, and Children's Social Care. The most progress has been made in improving educational attendance and working with anti-social behaviour including domestic violence. The needs of Barnsley families that have participated in Phase 1 have largely been around worklessness, sickness and disability and the cohort reflects what is already known about school attendance, skills, employment and poverty in Barnsley.

There are five family intervention factors:

- A dedicated worker, dedicated to a family
- Practical 'hands on' support
- A persistent, assertive and challenging approach
- Considering the family as a whole - gathering the intelligence, and
- Common purpose and agreed action

Figure 9: Progress on Barnsley's Troubled Families programme

DCLG target number	Families worked with by end of December 2014	Families achieving crime/anti-social behaviour/education result - end May 2015	Families achieving continuous employment result - end May 2015	Families achieving progress to work outcome - end May 2015	Total families turned around to end February 2015*
645	645	572	73	40	645

* Total excludes progress to work outcomes

Source: Government statistics

Phase 2 has now started and Barnsley, as a high performer, was an early starter. Phase 2 is a five-year programme with broader criteria that now include:

- Adults out of work or at risk of financial exclusion and young people at risk of worklessness
- Children who have not been attending school regularly
- Parents and children involved in crime or antisocial behaviour
- Children who need help
- Families affected by domestic violence and abuse
- Parents and children with a range of health problems

Families will have to meet at least two criteria to be eligible for the programme. As an early starter, Barnsley was required to work with an additional 105 families between 1st January 2015 and 31 March 2015, together with a commitment to work towards service transformation. Following this Barnsley will be expected to identify, work with and achieve significant and sustainable improvement for around 420 families in 2015-2016.

There is strong alignment between the broader goals of the expanded Programme and those of Council in the delivery of sustainable early intervention and prevention provision targeted at addressing the needs of the most vulnerable families in the borough and building their capacity to help themselves.

It will be a challenge to identify and work with enough families to qualify for the payment by results, for example around school attendance where qualification is set at 90% attended school days when many families would see this as an acceptable school attendance rate.

Family Intervention Service (FIS)

In 2014/15, the Family Intervention Service, which was originally set up under the Respect programme and is employed within Berneslai Homes, provided services to 214 families whose homes were at risk because of anti-social behaviour issues (which might include domestic abuse) with an average intervention length of 135 days. Of these, 94 were troubled families for whom FIS could claim a payment by result. At the start of 2015/16, the team had 142 open cases, of which 58 families were receiving high intensity key worker support, 42 were receiving medium/lighter intensity interventions. 37 were in receipt of preliminary work and 5 were undergoing managed exit strategies.

70% of cases were resolved successfully with a sustainability plan in place. These include families with multiple challenges. The Respect approach is still used in the approach with families and the team has become the main deliverer of troubled families interventions since 2015. Children that are the prompt for a referral are mainly over 10 years and most are 14 to 16 where referrals are prompted by criminal

behaviour. There are also referrals where the parent is in the criminal justice system or is a substance misuser and the children are not attending school.

The 6 weekly FIS panel, chaired by the head of the YOT, discusses high-risk referrals and agrees what can be offered. If FIS is full or is not the right service, an alternative is found. The panel tries to ensure that families are not left without support. Lower risk cases go through a checklist and they are taken on as and when to balance the team's workload.

4. What is in place to meet demand (supply of accommodation, floating support and other services)

Figure 10 only identifies services intended to prevent or resolve homelessness risk. Other Council and statutory services are not included.

Figure 10: Accommodation and support services for homeless families or those at risk of homelessness

Scheme	Provider	Type of scheme	Funding	Number of units
Barley Close	Riverside ECHG	Unsupported houses for homeless families placed as temporary accommodation	HB for intensive housing management	8 houses that accommodated 27 households in 2014/15.
Thursday project	South Yorkshire HA	Floating support . generic	Housing related support	24 units, but only 3 family households (who were not YP) accessed this in 2014/15
HOAPS support worker	Barnsley Council	Floating support . generic	Regional homelessness funding	Varies but up to 66 concurrent, most of which are not family households

A larger supply of temporary accommodation was reduced to the current eight units owing to multiple voids. The units are let on assured shorthold tenancies although families are expected to move on within a much shorter period of time. The support originally provided alongside the accommodation was stopped last year as most families were assessed as not needing support. Instead, Riverside added a charge for intensive housing management to the rents, which is paid by Housing Benefit. However, it seems that only ordinary housing management tasks can be delivered within this level of budget. HOAPS's support worker is asked to become involved with

any household that has support issues. While we were there, this included providing a customer with information on the Job Centre and making benefit claims (although this would usually be a housing management task, especially where there is intensive housing management). With almost all of this accommodation now being occupied by refugee households (24 out of the 27 households accommodated during 2014/15), this level of support is insufficient. This is further discussed in the section on refugees and migrant workers.

Apart from the teenage parent floating support service (discussed in the young persons section) there is no specific floating support or supported accommodation for family households, although the Thursday Project, which is a generic floating support service, can take on families. Where parents are under 25 year olds, the Stonham floating support service can also provide support.

The main source of support for families is now the Troubled Families programme. The partners commissioned to provide direct support for Phase 2 of the Troubled Families programme are largely the same as Phase 1, although they no longer include Stronger Families. The funding has changed and money for successful outcomes has reduced considerably. The partnership is developing the suite of interventions, in addition to the current main indicators. There is real positivity about the expanded indicators as these wider criteria enable a wider range of families to be helped, including through earlier intervention. This is also driving service transformation towards early intervention and prevention.

FIS provides a significant level of intervention and support and is funded by Barnsley Homes (from HRA - about £415,000) and Troubled Families (about £225,000). There are now 15 staff in the service plus an educational psychologist for two days per week. The 7 key workers take the tier 4 cases and the low to mid range tier families with two or more criteria are supported by the 7 support workers. Most referrals are from children's social care and the police, though other services also refer.

There is a long history of good parenting support in Barnsley that helps parents to improve. As an example, parent support advisers in schools and CAMHS both deliver the Incredible Years Parenting Programme; the Youth Offending Team (YOT) has parenting workers, and Troubled Families has just commissioned some additional capacity with Remedi (mediation service) to do more of that work with families in contact with the YOT.

In Barnsley, Health Visitors are trained in the Solihull Approach and it is also used by the Family Intervention Service (FIS). The model supports practitioners to work with children and families and supports parents and foster carers to understand their child; promoting emotional health and well being in children and their families.

5. The type and scale of unmet need

The scale of need

PFA snapshot survey

34 of the 132 clients recorded in the PFA snapshot survey as having unmet needs for housing and /or support were pregnant and/or had children.

26 of these needed two bedrooms and 8 needed three bedrooms.

Vulnerabilities are detailed in figure 11.

31 of the 34 households currently received a support service. 12 were at risk of losing their settled accommodation, 8 because of rent arrears, and 2 were in unsuitable housing.

At that time, 4 had asked HOAPS for help to prevent homelessness and one had made a homeless application but was not statutorily homeless.

Temporary accommodation and the social lettings agency

The HOAPS support workers post is funded until February 2016 . after this, without commissioning a renewed or replacement service, there will be no support for families in temporary accommodation or those that are placed through the social lettings scheme. At present the support worker has upwards of 60 cases at any one time and clearly cannot spend much time with families in temporary accommodation, including refugee families. This is discussed further in the section on refugees and migrant workers.

Type of unmet need

Small homeless families may under-occupy the temporary accommodation at Barley Close. This can leave them with a spare room penalty that most are unable to pay (especially given the expenses of becoming homeless). Discretionary Housing Payments (DHP) are applied for but are not always granted, particularly when the DHP is running out. This can leave families with rent debt.

Work with families with multiple needs cannot be light touch, but where there are shrinking resources it is difficult to justify investing to save through prevention. At present, the external funding through the Troubled Families programme is providing the space to deliver early help for many families who would not qualify for a social care service. With phase 2, more families will be able to be helped. Troubled families workers and others raised two specific concerns.

There are concerns that the counselling service currently provided by Pathways will stop in October 2015, especially since the Troubled Families definition has been broadened to include domestic abuse and this is the only source of counselling. Pathways and FIS refer to each other a lot since domestic abuse is a common feature in troubled families. This is discussed in the section about domestic abuse.

Waits for a CAMHS appointment are too long, but in any case that provision is not always the right solution for many children. Lower tier mental health services are needed for children and young people living with their families. Adult mental health services can be helpful but are over-stretched and cannot always provide inputs to parents with lower level mental health issues. The Troubled Families partnership is therefore working creatively with educational psychology services to provide support to families. The CCG acknowledges the need for counselling type services for children and young people and is putting together a scoping paper.

6. The changes needed to fill the gaps and meet needs

The CCG is considering how lower level mental health support can be provided to children who really need counselling type therapies rather the mental health inputs provided by CAMHS.

There is a need to ensure that capacity provided by the HOAPS support worker is replaced as part of re-commissioning of support services. These services need to be able to provide support to families in temporary accommodation, those moving on from this accommodation and those whose homelessness is prevented by a move into private rented/social lettings properties. At present the commissioned floating support capacity is directed mostly towards single people.

Families in temporary accommodation are largely refugees and need considerably more inputs than currently provided . this is discussed in the section of refugees and migrants.

The Council should commit to covering the spare room subsidy of families that are placed in larger temporary accommodation than they need, since they have no choice about their placement.

7. Predicting future demand

Barnsley is doing a good job preventing and resolving homelessness for families, and providing them with support to achieve good parenting and a sustainable lifestyle. . However, welfare benefit changes included in the Government's summer budget will have a negative impact on people's ability to cope within their income. The key changes include:

- Reducing the benefit cap to £20,000
- Freezing working age benefits including tax credits and local housing allowances until April 2020
- Limiting tax credits to two children where additional children are born after April 2017, with an equivalent restriction in housing benefit levels and universal credit for new claims from April 2017.

- New housing benefit claimants from April 2016 will not receive the family premium
- Those starting a family after April 2017 will not be eligible for the family element in tax credits or the equivalent in universal credit for new claims from April 2017.
- The taper for withdrawal of tax credits and universal credit where families are in work will be increased so that families lose additional benefits much more quickly
- Employment and support allowances for disabled people in the work-related activity group will be reduced to the same rate as those claiming job seekers allowance.

There is some limited good news for working families with young children, as the free childcare entitlement will be doubled to 30 hours per week for 3 and 4 year olds.

Trends from existing data

Homelessness presentations from families have reduced by 63% in the last three years, and most of the families whose homelessness could not be averted were refugees leaving Home Office accommodation.

Factors likely to affect homelessness for this group

The welfare benefit changes will make housing considerably less affordable for all benefit claimants, but particularly for families with more than two children. The current benefit cap affected only around 60 families in Barnsley but the new reduction will affect considerably more. Owing to the timing of the budget, that assessment is not yet available.

Whilst there is a generally good supply of family accommodation in Barnsley, private rented accommodation will be considerably less affordable in future, which will mean that more families have to be housed in social rented housing. At present, there is insufficient supply to meet that need.

8. Recommendations

- The Council should proactively communicate with families that are at increased risk of homelessness owing to welfare benefit changes, so that they are fully informed and are offered opportunities to mitigate the risk through assistance into work. The sooner this starts the fewer families will find themselves homeless as the changes are introduced

- As part of re-commissioning of housing-related support, consider how to increase availability of support to families, particularly those in private rented homes and coming through temporary accommodation
- Ensure that the Council, either through DHP or HOAPS resources, covers the spare room subsidy for families in temporary accommodation since they have no option about their temporary accommodation placement

Annex C – Appendices

Introduction

The appendices for Annex C follow the same order as the Annex:

1. Single Homeless and Rough Sleepers . incorporating the needs of ex-Forces personnel and people with multiple and complex needs (p.107-118)
2. Offenders (p.119-120)
3. Substance misusers (p.121-123)
4. Young people . incorporating the needs of young people at risk of homelessness, care leavers, young offenders and teenage parents (p.124-133)
5. Refugees and migrant workers (p.134-136)
6. People experiencing or at risk of domestic abuse (p.137-142)
7. Homeless or vulnerable families (p.143-149)

Appendix C1: Single people and rough sleepers

Homeless applications

Figure 1: Homeless applications coming from single people

Homeless applications	2012-2013	2013-14	2014-15
Number of applications from single people (all ages)	251	272	262
Total applications	487	422	363
% of caseload who were single	51.5%	64%	72.5%

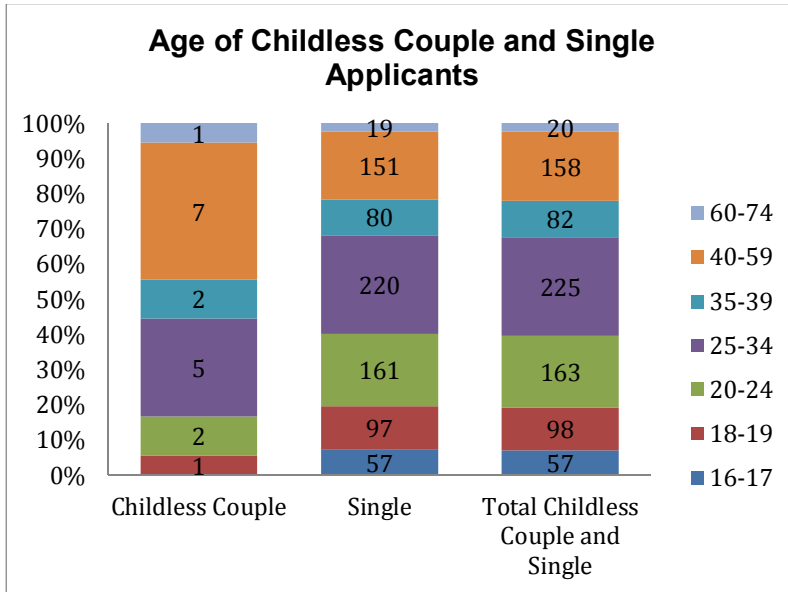
Source: HOAPS data

Figure 2: Number and ppn of homeless applications of single people and childless couples by age band

Age Group	2012-2013	2013-2014	2014-2015		% 2012-2013	% 2013-2014	% 2014-2015
16-17	23	29	5		9.0	10.4	1.9
18-19	27	33	38		10.6	11.8	14.1
20-24	59	52	52		23.1	18.6	19.3
25-34	63	76	86		24.7	27.2	32.0
35-39	25	28	29		9.8	10.0	10.8
40-59	53	53	52		20.8	19.0	19.3
60-74	5	8	7		2.0	2.9	2.6
TOTAL	255	279	269				

Source: HOAPS data

Figure 3: Age of single and childless couple homeless applicants making homeless applications between 2012 and 2015



Source: HOAPS data

Figure 4: Reasons for homelessness for single people and childless couples

Reason for Homelessness	2012-2013	2013-2014	2014-2015	% 2012-2013	% 2013-2014	% 2014-2015
Harassment - non racial	4	6	2	1.6	2.2	0.7
Left hospital	0	2	4	0.0	0.7	1.5
Left other institution	2	1	5	0.8	0.4	1.9
Left prison or on remand	16	26	25	6.3	9.3	9.3
Mortgage arrears/ repossession/ other loss	3	4	3	1.2	1.4	1.1
No fixed abode, in hostel (or sofa surfing)	10	4	3	3.9	1.4	1.1
Non-violent break with partner	27	18	22	10.6	6.5	8.2
Other relatives/ friends no longer willing	42	57	49	16.5	20.4	18.2
Other	2	3	7	0.8	1.1	2.6
Other emergency		1	1	0.0	0.4	0.4
Parents no longer willing to accommodate	65	66	45	25.5	23.7	16.7
Rent arrears - housing association/ RSL	1	1	2	0.4	0.4	0.7
Rent arrears - LA/ public sector	9	9	6	3.5	3.2	2.2
Rent arrears - private sector	9	3	10	3.5	1.1	3.7

Reason for Homelessness	2012-2013	2013-2014	2014-2015		% 2012-2013	% 2013-2014	% 2014-2015
Rented/ tied/ licence – not end of AST	17	18	6		6.7	6.5	2.2
Required to leave NASS asylum support	6	12	38		2.4	4.3	14.1
Sleeping rough	4	3	10		1.6	1.1	3.7
Termination of AST	27	24	13		10.6	8.6	4.8
Violence associated persons not partner	2	3	2		0.8	1.1	0.7
Violence involving partner	8	15	15		3.1	5.4	5.6
Violence - other forms	1	3	1		0.4	1.1	0.4
TOTAL	255	279	269				

Source: HOAPS data

Figure 5: How homelessness is prevented for single people and childless couples

How Homelessness was Prevented	2012-2013	2013-2014	2014-2015		% 2012-2013	% 2013-2014	% 2014-2015
Moved- Arranged with friends / relatives		2			0	1.6	0
Moved- Hostel or HMO	12	5	8		10.5	3.9	6.3
Moved- PRS used landlord incentive	13	13	15		11.4	10.1	11.9
Moved- PRS without landlord incentive	8	17	24		7.0	13.2	19.0
Moved- Social Hsg- Management transfer	3	1			2.6	0.8	0
Moved- Social Hsg- Not a Part 6 offer	2	6	1		1.8	4.7	0.8
Moved- Social Hsg- Part 6 offer or RSL	12	6	10		10.5	4.7	7.9
Moved- Social Lettings Agency property	7	11	6		6.1	8.5	4.8
Moved- Supported accommodation	37	57	55		32.5	44.2	43.7
Remained- Any other reason (enter notes)	1				0.9	0	0
Remained- Debt advice	0	1			0	0.8	0
Remained- Prevention fund payment	1				0.9	0	0
Remained- PRS negotiations not arrears			1		0	0	0.8
Remained- Resolved housing benefit		1			0	0.8	0

How Homelessness was Prevented	2012-2013	2013-2014	2014-2015		% 2012-2013	% 2013-2014	% 2014-2015
Remained- Resolved with family / friends		4	1		0	3.1	0.8
Remained- Social Lettings Agency	2	1	1		1.8	0.8	0.8
Remained- Solved rent arrears in PRS	3	1	1		2.6	0.8	0.8
Remained- Solved rent arrears social ten	1		1		0.9	0	0.8
Remained- Used a mediation service	1	1			0.9	0.8	0
Unstated	11	2	2		9.6	1.6	1.6
TOTAL	114	129	126				

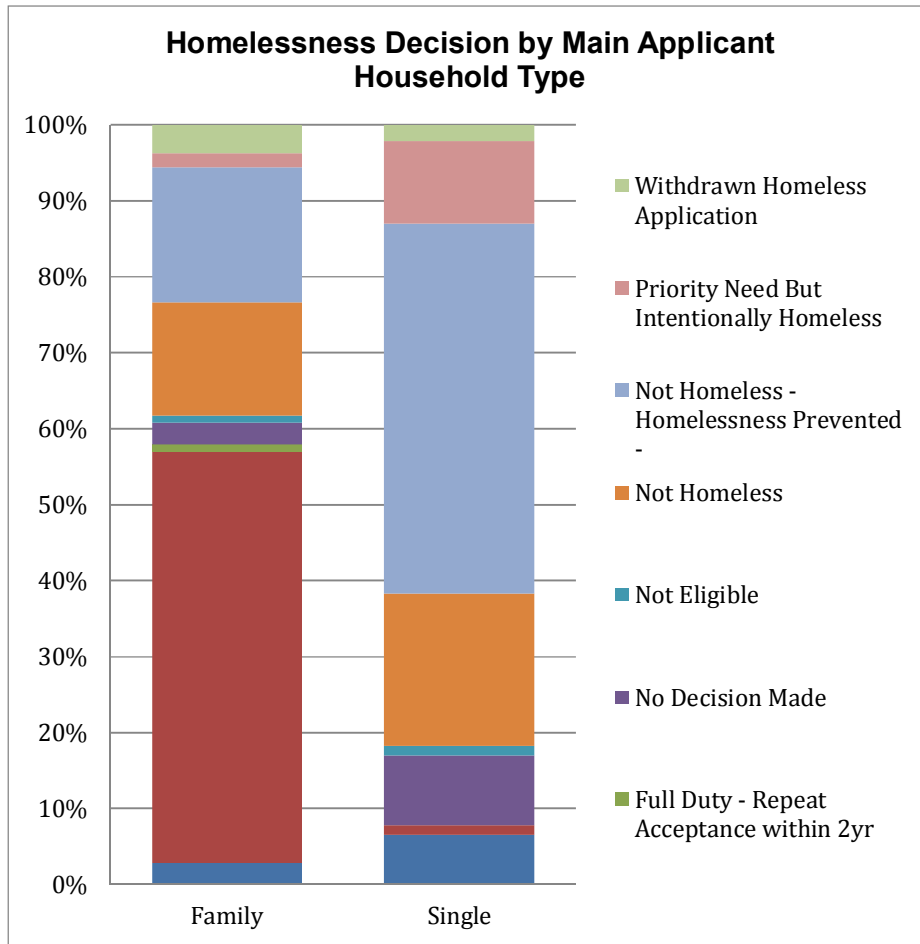
Source: HOAPS data

Figure 6: Decisions made on homeless applications from single people and childless couples by year

Decision Made	2012-2013	2013-2014	2014-2015		% 2012-2013	% 2013-2014	% 2014-2015
Eligible, homeless but no priority need	7	10	16		2.7	3.6	5.9
Full duty - not repeat	2	1	2		0.8	0.4	0.7
Full duty - repeat acceptance within 2 years	0	0	1		0.0	0.0	0.4
No decision made	58	64	2		22.7	22.9	0.7
Not eligible	3	1	4		1.2	0.4	1.5
Not homeless	56	67	113		22.0	24.0	42.0
Not homeless - homelessness prevented	114	119	123		44.7	42.7	45.7
Priority need but intentionally homeless	12	10	4		4.7	3.6	1.5
Withdrawn homeless application	3	7	4		1.2	2.5	1.5
TOTAL	255	279	269				

Source: HOAPS data

Figure 7: Homelessness Decision by Main Applicant Household Type



Source: HOAPS data

Housing advice enquiries

Figure 8: Housing advice enquiries from single people

Housing advice enquiries	2012-2013	2013-14	2014-15
Number of applications from single people (all ages)	32	880	1,111
Total applications	1,854	2,311	2,064
% of caseload who were single	1.7%	38.1%	53.8%

Source: HOAPS data

Figure 9: Advice enquiries at HOAPS for single people and childless couples by age band

Age Group	2012-2013	2013-2014	2014-2015	% 2012-2013	% 2013-2014	% 2014-2015
15-17	0	33	35	0.0	3.8	3.2
18-19	2	75	88	6.3	8.5	7.9
20-24	3	174	205	9.4	19.8	18.5
25-34	15	225	290	46.9	25.6	26.1
35-39	1	64	112	3.1	7.3	10.1
40-44	3	138	142	9.4	15.7	12.8
45-59	7	127	186	21.9	14.4	16.7
60-74	1	36	46	3.1	4.1	4.1
75-84	0	3	2	0.0	0.3	0.2
85+	0	2	1	0.0	0.2	0.1
Unknown	0	3	4	0.0	0.3	0.4
TOTAL	32	880	1111			

Source: HOAPS data

Figure 10: Reason for enquiry from single people and childless couples 2012-2015

Reason for Enquiry	2012-2013	2013-2014	2014-2015	% 2012-2013	% 2013-2014	% 2014-2015
Not Recorded	2		8	6.3	0.0	0.7
Advice to Tenant Other Reasons No Arrears	2	36	29	6.3	4.1	2.6
AdviceToLandlord - Other Reason	1	11	3	3.1	1.3	0.3
Any Other H/Advice		21	17	0.0	2.4	1.5
Deposit or bond	1	6	13	3.1	0.7	1.2
Disrepair		11	12	0.0	1.3	1.1
Early Intervention with Landlord-Arrears		1	2	0.0	0.1	0.2
EarlyIntervention withLandlord-NoArrears		1	1	0.0	0.1	0.1
Followup H/Advice Post HomelessDecision			1	0.0	0.0	0.1
Housing Advice-Flood/Fire/OtherEmergency		4	5	0.0	0.5	0.5
Housing Benefit & DHP		10	12	0.0	1.1	1.1
Housing Options Advice - No Other Reason		40	55	0.0	4.5	5.0
Illegal eviction	1	11	15	3.1	1.3	1.4
Institution or care	1	9	24	3.1	1.0	2.2
Landlord Being Repossessed		1	7	0.0	0.1	0.6
Landlord harassment/threats/intimidation		3	9	0.0	0.3	0.8
Landlord Selling Property			7	0.0	0.0	0.6
Leaving Forces		1	3	0.0	0.1	0.3
Leaving prison or remand		24	35	0.0	2.7	3.2
Mortgage Rescue Scheme	6	22		18.8	2.5	0.0
NASS Accommodation		3	19	0.0	0.3	1.7
Non violent relation break with partner	1	123	142	3.1	14.0	12.8
Notice from Landlord -Breach- NoArrears	1	29	35	3.1	3.3	3.2
Notice from Landlord-Due to Rent Arrears	4	47	51	12.5	5.3	4.6
Notice from Landlord-No Reason&No Breach	1	36	35	3.1	4.1	3.2

Reason for Enquiry	2012-2013	2013-2014	2014-2015	% 2012-2013	% 2013-2014	% 2014-2015
Notice Given By Tenant	1	30	32	3.1	3.4	2.9
Other harassment/threats		21	30	0.0	2.4	2.7
Other relative/friends no longer willing	6	122	190	18.8	13.9	17.1
Owner Occ -NoArrears Debt& Affordability		4	1	0.0	0.5	0.1
Owner Occ Under Threat of Repossession		2	1	0.0	0.2	0.1
OwnerOcc Mortgage Difficulties & Arrears		1	21	0.0	0.1	1.9
Parents no longer willing to accommodate	1	136	169	3.1	15.5	15.2
Relieving Homelessness		1	4	0.0	0.1	0.4
Rent arrears LA/Public Sector / RSL		14	12	0.0	1.6	1.1
Rent Arrears Private Sector - No NOSP		28	30	0.0	3.2	2.7
Rent increase, debt, affordability		9	7	0.0	1.0	0.7
Reported Rough Sleeping	2	5	5	6.3	0.6	0.5
Returned from abroad		2	6	0.0	0.2	0.5
Spare Room Subsidy (Bedroom Tax)		2	1	0.0	0.2	0.1
Suitability of Accommodation	1	8	3	3.1	0.9	0.3
Violent relation break with partner		45	59	0.0	5.1	5.3
TOTAL	32	880	1111			

Source: HOAPS data

Single people and childless couples accessing housing support services

Figure 11: Single homeless people and rough sleepers accessing housing support services in Barnsley – single homelessness or rough sleeping as primary need

Primary Client Group	2012-2013		2013-2014		2014-2015	
	No.	%	No.	%	No.	%
Rough Sleeper	2	0.4%	7	1.5%	5	1.6%
Single homeless with support needs	125	25.5%	91	19.9%	83	26.6%

Source: Client Record Form data

Figure 12: Single homeless people and rough sleepers accessing housing support services in Barnsley – single homelessness or rough sleeping as primary or secondary need

Year	Client Need	Primary need	Secondary need	Total (total service users)	% of Total
2012-2013	Single Homeless with Support Needs	125	11	136 (490)	27.7%
	Rough Sleepers	2	6	8	1.6%
2013-2014	Single Homeless with Support Needs	91	24	115 (458)	25%
	Rough Sleepers	7	9	16	3.5%

2014-2015	Single Homeless with Support Needs	83	15	98 (312)	31.4%
	Rough Sleepers	5	3	8	2.6%

Source: Client Record Form data

Figure 13: Gender of single homeless people and rough sleepers accessing housing support services in Barnsley

Primary Client Group	2012-2013		2013-2014		2014-2015	
	Female	Male	Female	Male	Female	Male
Single homeless with support needs	28.0	72.0	18.7	81.3	16.9	83.1
Rough Sleeper	50.0	50.0	14.3	85.7	20.0	80.0

Source: Client Record Form data

Figure 14: Secondary needs of people with single homelessness as primary need

Additional Needs	Secondary needs 2012-13	Secondary needs 2013-14	Secondary needs 2014-15
Alcohol misuse	4	6	10
Drug misuse	21	20	22
Generic/ complex needs	3	2	1
Learning Disability	6	5	1
Mental health	23	19	19
Offenders/ at risk of offending	21	20	21
People at risk of domestic violence	3	1	2
Physical/ sensory disability	3	4	2
Rough sleeper	5	3	7
Refugees	6	9	3
Young people at risk	4	3	1
Young people leaving care	5	2	2

Source: Client Record Form data

Figure 15: Previous accommodation of single homeless people using short term housing support services

Previous accommodation	2012-13	2013-14	2014-15
Temporary accommodation	10	14	12
Living with friends or family	60	41	29
Own home	29	4	3
Prison or approved premises hospital	5	2	7

NASS accom	1	1	6
Other	3	2	3

Source: Client Record Form data

Outcomes of housing support

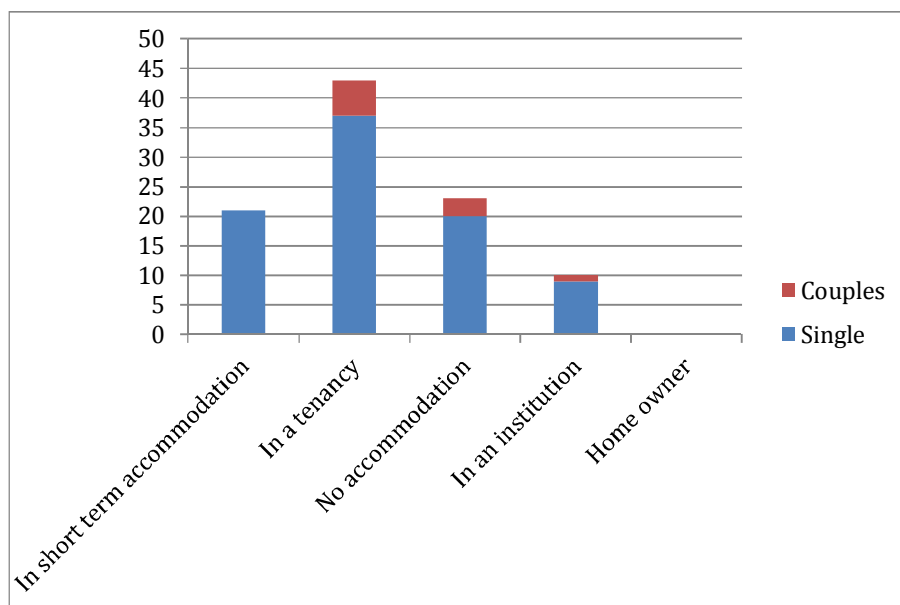
Figure 16: Number of single homeless Barnsley clients accessing housing support outside Barnsley

Client group	2012-13	2013-14	2014-15
Single homeless	16	15	19
Rough sleeper	0	0	2

Source: Client Record Form data

PFA Snapshot survey

Figure 18: Accommodation status of single people in the PFA snapshot survey



Source: PFA snapshot survey

Figure 19: Barriers to resolving housing needs for single homeless people and couples in the PFA snapshot survey

Long use of drugs	Offending	Literacy / numeracy / lack of life skills /	Vulnerable to exploitation	Financial / money management problems	Need for rehousing help	Other: former rent arrears, short
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and/or alcohol		lack of English/ learning difficulty				term memory problems, other
16	15	16	4	26	6	10

Source: PFA snapshot survey

Rough sleepers

Rough sleeper counts and estimates

Figure 20: Estimate of numbers sleeping rough in Barnsley on a given night

Year	Rough sleeping estimate
2010	3
2011	2
2012	5
2013	0
2014	4

Source: DCLG annual reports on rough sleeping

Rough sleeper notifications

These figures show the total of all reports of people who may be sleeping rough from the StreetLink reports, and HOAPSdown data. There may be some duplication.

StreetLink is the national website and helpline for members of the public, agencies, and homeless people themselves to report rough sleeping. People reported may be rough sleeping but may also be begging, or just thought possibly to be sleeping rough because of their dishevelled state.

The numbers *verified* as rough sleepers from the figures below may therefore be rather smaller than notifications from StreetLink or elsewhere. However, the figures show a significant increase so far in 2015.

Figure 21: Number of notifications of rough sleepers to Barnsley Council

Calendar year	Q1	Q2	Q3	Q4	TOTAL
2012	12	4	4	10	30
2013	3	11	3	6	23
2014	0	12	5	17	34
2015	17				17 (Q1)

Source: HOAPS data

Verified rough sleepers

Verified rough sleepers are those seen sleeping rough who have no accommodation; at present in Barnsley this means that they have been seen by someone from the HOAPS team or by the Police.

Figure 22: Total numbers of verified rough sleepers in Barnsley

Year	Homeless applications from verified rough sleepers
2011-12	5
2012-13	5
2013-14	3
2014-15	10

Source: HOAPS data

Homelessness (P1E) data

Figure 23: Rough sleeping as the reason for homelessness for homeless applicants 2012-15

Gender	No.	%
Male	16	94.1
Female	1	5.9
TOTAL	17	

Source: HOAPS data

Figure 24: Decisions made following homelessness applications by rough sleepers 2012-15

Decision Made	No.	%
Eligible, Homeless but No Priority Need	2	11.8
No Decision Made	2	11.8
Not Homeless	5	29.4
Not Homeless - Homelessness Prevented -	7	41.2
Withdrawn Homeless Application	1	5.9
TOTAL	17	

Source: HOAPS data

Use of housing-related support services for people who were sleeping rough

Figure 25: People who slept rough immediately before accessing housing support services

	2012-13	2013-14	2014-15
Rough sleeping as previous accommodation	18	38	31
Recorded as statutorily homeless	0	2	0
Rough sleeping as primary need	2	7	5
Rough sleeping as other need	6	9	0
Rough sleeping recorded as next accommodation from short term provision	3	0	1

Source: Client Record Form data

Appendix C2: Offenders

Homelessness and housing advice data

Data for homelessness applications record whether people are homeless because of leaving prison or remand. All applicants who made a homeless application on leaving custody were single person households.

Figure 1: Homeless applications from people leaving prison or remand

Homeless on leaving prison	2012-13	2013-14	2014-15	Total
No. of applicants leaving prison or remand (% of all single / couple applications)	16 (6.3%)	26 (9.3%)	25 (9.3%)	67 (8.3%)

Source: HOAPS data

Figure 2: Homelessness decisions for people leaving prison or remand

Decision Made	No.	%
Eligible, Homeless but No Priority Need	2	3.0
No Decision Made	19	28.4
Not Homeless	22	32.8
Not Homeless - Homelessness Prevented -	23	34.3
Priority Need But Intentionally Homeless	1	1.5
TOTAL	67	

Source: HOAPS data

Figure 3: Homelessness prevention actions for people leaving prison or remand

How was homelessness prevented?	No.	%
Moved- Hostel or HMO	3	13.0
Moved- PRS used landlord incentive	2	8.7
Moved- PRS without landlord incentive	5	21.7
Moved- Social Hsg- Part 6 offer or RSL	1	4.3
Moved- Social Lettings Agency property	1	4.3
Moved- Supported accommodation	10	43.5
Unstated	1	4.3
TOTAL	23	

Source: HOAPS data

Offenders accessing housing support services

Figure 4: Offending as primary client group for people accessing housing support

Primary Client Group	2012-2013		2013-2014		2014-2015	
	No.	% of total	No.	% of total	No.	% of total
Offenders/at risk of offending	46	9.4	81	17.7	29	9.3

Source: Client Record Form data

Figure 5: Previous accommodation and type of service users for offenders accessing housing support

Primary client group: offending	2012-2013	2013-2014	2014-2015
Number accessing supported housing	4	26	5
Number accessing floating support	42	55	24
Number sleeping rough immediately before	6	12	1
Number coming straight from prison or Approved Premises	7	23	12
Number coming from a tenancy	28	19	5
Total number	46	81	29

Source: Client Record Form data

Probation data

Figure 7: OASys data for offenders with accommodation difficulties

	2012-13	2013-14	2014-15#
No Fixed Abode	21	36	54
Suitability of accommodation:			
Some problem	28	71	63
Significant problem	30	54	87
Permanence of accommodation:			
Some problem	14	34	63
Significant problem	21	51	66
Suitability of location:			
Some problem	19	38	49
Significant problem	21	55	68

Source: OASys analysis by NPS and South Yorkshire CRC

There may be a small amount of double counting for April and May 2015 as figures for this period were provided by both the NPS and CRC.

Appendix C3: Substance Misusers

Substance misusers accessing housing support services

Figure 1: Primary client group of people accessing housing support services

Primary Client Group	2012-2013		2013-2014		2014-2015	
	No.	%	No.	%	No.	%
Alcohol misuse problems	2	0.4	48	10.5	39	12.5
Drug misuse problems	2	0.4	34	7.4	26	8.3

Source: Client Record Form data

Figure 2: Drug or alcohol use as either a primary and secondary need of people accessing housing support

Primary or Secondary Client Group	2012-2013		2013-2014		2014-2015	
	No.	%	No.	%	No.	%
Alcohol misuse problems	23	4.7	83	18.1	58	18.6
Drug misuse problems	37	7.6	96	21	61	19.6
Both drug and alcohol problems	3		26		10	

Source: Client Record Form data

Figure 3: People accessing housing support who have substance misuse and other needs

Client Needs	Year		
	2012-2013	2013-2014	2014-2015
Drug/ Alcohol with mental health	15	64	28
Drug/ Alcohol with offending	33	65	27
Drug/ Alcohol with learning disability	1	11	5
Drug/ Alcohol with generic/ complex needs	0	4	2
Both Drug and Alcohol	3	26	10
No. of clients with needs in 4 columns	8	22	17

Source: Client Record Form data

Treatment data

Figure 4: Accommodation needs of substance misusers

	2012-13		2013-14		2014-15
	Drug use primary problem	Alcohol use primary problem	Drug use primary problem	Alcohol use primary problem	Drug use or alcohol use
No accommodation need	318	458	421	239	549
Housing problem	46	40	44	15	82
Urgent housing problem (NFA)	31	16	27	7	23

Source: National Drug Treatment Monitoring System (NDTMS)

Outcomes

Figure 6: T4 outcomes and outputs for 2014-15

	Occupancy	Throughput	Planned move-on
Beevor Court (6 beds)	93.6%	116.7%	80%
William Street (4 beds)	96.2%	100%	100%
Floating support	109.3%	140%	80-90%

Source: Phoenix Futures T4 project

PFA Snapshot survey

Figure 7: Ages of substance misusers with housing needs

16-17	18-21	22-25	26-35	36-49	50-59	60+
4	16	7	28	18	3	1

Source: PFA snapshot survey

Figure 8: Substance misuse amongst people with unmet need for housing and support

	Frequency	%
Drugs	39	29.5
Alcohol	20	15.2
Both drugs and alcohol	16	12.1
Not sure which	4	3.0
No substance misuse problems	53	40.2
Total	132	100.0

Source: PFA snapshot survey

Figure 9: Number of people with housing needs in structured treatment

	Number	%
In structured treatment currently	33	25.0
Not in structured treatment and never has been	25	18.9
In structured treatment within last 2 years but not currently	12	9.1
Not sure/Don't know	8	6.1
Total	78	59.1

Appendix C4: Young People and Care Leavers

Expressed demand

Housing advice enquiries

In the three years 2012/13 to 2014/15, a total of 188 people aged less than 18 years, and 1,644 people aged 18 to 24 years sought advice from HOAPS.

Figure 1: Housing advice enquiries by age group

Age group	2012/13	2013/14	2014/15
16 or 17 years	79	61	48
18 to 24 years	516	597	531
Totals less than 25 years old	595	658	579
% of all housing enquiries	32.1%	28.5%	28.1%

Source: HOAPS data

In 2014/15, when household type was reliably recorded all year, the split of household types is shown in Figure 2:

Figure 2: Housing advice enquiries by household type & age group

Household type	16/17 years	18 to 24 years
Single person	72.9%	55.2%
Family with child/ren	18.8%	34.7%
Other	4.2%	8.1%
Unknown	4.2%	2.1%

Source: HOAPS data

Only 8% of 16 and 17 year olds came into HOAPS for advice on housing options or other housing matters. Most were being told to leave by family or friends. Despite their age, a few were already living in private rented properties. Specific reasons for enquiries are in Figure 3.

Figure 3: Reasons for housing advice enquiries . 16/17 year olds

Reason for enquiry: 16/17 year olds	% all enquiries Apr 2012 to March 2015
Parents no longer willing to accommodate	53.2%
Other relative/friend no longer willing to accommodate	19.1%
Domestic abuse	3.2%

Reason for enquiry: 16/17 year olds	% all enquiries Apr 2012 to March 2015
Notice on private tenancy for breach of tenancy (not arrears)	3.2%
Relationship break-up (non-violent)	2.1%
Leaving institutions/care or the Forces	2.1%
PRS affordability issues	1.6%
Notice on PRS tenancy - no reason	1.6%
Disrepair	1.6%
Private rented property no longer available	1.6%
Other harassment/threats	1.1%
Rough sleeping	1.1%
Illegal landlord actions	0.5%
% of all enquiries	92.0%
Total enquiries Apr 2012 to March 2014	188

Source: HOAPS data

18 to 24 year olds were somewhat more likely to come into HOAPS for advice on housing options or other housing matters, accounting for at least 11% of all enquiries. More specific reasons for enquiries are in Figure 4. Whilst the main reason for enquiry was still being told to leave by family or friends, parental notices were around half the rate of 16 and 17 year olds.

Figure 4: Reasons for housing advice enquiries . 18 to 24 year olds

Reasons for enquiry: 18 to 24 year olds	2012/13	2013/14	2014/15
Parents no longer willing to accommodate	30.6%	26.6%	25.8%
Other relative/friend no longer willing to accommodate	15.4%	19.7%	18.2%
PRS affordability issues	16.5%	12.2%	13.1%
Relationship break-up (non-violent)	9.9%	9.3%	8.5%
Domestic abuse	5.1%	5.9%	4.7%
Notice on PRS tenancy - no reason	6.2%	4.7%	6.1%
Notice on PRS for breach of tenancy	3.7%	3.4%	4.7%
Other harassment/threats	3.5%	3.0%	3.6%

Reasons for enquiry: 18 to 24 year olds	2012/13	2013/14	2014/15
Leaving institution/care, prison, forces	1.1%	3.0%	2.7%
Illegal landlord actions	2.0%	2.8%	4.0%
Social tenancy affordability issues	0.0%	2.6%	1.9%
HB/DHP assistance	0.9%	2.6%	1.3%
Disrepair	2.0%	2.0%	1.7%
Need deposit/bond	0.9%	1.6%	1.1%
Rented property no longer available	1.1%	0.4%	0.8%
Leaving NASS accommodation	0.0%	0.4%	1.3%
Owner-occupier at risk/losing home	1.1%	0.0%	0.6%
% of all enquiries	88%	85%	89%
Total enquiries each year	516	597	531

Source: HOAPS data

Homelessness was prevented at the enquiry stage for a minority of enquirers. One person was helped after receiving a negative homeless decision, but the data does not record how. Although there was an agreement in 2014/15 that homeless 16 and 17 year olds would be referred direct to Future Directions, where homelessness could be prevented this was still handled by HOAPS.

Figure 5: Homelessness prevention for 16/17 year olds at housing advice stage

16 and 17 year olds: prevention at housing advice stage		2012/13	2013/14	2014/15
Helped to move	Arranged with friends / relatives			1
	PRS with or without landlord incentive	1		1
	Supported accommodation	5	1	1
Helped to stay	Resolved with family / friends	1		2
<i>Homelessness relieved after negative homeless decision</i>		<i>1</i>		
Total where homelessness prevented		8	1	5

Source: HOAPS data

For 18 to 24 year olds, the range of prevention approaches was much broader, depending on their housing situation.

Figure 6: Homelessness prevention for 18 to 24 year olds at housing advice stage

18 to 24 year olds: prevention at housing advice stage		2012/13	2013/14	2014/15
Helped to stay	Owner-occupiers helped with arrears/affordability	2	0	0
	Resolved HB, debt, rent arrears & other renting issues	11	9	7
	Resolved with family/friends	1	1	0
Helped to move	Private rented home	11	8	2
	Social rented home	5	5	10
	Supported housing	8	5	9
	Hostel/HMO	1	1	0
	Social lettings property	2	0	0
	Arranged with family/friends	0	2	0
<i>Homelessness relieved after negative homeless decision</i>		1	2	2
Total where homelessness prevented		42	33	30

Source: HOAPS data

Homelessness applications

16/17 year olds

Homelessness applications amongst 16/17 year olds dropped considerably in 2014/15, after the agreement to refer everyone in this age group to Future Directions.

Figure 7: Household type of 16/17 year old homeless applicants

Household Type: 16 / 17 year old homeless applicants	2012/13	2013/14	2014/15
Single	23	29	5
Single Parent	3	0	0
Total applicants	26	29	5

Source: HOAPS data

Apart from self-referrals, in 2012/13 and 2013/14, most referrals were from social care services including the Youth Offending Team and Emergency Duty Team.

Figure 8: Referral sources for 16/17 year old homeless applicants

Referral sources for 16/17 year olds	2012-2013	2013-2014	2014-2015
Social services	7	8	
Self referral	9	7	4
Backup		3	1
EDT placed into temp accomm	1	3	
Any other advocate or agency	2	2	
Berneslai Homes		1	
EDT contact but not placed		1	
Housing Associations		1	
Probation service		1	
Y.O.T.	4	1	
Police	1		
Shelter	1		
Unstated	1	1	
Totals	26	29	5

Source: HOAPS data

18-20 year olds

135 households aged between 18 years and 21 years old made homelessness applications between April 2012 and March 2015. The vast majority were single person households.

Figure 9: Household type of 18-20 year old homeless applicants

Household type: 18 to 20 year old homeless applicants	2012/13	2013/14	2014/15
Single	37	46	47
Single parent	1	2	
Childless couple		1	
Family	1		
Total homeless applications	39	49	47
% of all homeless applicants that were 18 to 20 years old	12.0%	15.2%	15.9%

Source: HOAPS data

Around 61% of all applicants referred themselves to HOAPS. Voluntary organisations were also significant referrers.

Figure 10: Referral sources for 18 to 24 year old homeless applicants

Referral source of 18 to 20 year olds	April 2012 to March 2015
Self-referral	82
Backup	18
Any other advocate or agency	13
Social services	5
Unstated	5
Housing associations	3
Asylum support team	2
Prison	2
EDT placed into temp accomm	1
Mental health services	1
Police	1
Probation services	1
Youth Offending Team	1
Total	135

Source: HOAPS data

Causes of homelessness

16/17 year olds

Most 16 and 17 year olds were homeless because they had been told to leave the family home, but some were homeless from a rented home.

Figure 11: Reasons for homelessness . 16/17 year olds

Reason for homelessness: 16 & 17 year olds	2012/13	2013/14	2014/15
Parents no longer willing to accommodate	16	19	3
Other relative/friend no longer willing to accommodate		5	1
Rented/tied/license - not AST NOSP	5	2	
Harassment - non racial		1	
Required to leave NASS asylum support		1	
Violence involving partner		1	1
Left other institution	1		
Left prison or on remand	1		
No fixed abode, in hostel	1		
Rent arrears - la /public sector	1		
Violence associated persons not partner	1		
Totals	26	29	5

Source: HOAPS data

18-20 year olds

Over half were homeless from the home of a parent, relative or friend but the range of reasons was much greater including loss of tenancies, leaving prison or remand, partnership break-up (including 5 cases of domestic violence) and people granted refugee status.

Figure 12: Reasons for homelessness – 18 to 20 year olds

Reason for homelessness: 18 to 20 year olds	April 2012 to March 2015
Parents no longer willing to accommodate	47
Other relatives/friends no longer willing to accommodate	31
Rented/tied/licence-not AST NOSP	12
Termination of AST	12
Left prison or on remand	9
Required to leave NASS asylum support	8
Non-violent break with partner	4
Violence from partner	4
Left other institution	2
Social tenancy rent arrears	2
No fixed abode - in hostel	1
Other	1
Sleeping rough	1
Violence associated persons, not partner	1
Total	135

Source: HOAPS data

Resolving homelessness

16/17 year olds

Only one out of the 60 applications across the three years was accepted as homeless and owed a full duty. Most commonly homelessness was prevented.

Figure 13: Homeless decisions – 16/17 year olds

Homeless decisions – 16 and 17 year olds	2012/13	2013/14	2014/15
Full Duty	1		
Not Homeless	7	8	5
Priority Need But Intentionally Homeless	4	2	
Withdrawn Homeless Application	0	1	
No Decision Made	1	2	
Not Homeless - Homelessness Prevented -	13	16	
Total homeless applications	26	29	5

Source: HOAPS data

Homelessness prevention was achieved for a total of 30 applicants . more than half of all applications . in 2012/13 and 2013/14 (there were no preventions at this stage in 2014/15).

Figure 14: Homelessness prevention at application stage – 16/17 year olds

Homelessness preventions – 16 & 17 year olds		2012/13	2013/14
Moved	Arranged with friends / relatives		1
	Hostel or HMO	1	
	PRS used landlord incentive	1	
	Social Housing - Part 6 offer		1

Homelessness preventions – 16 & 17 year olds		2012/13	2013/14
	Supported accommodation	5	12
Remained	Resolved with family / friends	1	2
	Used a mediation service	1	
Unstated		4	1
Total applicants prevented from homelessness		13	17

Source: HOAPS data

18-20 year olds

No applicant in this age group was accepted homeless, with most being found not be homeless, and a small number intentionally homeless, most of which had lost their private sector accommodation.

Figure 15: Homeless decisions . 18 to 20 year olds

Homeless decisions - 18 to 20 year olds	2012/13	2013/14	2014/15
Not homeless	4	10	19
Eligible, Homeless but No Priority Need	1	1	2
Priority need but intentionally homeless	6	3	1
No decision made	8	12	
Withdrawn homeless application		1	1
Not homeless - homelessness prevented	20	22	24
Total	39	49	47

Source: HOAPS data

Homelessness prevention was achieved for 68 households . around half of all applicants. Almost two thirds were referred into supported accommodation.

Figure 16: Homelessness prevention at application stage . 18 to 20 year olds

Homeless preventions – 18 to 20 year olds		April 2012 to March 2015
Moved	Arranged with friends / relatives	1
	Hostel or HMO	8
	PRS used landlord incentive	4
	PRS without landlord incentive	9
	Social Housing - Part 6 offer	2
	Supported accommodation	41

Homeless preventions – 18 to 20 year olds		April 2012 to March 2015
Remained	Resolved with family / friends	1
	Used a mediation service	1
Unstated		1
Total prevented from homelessness		68

Source: HOAPS data

Accessing housing support services (accommodation-based and floating support)

Young people aged 21 or under accounted for over a quarter of all supported accommodation places, and almost a fifth of floating support places in 2014/15, despite the decrease in support services.

Figure 17: Young people entering housing-related support services

	Age group	2012-2013		2013-2014		2014-2015	
		Floating support	Supported Housing	Floating support	Supported Housing	Floating support	Supported Housing
Young people in support services	16/17 years	9	24	15	19	9	5
	18 to 21 years	54	41	31	37	28	42
% of total customers	16/17 years	3.2%	11.5%	5.9%	9.4%	5.9%	3.1%
	18 to 21 years	19.2%	19.6%	12.1%	18.3%	18.4%	26.3%

Source: SP Client data

Figure 18 shows the numbers of customers with a primary and secondary classification as young people in need . care leavers, at risk or teenage parents. Some people will have more than one of these classifications, so these are not necessarily unique individuals.

Figure 18: Primary and secondary vulnerabilities of young support clients

Year	Client Need – young people	Primary vulnerability	Secondary vulnerability	Totals
2012/13	Young People at risk	24	7	31
	Young People leaving care	3	5	8
	Teenage parents	17	3	20
2013/14	Young People at risk	23	11	34

Year	Client Need – young people	Primary vulnerability	Secondary vulnerability	Totals
	Young People leaving care	7	2	9
	Teenage parents	14	1	15
2014/15	Young People at risk	9	10	19
	Young People leaving care	11	3	14
	Teenage parents	9	5	14

Source: SP Client data

Accommodation outcomes show reductions in the numbers moving back to families and into the private rented sector.

Figure 21: Accommodation outcomes – clients under 22 years old

Accommodation type	2012/13	2013/14	2014/15
Social tenancy, no support	35	35	31
Private rented tenancy	24	21	10
Family	31	19	8
Friends	12	11	6
Supported housing	7	4	5
Prison	1	5	3
Approved probation hostel			3
Hospital		1	2
Social tenancy with floating support	5		1
Women's refuge		1	1
Rough sleeping			1
Other temp accomm	1	1	
Owner occupation	1		
Other	1		1
Unknown/missing	11	5	5
Totals	129	103	77

Source: SP Client data

Appendix C5: Refugees and Migrant Workers

Demographic data

Figure 1: Ethnicity - Person 1 of households in household survey

	Sub Area 2015							
	TOTAL	Central Area	Dearne Area	North Area	North East Area	Penistone Area	South Area	
TOTAL	Weighted Base	77282	3324	9128	17139	18642	9472	19576
	Actual Base	1983	109	221	451	421	280	501
	Col %	100%	100%	100%	100%	100%	100%	100%
White (British, English, Welsh, Scottish, Northern Irish)	Count	75749	3295	8963	16781	18289	9285	19137
	Col %	98%	99%	98%	98%	98%	98%	98%
White - Irish	Count	258			63	146		49
	Col %	0%			0%	1%		0%
White - Gypsy or Traveller	Count	56				56		
	Col %	0%				0%		
White - Central and Eastern European	Count	227	30	51				147
	Col %	0%	1%	1%				1%
White - Other	Count	387		27	100	96	164	
	Col %	1%		0%	1%	1%	2%	
Mixed or multiple ethnic group (e.g. White & Black Caribbean/African/Asian)	Count	186		87	33		23	43
	Col %	0%		1%	0%		0%	0%
Asian or Asian British	Count	185			37	56		92
	Col %	0%			0%	0%		0%
Black / African / Caribbean / Black British	Count	126			126			
	Col %	0%			1%			
Other ethnic group e.g. Middle East, North African, Arab	Count	108						108
	Col %	0%						1%

Source: arc4 household survey analysis

Homelessness data

Figure 2: Homeless applications and outcomes for people leaving NASS accommodation

Decision Made	2012-2013	2013-2014	2014-2015
Eligible, Homeless but No Priority Need	1		2
Full Duty - Not Repeat	18	9	7
Full Duty - Repeat Acceptance within 2yr			1
No Decision Made	2		
Not Eligible			1
Not Homeless	5	8	7
Not Homeless - Homelessness Prevented	1	9	32
Withdrawn Homeless Application	1	1	2
TOTAL	28	27	52

Source: HOAPS data

Figure 3: Household type of former asylum seekers making homeless applications

Household Type	2012-2013	2013-2014	2014-2015
Childless Couple	0	1	2
Family	11	6	5
Single	6	11	36
Single parent	11	9	9
TOTAL	28	27	52

Source: HOAPS data

Housing advice enquiries

Figure 4: Household type of people leaving NASS accommodation making housing advice enquiries 2012-15

Household Type	No.	%
Family	10	21.7
Other	6	13.0
Single	22	47.8
Unknown	8	17.4
TOTAL	46	

Source: HOAPS data

Snapshot survey

Figure 5: Households from other countries with housing needs in the snapshot survey

Group	Number
Asylum seeker	4
Refugee (leave to remain)	1
Migrant worker from A8 or A2 EU	1
Migrant worker - no recourse to public funds	1
No recourse to public funds - other	1

Source: PFA snapshot survey

Appendix C6: Domestic Abuse

6.3 Expressed need for housing and support

Housing advice enquiries

The proportions of all housing advice enquiries represented by domestic violence have risen over those three years from 4.4% to 6%.

Figure 1: Housing advice enquiries related to domestic abuse

Year	No. of housing advice cases related to domestic abuse	% of all housing advice cases
2012/13	81	4.4%
2013/14	127	5.5%
2014/15	124	6.0%

Source: HOAPS data . numbers may include perpetrators as well as victims

The numbers and proportions of those in their thirties and who are 60 years and over have increased, while the proportions (but not the numbers) of teenagers have decreased over the three years.

Figure 2: Age profile of domestic abuse housing advice enquirers



Source: HOAPS data

Homelessness applications

The numbers, gender and household type of homeless applicants in each year for reasons of domestic abuse involving either a partner or someone else associated with the victim form a relatively small percentage of all homeless applications.

Figure 3: Domestic abuse related homeless applications

	2012-13	2013-14	2014-15
Violence involving partner	11	21	17
Of which: Single male	2	4	3
Single female	6	11	12
Female with child/ren	3	6	2
Violence - other associated persons	2	3	2
Of which: Single male	1	3	1
Single female	1	0	1
Female with child/ren	0	0	0
% of all homeless applications	4.0%	7.4%	6.4%

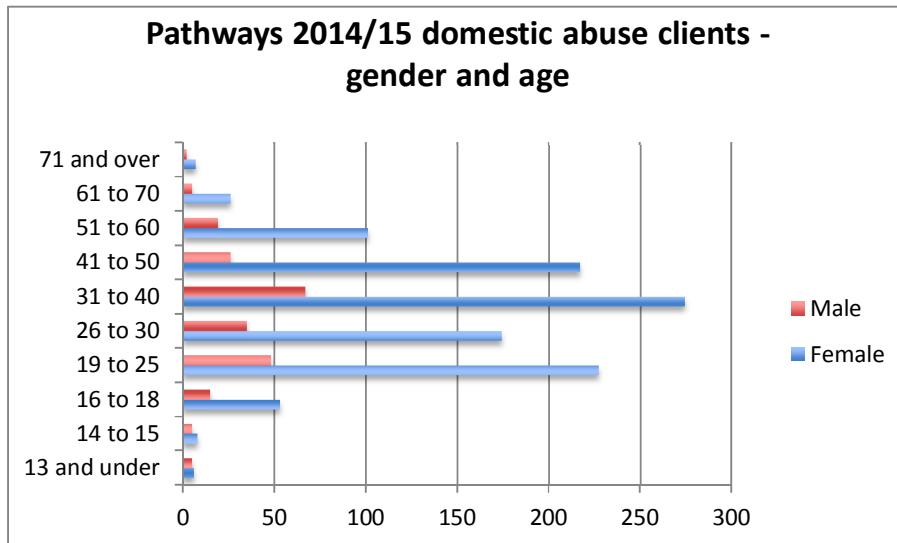
Source: HOAPS data

IDVAs and other specialist domestic abuse services

Pathways

The gender and age profile of Pathwaysq1,320 2014/15 clients is shown in figure 4 below.

Figure 4: Age & gender profile of Pathways’ domestic abuse clients



Source: Pathways

Judith House refuge and floating support 2012/13

Judith House refuge and the associated floating support service together supported 58 households, all female.

- 43 were in the refuge and 15 were in floating support.
- Only four were self-referrals, with most referrals coming from statutory agencies.
- All but three of the floating support customers had had to move prior to receiving support. 10 floating support clients were in the private rented sector, three were in Berneslai Homes tenancies, one was living with family/friends and one was an owner-occupier.
- 53% of the 43 clients in the refuge had previously lived outside Barnsley.
- Eight clients of other support services were also at risk of domestic abuse.

2013/14

Judith House refuge and floating support services supported 37 clients, all female.

- 24 were in the refuge and 13 received floating support.
- There was only one self-referral, which was to the floating support service. Refuge referrals were almost all from local housing authorities.
- All but five of the floating support clients had moved prior to receiving the service. Seven were in a Berneslai Homes tenancy, four were in private rented tenancies and two were staying with family or friends.
- 21% of clients in the refuge had previously lived outside Barnsley
- 18 clients of other support services were also at risk of domestic abuse.

2014/15

Judith House refuge and floating support services supported 49 clients, all but one were female.

- 36 were in the refuge and 13 received floating support.
- There were three self-referrals to the refuge. Otherwise, the majority of referrals to both services were from the police or social services.
- Secondary characteristics were recorded for some clients: seven had mental ill health, one had a learning disability and two had physical disabilities.
- Only two clients had moved prior to receiving the floating support service. One was an owner-occupier, one was staying with family or friends and the remainder were split between Berneslai Homes and private rented tenancies
- 42% of clients in the refuge had previously lived outside Barnsley

- 5 clients of other support services were also at risk of domestic abuse.

Most clients left in a planned way. Only a small number were unable or unwilling to participate in support to address issues.

Figure 5: Judith House support outcomes

Service	Outcomes	2012/13	2013/14	2014/15
Judith House Refuge	Planned exit	95.1%	92.0%	94.1%
	Outcome ± Avoid harm from otherssq achieved	90.2%	92.0%	88.2%
	Settled accommodation secured / maintained	82.9%	88.0%	94.1%
Total leaving the service		41	25	34
Judith House Floating support	Planned exit	70.6%	100.0%	90.9%
	Outcome ± Avoid harm from otherssq achieved	100.0%	100.0%	100.0%
	Settled accommodation secured / maintained	94.1%	100.0%	100.0%
Total leaving the service		17	13	11

Figure 6: Judith House accommodation outcomes

Moves from the refuge	2012/13	2013/14	2014/15	Totals
Other temp accomm	1			1
Bed and breakfast	2			2
Housing association general needs tenancy	4	1	1	6
Housing association general needs with floating support	2	1	1	4
Living with family / friends	11	6	10	27
Local authority general needs tenancy	3	4	4	11
Local authority general needs with floating support		2	1	3
Owner-occupation	1	2		3

Moves from the refuge	2012/13	2013/14	2014/15	Totals
Private sector tenancy	8	4	9	21
Supported housing	6	2	4	12
User who has experienced DV returning home with partner			1	1
User who has experienced DV returning home without partner	1	1	1	3
Unknown / missing	2	1	2	5
Total households leaving the refuge	41	25	34	100

PFA snapshot survey

Details of 13 clients in need of housing or support services related to domestic abuse were submitted in the snapshot survey. All were currently in receipt of a floating support service, only one of which was not the domestic abuse service.

- Nine were tenants of Berneslai Homes, six of whom were at risk of losing their tenancy
- Two were private tenants and one was at risk of losing their tenancy because of rent arrears
- One was in the refuge
- One was staying temporarily with family members.
- Three of the twelve had child protection issues; three were misusing alcohol and nine had diagnosed mental health issues.

Refuge referral and acceptance data

The refuge referrals and acceptance data (figure 8) confirm the supply shortfall of 65% compared to a national average short fall of 32%.

Figure 8: Judith House net demand

		2012/13	2013/14	2014/15
Referrals:	Adults	72	73	60
	Children	76	97	62
Accepted:	Adults	34	26	34
	Children	42	15	33
Unmet need:	Households	38	47	26

Source: Judith House

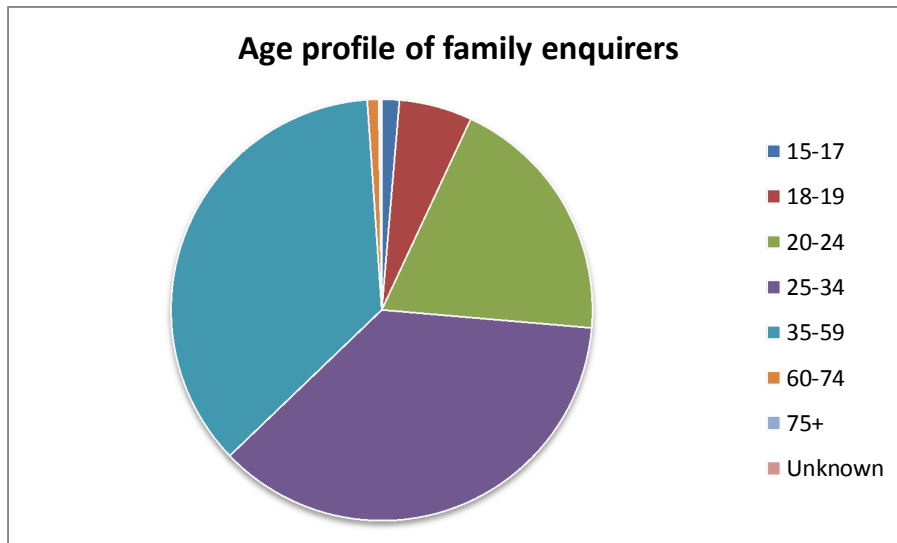
Appendix C7: Families

7.3 Expressed demand

Housing advice enquiries

The analysis is based on the 1,264 cases recorded from mid August 2013, when household type was reliably recorded. It has not been possible to look at trends because there is under two years of data.

Figure 1: Age profile of family housing advice enquirers



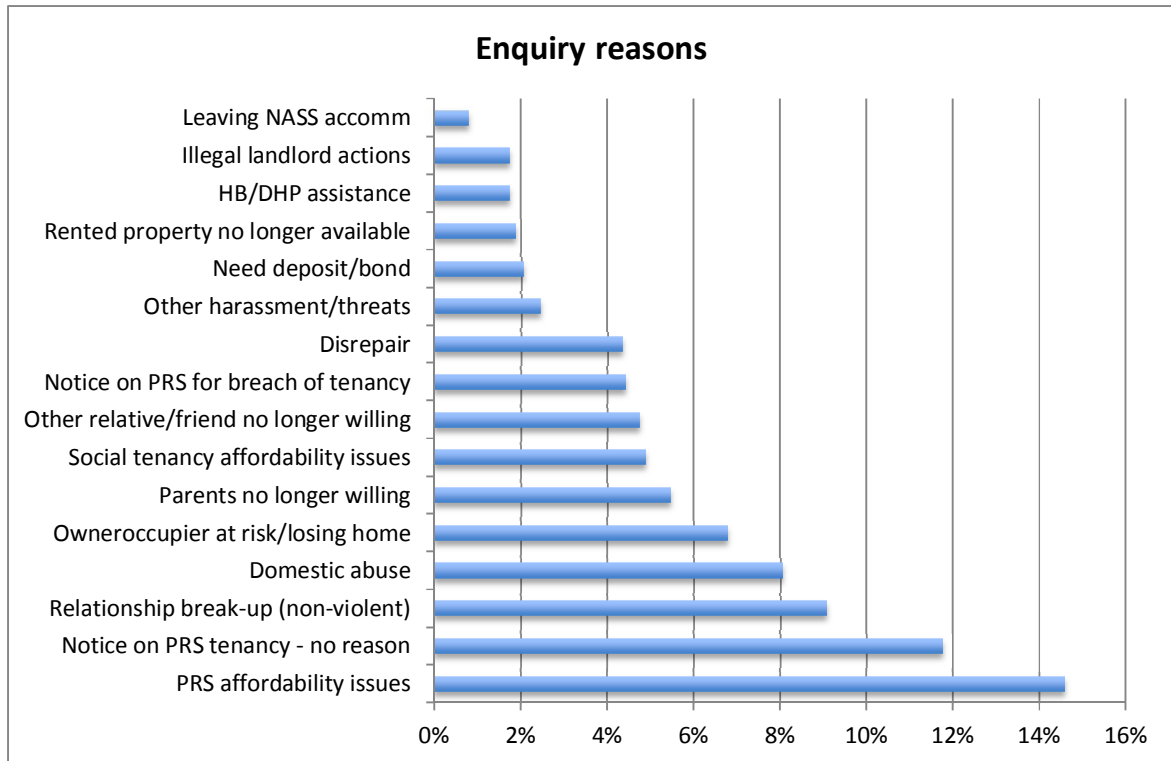
Source: HOAPS data

Around 7% of enquirers with dependent children were teenagers. 26.4% in total were aged less than 25 years, and a further 36.5% were aged from 25 to 34 years.

Reasons for enquiry

Around 12% of enquiries are about housing options or for general advice on a tenancy. The chart below shows other reasons for enquiry.

Figure 2: Nature of housing advice enquiries from families



Source: HOAPS data

- Relationship break-up was the single most common reason for seeking housing advice, accounting for a total of 17% of all enquiries. Almost half of these related to domestic abuse (discussed in that section of this annex).
- Current private rented affordability issues accounted for 15% of all enquiries, and 5% of enquiries were about affordability of a social rented home.
- 12% of enquirers had been given notice on their private rented home for no apparent reason. They were not in rent arrears and hadn't otherwise breached their tenancy conditions. A further 2% were losing their private rented home because the landlord was being repossessed or was selling the property.
- Over 10% of enquirers were being told that they had to leave someone else's home by their parents or another relative, or a friend.
- 7% of enquiries were from owner-occupiers who are threatened with loss of their home because of affordability issues. Until April 2014, many could be assisted through the mortgage rescue scheme but this has now finished.
- 2% were asking for help with rent deposit or a bond so a private rented home could be secured.

Homeless applications

Applications by families with children have decreased considerably in the three years. By 2014/15, there was only 37.7% of the number in 2012/13.

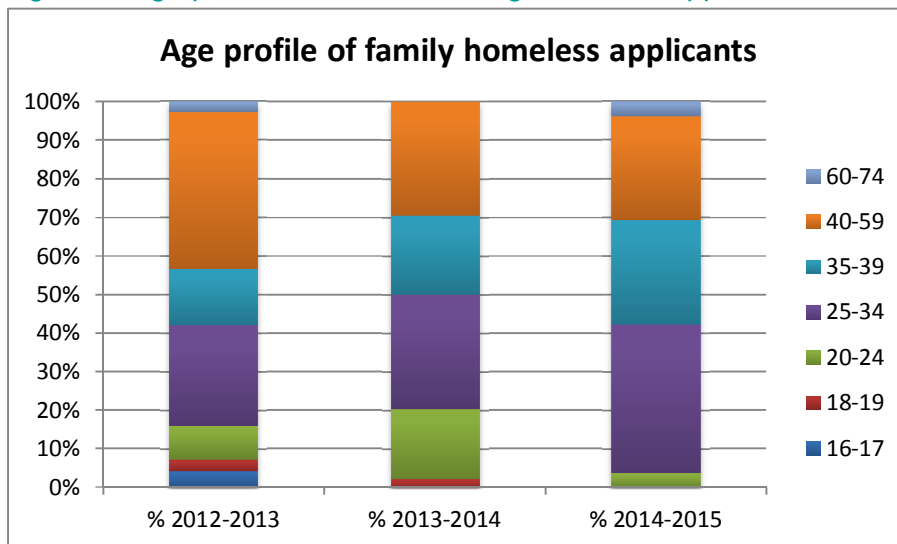
Figure 4: Ethnic profile of families making homeless applications

Country of origin	2012/13 %	2013/14 %	2014/15 %
UK National Resident in UK	63.8	50.0	30.8
Other EEA	0.0	9.1	11.5
Non EEA	21.7	22.7	26.9
Not Recorded	14.5	18.2	30.8
Total family applications per year	69	44	26

Source: HOAPS data

There were no homeless applicants under 20 years old in 2014/15, and only one in the previous year. Homeless families are most likely to be in the 35 to 39 age range.

Figure 5: Age profile of families making homeless applications



Source: HOAPS data

The reasons for homelessness of family applicants are shown in the table below.

Figure 6: Reasons for family homeless applications

Reason for Homelessness	2012/13	2013/14	2014/15
Required to leave NASS asylum support	22	15	14
Termination of AST	7	7	3
Other relatives/friends no longer willing to accommodate	5	6	
Violence involving partner	3	6	2
Non violent break-up with partner	10	3	
Loss of rented accomm . not end of AST	2	3	
Rent arrears - LA	2	2	
Parents no longer willing to accommodate	8	1	3
Rent arrears - private rented sector	1	1	2
Harassment . non-racial	1		
Mortgage arrears/re-possession, other loss	5		2
No fixed abode, in hostel	1		
Racially motivated violence	1		
Violence - other	1		
Total applications	69	44	26

Source: HOAPS data

Figure 7: Decisions made on homeless applications by families

Decisions made on homeless applications	2012/13 %	2013/14 %	2014/15 %
Full Duty	33.3	22.7	34.6
Not Eligible	1.4	4.5	3.8
Not Homeless	23.2	31.8	26.9
Eligible, Homeless but No Priority Need	2.9	2.3	
Priority Need But Intentionally Homeless	2.9		
No Decision Made	4.3	9.1	
Not Homeless - Homelessness Prevented	27.5	27.3	30.8

Decisions made on homeless applications	2012/13 %	2013/14 %	2014/15 %
Withdrawn Homeless Application	4.3	2.3	3.8
Total applications	69	44	26

Source: HOAPS data

Homelessness was prevented for 40 applicants (in addition to those whose homelessness was prevented at the housing advice stage).

Figure 8: Homelessness prevention for family applicants

How homelessness was prevented/resolved		2012/13	2013/14	2014/15
Moved	PRS used landlord incentive	5	4	5
	Social tenancy - Part 6 offer	4	2	1
	Arranged with friends / relatives		1	
	PRS without landlord incentive	2	1	1
	Social tenancy - not a Part 6 offer	2		1
	Social Lettings Agency property	4		
	Supported accommodation	1		
Remained	Prevention fund payment		1	
	PRS negotiations (not arrears)		1	
	Resolved with family / friends	1	1	
	Solved rent arrears social tenancy	1		
	Unstated		1	
Total preventions/resolutions		20	12	8

Source: HOAPS data

Unmet need - PFA snapshot survey

34 of the 132 clients recorded in the PFA snapshot survey as having unmet needs for housing and /or support were pregnant and/or had children.

26 of these needed two bedrooms and 8 needed three bedrooms.

Their vulnerabilities included:

- 9 were survivors of domestic abuse,
- 8 were teenage parents, one of which had drug or alcohol problems, one was a domestic abuse survivor, one was a care leaver

- 9 had diagnosed mental health problems, 4 of whom were also survivors of domestic abuse, and a further 6 had undiagnosed mental health problems
- 2 with an offending history also had drug or alcohol problems
- 2 spoke little or no English, one of whom was a migrant worker and the other an asylum seeker. Two others had limited English
- 1 had a learning disability and needed long term support

Two were recorded as having complex needs

Other adults in 10 of these households also had support needs, and 5 households had children with support needs.

Current housing was:

- Berneslai Homes tenancy: 14
- Private tenancy: 14
- Supported housing: 3
- Women's refuge: 1
- Staying very temporarily with family/friends: 2

31 of the 34 households currently received a support service. 12 were at risk of losing their settled accommodation, 8 because of rent arrears, and 2 were in unsuitable housing.

At that time, 4 had asked HOAPS for help to prevent homelessness and one had made a homeless application but was not statutorily homeless.

Figure 11: Specific support and housing needs of families recorded in PFA snapshot survey

Support needs	No	Housing needs	No
Difficulty coping with everyday living (MH. related)	9	Own tenancy, no support required	1
Difficulty maintaining an orderly home (MH-related)	4	Own tenancy with specialist support	1
Inability to manage money	6	Own tenancy with ongoing floating support	3
Child protection issues	5		
Vulnerable to exploitation	2	Own tenancy with occasional or resettlement support . outside Barnsley	1
Lack of life skills	12		
Financial problems	19		

Support needs	No	Housing needs	No
English not first language	5	Own tenancy with occasional or resettlement support in Barnsley	1
Long use of drugs/alcohol	2		
Need help with rehousing/move on	6	Needs shared housing (all DV)	6
Domestic abuse issues	9		
Need more intensive support than currently provided	3		
Total number with unmet support needs	34	Total number with unmet housing needs	13

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Needs Assessment for Housing and Housing Support for Vulnerable People in Barnsley

- Appendices to Main Report

arc4
Peter Fletcher Associates Ltd.

February 2016



Peter Fletcher Associates Ltd
Research and Consultancy

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Appendix 1: List of People and Services contacted during the work

This Appendix sets out:

- Steering Group Members (section 1)
- People who attended workshops (section 2)
- People involved in individual or group interviews and visits to services (section 3) - services visited are marked with*

1. Steering Group Members

Ian Prescott	Head of Housing and Energy
Sarah Cartwright	Group Lead - Housing Growth
Michelle Kaye	Service Manager, Housing and Welfare
Jennie Milner	Housing Related Support Manager
Mark Wood	Systems and Information Officer (Joint Commissioning)
Elizabeth Steel	Policy Monitoring & Development Officer
Jane Wood	Head of Joint Commissioning Disabilities
Shiv Bhurton	Senior Commissioning Manager Adults and Communities
Sharon Graham	Planning and Commissioning Manager (sub - Jane Wood)
Elizabeth Pitt	Principal Research and Intelligence Officer
Dave Fullen	Director of Business and Customer Services

2. Workshop attendees

12 May workshop attendance list

NAME	ORGANISATION
Andrew Thomas	SWYT - Early Intervention Team
Bob Cartwright	Berneslai - Lettings Manager
Chris Denton	Stonham (Manager at Highfield Terrace)
Cindy Mitchell	SYHA - The Forge
Dianne Coniston	CRC Probation team
Donna Holmes	Sun Healthcare Ltd
Emily Bode	NHS - MH Inpatient Accommodation
Gill Lees	Action Housing & Support
Haydn Frost	Specialist Housing - Barnsley MBC
Heather Brennan	Riverside ECHG
Jo Mashedor	Sanctuary Supported Living (Barnsley Teenage Parents)

NAME	ORGANISATION
Julie Moore	BMBC People Directorate
Kate Havenhand	National Probation Service
Kate Raynor	Barnsley Churches Drop in Project
Katherine Allott	Berneslai - Family Intervention Services Manager
Kevan Critchley	Phoenix Futures T4 Housing Advisor
Laurie Chambers	Probation Housing Advisor
Lee Watson	Sun Healthcare Ltd
Lisa Walker	Riverside ECHG
Lyn Parkinson	SWY Partnership Foundation Trust
Lyn Ross	Barnsley CAB
Lynne Crisp	MBMC - Brokerage and Support Team
Michelle Sargesson	SWYT, Equipment, Adaptation and Sensory Impairment
Mick Oldham	SWYT Acute Care: Oakwell Centre
Nikeisha Bragger	Foundation
Phil Parkes	SYHA - The Forge
Rebecca Banks	Equity Housing Group - Tenancy Support
Sam Goulding	Pathways
Sarah Barrass	SWYPFT
Shaun Douthwaite	SWYPFT
Suzanne Tomlinson	Phoenix Futures
Tracey Barrow	Riverside ECHG
Venka Whitworth	SYHA - Jubilee Gardens

1 July workshop attendance list

Name	Organisation
Alison Rumbol	Adult Joint Commissioning, BMBC
James Allen	Foundation
Karen Roscoe-Bailey	Together Housing
Wendy Heritage-Stevens	Riverside ECG
Paul Higginbottom	Independent Living at Home
Lorna Willis	Together Housing
Gary Pritchard	Private Sector Housing, BMBC

Claire Beevers	Addaction
Sarah Barrass	SWYFT
Jayne Hellowell	Healthier Communities, BMBC
Kate Faulkes	S Area Council Manager, Communities, BMBC
Kim Fairhurst	Together
Justine Pearce	Together
Elaine Mussett	Special Projects Officer, Communities, BMBC
Shaun Douhtwaite	SWYFT
Michelle Kaye	Healthier Communities, BMBC
Sarah Cartwright	Housing Growth, BMBC
Jill Barker	Berneslai Homes
Peter Verity	The Forge, S Yorkshire Housing Association
Dianne Coniston	S Yorkshire Community Rehabilitation Company
Sonya Thomas	Sanctuary Supported Living
Stephen Whitehouse	Guinness Care and Support
Mark Wood	Research & Business Intelligence, BMBC

3. People involved in individual or group interviews and services visited

Advice Agencies

Sharon Brown, DIAL
Pat Heathy, CAB
Bethan Hopkins, Age UK
Lucy Simmonds, Red Cross
Jackie Wray, Asylum and Immigration Advice Service
Laurie Chambers, Probation Housing Adviser (Action Housing)
Kevan Critchley, Housing Liaison Worker, Phoenix Futures

BMBC

People

Jane Wood, Head of Commissioning
Alison Rumbol, Senior Commissioning Manager, MH
Vivienne Williams, Senior Commissioning Manager, PD/SI
Sharon Graham, Senior Commissioning Manager LD
Ian Murphy, Commissioning Manager LD
Shiv Burton Senior Commissioning Manager, OP
Dawn Fryers, Service Manager, Social Work Assessment, disabilities teams
Michelle Sargesson (also SWYFT), head of equipment and adaptations and the sensory team
Gill Swan, Head of Customer Access Team (CAT)
Jayne Emms, Health Practitioner, CAT team
Peter Heaney, Advanced Social Worker, West Team
Lorraine Campbell, Social Worker, East Team
Maxine Wilson, Transitions Team
Bev Birkes, Disability Team
Kath Stokes, Disability Team
Ben Finley, Service Manager, Barnsley Youth Offending Team
Michelle Whiting, interim Head of Children in Care
Nick Barker, Future Directions
Pete Howell, Manager, Children in Care
Pete Jones, Future Directions
Sharon Keefe, Transitions
Sue Sumpner, Commissioning Manager

Communities

Jayne Hellowell, Head of Locality Commissioning & Healthier Communities
Jennie Milner
Michelle Kaye, Service Manager, Housing and Welfare

Keith Dodds,
Paul Hollingsworth, Business Manager, Independent Living at Home Service *Visit to call centre
Joe Micheli, Locality Manager
Phil Hollingsworth, Locality Manager
Elaine Musset, Special Projects Officer
Elaine Slater, Area Manager, Penistone
Rosie Adams, Area Manager, North
Carol Brady, Area Manager, Central
Caroline Donovan, Area Manager, North East
Elaine Slater, Area Manager, Penistone
Elaine Equeall, Volunteer & Engagement Manager
Andrea Hoyland, Strategy Lead Early Intervention and Prevention
Housing Options (HOAPS) team members, as a focus group * visit to Housing Options
Judith Green, HOAPS social lettings agency
Haydn Frost, Local welfare scheme
Colin Brotherston, Safer Barnsley
Jane Brannan, Safer Barnsley
Paul Brannan, Safer Barnsley
Jo Ekin, Commissioning
Trevor Hegarty, HOAPS (to 31.3.15)
Sally Woffenden, DAAT manager (to 31.3.15)

Anne Asquith, Commissioning Manager

Place

Sarah Cartwright, Group Leader, Housing Growth

Finance, assets and Information Services

Mark Wood, Intelligence Unit
Neil Copley, Finance Services Director

SWYPFT

Stephen McGowan, Community Business Unit Manager
Mark Stroud, Team Manager, North & Central CMHT
Lyn Parkinson, Patient Flow and Resources Manager * Visit to Kendray Hospital
Mick Oldham, Ward Manager, Kendray Hospital
Tim Mellard, Manager IHHT (Intensive Home Based Treatment Team), and Mental Health Liaison Team
Sarah Barrass, Senior OT, Assertive Outreach Team
Eamonn Lynnot, Clinical Lead, Older Adults MH Team
Andrew Thomas, Housing Support Worker EIT (Early Intervention Team)
Janet Foster, CAMHS General Manager

Bernseslai Homes and Housing Associations

Bob Cartwright, Lettings Manager
Julie Griffiths, Head of Lettings Team
Jill Barker, Community Buildings Manager *Visits to (Churchfields, Pollyfox, Church Street Close, Chestnut Grove)
Tony Griffiths, Housing manager
Tracy Barrow, Riverside Housing team leader
Lisa Walker, intensive housing manager, Barley Close * visit to Barley Close, and discussions with customers
Jonpaul Burke, Service Manager, SYHA

Housing and support Service providers

Nick Welbourne, *Visit to Jubilee Gardens (MH)
Jan Groom, High Street (MH)
Kim Fairhurst, Together (MH)
Nick Burton, Mencap
Michelle Hall, Mencap

Cathy Kelly, Mencap *visits to (Ridge House and Springfield Street
Samantha Barratt, Mencap
Katrina Latham, Service Manager in house Supported Living LD service *visits to (Rockingham Close, Oakdale Close, Blackburn Street, Silver Street)
Chris Denton, Stonham, Highfield Terrace * visit to Highfield Terrace, focus group/discussions with customers
Julie Burton, Stonham floating support, * onsite discussion with customers
Peter Verity, SYHA, The Forge (interim manager) * visit to The Forge, focus group/discussions with customers
Cindy Mitchell, SYHA, The Forge (manager)
Zoe Wardle, Thursday Project * plus interview with client
Heather Brennan, Riverside, Judith House and floating support team leader * visit to Judith House, focus group with customers and volunteers
Jane Cannas, Victim Support IDVA
Jo Masheder, Sanctuary teenage parents support service
Katherine Allott, Family Intervention Service, Berneslai Homes
Sam Goulding, Pathways IDVA
Dani Stock, Support worker, Housing Options
Suzanne Tomlinson, Phoenix Futures/T4 *visit
Tom Wood, Help4Homeless
Gill Lees, Action Housing
Nikeisha Bragger, Foundation Housing
Susan Kristek, Holden House (RECHG) * visit

Other service providers

Margaret Richardson, Barnsley Staying Put
Karen Sabin, Family Nurse Partnership
Sue Stokes, Pathways
Claire Beevors, Addaction *visit
Caroline Hyde and Kate Raynor, Barnsley Churches Drop-in Project * visit
Lighthouse hostels, Rotherham
Pauline Crawford, 28A
Julie Bowser, Manager Intermediate Care, Mount Vernon Hospital
Green Doctor service

Other people

Steve Harris, Housing & Support Alliance (working with Ian Murphy on LD customer consultation)
Ben Finley, YOT
Kerry Ibbotson-Davies, Community Rehabilitation Company
Avril Montgomery, CRC
Chris Niven, National Probation Service
Christine Key, Chairperson, Dementia Action Alliance, Barnsley

Appendix 2: National and Local Policy Context

2.1 Introduction

Appendix sets out the national and local policy context for the work. It does not include specific policies or drivers relating to individual service user groups. These are covered in the specific sections of Annexes A-C that relate to each group.

2.2 National Policy Context

2.2.1 New Conservative Government Policy

This report comes only a short time after the election of the new Conservative Government in May 2015. Key new policies that will impact on this work include:

Welfare Reform

- In addition to the existing welfare reform programme the decision not to provide Housing Benefit for young people under 21; and
- How the balance will play out between the proposed new National Living Wage for people over 25 as against a number of welfare reforms that will impact on people with low incomes, including: freezing a number of working age benefits; reducing the household benefit cap; and limiting Child Tax credits to 2 children for children born from April 2017

Childcare

- The doubling of free childcare for 3 and 4 year olds from September 2017 from 15 to 30 hours a week

Housing policy

- The requirement in the July 2015 budget for a 1% rent annual reduction from April 2016 for four years for social landlords (as opposed to rent increases at CPI + 1%) is likely to reduce the amount of new social housing they will be able to develop. The Government has announced a one year exemption in 2016/17 to the rent cut for supported housing whilst a review is carried out. However, it is not yet known if this exemption will extend beyond one year
- Restrictions on tax relief for private landlords, which might result in higher rents and/or a slowdown of the growth of the private rented sector
- A further policy risk is the Local Housing Allowance (LHA) cap, which limits housing benefit at LHA levels. There is concern that this will put supported

housing schemes at risk, particularly if both rent and service charges are wrapped up in the LHA cap. The government has said that it will make a final decision on the use of the LHA cap for supported housing after a review of funding of supported housing that is due to be published in March 2016

2.2.2 Existing Government Policy

The Department for Communities and Local Government states that it is *'helping local councils and developers work with local communities to plan and build better places to live for everyone. This includes building affordable housing, improving the quality of rented housing, helping more people to buy a home, and providing housing support for vulnerable people.'*¹

This overarching statement of purpose is supported by four policies for housing:

- *Improving the rented housing sector* by improving the quantity and quality of social homes for rent and encouraging investment in the private rented sector;
- *Helping people to buy a home* through schemes like the Starter Homes scheme, Help to Buy, Right to Buy, and encouraging self-build;
- *Increasing the number of available homes* through schemes like NewBuy Guarantee, New Homes Bonus and loan guarantees for developers; and
- *Providing housing support for older and vulnerable people* by providing housing advice and support services to those who need it most.

The fourth policy is particularly relevant to this Supplementary Report. It is therefore set out in detail, below.

Providing housing support for older and vulnerable people

The Government's fourth housing policy focuses on supporting older and vulnerable people. Older people are the predominant focus of this policy due to almost one third of all homes being occupied by older people, and an increasing number of households headed by someone aged 65 or over². There are pressing demographic and economic reasons why addressing housing issues for older people is important.

Increasing numbers of people being defined as homeless, and rising levels of rough sleeping in places such as London, also mean that addressing homelessness is seen as a priority.

¹ <https://www.gov.uk/government/topics/housing>

² <https://www.gov.uk/government/policies/providing-housing-support-for-older-and-vulnerable-people>

As a result the Government has agreed to provide the following housing support to older people and to people with a disability:

- Support to those wishing to stay in their own home via the Disabled Facilities Grant, Home Improvement Agencies and Handyperson services
- Ensure that advice is available through FirstStop³ national service and
- Strengthen choice for those wanting specialist housing through the care and support specialised housing fund⁴

On the 14th May 2014 the Care Act received Royal Assent and it came into effect in April 2015. The Act replaces existing pieces of legislation and aims to:

- Provide a single, modern framework for the planning, funding and provision of care and support making people's entitlement to care clearer
- Promote a preventative approach with services built around an individual's wellbeing
- Give carers a right to assessment for support
- Promote the integration of health and social care and
- Place Safeguarding Adult Boards on a statutory basis⁵

In terms of safeguarding vulnerable adults, housing has a strong role to play alongside social services, health, the police and other agencies. The Act sets out a new safeguarding power, and places a duty on local authorities to respond to safeguarding concerns by making enquiries as necessary to decide on whether, and what, action is needed.

The Act also includes various proposals to support integrated working, including a duty of cooperation and partnership between police, health and local authorities.

From the April 1st 2013 Health and Wellbeing Boards, which include Directors of Public Health, became statutory committees of local authorities. They are responsible for encouraging integrated working on health and wellbeing issues, including development of Joint Health and Wellbeing Strategies, and Joint Strategic Needs Assessments.

The March 2015 Budget proposed exploring the impact of improved housing on whether this helps people with care needs stay in their homes for longer, potentially saving the NHS money.

³ FirstStop is a free, independent, national information and advice service for older people, their family and carers funded by the Department for Communities and Local Government.

⁴ Care and support specialised housing programme is a resource administered by the Homes and Communities Agency

⁵ Chartered Institute of Housing member briefing on the Care Act 2014

Older people

In addition to Disabled Facilities Grants and Supporting People programmes the Government flags, the following work has been undertaken to help older people live at home longer:

- Research has been undertaken into Lifetime Neighbourhoods⁶ (December 2011)
- Home Improvement Agencies are in place to help private tenants and home owners advising on potential improvements and adaptations to their home
- Handypersons schemes
- FirstStop, free and independent national information and advice service and
- The Housing Learning and Improvement Network knowledge hub

In January 2012 the Government announced a new deal for older people to help them continue living independently; this included £51 million for Home Improvement Agencies to provide:

- Housing advice, including help to move to more suitable accommodation if needed;
- Handyperson services, including small home repairs, home safety and security adaptations;
- Energy efficiency advice; and
- Arranging for adaptations and home repairs.⁷

An additional £20 million for Disabled Facilities Grants was also announced.

In September 2012 the care services minister announced an extra £100 million to fund specialist housing for older people. The fund is designed to stimulate the market in specialised housing, and the additional £100 million takes the capital grant fund total to £300 million, which aims to provide up to 9,000 specialist new homes for older people to move into.

On 27th June 2013 the Government announced details of its capital spending plans for 2015 to 2020, this included a commitment to a five year supported housing fund (programme) of £300 million to deliver 2,500 new homes for older and disabled people.

Homelessness

In August 2012 the Government published its Homelessness Strategy, *Making every contact count: A joint approach to preventing homelessness*. The Strategy focuses on prevention and aims to *'make sure that every*

⁶ Mark Bevan and Karen Croucher for DCLG, Lifetime Neighbourhoods, December 2011

⁷ www.communities.gov.uk

*contact local agencies make with vulnerable people and families really counts.*⁸

The report identifies ten local challenges that need to be addressed by local authorities, these are:

- Adopt a corporate commitment to prevent homelessness which has buy-in across all local authority services;
- Actively work in partnership with voluntary sector and other local partners to address support, education, employment and training needs;
- Offer a Housing Options prevention service, including written advice to all clients;
- Adopt a *no second night out* model or an effective local alternative;
- Have housing pathways agreed, or in development, with each key partner and client group, which include appropriate accommodation and support;
- Develop a suitable private rented sector offer for all client groups, including advice and support to all clients and landlords;
- Actively engage in preventing mortgage repossessions including through the Mortgage Rescue Scheme;
- Have a Homelessness Strategy which sets out a proactive approach to preventing homelessness and is reviewed annually so that it is responsive to emerging needs;
- Not place any young person aged 16 or 17 in Bed and Breakfast accommodation; and
- Not place any families in Bed and Breakfast accommodation unless in an emergency, and then for no longer than six weeks.⁹

In the March 2015 Budget the Government announced that it will consider options to support long term investment in private rented accommodation for homeless families.

2.3 Local Context and Strategic Priorities

Barnsley Metropolitan Borough is located in South Yorkshire and is part of the Yorkshire and Humber region. The resident population of the Barnsley MB is 231,200 (2011 Census). The M1 motorway runs north-south through the Borough. Most of the population live to the east of the M1 in a predominantly urban and industrial area of dispersed former coalfield communities around the main urban area of Barnsley. To the west of the M1 are extensive rural areas bordering the Peak District National Park. Around 77% of the Borough is greenbelt land.

⁸ DCLG Making every contact count Aug 2012 page 3

⁹ DCLG Making every contact count Aug 2012 page 4

Barnsley Council Corporate Vision and priorities

The Corporate Vision for Barnsley as set out in the Corporate Plan 2012-15 is 'A successful, uniquely distinct 21st century market town that offers prosperity and a high quality of life for all'.

Within that the Council's vision is 'enabling the improved well-being of individuals, families, communities and businesses in a healthy, safe and prosperous borough'.

Challenges to delivering on the Corporate plan include:

- Economic
- demographic, and in particular the growth of the older population
- Financial . how the council spends its resources in a climate of budget reductions
- Cultural: - how things are done in the light of the other challenges the council is facing

Council priorities include:

- Growing the economy
- Improving people's potential and achievement, which includes safeguarding, prevention and reducing health inequalities
- Changing the relationship between the council and the community, which includes involving local people in the design and delivery of services, new models of delivering services guided by local choice and need, and providing support to enable more people to do more for themselves

The council is looking to deliver change through strong strategic leadership in partnership with local partner organisations and local communities. This is a major shift from having a top down approach and recognises that major social issues are complex and need cross cutting approaches through a range of partner organisations to address them.

Community

At a community level, the Council is engaging with the community through the six Local Area Council areas, where councillors respond to strategic priorities on an area basis. This local approach aims to respond to the very different demographic, health and economic circumstances of different parts of the borough. Local priorities in some areas include older people and children and young people, as well as people affected by health inequalities. This local corporate context provides a powerful backdrop for this commission.

Housing and planning

In the absence of regional planning bodies and their associated strategies and targets, local strategies and plans have become increasingly important. The need for Local Plans and Housing Strategies to demonstrate evidence-based priorities, and demonstrate how they support economic growth, is increasingly important.

The Council has established five key objectives for housing in the Borough over the next 20 years. These are:

- To support new housing development which creates a thriving and vibrant economy
- To ensure the design and delivery of new high quality, desirable and sustainable homes
- To make best use of improve existing housing stock in Barnsley
- To develop strong, resilient communities
- To support younger, older and vulnerable people to live independently

Our objectives will be delivered by the Council in collaboration with our partners through investment in physical interventions in the places where people want to live and work, and by our approach to supporting our residents.

The Barnsley Core Strategy was adopted in September 2011 and forms part of the statutory development plan for the Borough, along with the saved policies of the Unitary Development Plan (UDP). Core Strategy Policy CSP9 sets out the Borough's requirement for new homes over the plan period from 2008 to 2026. This is for 21,500 net additional homes and this requirement is above the target laid out in the Regional Spatial Strategy as it includes provision for growth due to the Borough's location between the Leeds and Sheffield City Regions and recognition in both City Region Investment Plans. The SHMA sets out a net shortfall of affordable housing of 295 dwellings per year, and an objectively assessed need for housing of 1,100 units per year.

The Council held a Local Plan Consultation from 10 November 2014 to 11 January 2015. Once examined and adopted, the Barnsley Local Plan will replace the Core Strategy and saved UDP policies. Together with the Joint Waste Plan adopted in March 2012 (prepared with Doncaster and Rotherham), the Local Plan will be the statutory development plan for Barnsley.

Housing, support and homelessness

The Barnsley Housing Independence and prevention Strategy 2012-17 brings together what were previously separate Homelessness and Supporting People strategies for the borough.

Vision

“To improve the quality of life, and maximise the independence of vulnerable people in Barnsley through the provision of a range of flexible housing options and support services that encourage”

Strategic objectives

1) A clear focus on prevention and early intervention and resettlement.

Intervening earlier in people's lives to prevent homelessness, offering lower levels of support in order to prevent crisis and reduce the cost burden on other services i.e. NHS, Criminal justice and other statutory agencies. A clear focus on moving through services, resettlement, and maintenance or development of independence.

2) Creating an environment which promotes and enables independence, choice and control. To promote recovery and independence by enabling people to help themselves to maintain their own independent accommodation i.e. a move away from the dependency culture to access universal services. To be able to offer flexible services, responsive to individual needs with clear accommodation pathways for vulnerable groups.

3) A focus on partnership working and the development of integrated service delivery models.

Joining up services, avoiding duplication and delivering a holistic service delivery model to service users. Housing support and homeless prevention will be recognised, understood and valued at a corporate level and by wider stakeholders and partnerships.

4) Promotion of service user and carer involvement in all aspects of the planning and development of housing support and homeless services. Service users and carers are involved in the planning, improvement, review and delivery of services. Ensuring the voices of homeless and socially excluded service users are heard and acted on.

5) Promotion of opportunities for work, learning and volunteering.

Work more closely with employment agencies, job centres, training providers, colleges and other stakeholders to enable more people to access work, training, volunteering opportunities once their housing situation has stabilised.

6) Achieve efficiency and value for money

Resources are managed effectively and savings targets are achieved. Ensure that commissioned services represent value for money in terms of quality and outcomes achieved and cost.

The brief for this commission states that to achieve these objectives, and to meet the Community Strategy objective of making Barnsley a better place to live, understanding the needs of people in relation to their housing and housing related support is imperative.

Local drivers for change were identified as:

Barnsley needs to change the way that housing related support and housing options, advice and homeless prevention are delivered because:

- The amount of funding available has been reduced and is no longer ringfenced.

- The population is changing . the older persons population is increasing, and due to the economic climate we expect more homeless people to need support to get their lives back on track.
- People want services to help them become or remain independent and to have greater choice and control over how they lead their lives with friends and family.
- Government policies, particularly around welfare reform, will impact on the number of people seeking assistance with accommodation and housing support services including owner occupiers. Changes to welfare benefits will increase the potential for an increase in the number of people at risk of homelessness, developing mental health problems and substance misuse issues.
- The need to move from a reactive/ crisis response to early intervention.
- People cannot expect to rely solely on the Local Authority to meet the need for affordable housing.
- The mismatch locally between the demand for housing and the numbers and types available.
- The need to ensure that supported housing is more than just a roof, but supports and equips people with the necessary skills to live independently.

Stable and supported housing lays the foundation for service users to engage with services and communities. They are supported to develop confidence and motivation via access to new social networks, sport and leisure. They can gain life skills training such as budgeting, cooking and general health awareness and move on towards independence through mainstream services, volunteering, training and employment.

Helping partners to achieve a strategic shift to early intervention and prevention in line with the personalisation agenda, requires a corporate response from all the partners implementing a prevention strategy for vulnerable people and putting an increased emphasis on early intervention and developing social capital to build greater community resilience.

The general prospect in this troubling economic climate is one of growing unemployment, family breakdown and home repossessions. This will lead to increasing pressure on the homelessness service at a time when access to affordable housing is likely to fall behind the demand. This in turn will increase demand for targeted interventions at the earliest possible stage and the need for quality housing support services.

Health and well-being and adult social care commissioning

The Health and Wellbeing Strategy (H&WBS) and Market Position Statement set out a vision around the following core values:

- Promoting people's independence, choice and control
- No decision about me without me (and preferably made by me)

The Council wants to see an adult social care market where:

- Universal information and advice will become the cornerstone of care, ensuring people can clearly find the right service at the right time to enable self care and community support.
- Stronger community cohesion will build on well established local services and encourage new services to meet local needs.
- Health and Social care services will focus on improving health and wellbeing, encouraging Providers to offer innovative services to prevent increase in needs on limited resources.
- Individuals will continue to be supported and encouraged to manage their own care through individual budgets; direct payments choosing from a wider menu of activities, demand is expected to decrease for traditional and mainstream services.
- The provision of telecare and equipment will increase, strengthening the relationship between housing, support and care.
- Services will need to be flexible to meet the needs and preferences of service users and carers.

Adult social care (ASC) commissioning is moving away from commissioning for each individual client group, and towards a more strategic approach across older people and people with mental health problems, learning disabilities, physical disabilities and sensory impairment.

Domiciliary care commissioning is moving towards three tiers:

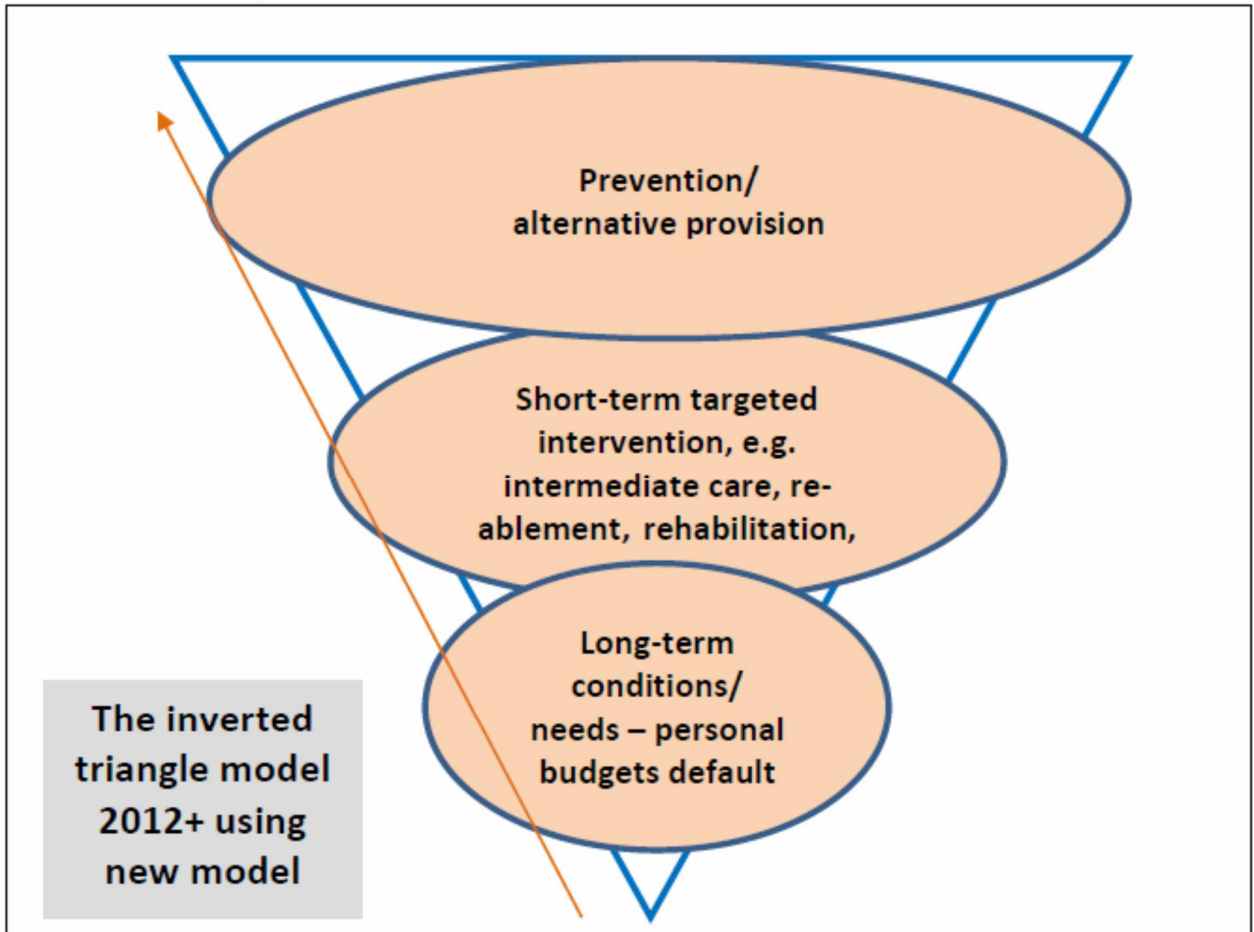
- Tier 1: standard domiciliary care, based around an enabling model
- Tier 2: people with learning and physical disability and dementia with complex care and health needs
- Tier 3: very specialist high cost services aimed at keeping people out of long-term residential and nursing home care

The approach aims in most cases to separate support from accommodation.

Better Care Fund

The Better Care Fund (BCF) is aligned to the wider health and well-being vision and the Stronger Barnsley Together programme. The BCF proposes a pathway integration and redesign approach between health and the local authority rather than structural integration. The approach aims to invert the triangle of care . see diagram below

Figure 2-1: Barnsley BCF approach to invert the triangle of care



The proposal is to move away from the traditional approach based on eligibility and reactive ill health provision and systems/services based around the legislative framework, i.e. community care assessments etc. and simply ask four key questions:

- What do you need to stay safe
- What do you need to stay connected to your community
- What do you need to stay out of statutory sector services
- What can you offer to support your community

Our aim is to build on this and to use the Better Care Fund to help us to provide care and support to the people of Barnsley, in their homes and in their communities, with services that:

- **Co-ordinate around individuals**, targeted to their specific needs
- **Better co-ordinate information, advice and signposting** to alternative services to promote self-help and self-care
- **Maximise independence** by providing more support at home and in the community, and by empowering people to manage their own health and wellbeing

- **Prevent ill health**, reducing levels of cardiovascular disease, respiratory conditions and mental health
- **Improve outcomes**, reducing premature mortality and reducing morbidity
- **Improve the experience of care**, with the right services available in the right place at the right time
- **Through proactive and joined up case management**, avoid unnecessary admissions to hospital and care homes, and enable people rapidly to regain their independence after episodes of ill health

As part of the approach the BCF acknowledges the link between poor health and poor housing.

The activities and schemes included within and funded through BCF have been identified as those which have a direct impact upon:

- Reducing emergency admissions to hospital
- Reducing delayed transfers of care
- Improving the effectiveness of re-ablement and rehabilitation services
- Reducing inappropriate admissions of older people (65+) in to residential and nursing care
- Patient and service user experience and the use of patient experience information to improve services
- Proportion of people feeling supported to manage their (long term) conditions

We expect this to deliver:

- Easier access to information and advice to help people make the right choices for them about their care and support across the whole system for both service users/patients and staff to navigate services.
- Reduced reliance on traditional, statutory services, sign posting people to alternative services
- Fewer admissions to care homes and for shorter duration towards the end of life
- Improved welfare support, particularly those who are isolated, lonely and or have poor mental well being
- Care and support needs met locally wherever possible with an enhanced choice of support options
- An increased level of self-care and people managing their own care and support needs
- Fewer admissions to hospital and less time spent in hospital for patients who need to be admitted
- More cost effective use of resources

- More appropriate use of cliniciansq/ professionals time so that they can concentrate on issues for which they are trained and skilled
- An opening up of the provider base and therefore an increase in the range of services offered, leading to a more holistic package of care

The BCF will also support preparation for the implementation of the Care Act e.g. promoting and providing improved universal information and advice, self-care and management, a revised and extended approach to assessment and care management.

The Programme Boards will deliver a range of projects and initiatives which, although not exclusively, will support the aims of the BCF and we would specifically expect these to deliver the following improvements over the next few years:

- A much improved, enhanced and integrated information and advice service to allow people, including those who self-fund, to manage their own care and support needs and to connect them to sources of support available within their local communities
- Greater community capacity, community enterprise and volunteering to provide locally based initiatives to support older and vulnerable people with low level support needs. This will be linked with our revised area governance arrangements which are based on an Innovative model of community led commissioning involving communities in the design and delivery of neighbourhood services
- A stronger focus on the individual in the context of the family through the Think Family programme board which in the longer term will contribute to resilience, personalisation and independence throughout life.
- Enhanced provision of low level wellbeing services provided in primary care and other community settings which address the needs of those in 'social crisis' but who not necessarily have a treatable mental illness. This would include things to support recovery, build personal resilience, reduce social isolation and provide meaningful activity

Development of primary care services to improve access to primary care, provide a stronger focus on prevention of ill-health, delivery new integrated ways of working and develop the market of primary care providers.

- An asset based approach to assessment and care management which builds on people's strengths and family and community support
- An expanded and fully integrated suite of intermediate tier services, focused on preventing admission to hospital as well as speeding discharge, to include primary care interfaces; virtual ward, re-ablement services including telecare and the voluntary sector
- Improved access to, and take-up of, telehealth and telecare provision
- Improved diagnosis and range of support available for people with dementia, plus development of plans to be a dementia friendly community.

- Improved coordination and targeting of preventative work specific to conditions including drug and alcohol misuse and mental health

The Care Act (2014)

The Council is undertaking three main initiatives linked to the Care Act:

- Re-engineering the assessment and care management process with: a generic front end provided through an intake team to promote self-help and community support, and link to re-ablement; long-term care teams for older people and people with disabilities, and a brokerage team to do support planning. The re-ablement service is linked to the front end and is managed through Telecare Barnsley, which is part of the re-ablement pathway
- A devolved community offer with a first contact team to identify community problems, promote solutions, and divert people away from formal services. One Area Council area has set up a service combatting loneliness. Each of the Area Council Areas has a devolved budget . up to £2m in all
- A customer services programme with a new telephony system and website so that people can apply online for council services. There will be a new front end for adult services, which will sit apart from the main council system at present, with a view to being integrated at a later stage. Connect to Barnsley section of the council website provides social care, wellbeing and community information. This is linked to Connect to Support (Barnsley) which enables providers to advertise their services and people with support needs to purchase services online

Appendix 3: Demographic and spatial analysis, with key data from the SHMA

3.1 Introduction

This section of the report provides a demographic analysis covering: population projections; health; tenure; and deprivation.

Specific population projections data for more specialist areas covering vulnerable adults and dementia is provided in the sections for each service user group.

This section also includes a range of additional data from the 2012 SHMA household survey.

Barnsley Metropolitan Borough is located in South Yorkshire and is part of the Yorkshire and Humber region. The resident population of the Barnsley MB is 237,900 (ONS 2012-based Sub-National Population Projections). The M1 motorway runs north-south through the Borough. Most of the population live to the east of the M1 in a predominantly urban and industrial area of dispersed former coalfield communities around the main urban area of Barnsley. To the west of the M1 are extensive rural areas bordering the Peak District National Park. Around 77% of the Borough is greenbelt land.

Spatial analysis information is based on the six Area Council sub-areas within Barnsley. Please note that this is different from the eight sub-areas that were used in the 2014 SHMA Update. The six sub-areas within Barnsley MB are:

- Central Area
- Dearne Area
- North Area
- North East Area
- Penistone Area
- South Area

A map showing the six sub areas in the borough is provided below

Figure 3.1: Barnsley sub areas



3.2 Demographic profile

3.2.1 Population and population projections

Demographic data is based on the latest ONS 2012 based Sub National Population projections. Figures 3.2 and 3.3 show that the main population trends over the next 15 years to 2030 will be:

- A growth in all age groups up to 39, apart from a decline in the 20-29 age group,
- A decline in the population aged 40-54; including a 22.5% drop in the 50-54 age group,
- An increase in all age cohorts 55+, with the highest level of growth in the 75-84 (45.5%) and 85+ (82.7%) age groups.

Overall the population will grow by 8.4% over the period.

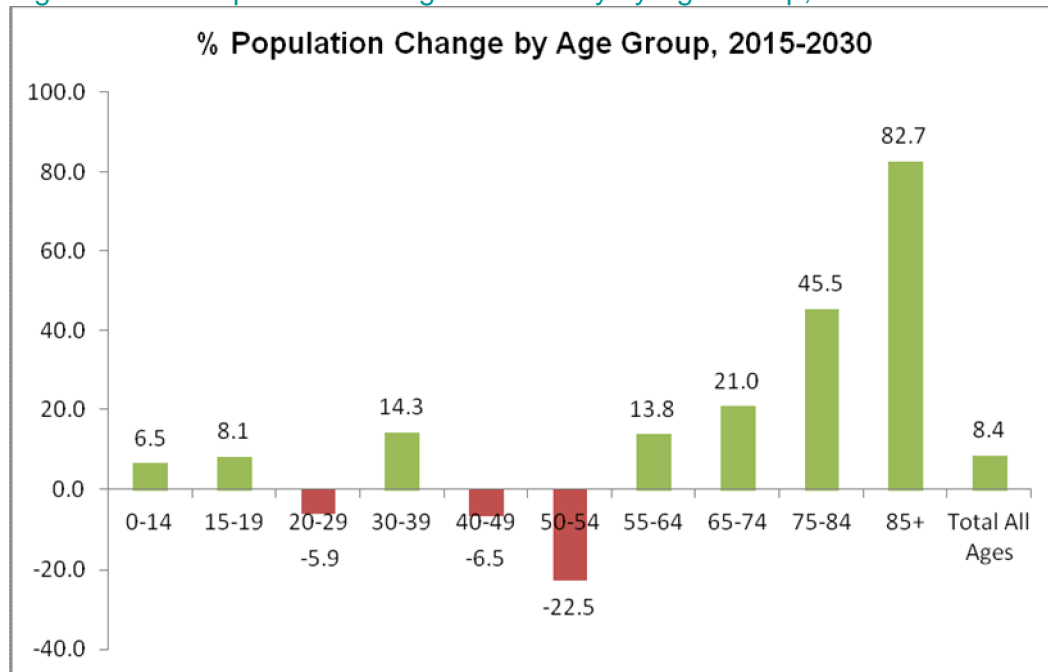
Local Authority Population Projections

Figure 3.2: Barnsley Population Projections, 2015-2030 (thousands)

Age	Year of Projection				Additional No. 2015-2030	% Change 2015-2030
	2015	2020	2025	2030		
0-14	41.3	43.8	44.3	44.0	2.7	6.5
15-19	13.6	12.4	14.0	14.7	1.1	8.1
20-29	28.9	28.9	26.8	27.2	- 1.7	- 5.9
30-39	27.9	30.7	32.1	31.9	4.0	14.3
40-49	34.0	29.3	29.1	31.8	- 2.2	- 6.5
50-54	17.8	18.3	16.1	13.8	- 4.0	- 22.5
55-64	29.7	33.1	35.5	33.8	4.1	13.8
65-74	25.2	26.4	27.2	30.5	5.3	21.0
75-84	14.3	16.4	19.6	20.8	6.5	45.5
85+	5.2	6.2	7.6	9.5	4.3	82.7
Total All Ages	237.9	245.5	252.3	258.0	20.1	8.4

Source: ONS 2012-based Sub-National Population Projections

Figure 3.3: % Population Change in Barnsley by Age Group, 2015-2030



Source: ONS 2012-based Sub-National Population Projections

Household projections

The 2014 SHMA Update also reviewed the household projections, using the 2011-based interim CLG data. These projections indicate that the number of households in Barnsley MB is expected to increase by 7.8% overall during the period 2011-21. However, as shown by Table 3.4, over half of this increase is expected to be from older households.

Figure 3.4: Household Projections

Table 3.4 2011-based household projections by age of HRP	
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Age of HRP	Households		Change 11-21	% change by HRP	% total change
	2011	2021			
<44	35188	36751	1563	20.0	4.4
45-64	37518	39644	2126	27.1	5.7
65+	28279	32421	4142	52.9	14.6
Total	100985	108816	7831	100.0	7.8

Source: CLG 2011-based interim projections

Local Council Area Population

Figures 3.5 and 3.6 show the current population age profile for each of the 6 Area Council areas. Penistone has the oldest population, whereas the population of Dearne has the youngest age profile. Figure 3.7 provides further information from the 2012 Household Survey on household types in each of the 6 sub areas.

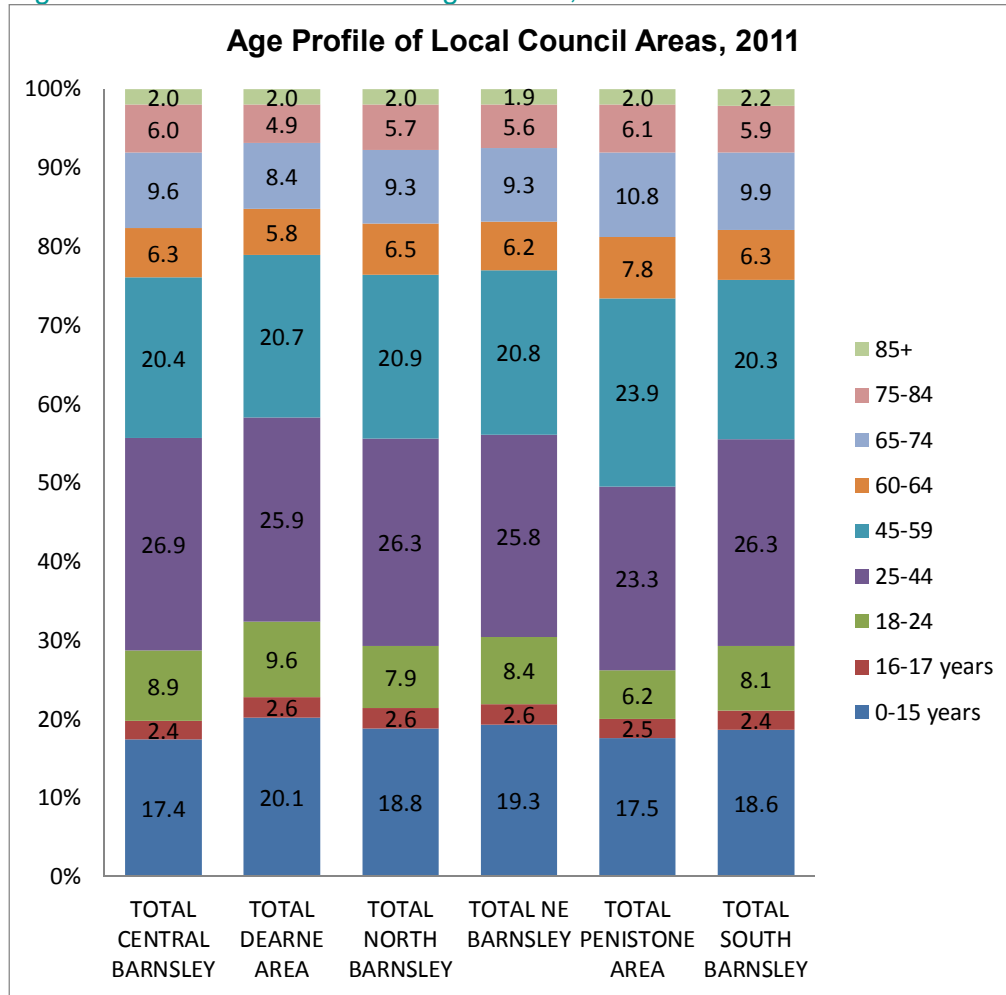
Figure 3.5: Local Council Area Population by Age Group, 2011

Local Council Areas	Wards	Age Group								
		0-15	16-17	18-24	25-44	45-59	60-64	65-74	75-84	85+
	Central	1,847	230	1,182	3,378	2,204	642	941	508	183
	Dodworth	1,487	251	631	2,236	2,108	807	1,172	807	278

Local Council Areas	Wards	Age Group								
		0-15	16-17	18-24	25-44	45-59	60-64	65-74	75-84	85+
Central Barnsley Area	Kingstone	2,033	230	1,057	3,275	2,149	504	746	481	205
	Stairfoot	2,099	302	1,011	2,988	2,281	754	1,195	681	199
	Worsbrough	1,724	243	823	2,327	2,025	614	1,028	690	208
	Total Central Barnsley	9,190	1,256	4,704	14,204	10,767	3,321	5,082	3,167	1,073
Dearne Area	Dearne North	2,066	253	1,027	2,594	2,143	638	969	548	260
	Dearne South	2,436	334	1,131	3,208	2,486	667	903	539	185
	Total Dearne Area	4,502	587	2,158	5,802	4,629	1,305	1,872	1,087	445
North Barnsley Area	Darton East	1,922	239	785	2,852	2,246	741	1,060	593	238
	Darton West	1,855	264	762	2,548	2,295	785	1,203	703	254
	Old Town	1,982	279	846	3,133	2,304	611	927	550	179
	St Helens	2,208	303	954	2,639	2,011	613	774	564	184
	Total North Barnsley	7,967	1,085	3,347	11,172	8,856	2,750	3,964	2,410	855
North East Barnsley Area	Cudworth	2,229	321	949	3,036	2,187	611	902	543	199
	Monk Bretton	1,921	254	867	2,588	2,278	759	1,250	677	191
	North East	2,629	360	1,110	3,514	2,731	768	1,090	721	266
	Royston	2,025	274	926	2,644	2,322	694	1,004	620	219
	Total North East Barnsley	8,804	1,209	3,852	11,782	9,518	2,832	4,246	2,561	875
Penistone Area	Penistone East	1,976	268	625	2,449	2,883	970	1,435	735	246
	Penistone West	2,042	296	790	2,897	2,589	811	1,039	652	206
	Total Penistone Area	4,018	564	1,415	5,346	5,472	1,781	2,474	1,387	452
South Barnsley Area	Darfield	2,029	272	819	2,793	2,170	720	1,075	607	200
	Hoyland Milton	2,246	291	965	3,189	2,529	702	1,024	662	244
	Rockingham	1,918	267	861	2,760	2,235	722	1,283	752	264
	Wombwell	2,212	273	1,009	3,123	2,201	710	1,060	617	272
	Total South Barnsley	8,405	1,103	3,654	11,865	9,135	2,854	4,442	2,638	980

Source: ONS Neighbourhood Statistics, based on 2011 Census data.

Figure 3.6: Local Council Area Age Profile, 2011



Source: ONS Neighbourhood Statistics, based on 2011 Census data.

Household types by Area Council Area

The Household Survey also classified respondents by household type. This data is set out by Borough and sub-area in Table 3.7. This demonstrates a Borough-wide average of 17.5% of households comprising a single adult aged 60+; this varies between a low of 14.7% in Dearne and 18.8% in the North East. There are an average 19.4% of households across the Borough comprising a couple aged 60+; this varies between 16.7% in Dearne and 25.9% in Penistone.

Figure 3.7: Household types by sub area

Household types in Barnsley MB and sub-areas							
Household Type	% of population						
	Borough Total	Central Area	Dearne Area	North Area	North East Area	Penistone Area	South Area
Single Adult (under 60)	12.3%	17.3%	13.1%	12.7%	13.3%	10.8%	10.5%
Single Adult (60 or over)	17.5%	17.8%	14.7%	18.8%	16.7%	17.2%	18.6%
Couple only (both under 60)	13.3%	8.7%	16.3%	13.4%	13.6%	12.1%	12.9%
Couple only (one or both over 60)	19.4%	21.5%	16.7%	16.8%	18.5%	25.9%	20.2%
Couple with 1 or 2 child(ren) under 18	15.0%	9.1%	14.2%	14.7%	14.3%	19.8%	15.0%
Couple with 3 or more child(ren) under 18	2.6%	4.7%	2.5%	3.0%	2.5%	0.5%	3.1%
Couple with child(ren) aged 18+	6.6%	4.3%	7.2%	6.7%	8.2%	6.3%	5.2%
Lone parent with 1 or 2 child(ren) under 18	6.2%	9.5%	3.6%	5.5%	7.6%	2.5%	8.0%
Lone parent with 3 or more child(ren) under 18	0.8%		1.6%	1.1%	0.4%	0.4%	1.0%
Lone parent with child(ren) aged 18+	2.9%	6.0%	3.7%	3.8%	2.8%	2.3%	1.6%
Other type of household	3.4%	1.1%	6.4%	3.6%	2.1%	2.2%	3.8%

Source: 2012 Household Survey (Q 14)

Black, Asian and Minority Ethnic Households

Figure 3.8 from the 2012 Household Survey indicates that 97.4% of Household Reference People describe themselves as **White British** and 2.6% describe themselves as having other ethnicities. Of these, 1.7% are other white, 0.3% Asian/Asian British, 0.2% Black/Black British, 0.2% have a mixed ethnicity and 0.1% are other groups.

The Central Area was the most ethnically diverse area, with 3.8% of Household Reference People describing themselves as having a BAME ethnicity.

Figure 3.8: BAME households by sub area

Black, Asian and Minority Ethnic households			
Sub-area	No. households	BAME % households	Total households
Central Area	832	3.8	21778
Dearne Area	165	1.7	9623
North Area	358	1.9	18774
North East Area	353	1.8	20021
Penistone Area	188	1.9	9987
South Area	439	2.1	20552
Total	2334	2.3	100735

Source: 2012 Household Survey

Information on BAME households based on the 2012 Household Survey includes:

- 35.6% live in the Central area, 18.8% in the South area, 15.3% in the North area, 15.1% in the North East area, 8.1% in the Penistone area and 7.1% in the Dearne area;
- A majority (46.7%) are owner occupiers, 28.6% are in affordable housing (social rented or intermediate tenures), and 24.7% rented privately;
- 34.7% had a gross income of less than £300 each week, 21.9% received between £300 and £500 each week and 43.4% received more than £500 each week;
- 337 BAME households were in some form of housing need (14.4%); with overcrowding and households sharing facilities key needs factors;
- 6.6% were dissatisfied with the state of repair of their homes.

3.2.2 Health

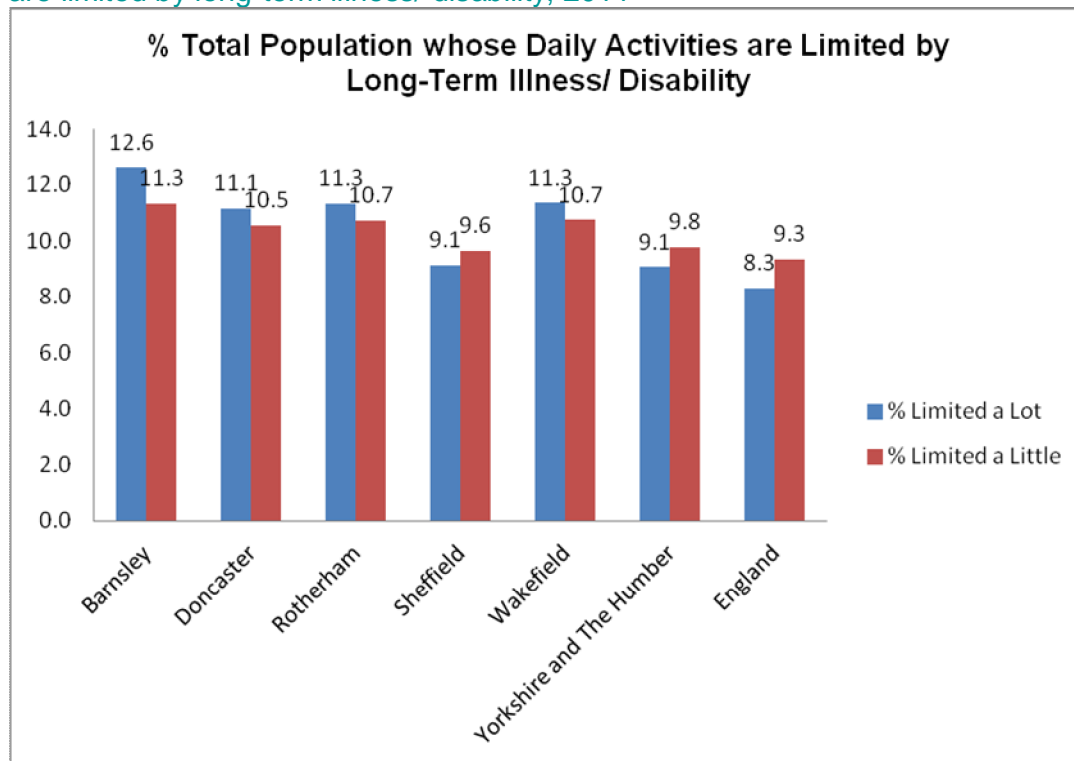
Adult Health

- In 2012, 34.4% of adults are classified as obese, worse than the average for England.
- The rate of alcohol related harm hospital stays was 709 (rate per 100,000 population), worse than the average for England. This represents 1,644 stays per year.
- The rate of self-harm hospital stays was 256.7 (rate per 100,000 population), worse than the average for England. This represents 607 stays per year.
- The rate of smoking related deaths was 369 (rate per 100,000 population), worse than the average for England. This represents 468 deaths per year. Estimated levels of adult excess weight, smoking and physical activity are worse than the England average.
- Rates of sexually transmitted infections and TB are better than average. (Barnsley Health Profile 2015, Public Health England).

Limiting Long-Term Illness/ Disability

Figure 3.9 shows that Barnsley has a higher percentage of the population whose daily activities are limited by long-term illness/disability than its neighbouring authorities or the Yorkshire and Humber and England averages.

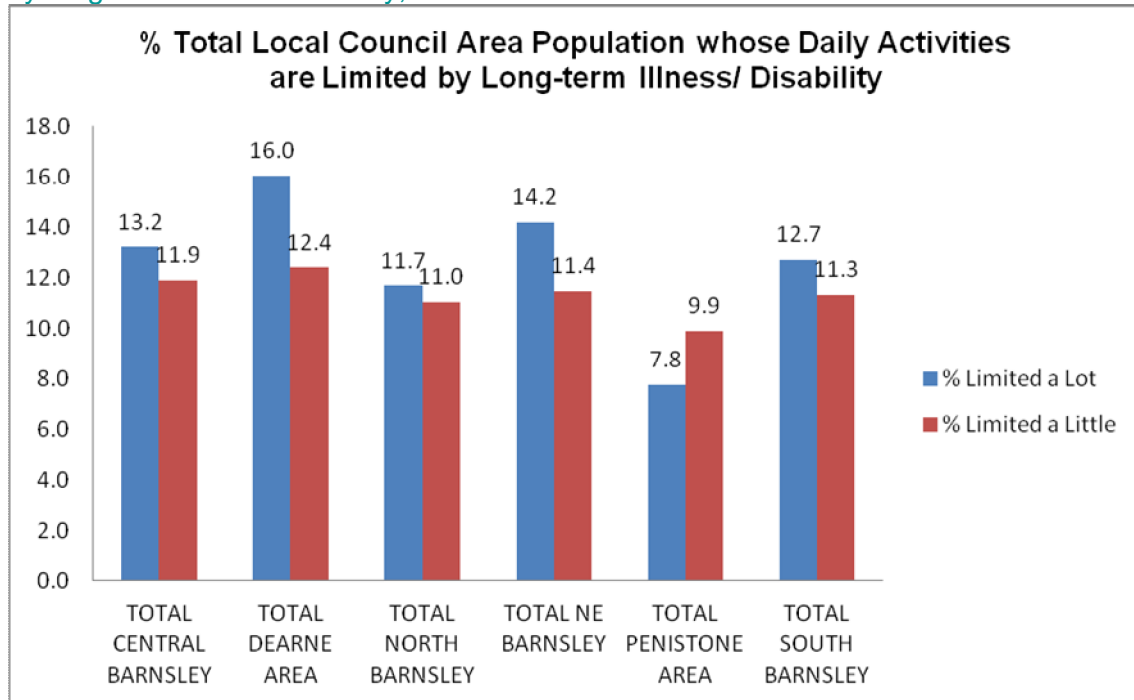
Figure 3.9: % Total Barnsley and comparator area populations whose daily activities are limited by long-term illness/ disability, 2011



Source: ONS Neighbourhood Statistics, based on 2011 Census data.

Figure 3.10 provides the same data at Local Council Area level and shows that Dearne has the highest level and Penistone the lowest level of population whose daily activities are limited by long-term illness or disability.

Figure 3.10: % Total local council area population whose daily activities are limited by long-term illness/ disability, 2011



Source: ONS Neighbourhood Statistics, based on 2011 Census data.

The Household Survey also provides information on health problems and disabilities (Figure 3.11). Across the Borough, 15.3% of respondents stated a long standing illness or health condition. By sub-area, this varied between 10.2% in Penistone to 18.8% in Dearne. An overall 13.8% of respondents said that they suffer from physical/mobility impairment. Again, the lowest levels were seen in Penistone (8.7%) and the highest levels in Dearne (21.2%). A similar trend is seen in mental health problems: whilst the Borough-wide average is 6.1%, this varies between 2.4% in Penistone and 7.7% in Dearne. Hearing and visual impairments affect 8.4% and 5.1% of respondents across the Borough, respectively, with the highest occurrences being experienced by those living in the Central Area.

Figure 3.11: Health problems and disabilities by sub area

Health problems and disabilities in Barnsley MB and sub-area							
Health problem or disability	% who would consider this option						
	Borough Total	Central Area	Dearne Area	North Area	North East Area	Penistone Area	South Area
Physical mobility impairment	13.8%	14.3%	21.2%	12.5%	14.9%	8.7%	13.0%
Learning disability / difficulty	1.3%	2.3%	1.6%	0.8%	2.9%	0.3%	0.6%
Mental health problem	6.1%	4.3%	7.7%	6.5%	5.7%	2.4%	7.5%
Visual impairment	5.1%	8.6%	7.4%	3.9%	5.4%	3.1%	5.1%
Hearing impairment	8.4%	12.1%	10.1%	8.0%	7.3%	7.5%	9.0%
Long standing illness or health condition	15.3%	17.7%	18.8%	14.7%	16.0%	10.2%	15.7%
Older age-related illness or disability	2.9%	2.7%	3.1%	3.0%	4.1%	3.0%	1.7%
Other	9.1%	10.6%	10.0%	10.6%	6.0%	10.2%	9.4%
None / None of these / Not applicable	58.6%	52.4%	52.3%	60.0%	58.0%	68.7%	56.8%

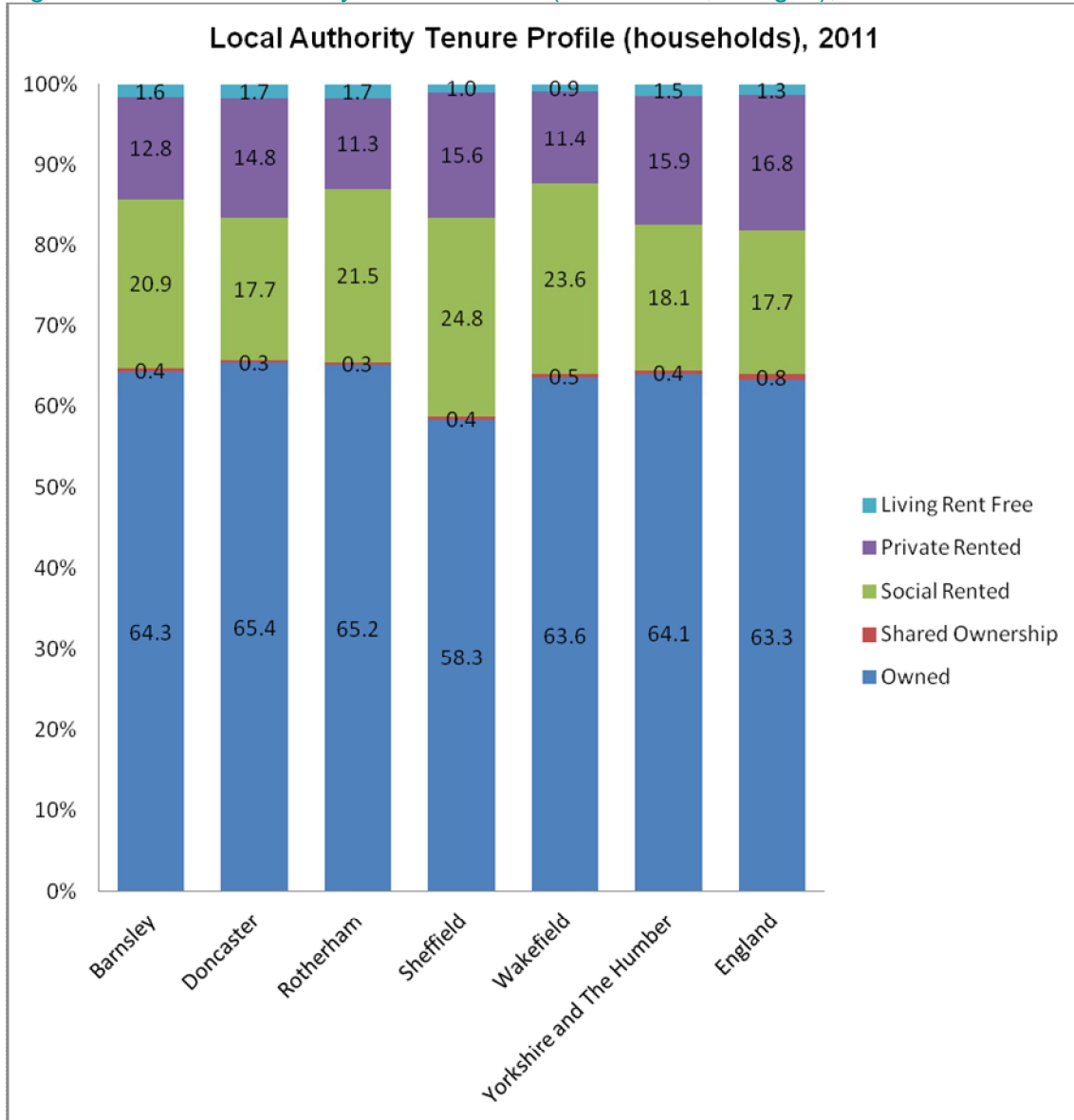
Source: 2012 Household Survey (Q 21)

3.2.3 Housing

Local Authority Tenure

Figure 3.12 shows the tenure profile for Barnsley is similar to most of its neighbouring authorities and the Yorkshire and Humber Region as a whole, apart from Sheffield which has a lower level of home ownership than the regional average. Barnsley has a lower level of home ownership and private renting and a higher level of social renting than the England average.

Figure 3.12: Local Authority Tenure Profile (households, all ages), 2011

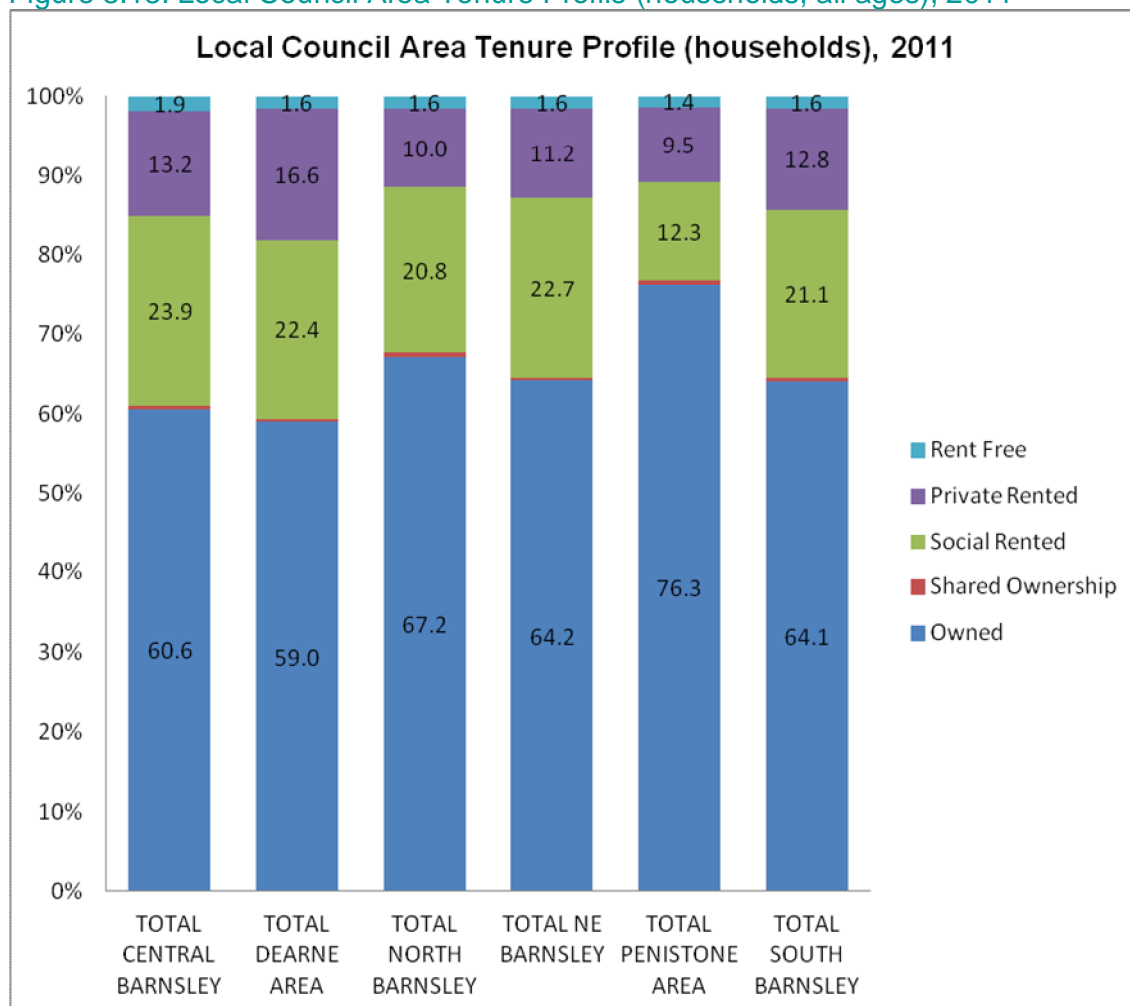


Source: ONS Neighbourhood Statistics, based on 2011 Census data.

Local Council Area Tenure

Figure 3.13 shows that across the 6 Local Council Areas, Penistone has the highest and Dearne and Central have the lowest levels of home ownership. Dearne has the highest level private renting and Central Barnsley the highest level of social renting.

Figure 3.13: Local Council Area Tenure Profile (households, all ages), 2011



Source: ONS Neighbourhood Statistics, based on 2011 Census data.

Property Prices

Figures 3.14 and 3.15 provide median property prices at the local authority and local council area levels. Property prices have decreased considerably for all property types in Barnsley between 2008 and 2014, with the largest decrease in the price of detached homes.

However, overall SHMA data (see section 5) shows that the median overall property price for Barnsley is £110k, which is up by 150% from 2000.

Figure 3.14: Median Property Prices (£) by Property Type, Barnsley 2008 and 2014

Property Type	2008		2014	
	Median Price	No. Sales	Median Price	No. Sales
Detached	195,000	626	177,000	745
Flat	98,000	157	65,000	82
Semi-Detached	110,995	1047	103,500	1024
Terrace	87,000	1246	80,000	948

Source: Land Registry

Looking at the property price data for the local council areas, the differences between the areas can be seen. Prices are highest overall in the Penistone area and lowest in the Dearne area.

Figure 3.15: Median Property Prices (£) by Ward and Local Council Area, 2014

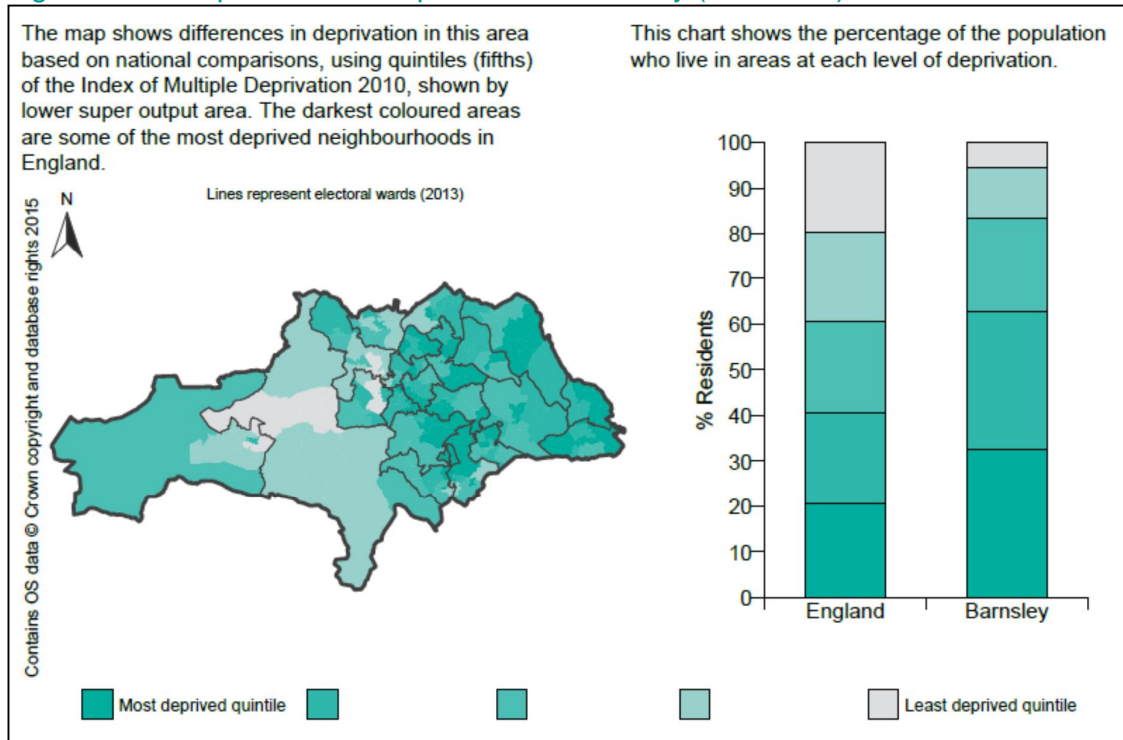
Local Council Areas	Wards	Property Type			
		Detached	Flat	Semi-Detached	Terrace
Central Barnsley Area	Central	167,999	59,725	120,999	59,000
	Dodworth	189,250	98,250	115,000	99,000
	Kingstone	181,746	70,000	128,245	69,500
	Stairfoot	167,500	91,000	107,000	98,500
	Worsborough	159,950	95,000	86,500	65,500
	AVERAGE CENTRAL BARNLSLEY	173,289	82,795	111,549	78,300
Dearne Area	Dearne North	147,475	No data	79,250	69,950
	Dearne South	146,530	No Data	90,598	64,750
	AVERAGE DEARNE AREA	147,003	No data	84,924	67,350
North Barnsley Area	Darton East	180,000	71,250	124,950	72,000
	Darton West	173,250	No Data	106,250	89,000
	Old Town	184,500	60,000	123,975	78,000
	St Helens	118,995	35,500	84,000	91,000
	AVERAGE NORTH BARNLSLEY	164,186	55,583	109,794	82,500
North East Barnsley Area	Cudworth	172,353	58,000	105,000	76,500
	Monk Bretton	147,475	77,475	100,000	95,000
	North East	154,500	74,975	85,000	87,950
	Royston	161,250	56,000	92,500	67,500
	AVERAGE NE BARNLSLEY	158,895	66,613	95,625	81,738
Penistone Area	Penistone East	256,225	No Data	155,000	142,000
	Penistone West	229,998	89,750	134,000	114,000
	AVERAGE PENISTONE AREA	243,112	89,750	144,500	128,000
South Barnsley Area	Darfield	155,000	No Data	95,000	69,950
	Hoyland Milton	170,000	64,000	96,500	75,000
	Rockingham	180,000	No Data	96,250	75,000
	Wombwell	174,998	49,688	98,000	71,000
	AVERAGE SOUTH BARNLSLEY	170,000	56,844	96,438	72,738

Source: Land Registry average price January- December 12014

3.2.4 Deprivation

The Indices of Multiple Deprivation show that deprivation in Barnsley is higher than the national average and about 23.8% (10,300) children live in poverty. Figure 3.16 provides a map of overall deprivation in the borough.

Figure 3.16: Map of Overall Deprivation in Barnsley (IMD 2010)

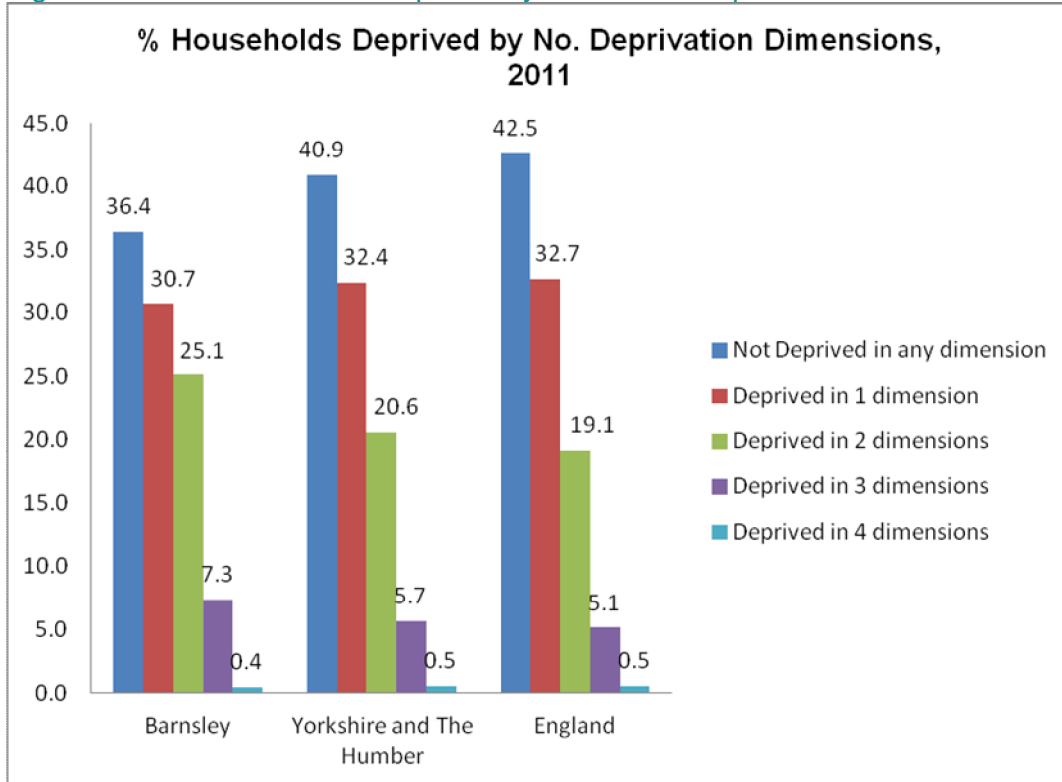


Source: Barnsley Health Profile 2015, Public Health England

Figure 3.17 below shows the percentage of households in Barnsley by the number of dimensions of deprivation that they fall into. The dimensions of deprivation are indicators based on the four selected household characteristics - Employment (any member of a household not a full-time student is either unemployed or long-term sick); Education (no person in the household has at least level 2 education, and no person aged 16-18 is a full-time student); Health and disability (any person in the household has general health 'bad or very bad' or has a long term health problem.); and Housing (Household's accommodation is either overcrowded, with an occupancy rating -1 or less, or is in a shared dwelling, or has no central heating).

The data shows that Barnsley has a smaller percentage of households that do not fall into any dimensions of deprivation than the comparator areas, and has a higher proportion of households who are deprived in 2 and 3 dimensions.

Figure 3.17: % Households Deprived by Number of Deprivation Dimensions



Source: ONS Neighbourhood Statistics, based on 2011 Census data.

Summary of Key Findings

Population

- A growth in all age groups up to 39, apart from a decline in the 20-29 age group.
- A decline in the population aged 40-54; including a 22.5% drop in the 50-54 age group.
- An increase in all age cohorts 55+, with the highest level of growth in the 75-84 (45.5%) and 85+ (82.7%) age groups.
- Overall the population of Barnsley will grow by 8.4% over the period.
- The number of households in Barnsley MB is expected to increase by 7.8% overall during the period 2011-21. Over half of this increase is expected to be from older households.
- Penistone Area has the oldest population, whereas the population of Dearne Area has the youngest age profile.
- The 2012 Household Survey indicates that 97.4% of Household Reference People describe themselves as White British and 2.6% describe themselves as having other ethnicities.
- The Central Area was the most ethnically diverse area, with 3.8% of Household Reference People describing themselves as having a BAME ethnicity.

Health

- Barnsley has a higher percentage of the population whose daily activities are limited by long-term illness/disability than its neighbouring authorities or the Yorkshire and Humber and England averages.
- Local Council Area level data shows that Dearne has the highest level and Penistone the lowest level of population whose daily activities are limited by long-term illness or disability.

Housing

- Barnsley has a lower level of home ownership and private renting and a higher level of social renting than the England average.
- Across the 6 Local Council Areas, Penistone has the highest and Dearne and Central have the lowest levels of home ownership. Dearne has the highest level private renting and Central Barnsley the highest level of social renting.
- Property prices have decreased considerably for all property types in Barnsley between 2008 and 2014, with the largest decrease in the price of detached homes.
- Property prices are highest overall in the Penistone area and lowest in the Dearne area.

Deprivation

- Deprivation in Barnsley is higher than the national average and around 23.8% (10,300) children live in poverty.
- Barnsley has a smaller percentage of households that do not fall into any dimensions of deprivation than the comparator areas, and has a higher proportion of households who are deprived in 2 and 3 dimensions.

Appendix 4: Information, Advice and Assessment

This Appendix supports section 4 of the report and provides additional information and case study examples.

Universal Information and Advice – the housing, care and support dimension

Case Study example of external information and advice sources and self assessment tools

First Stop HOOP tool

First Stop is a free national government funded information and advice service on housing options and services for older people for older people.

The HousingCare/FirstStop HOOP tool is an online or downloadable self appraisal housing options tool that uses a simple question & answer technique to help people think about different aspects of their home and how they live in it. It then suggests information and resources that might help people resolve any problems they identify. The website states that:

HOOP is easy to use, and you don't need to finish the questionnaire to start getting results. It doesn't try to persuade you that one course of action is better than another - for example, to move home rather than stay put and improve matters there. We recommend it as your first port of call on this site if you want to quietly explore solutions to aspects of your home life that are beginning to trouble you.

Often relatives or carers are involved, or concerned about how their parents or older relatives are managing. If so, you might find it helpful to use HOOP with them. Or you might prefer to use it alone and then discuss your conclusions with them.

A brand new feature HOOP online enables you, if you wish, to email your completed questionnaire to an EAC advisor, who will then telephone you to offer additional information or guidance. You can also download and fill in a printed copy of the HOOP questionnaire, and then post that to us+.

The tool covers 10 topics that enable someone to self assess how well their home suits them:

1. Size and space
2. Independence
3. Cost (affordability)
4. Condition of property

5. Comfort and design
6. Security and safety
7. Location
8. Managing
9. Quality of Life
10. Ask EAC for more help

www.housingcare.org/housing-appraisal-tool.aspx

Housing and Support Alliance

The Housing and Support Alliance is a national charity and membership organisation working with people with learning disabilities, families, advocacy organisations, housing and support providers and commissioners. It aims to create more choice and control for people with learning disabilities over where they live and how they are supported. The organisation provided support to Barnsley Council at their recent service user and consultation event for people with a learning disability living in supported living accommodation in Barnsley and their carers

By becoming a member of the Housing and Support Alliance (cost £500 a year) Barnsley Council staff would get access to the organisation's information and advice service about housing options for people with a learning disability, including:

- Supported living and supported housing
- Home ownership options
- Renting privately
- Family investment in housing
- Extra care
- Funding for housing
- Support options
- Welfare benefits
- Rights to housing and support
- Tenancies
- Mental capacity.

They can book appointments with a specialist advisers, if an enquiry relates to their specific area of specialism, who will call back at an arranged time.

The organisation also has useful tools that could be used, for example by social workers with people with a learning disability and their families. These include a useful DVD providing case study examples of people with a learning disability making housing choices for themselves.

www.housingandsupport.org.uk

The HOAPS service

Practice improvement areas to reduce the pressure on HOAPS:

- Enabling customers to seek housing solutions for themselves (by providing web and written information as discussed above) rather than positively encouraging everyone to come to HOAPS would reduce the pressure on HOAPS and give customers who cannot solve their own housing problem a much better experience by reducing waiting times and allowing staff to spend more time with those whose housing issues are not so easy to resolve.
- To achieve early prevention and intervention, the Council needs to encourage customers to come in as soon as possible for help and advice. Improving the whole customer experience would contribute significantly . from the building base and layout, to the process for accessing and being helped by HOAPS staff. Motivational interviewing techniques would develop a stronger focus on problem solving rather than assessment.
- Customers who need help to pay a rent deposit or need access to single persons/homeless accommodation are expected to first go to HOAPS. This is not unreasonable where homelessness could be prevented or resolved with HOAPS assistance.
- More open and trusted relationships with specialists, including information sharing, would reduce double-handling and delays.

In addition, Section 5 of the report suggests that Barnsley should develop a web-based Housing Options Wizard that helps customers to identify their housing needs and the best ways to meet those needs, so that HOAPS or other agencies are contacted only when other avenues have been exhausted. A Good Practice example is provided below:

Good practice example

Durham Housing Solutions' Housing Options Wizard provides an example of a solution-based tool which has helped to reduce the footfall through their housing options service. The tool is for anyone looking for one of the following services:

- Social housing
- Mutual Exchange
- Sheltered housing
- Affordable homeownership

- Private rented accommodation
- Supported accommodation

The process takes people onto the system for applying for social housing, for example, and leads them towards the housing options service only if it is clear that their needs cannot be met in any other way.

<https://www.durhamkeyoptions.co.uk/EHOWizard/Add>

Good practice example

Navigator Service

There are a number of examples of navigator services for long-term rough sleepers. A simple outreach service looking for people several days a week and working on a refer-and-accompany basis to help rough sleepers to access accommodation, treatment, and services to engage them during the day, would need a senior and 2 outreach workers, and a Personalisation Fund, at a cost of around £100k per annum. It would ideally be commissioned jointly by housing, housing-related support, health and public health

Appendix 5: General Needs Housing and Adaptations

This Appendix links to section 5 of the report, and provides additional data and case studies on:

- Adaptations
- Developments of older people's housing in the mainstream housing market
- Where older and disabled people currently live and want to live in Barnsley
- Space for carers to stay overnight
- Housing First model of access to housing for homeless people

The Figure numbers in this Appendix are referred to in the main report. The Appendix also provides case study examples on general needs housing and adaptations.

Adaptations

Figure 5.3 Adaptations required by age group

Adaptations required either now or in next 5 years by age group			
Adaptation required	Age group (% of households)		
	Younger (under 65 years)	Older (65 years+)	Total
Better heating	14.7	8.7	13.1
More insulation	15.1	3.8	12.0
Double glazing	12.2	4.6	10.1
Adaptations to Bathroom	7.1	4.1	6.3
Security alarm	8.6	14.0	10.0
Increase the size of property	5.1	8.0	5.9
Adaptations to kitchen	4.2	7.6	5.1
Internal handrails / grab rails	3.2	6.3	4.1
External handrails / grab rails	3.9	5.9	4.4
Downstairs WC	3.3	3.0	3.2
Stair lift / vertical lift	2.1	4.0	2.6
Improvements to access	1.3	1.0	1.2
Community alarm service	1.9	1.8	1.8
Wheelchair adaptations	1.8	5.6	2.8
Room for a carer	8.3	4.2	7.2
Lever door handles	8.0	1.0	6.1
<i>Base</i>	<i>73528</i>	<i>27217</i>	<i>100745</i>

Source: 2012 Household Survey (Q 25)

Figure 5.4: Adaptations required by tenure

Adaptations required either now or in next 5 years by tenure				
Adaptation required	Tenure (% of households)			
	Owner Occupied	Private Rented	Affordable Rented/ Intermediate	Total
Better heating	12.2	15.0	14.7	13.1
More insulation	11.4	15.0	11.9	12.0
Double glazing	8.8	13.3	11.8	10.1
Adaptations to Bathroom	4.9	8.4	9.1	6.3
Security alarm	7.6	15.2	13.9	10.0
Increase the size of property	4.8	6.9	8.6	5.9
Adaptations to kitchen	4.0	6.5	7.7	5.1
Internal handrails / grab rails	4.5	2.9	3.6	4.1
External handrails / grab rails	4.4	5.6	3.6	4.4
Downstairs WC	2.2	4.4	5.3	3.2
Stair lift / vertical lift	1.7	5.0	3.7	2.6
Improvements to access	0.6	2.2	2.4	1.2
Community alarm service	0.6	4.7	3.6	1.8
Wheelchair adaptations	2.4	2.9	4.0	2.8
Room for a carer	5.0	12.4	10.4	7.2
Lever door handles	6.8	7.4	3.1	6.1
Base	64812	14450	21483	100745

Source: 2012 Household Survey (Q 25)

Figure 5.5 Adaptations required by sub area

Adaptations required either now or in next 5 years by tenure							
Adaptation required	Sub-area						
	Central	Dearne	North	North East	Peni stone	South	Barnsley Total
Better heating	14.3	12.9	11.5	12.4	10.6	15.5	13.1
More insulation	12.7	11.6	12.3	11.6	7.9	13.8	12.1
Double glazing	9.1	15.0	7.6	10.2	9.1	11.7	10.1
Adaptations to Bathroom	7.4	11.5	10.1	12.7	6.6	11.1	10.0
Security alarm	5.3	7.9	7.1	8.3	6.5	8.2	7.2
Increase the size of property	4.5	5.8	5.2	7.0	7.0	7.5	6.1
Adaptations to kitchen	3.9	4.7	7.1	8.4	4.3	7.7	6.3
Internal handrails / grab rails	5.4	5.3	4.5	7.8	5.6	6.4	5.9
External handrails / grab rails	4.0	4.7	4.5	7.2	4.2	5.5	5.1
Downstairs WC	3.5	9.5	3.4	3.6	2.9	3.7	4.1
Stair lift / vertical lift	3.1	8.6	2.7	5.1	3.3	5.2	4.4
Improvements to access	2.5	2.8	4.4	4.3	1.7	2.8	3.2
Community alarm service	2.7	4.7	2.2	2.4	4.3	2.4	2.8
Wheelchair adaptations	2.1	4.3	1.6	4.4	1.7	2.1	2.6
Room for a carer	1.5	1.1	2.2	2.5	1.1	2.0	1.8
Lever door handles	0.8	0.8	1.4	1.0	0.9	2.0	1.2
Base	21778	9623	18774	20021	9987	20552	100735

Source: 2012 Household Survey (Q 25)

Older people in the mainstream housing market

Case Study: Older households as a driver in the general needs and specialist housing market

Herefordshire Council commissioned a large scale household survey of households aged 50+ and a gap analysis to identify the need for future supply of general needs and specialist housing for older people.

The Council has now developed an Older People's Housing Strategy and Pathway, which was approved by the Cabinet in March 2015. It covers the development of both general needs and specialist housing for older people, as well as improving housing advice and independent living services to support older people in the community. The Council is looking to develop a partnership approach with developers, and the strategy includes specific development targets for retirement housing for sale, extra care housing, and housing for people with dementia.

The final draft of the strategy states: *The Local Housing Market Assessment (LHMA) has identified the need for 16,500 new homes in the county by 2031. With older households making up a substantial proportion of projected household growth over the next 20 years (see Housing Strategy for England) it is important that a significant proportion of these homes*

must be suitable for, and able to adapt to, the changing needs of our ageing population. This applies not only to the development of specialist housing but also mainstream housing, which is where 90% of older households live.

Case study examples of new general needs housing types for older people

Barratt Developments Britain's biggest house builder, [Barratt Developments](#), is changing the way it designs, locates and markets some of its homes in an attempt to capitalise on the country's rising population of older homeowners.

It is changing designs from family houses traditionally aimed at young families and first-time buyers, to offer properties designed with a larger master suite and two flexible study/bedrooms as it targets the growing market of over-55s.

The move responds to a fundamental change in home ownership in Britain, with property increasingly concentrated in the [hands of older](#) households.

Barratt is the first mainstream UK house builder to move into what has been, until now, a specialist market dominated by a handful of specialist providers. They are aiming their product at: 'A growing segment of non-mortgage-constrained affluent downsizers'

Bloor Homes is working with Herefordshire Council to test out different housing designs for older households on the same size footprint as a family home, with the main differences being fewer bedrooms but larger room sizes and space standards.

McCarthy & Stone has recently launched a lifestyle division called Ortus Homes, aimed at active people aged 55 and over offering high quality contemporary accommodation. The first scheme of 28 apartments in Solihull is on sale with other developments in Dorset, West Sussex, Edinburgh, Buckinghamshire, Essex, Kent, Surrey, West and North Yorkshire, Hampshire, Lancashire and Ayrshire in planning or under construction.

Hanover Housing is also developing downsizer housing aimed at people aged 55 and over

Where older and disabled people currently live and want to live in the future

Figure 5.8 shows what type of housing older people currently live in and Figure 5.9 shows where they want to live in the future.

Figure 5.8: Type of housing older people live in

Supported housing in Barnsley MB and sub-areas							
Housing Type	% of population						
	Borough Total	Central Area	Dearne Area	North Area	North East Area	Penistone Area	South Area
Sheltered Housing	3.6%	5.6%	5.7%	2.0%	2.7%	2.3%	5.6%
Extra Care Housing	0.9%	1.9%	0.6%	0.6%	0.9%	0.9%	1.2%
Adapted (for elderly/ disabled)	3.1%	4.1%	3.4%	3.6%	3.9%	1.0%	2.7%
None of these	92.3%	88.4%	90.3%	93.7%	92.4%	95.9%	90.6%

Source: 2012 Household Survey (Q 4)

Figure 5.9: Older people's property preference by sub area

Older people's property type preferences by sub-area							
Housing option	% who would consider this option						
	Borough Total	Central Area	Dearne Area	North Area	North East Area	Penistone Area	South Area
Continue to live in current home with support when needed	70.3%	58.8%	65.5%	71.2 %	67.2 %	83.8%	70.4%
Buying a property on the open market	12.2%	11.7%	7.8%	13.8 %	13.3 %	18.9%	8.0%
Rent a property from a private landlord	7.3%	8.6%	12.8%	5.2%	8.0%	3.1%	7.8%
Rent from HA	17.9%	26.8%	22.9%	15.9 %	19.8 %	5.1%	20.3%
Sheltered accommodation - To Rent	20.4%	21.6%	26.3%	17.3 %	22.8 %	15.8%	20.0%
Sheltered accommodation - To Buy	6.5%	9.4%	3.0%	6.4%	6.1%	10.2%	5.8%
Sheltered accommodation - Part Rent/Buy	5.2%	9.3%	0.6%	4.2%	5.1%	6.9%	6.3%
Extra care housing - To Rent	14.5%	12.1%	19.1%	12.2 %	17.1 %	9.7%	15.1%
Extra care housing - To Buy	4.8%	3.6%	1.8%	5.5%	4.9%	8.7%	3.6%
Extra care housing - Part Rent/Buy	3.1%	7.0%	0.6%	2.3%	2.3%	4.6%	3.9%
Residential care home	3.4%	2.3%		3.1%	3.5%	7.9%	2.9%
Co-housing	8.7%	7.5%	7.3%	8.4%	8.1%	11.0%	9.4%

Source: 2012 Household Survey (Q 27)

Space for Carers to stay overnight

Figure 5.10: Space for a carer to stay overnight

Space for a carer to stay?	% of population						
	Borough Total	Central Area	Dearne Area	North Area	North East Area	Penistone Area	South Area
Yes	60.2%	55.5%	52.9%	59.7%	57.8%	73.1%	60.7%
No	39.8%	44.5%	47.1%	40.3%	42.2%	26.9%	39.3%

Source: 2012 Household Survey (Q 24)

Access to housing for homeless people

Good practice example

Housing First: This model was first developed in the US and Canada but is now widely used across Europe, including the UK. Under this approach, chronic street homeless people with multiple and complex needs, who are not considered housing ready are placed straight from the street into permanent accommodation, on the basis that people who are hard to house, with chaotic lives, do not do well in hostels and shelters, where they are often thought to cause difficulties and therefore do not earn their right to go on to the next stage. The approach adopted contrasts with what is often called the 'staircase' model where homeless people are asked to prove they can manage in accommodation shared with other people with similar problems, before they can be considered for ordinary housing.

Evaluation of the model in the US and Canada has found clear evidence of it working with people with very high needs. An evaluation completed in 2015¹⁰ in the UK tells us that a number of schemes (mostly small scale, with fewer than 20 clients) have worked effectively to help a very high need group (people with drug / alcohol problems, severe mental health needs, long term and repeated homelessness, offending, and histories of being in the homeless system for a number of years) to sustain accommodation, with 74% of the people housed sustaining their homes for at least a year.

The core ideas are:

- People are offered ordinary housing
- They have choice over where they live and how they manage their lives
- Housing is not conditional on accepting treatment or support, though people are expected to engage with services
- There is person-centred case management
- Support is flexible and, in most cases, available for as long as it is needed

Housing First has been found to be cost-effective: the support can cost as little as £9k per person per year, and can save considerably more (up to £15k per person per year) for health, criminal justice and local authority services, reducing the revolving doors to prison and hospital as well as homelessness and rehabilitation services.

¹⁰ *Housing First in England: An evaluation of nine services*, Joanne Brotherton & Nicholas Pleace, Centre for Housing Policy, University of York, 2015
<http://www.york.ac.uk/media/chp/documents/2015/Housing%20First%20England%20Report%20February%202015.pdf>

Appendix 6: Barnsley Supply Tables

This Appendix provides details of:

Accommodation based supply tables by Area and for Barnsley as a whole covering:

Older people

Residential care and nursing homes
Sheltered and other older people's schemes for rent
Sheltered schemes for sale/shared ownership
Extra care/sheltered housing +

Vulnerable adults

Residential care and nursing homes for adults
Shared Lives
Learning disability supported living schemes
Sheltered housing for PDSI

Socially excluded people

Accommodation based schemes
Designated dispersed accommodation

Floating support services for Barnsley as a whole

Services funded through Housing related Support
Services funded through other sources
Total of services for different client groups

Older People

Residential Care and Nursing Homes for Older People

Central Area

Scheme Name	Residential	Nursing	Dementia
Central			
Galtee More	28		No
Riverside	50		Yes
Dodworth			
Rosehill House	26		No
The Firs	33		No
Water Royd House		62	Yes
Kingstone			
Eboracum	18		Yes
Highstone Mews		60	Yes
Stairfoot			
Highgrove		67	Yes
Hunningley Grange	33		No
Park Grange	29		No
Worsbrough			
Autumn House		31	Yes
Park House	20		No
Rockley Dene Nursing Home		25	No
Rockley Dene Residential	34		No
TOTAL	271	245	

Dearne Area

Scheme Name	Residential	Nursing	Dementia
Dearne North			
Epworth House	67		Yes
The Grove	28		Yes
Dearne South			
Dearne Hall	48		Yes
Dearne Valley		33	Yes
TOTAL	143	33	

North Area

Scheme Name	Residential	Nursing	Dementia
<i>Darton East</i>			
Chapel View Nursing Home		37	No
Deangate Care Centre		46	Yes
Field View	34		No
Mapplewell Manor	70		Yes
<i>Darton West</i>			
Kexborough House	22		No
The Maples	15		No
<i>Old Town</i>			
Orchard Views	40		No
Saxondale		34	Yes
<i>St Helen's</i>			
Lindhurst Lodge	37		No
TOTAL	218	117	

North East Area

Scheme Name	Residential	Nursing	Dementia
<i>Cudworth</i>			
Belle Green Court		40	No
Prospect House	32		Yes
<i>North East</i>			
Bollingbroke	33		No
Burntwood Hall		37	Yes
Hallsteads		46	Yes
Holly Tree Lodge		34	Yes
<i>Monk Bretton</i>	0	0	
<i>Royston</i>			
Oakwood Grange	60		Yes
TOTAL	125	157	

Penistone Area

Scheme Name	Residential	Nursing	Dementia
<i>Penistone West</i>			
Buckingham Care Centre		72	Yes
<i>Penistone East</i>	0	0	
TOTAL		72	

South Area

Scheme Name	Residential	Nursing	Dementia
<i>Darfield</i>			
Thornhill House	40		Yes
<i>Hoyland Milton</i>			
Hoyland Hall	37		No
Royal Court Care Home	40		No
<i>Rockingham</i>			
St James Court		58	Yes
Woodlands Lodge	36		No
<i>Wombwell</i>			
Parklands Nursing		52	Yes
Parkside Residential	36		Yes
The Conifers		33	Yes
Valley Park Nursing Home		57	Yes
TOTAL	189	200	

Total of Care and Nursing Home Beds for Older People in Barnsley

Area	Residential beds	Nursing beds	Total beds	No of homes with Dementia beds
Central	271	245	516	6
Dearne	143	33	176	4
North	218	117	335	3
North East	125	157	282	5
Penistone	0	72	72	1
South	189	200	389	6
TOTAL	946	824	1770	25

Sheltered Schemes and other older people's schemes for rent

Berneslai Under One Roof schemes have been designated as sheltered housing, although they do not always meet general definitions. Other Berneslai schemes for older people have been called "Other OP Schemes".

All housing association schemes have been designated as sheltered housing.

Central Area

Landlord	Scheme Name	Sheltered	Other OP Scheme	No. of units
Central				
Berneslai Homes	Churchfield	Yes		34
Berneslai Homes	King Street	Yes		51
Guinness Northern Counties HA	Joseph Court	Yes		27
Dodworth				
Berneslai Homes	Pollyfox		Yes	50
Kingstone				
Guinness Northern Counties HA	Ashby Court	Yes		30
Yorkshire Metropolitan Housing	Chestnut Court	Yes		46
Stairfoot				
Berneslai Homes	Hudsons Haven	Yes		29
Worsbrough				
Berneslai Homes	Elm Court		Yes	35
Berneslai Homes	Maltas Court		Yes	29
Hanover Housing Association	Hanover Court	Yes		28
TOTAL				359

Dearne Area

Landlord	Scheme Name	Sheltered	Other OP Scheme	No. of units
Dearne North				
Berneslai Homes	Chestnut Grove		Yes	23
Berneslai Homes	Church Street Close	Yes		30
Yorkshire Metropolitan Housing	Park Court	Yes		45
Dearne South				
Berneslai Homes	Heather Court	Yes		42
Berneslai Homes	Willowcroft	Yes		34
Chevin Housing Association	Hallam Court	Yes		24
TOTAL				198

North Area

Landlord	Scheme Name	Sheltered	Other OP Scheme	No. of units
Darton West				
Berneslai Homes	Priestley Avenue		Yes	32
St Helen's Ward				
Yorkshire Metropolitan Housing	St Edwin's Croft	Yes		37
TOTAL				69

North East Area

Landlord	Scheme Name	Sheltered	Other OP Scheme	No. of units
Cudworth				
Berneslai Homes	Rosetree		Yes	52
North East				
				0
Royston				
Berneslai Homes	Meadow Crescent		Yes	36
TOTAL				88

Penistone Area

Landlord	Scheme Name	Sheltered	Other OP Scheme	No. of units
Penistone East				
Berneslai Homes	Glebe Court	Yes		34
Penistone West				
Berneslai Homes	Pendon House	Yes		35
Equity Housing Group	Weavers Court	Yes		30
TOTAL				99

South Area

Landlord	Scheme Name	Sheltered	Other OP Scheme	No. of units
Darfield				
Berneslai Homes	Woodhall Flats	Yes		32
Hoyland Milton				
Berneslai Homes	Gray Street		Yes	23
Berneslai Homes	St Andrew's		Yes	28
Guinness Northern Counties HA	St Helen's Court	Yes		26
Rockingham				
Berneslai Homes	Saville Court	Yes		41
Wombwell				
Berneslai Homes	Shipcroft	Yes		47
TOTAL				197

Total

Area	Total No. of units
Central	359
Dearne	198
North	69
North East	88
Penistone	99
South	197
TOTAL	1010

Sheltered Housing Schemes for Sale/Shared Ownership

	Scheme Name	Number
Central – Kingstone		
Guinness Northern Counties HA	Ashby Court	17
Chevin Housing Association	Helena Close	10
North – Old Town		
Chevin Housing Association	Redbrook View	17
Chevin Housing Association	Redbrook Walk	18
South – Darfield		
Guinness Northern Counties HA	Shroggs Head Close	13
South – Hoyland Milton		
Chevin Housing Association	Oldfield Close	18
South – Rockingham		
Guinness Northern Counties HA	Rockingham Close	32
TOTAL		125

Extra Care/Sheltered Housing +

	Scheme Name	No. for Rent	No. Shared Ownership
Central – Stairfoot			
Chevin Housing Association	Lavender Court	52	
Dearne – Dearne South			
Chevin Housing Association	Cherry Tree Court	60	
North East – Royston			
South Yorkshire HA	Westmeads	49	8
South - Hoyland Milton			
Guinness Northern Counties HA	Fitzwilliam Court	46	2
TOTAL		207	10

Vulnerable Adults

Residential care and nursing homes for Adults

Name	Residential/ Nursing	MH	LD	PD	Substance misuse	Sensory	No. of beds
Central – Central							
Rosebery House	Residential	x					6
Central – Dodworth							
Aspire Respite Support Services	Residential	x	x	x		x	2
Dorothy House	Residential		x			x	16
The Brambles	Nursing		x	x			6
Central – Kingstone							
Derby House	Residential	x					3
Shaftsbury House	Residential		x				10
Central – Stairfoot							
Neville Court	Nursing	x		x			20
Park Cottages	Residential		x				9
Central – Worsbrough							
Highfield Farm	Residential		x				11
Oak House	Residential		x	x		x	4
North – St Helen's							
Bridge House	Residential	x					9
North East – Monk Bretton							
199 Burton Road	Residential	x	x			x	4
13 Station Road (Aspire)	Residential	x	x			x	7
Cherry Trees Care Home	Nursing & Residential	x		x			89
Ivy Mead	Residential	x	x	x		x	19
The Grange and Elm Court	Residential	x		x	x		43
North East – North East							
Dearnevale	Nursing	x		x			40
Penistone – Penistone East							
Hoylands House	Residential		x				11
South – Darfield							
Havenfield Lodge	Nursing		x	x			46
Pennine View	Residential		x				2
Rosglen Residential Home	Residential		x				9
South – Wombwell							
36 West Street	Residential		x				6
TOTAL							372

Shared Lives: Designated dispersed accommodation (i.e. where person moves not the property – non HRS funded)

Organisation	Service name	Client Group	No. of properties/Places
Barnsley Council	Shared Lives	Mainly LD	151 places
TOTAL			173

Learning Disability Supported Living Schemes

Central Area

Organisation	Address	No. of properties
Central		
Keyring Living Support Network	Wellington House	10
Yorkshire Metropolitan Housing	Clifton Street	7
Habinteg	Haworth Close	7
Dodworth		
South Yorkshire Housing	Silver Street	4
Berneslai Homes	Woodland Drive	2
Kingstone		
Guinness Northern Counties HA	Dodworth Road	3
Yorkshire Metropolitan Housing	Rowan Close	8
Worsbrough		
Guinness Northern Counties	Springfield Street	5
Guinness Northern Counties	Thomas Street	6
South Yorkshire Housing	Oakdale Close	10
South Yorkshire Housing	Blackburn Street	5
South Yorkshire Housing	Arthur Street	3
TOTAL		70

Dearne Area

Organisation	Address	No. of properties
Dearne North		
Berneslai Homes	Pickhills Avenue	2
Berneslai Homes	Park Road	5
South Yorkshire Housing	School Street	6
TOTAL		13

North Area

Organisation	Address	No. of properties
Darton East		
Berneslai Homes	Alder Close	2
Darton West		
IKE	The Crescent	3
Old Town		
Keyring Living Support Network	Honeywell Grove	10
Guinness Northern Counties	Ridge House	8
Guinness Northern Counties	School Street	6
Golden Lane Housing	Smithes Lane	4
Inclusion Housing	Greenhill Avenue	6
TOTAL		39

North East Area

Organisation	Address	No. of properties
Cudworth		
South Yorkshire Housing	Victoria Street	4
Inclusion Housing	Belle Green	5
Guinness Northern Counties HA	Somerset Street	6
Royston		
Equity Housing	Midland Street	4
TOTAL		19

South Area

Organisation	Address	No. of properties
Darfield		
Guinness Northern Counties HA	Celandine Grove	4
Guinness Northern Counties HA	Doveside Drive	3
Hoyland Milton		
Berneslai Homes	Cherry Tree Street	5
Guinness Northern Counties HA	Green Street	6
Rockingham		
	Vermont	1
Berneslai Homes	Hill Top Road	3
Guinness Northern Counties HA	Rockingham Close	6
South Yorkshire Housing	Pine Close	4
South Yorkshire Housing	Pine Close	2
Inclusion Housing	Upper Hoyland Road	3
TOTAL		37

Total

Area	Total No. of Properties
Central	70
Dearne	13
North	39
North East	19
Penistone	0
South	37
TOTAL	178

Sheltered Housing for PDSI

	Scheme Name	Number
Central – Central		
Habinteg	Bronte Close	20

Socially Excluded

Socially Excluded accommodation based schemes

Organisation	Service Name	Client Group	No. of Properties
Central - Central			
Phoenix Futures	The T4 Project - Cluster	People with Drug Problems	4
Phoenix Futures	The T4 Project . Core	People with Drug Problems	6
Central - Dodworth			
Sanctuary Carr Gomm	High Street	Mental Health problems	9
Central - Kingstone			
English Churches Housing Group . Riverside	Holden House	Single Homeless with Support Needs	44
South Yorkshire HA	Jubilee Gardens Flats	Mental Health problems	6
South Yorkshire HA	Jubilee Gardens	Mental Health problems	10
Stonham HA	Highfield Terrace	Young Homeless people including Care Leavers	5
Central – Worsbrough			
English Churches Housing Group . Riverside	Barley Close	Homeless Families with Support Needs	8
North - Old Town			
South Yorkshire HA	The Forge	Young Homeless people including Care Leavers	17
Address confidential			
English Churches Housing Group . Riverside	Judith House DV	Homeless Families with Support Needs	8
TOTAL			117

Designated dispersed accommodation for (i.e. where person moves not the property – all apart from Jubilee Garden satellites are non HRS funded)

Organisation	Service name	Client Group	No. of properties/Places
Action Housing	Accommodation Scheme	Offenders	16
SYHA	Mental Health	Jubilee Gardens Satellites	6
TOTAL			22

Barnsley Floating Support tables
Housing related support funded

Mental Health

Organisation	No. of Places
Together	20
TOTAL	20

Domestic Violence

Organisation	No. of Places
Riverside	16
TOTAL	16

Generic

Organisation	No. of Places
Riverside	24
TOTAL	24

Offenders

Organisation	No. of Places
Foundation	20
Action Housing	43
TOTAL	63

Substance Misuse

Organisation	No. of Places
Phoenix Futures	20
TOTAL	20

Teenage Parents

Organisation	No. of Places
Sanctuary	12
TOTAL	12

Young People

Organisation	No. of Places
Stonham	20
SYHA (Thursday Project)	17
TOTAL	37

Provided from other resources

Domestic Violence

Organisation	No. of Places
Pathways IDVA	135
Victims Support IDVA	118
BMBC IDVA x2	Unknown . only just appointed
TOTAL	253

Ex-service Personnel

Organisation	No. of Places
Help4Heroes	20
TOTAL	20

Families with multiple issues

Organisation	No. of Places
Family Intervention Service	140 (average open cases 14/15)
TOTAL	140

Homeless/Single Homeless

Organisation	No. of Places
BMBC	c.66
TOTAL	c.66

Mental Health

Organisation	No. of Places
Together	c.65
Andy Barlow	4
Harmony	1
TOTAL	c.70

TOTALS

Client Group	HRS funded floating support	Floating support funded by other sources	Total No. of Places
Domestic Violence	16	253	269
Ex-service personnel	0	20	20
Families with multiple issues	0	140	140
Generic	24	0	24
Homeless/single homeless	0	66	c.66
Mental Health	20	70	c.90
Offenders	63	0	63
Substance Misuse	20	0	20
Teenage parents	12	0	12
Young people	37	0	37
TOTAL	192	549	c.741

Appendix 7: Barnsley Supply Maps of accommodation based services

This Appendix is a separate document due to the number and size of the maps.

Appendix 8: Housing based models for people with Dementia

A growing number of local authorities are looking to broaden choice for people with dementia and their partners beyond the two extremes of staying in the family home or moving into long-term residential or nursing home care.

This Appendix provides examples of housing based models for people with dementia.

Small group living models

This includes schemes where residents have their own room rather than a self-contained apartment with shared access to assisted bathing and kitchens, such as those provided by Dementia Care in Newcastle upon Tyne. In some schemes residents have their own ensuite bathroom and share kitchen and cooking facilities.

Portland House and Carter House in St. Helens were both developed by Villages Housing Association who owns the buildings with MHA providing care and support services. Both schemes offer units for rent.

Portland House is located in an established housing estate, next to a day centre for older people. Within the scheme there are 2 wings each with 4 flats and a shared kitchen and assisted bathroom, opening off a hallway with sufficient space for informal seating.

There is a central dining room with a sitting area on either side, shared kitchen and laundry. The office overlooks the dining room, with a visitors room and en-suite next door. Corridors have been kept to a minimum to prevent any institutional feel.

One manager and 2 support staff are on duty mornings and early afternoons. At other times there are 2 members of staff. Overnight there is one member of staff available. MHA use the guardian angel system for lone-working, the member of staff phones in regularly to confirm that no help is needed. There are no cooks and one cleaner for the shared areas, all other daily tasks are carried out by the tenants and staff together.

In 2004 Portland House won the award for 'Housing Achievement of the Year' from the Municipal Journal magazine. It was taken up by the Department of Health as a model of best practice.

Members of staff work to maintain tenants skills and delay or prevent admission to residential or nursing care, and in order to encourage an individual's sense of self, carers get to know a person's life history. Comparing work at Portland House with previous jobs, one staff member commented: 'It's so different here. We don't take anything away from people, they can be as independent as possible. It's great.'

In May 2013 Carter House in Parr was opened by Villages Housing. This has 15 flats arranged in three clusters around a central communal area. Like Portland House there is care and support on site 24/7.

Villages Housing Association and Helena Partnerships secured Homes & Communities Agency funding for the scheme which includes the dementia unit and four houses and nine bungalows for residents with disabilities.

Carter House is designed to offer a new lifestyle option for people living with dementia, allowing them to live relatively independently. The layout is based on a tried and tested principal of a central communal area off which a small number of corridors lead to clusters of residents' rooms in 3 purpose built wings. The aim of this is to make it as easy as possible for residents to retain a mental map of the unit and locate their own room with ease. Features incorporated to make the unit suitable for dementia sufferers include:

- An enclosed secure garden with carefully selected planting that does not include thorny or berry bearing plants. The landscaping has been specially designed with pathways and seating to provide residents with a calming and safe environment to enjoy
- Secure controlled front door providing a safe and secure environment for residents
- Carefully selected and positioned lighting and windows with high level glazing treated to negate the casting of shadows which can cause confusion
- Areas and rooms within the building are allocated with coloured zones to assist residents in finding their way around
- The unit is single storey

Clusters or courtyard independent living schemes

Clusters or courtyard schemes are designed around one or more accommodation types developed on the same site with access to some shared facilities. Smaller models have the advantage of providing a familiar domestic setting which can be lost in larger schemes. In contrast larger models can provide economies of scale which can reduce costs.

There are several examples that offer both through the provision of flats or bungalows grouped into clusters or around a courtyard, with one or more self-contained units or rooms in each, and often with shared facilities such as a lounge and kitchen in the centre. This allows residents to live in a domestic environment. The clusters can be joined together via corridors or physically separate from each other but based around an enclosed area to prevent people with dementia wandering off site.

A number of the schemes describe themselves as extra care, which may be because this terminology is more easily recognised as housing with access to care and support services.

Gemmell Court in Ayrshire, Scotland is owned and managed by Hanover and provides 12 amenity cottages for rent. Located in a quiet residential area, the cottages are set in a courtyard with a semi-enclosed garden area, designed to promote comfort, safety and stimulation. The houses are specially design for people with dementia and their carers, with four designed for wheelchair use. The single storey bungalows all open onto a central grassed area with a circular pathway joining them.

The scheme has both one and two bedroom provision. Each cottage has an open plan kitchen/living/dining area. A toilet and shower room visible from the bedroom and a separate bathroom for visitors and carers. The cottages are equipped with assistive technology to support changing needs.

The care and support provider runs a care home near by which provides a base for staff. The team leader is on duty 8.00 am to 4.30 pm with a minimum of 3 staff in the morning and 2 in the evening. There is a staff presence on site most of the day and waking night support is available.

Referrals were slow at the beginning. Some people with dementia didn't want to move to this type of housing even though staff and family thought it ideal. For some others the care manager and family thought it might not work and were surprised how easily the person settled in.

The project is featured as an example of good practice in the Dementia Services Development Centre guide "Improving the Design of Housing to Assist People with Dementia".

Shore Green was developed in 2003 by Irwell Valley Housing Association in Wythenshawe, Manchester. It provides 4, two bedroom bungalows and six flats for rent all with access to a shared living space which includes lounge, dining kitchen and garden.

The scheme is located on the edge of a housing estate. The shared areas are on the ground floor with office accommodation upstairs. Accommodation is also available to provide respite for relatives and offer a guest room for visitors.

The single person flats consist of a kitchen, living/dining room, bedroom and shower/WC and are located along a curved corridor which also provides access to a communal lounge/dining area and the kitchen and the garden. The four two bedroom bungalows contain a hall, lounge/dining room, kitchen shower and WC, two bedrooms and their front doors are accessed from the garden area. The architects worked with the Alzheimers Society and senior Social Services staff on the design. The main entrance to and from the building is controlled via a single, double-height reception area but all dwellings have free access to the courtyard garden.

The scheme is staffed 24 hours a day, 7 days a week. The project manager is employed by Irwell Housing Association and coordinates the housing related support with two other support workers.

In the early stages tenants had their care delivered by different agencies, which caused some problems. Now there is a designated care team from a contracted provider who also provides overnight care as needed.

Much effort was needed to sell the idea of Shore Green - that people with dementia have the potential for improvement and rehabilitation and that family carers can be helped to continue to care. This involved the project manager in direct work with people with dementia and their families and with relevant professionals prior to referral.

Shore Green is highly commended by the Department of Health for its personalised one-to-one care and support.

Duddon Mews was opened in 2005 in Millom, Cumbria and is managed by Home Prime (part of Home Group). It provides 14 flats and bungalows for rent built around a courtyard sensory garden of scented flowers and brightly coloured plants. The front door of each property opens onto a wide cloister which runs around the edge of the garden.

Bungalows and flats are arranged on three sides of a quadrangle, the fourth side is bounded by a fence. Access to the communal facilities is at one corner of the quadrangle and includes a small seating area, lounge, office and laundry room. A short corridor runs to the Jubilee Centre which houses the day centre and offices. There is care on site 24/7 provided by Croftlands Trust. The care provided at the scheme is seen as the benchmark for good dementia care in Cumbria.

The scheme won a National Institute for Mental Health in England (NIMHE) award for integrated health and social care planning and is the subject of Housing LIN Case Study 36 published in 2008 and available on the Housing LIN website at www.housinglin.org.uk

Dementia Care is a Newcastle based dementia charity that runs a number of housing based models for people with dementia, including: 4-5 bed family houses; clusters of bungalows (for example 5 four person bungalows on one site located at the rear of their headquarters The Bradbury Centre, Brunswick Village).

They are currently working with Middlesbrough Council and Thirteen Group to develop a cluster of 5 five person bungalows to provide 25 units of housing based support for people with dementia. They are also working with Newcastle City Council who are also developing a new cluster scheme in the city that Dementia Care will manage. Both schemes have a sustainable fall-back position, in that if housing based dementia facilities for people with dementia are no longer needed in the future they can be converted into ordinary general needs dwelling types.

The service model provides for one member of staff on site 24/7 in each house or bungalow in a cluster, with floating staff who can provide additional support at times when this is needed. The cluster approach, particularly if it is based on 5 person dwellings, enables a funding model that aims to provide the service at the same level as local authority residential care fees or lower, but offering a much smaller scale and personal living environment than residential care.

Data from Dementia Care supported living model shows significant benefits for people with dementia compared to other more traditional types of housing, such as residential care. This includes:

- A high quality of life, choice and control and continued independence in the domestic setting and service model that Dementia Care houses provide
- A very high level (86%) of people dying in Dementia Care houses or after very short end of life hospital stay, and very low level of move on to long-term care
- Low level of use of Anti-Psychotic drugs (currently 12%)
- Low levels of hospital admissions and use of acute services
- Reduced personal injuries and avoidance of crisis points for both carer and person with dementia

Extra Care Housing

There is wide variety of scheme types that are referred to as extra care housing, with differences occurring in the design and layout of buildings, the internal and external environment, the services and facilities provided, etc. Some of the cluster or courtyard developments in the previous section describe themselves as extra care.

However, we take extra care housing to mean housing which offers support and care for residents within individual self contained dwellings, with internal and external communal spaces. Schemes will generally have 30 or more units, although one of the examples has 21, and be located within one complex/building. This distinguishes extra care schemes from the cluster or courtyard developments both in terms of size and building type.

There has been a growing debate over whether extra care housing can support people with dementia. A literature review in 2009¹¹ found:

“extra care housing is providing a good quality of life for many people with dementia, enabling them to live in a community setting and retain their independence as long as possible.”

However, there was also evidence:

“that some tenants with dementia can be at risk of loneliness, social isolation and discrimination.”

They found that the ability of extra care to support people with high needs depends on the availability of local services (such as community nursing) which in turn depends on local practices and national strategies for older people's services. They also found that people with dementia living in extra care schemes can be a cause of stress and

¹¹ Racheal Dutton, 'Extra Care Housing and People with Dementia: What do we know about what works regarding the built and social environment, and the provision of care and support?', (2009)

anxiety for other residents. It must be noted these findings apply to both integrated extra care models (those that provide housing for people with dementia alongside other tenants) and dementia specialist models. The study also found some indications that specialist approaches may:

- Be able to sustain people longer in an independent setting
- Be better able to support people with dementia over the full course of their illness
- Be able to better manage behaviours associated with dementia
- Be able to better equip staff with appropriate specialist knowledge and skills

Overall there has been limited investigation into the success of specialist dementia extra care schemes so the conclusions are tentative.

Millhouse is managed by Wulvern Housing Group and provides 46 extra care apartments for rent and shared ownership in Nantwich, Cheshire. It is not a dementia specific scheme but it was designed to be dementia friendly.

Communal facilities including a cafe/bistro, hair and beauty salon, community room, laundry and a wellbeing suite are all on the ground floor.

The apartments are mostly two-bedroom and all of have a lounge, kitchen, shower-room and hallway. Shower rooms are en-suite but there is also a door from the apartment hallway. There is a clear contrast between floor and wall finishes and between handrails and grab rails and the walls behind; light-switches contrast with the background, toilet seats contrast with the WC, which in turn contrasts with the background floor and wall tiling.

The scheme was a finalist for the Pinders Caring Business National healthcare Design Awards in 2009 and a finalist at the RICS North West Awards in 2009.

The scheme was designed by Pozzoni architects and features in *The Design of Housing for People with Dementia* published by Damien Utton, a partner in the practice in 2009.

In contrast the scheme described below which was developed on the site of a former sheltered housing scheme is specifically for people with dementia. Individuals can only access the scheme if they meet the Local Authority Fair Access to Care Criteria (critical or substantial).

Appleton Lodge is in Spennymoor, County Durham. It was built in 2007 by Home Prime (part of Home Group) and provides 21 flats for rent. The care provider is Dale Care Ltd which also offers a range of social activities and fundraising.

Communal facilities include a lounge, restaurant, laundry, guest room and hairdressing.

Apartments are designed to meet the needs of older people with dementia.

Close Care housing

It is not just housing providers who are developing new housing models for people with dementia. Some residential care providers are also looking at the potential to develop supported housing next to their care home.

Close care housing is available to buy or rent. Some schemes offer both options. Based on Elderly Accommodation Counsel data there are approximately 300 close care schemes in the UK.

Stanton Lodge was developed by MHA in the countryside two miles from Swindon in Wiltshire. It provides 4, one bedroom, 6 two bedroom and 4 larger two bedroom apartments, designed to provide housing for couples where one partner has dementia.

Units are leasehold and shared ownership.

The scheme is on the same site and adjoining Fitzwarren House, a purpose built dementia and nursing care home. Both buildings have colour coded design to assist with way finding and outside there is a secure communal landscaped garden.

Residents in the apartments have access to a well-being package which includes 24 hour staffing support on site, an activities and events programme and respite care (up to 10 days per year) tailored to suit individual needs, charged at £125 a week.

Additional, cleaning, washing, shopping care and support services can be purchased on demand, as can meals services.

Hailsham House Care Suites (Beech Unit) were developed and managed by the Graham Care Group in Hellingly, East Sussex. Units are for rent or sale with a buy back agreement.

For purchasers the ongoing costs of care and support are around one third less than traditional nursing home fees.

There are 31 flat built in 2009, including studios and one bedroom suites with en-suite showers, all designed to meet the needs of people with moderate/severe dementia

The Beech Unit is adjacent to a nursing home providing 25 care beds for working age adults with mental health issues and 8 beds for older people with dementia. The staff provide care and support services to residents in the Beech unit.

Common themes

Housing models of provision are not well understood by commissioners, care managers, families and carers. The reasons for this are not always clear but include:

- Scarcity of housing based provision compared to residential and nursing care
- Housing models can appear complicated compared to residential care which is based on weekly fees that cover accommodation, care and meals whilst in a housing setting these are separately charged for and subject to different financial criteria
- Lack of planning to meet long term care needs and making a crisis move following hospital admission or the death of a carer or partner
- The number of different housing models, some based on housing residents with dementia only, those designed to keep couples together and those for mixed communities of older people
- The levels of care and support on offer, including the availability of community based health and social care services to support on site provision and offer an alternative to residential care

Carers, families and residents like small more domestic settings and providers can evidence good outcomes . see Dementia Care case study above including:

- Less use of anti psychotic medication
- Fewer unplanned hospital admissions
- Timely discharge from hospital
- End of life care

However there is some scepticism that small schemes are cost effective and affordable to local authority commissioners. Providers, such as Dementia Care promote their model to demonstrate cost effectiveness to commissioners and improved quality of life and well-being to older people with dementia and their relatives.

Appendix 9: Survey of housing-related support needs of socially excluded groups in Barnsley

1. Introduction

This Appendix, firstly, sets out the methodology, and headline findings for the snapshot survey in section 2, followed by the survey form used for the survey.

2. Methodology and headline findings

The PFA/arc4 snapshot survey asked agencies working with vulnerable groups to identify the needs of individuals with unmet housing and/or needs. Each person is entered onto a spreadsheet, identified by initials, date of birth, and gender. Duplicates can then be deleted using these identifiers; there was 1 duplicate and this was removed before the analysis was carried out.

The survey was sent to all agencies on our contacts list, apart from organisations working with older people as the survey was not seen as suitable to identify their housing and support needs, and also their needs had been addressed in the earlier 2012 Household Survey carried out by arc4 for the SHMA (Strategic Housing Market Assessment) for Barnsley Council. Agencies the survey was sent to include: housing support, advice, treatment, criminal justice, mental health, and social care teams.

The following agencies contributed to the survey:

Agency	Number of entries
Action Housing	23
Barnsley Council HOAPS	7
Barnsley Council Future Directions	7
Community Mental Health Team	1
Foundation Housing	12
National Probation Service	2
Oakwell Centre (Kendray Hospital)	4
NHS Adult Mental Health	1
Phoenix Futures	17
Holden House	2
Judith House	13
Judith House Floating support	14
Sanctuary Teenage Parents	9
Stonham The Forge	5
South Yorkshire Community Rehabilitation Company	10
South Yorkshire Housing Assn	4
Together for Mental Health Wellbeing	1
Total	132

The most significant gaps were in the mental health sector, and the offending sector . only a handful of entries were made here, as staff in the National Probation Service

and Community Rehabilitation Company said they did not have time to fill in the survey for all their clients. An alternative survey was sent to both agencies and this is reported on in the section on single homelessness and rough sleeper needs, along with a similar survey completed by HOAPS and Barnsley Churches Drop-in Project.

The headlines from the survey are:

- 87 single people, 10 couples, and 34 families with or expecting children were recorded as having unmet housing and/or support needs
- Most people require 1 bedroom
- There were very few migrant workers, or asylum seekers or refugees entered into the survey
- There were no households with adults other than the head of the household needing support, and 6 households where children needed support
- Just under three quarters were receiving housing-related support

54% of the total were tenants of Berneslai Homes, a Housing Association, or a private landlord (some in designated or dispersed supported accommodation, and most receiving floating support), 19% were in short term accommodation (supported housing, staying with family or friends, or the refuge), just under 20% were without accommodation (sleeping rough, sofa surfing, or staying very temporarily with friends or family) and 11% were ready to be discharged from prison or hospital.

The primary vulnerability (needs) of each household in the survey was:

- Offenders . 32%
- Drug or alcohol users . 21%
- Survivor of domestic abuse/violence . 10%
- Mental health problem . 8%
- Young person in care or leaving care . 8%
- Learning disability . 3%
- Other . including financial problems, no English, and need for tenancy support . 10%

Risks of losing accommodation were most commonly a result of rent arrears, rather than the person's behaviour in the tenancy.

The main primary factors affecting the chances of the person resolving their housing and support needs were seen as financial problems and difficulties managing money, long use of drugs or alcohol, and the difficulty in accessing long term (move-on) housing.

The most common need for move-on solutions was for a move to a settled tenancy, with some needing ongoing support, and some with a need for move-on accommodation with either no support or a short period of resettlement support. Overall, however, more people were thought to need support for between 1 and 2 years than for either shorter or longer periods.

Survey of housing-related support needs of socially excluded Groups in Barnsley

The purpose of the survey

This survey is part of a piece of work commissioned by Barnsley Council to assess the scale of need for housing-related support for vulnerable people. This will help the Council to develop their strategy for delivering housing-related support from 2015.

The aim of housing-related support is to help people obtain and keep accommodation, and to live independently within the community. This includes, for example:

- Help with maintaining a tenancy: e.g. paying rent, asking for repairs, getting on with neighbours
- Developing life skills such as cooking, budgeting, and help with accessing and claiming benefit entitlements
- Help with accessing other services to address health or other problems (e.g. drug treatment services or GP) or to prevent isolation (e.g. support groups, local facilities such as post office)
- Advising on home improvements, personal and home safety to ensure that the accommodation continues to meet accessibility and/or safety needs
- Help with accessing work, training and education opportunities

This survey is being carried out primarily in relation to the “socially excluded” groups, which include:

- Homeless single people, families, and young people, including rough sleepers
- People with substance misuse problems
- Offenders and ex-offenders
- Young people moving from receiving children’s services to receiving adult services
- People with mental health needs
- People experiencing domestic abuse or violence
- Refugees and asylum seekers
- Other vulnerable people including sex workers

This survey is to find out about people whose housing and/or support needs are not currently being met. We are also mapping housing and support services, so this survey is just about unmet needs.

The survey is being sent to all agencies working with people with housing-related support needs such as: housing support providers, social housing providers, drug and alcohol treatment agencies, social care and health care agencies, Probation and other organisations working with offenders, advice agencies, and organisations working with other vulnerable people.

When to fill it in

Please ask your team to fill in the survey at any time up to the deadline, for any clients you work with during the period March 2nd – 20th who fit the criteria set out above.

The survey needs to be completed by March 23rd 2015

If you have any queries about the survey, please contact

Sheila Spencer on 0191 265 2425 / sheila.spencer@phonecoop.coop or
Peter Fletcher Associates on 01434 684944 / info@peterfletcherassociates.co.uk

Who to include in the survey

Please include everyone you are working with between March 2nd and March 23rd who has an unmet need for housing or for housing-related support.

You might want to include, for example, people who are:

- homeless, or are in temporary or very temporary accommodation
- in the wrong accommodation for them

In relation to support, you might want to include people who are:

- receiving supported but the support is inadequate to meet their needs
- do not have any support but need it
- have a tenancy but are at some risk of losing it because of lack of or insufficient support

Please also include people who are:

- receiving support but don't need it

For floating support, supported housing providers and housing managers

- please think about including everybody who is currently in your service whose needs more not being met, or who no longer needs support they are receiving

For Probation, Youth Offending Service, social work teams, and health services

- include people in your current open caseload who have a housing need or a housing support need.

For drug or alcohol treatment agencies

- include anyone you are working with currently who has a housing or housing-related support need as described above. If you do not have all the details we ask for, please fill in what you can.

For homeless, housing advice, and other advice services

- include anyone you are currently working with whose housing and/or support need is not resolved. This would include anyone whose case is still open, and who does not have some suitable housing identified (for example, you don't need to include a person who has had an offer of accommodation, is waiting to move in, and will not need any support).

For other agencies

- include anyone you are working with currently who has a housing and/or housing-related support need as described above.

For all agencies: if you do not have the full details of the households need, please fill in what you can.

Agency details

If your project or service is part of a larger organisation (e.g. a floating support or supported housing project run by a Housing Association, or by Adult or Children's Services) please give us both the name of your parent organisation (Agency name) and your project/service (Service name) .

1. Agency Name

2. Service Name

3. Name of person completing survey

4. Contact phone no. for person completing survey

Client Details

If there is more than one person in the household, please provide this information for the 'head of the household'. The reason we need initials is to avoid double-counting anyone who is in contact with more than one agency. Only the information analyst will see your completed data, and they will not be able to identify any individuals.

5. Client's initials

6. Client's Date of Birth

7. Age

- | | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> 16-17 years | <input type="checkbox"/> 22-25 years | <input type="checkbox"/> 36-49 years | <input type="checkbox"/> 61 years and above |
| <input type="checkbox"/> 18-21 years | <input type="checkbox"/> 26-35 years | <input type="checkbox"/> 50-59 years | |

8. Gender

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

9. Ethnicity

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> White British | <input type="checkbox"/> White & Asian | <input type="checkbox"/> Asian or Asian British Indian | <input type="checkbox"/> Gypsy / Romany / Irish / Traveller |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Other Mixed | <input type="checkbox"/> Asian or Asian British Pakistani | <input type="checkbox"/> Any other |
| <input type="checkbox"/> White Other | <input type="checkbox"/> Black or Black British Caribbean | <input type="checkbox"/> Asian Other | |

Household

If your client is part of a couple or family who want to be rehoused together, please select either 'couple,' 'lone parent' or 'couple with children', regardless of whether or not they live together at the moment. If the client plans to live alone, please select 'single person' whatever their current household situation.

10. Household Type

- Single – no children
 Couple – no children
 Household with 3 or more adults
 –Any household pregnant or with children (~~no other children~~)

Number of bedrooms required:
(range to be added)

11. Other information about the household

- Asylum Seeker – Refused
 Migrant Worker from an A8 or A2 EU country
 None of these
 Refugee (leave to remain)
 Migrant Worker - No Recourse to Public Funds
 Sex worker
 Asylum Seeker pending application
 No recourse to public funds - other

12. Client group: primary vulnerability relating to the person's history or experience. Please tick only one box

- Drug problem or alcohol problem
 Victim of harassment (not DV)
 Chronic physical ill health

 Offending history
 Mental health problem (diagnosed or not)
 HIV / AIDS

 Young person leaving/previously in care
 Learning disability / difficulty (diagnosed or not)
 No other vulnerability

 Teenage parent
 Physical disability

 Survivor of domestic abuse / violence
 Sensory impairment

13. Client group: secondary vulnerability relating to the person's history or experience. Please tick as many as apply

- Drug problem or alcohol problem
 Victim of harassment (other than domestic)
 Poor physical health

 Offending history
 Mental health problem (diagnosed or not)
 HIV / AIDS

 Young person leaving care
 Learning disability / difficulty (diagnosed or not)
 No other vulnerability

 Teenage parent
 Physical disability

 Survivor of domestic abuse / violence
 Sight or hearing impairment

14. Other household member with housing or other support needs. Does any other adult in the household have support needs? Yes / No Does any child in the household have support needs? Yes / No

Current housing situation

Current housing situation - please select the option that most commonly applies to the household/individual.

The term '**sleeping rough**' is used here to mean someone who is sleeping outside or in a structure which is not a home, e.g. a shed, car, tent, derelict house, etc, for more than 2 days in a consecutive period. Please select this if the person spends more time sleeping rough than staying elsewhere, even if that the person occasionally stays with friends or in a hostel.

The term '**sofa surfer**' applies to someone who moves around every few days between family and friends, hostels, and sleeping rough. They may be in similar circumstances to someone sleeping rough but have not totally lost their connections with family and friends, so still have the capacity to get help or to arrange night-time accommodation at times.

The categories '**No accom - at parents'/other family**' and '**No accom - at friends**' are intended to apply to someone who is staying very temporarily (for no more than a few weeks) in the house of friends or family. If they have been staying for a long time with family or friends, please tick the **living temporarily with family / friends** box instead.

The section for **people ready for release or discharge** should be used for people who have a housing or housing support need which you know will need to be met when they leave institutional accommodation.

15. What is their current housing situation?

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Current tenant – Berneslai Homes | <input type="checkbox"/> In short term accomm. - hostel (inc Probation Hostel) | <input type="checkbox"/> No accom - sleeping rough | <input type="checkbox"/> Accommodation for Looked After Children – ready to move on |
| <input type="checkbox"/> Current tenant - private tenancy | <input type="checkbox"/> In short term accomm - other supported housing | <input type="checkbox"/> No Accom – very temporarily at parents / other family | <input type="checkbox"/> Residential rehab – ready for discharge |
| <input type="checkbox"/> Current tenant – Housing Association | <input type="checkbox"/> In short term accomm - B&B | <input type="checkbox"/> No Accom – very temporarily at friends | <input type="checkbox"/> Prison/ YOI – ready for release |
| <input type="checkbox"/> Current home owner | <input type="checkbox"/> In short term accomm - nightshelter | <input type="checkbox"/> No Accom - sofa surfing | <input type="checkbox"/> Armed Forces – ready for discharge |
| <input type="checkbox"/> Current tenant or owner of a caravan or mobile home | <input type="checkbox"/> In short term accomm - women's refuge | | |
| | <input type="checkbox"/> In short term accomm – living temporarily with family or friends (no immediate threat of loss of home) | | <input type="checkbox"/> –Psychiatric hospital – ready for discharge |
| | <input type="checkbox"/> In short term accomm – accepted as homeless | | <input type="checkbox"/> Acute hospital – ready for discharge |

16. Is this person in receipt of a housing-related support service?

- Yes No

Risk of losing settled accommodation: this section should be filled in only where a person with support provision or needs has long term settled accommodation (for example their own tenancy, owner-occupied house, or long term accommodation with friends or family) and is at risk of losing it.

17. Do they run any risk of losing settled accommodation (only for people with their own accommodation) for any of the following reasons? Please tick as many as apply

- Rent arrears Accommodation Unsuitable - size, location, condition, harassment, health, etc. No risk

- Behaviour
 Property to be demolished / sold
 Mortgage and / or other debt
 Area unsuitable
 Other reason for possible loss of accommodation
-

18. If this person is at any risk of losing accommodation, have they approached the Housing Options service? (If there is no risk of loss of accommodation, please move on to Question 19).

- Yes and accepted as statutorily homeless
 Decision pending
 Are not homeless but have asked for help to prevent homelessness
 Yes but not accepted as statutorily homeless
 No
 Not sure

19. Are they on the Barnsley housing waiting list?

- Yes
 No
 Don't know

Support needs

This section allows you to tell us about the factors making it difficult to obtain appropriate housing to meet their needs, and what type of housing / support they need in the future.

In 'eviction history', we suggest including anyone who has lost their home before because of abandonment; rent arrears; trespassing/squatting, for example.

Question 22 provides an opportunity to tell us about a need for something different to what they are currently receiving.

20. What is the primary factor affecting their chances of resolving their housing and support needs? Please tick only one box

- Financial problems
 Vulnerable to exploitation
 History of violence to others
 Lack of life skills
 Long use of drugs or alcohol
 Sex offending
 Gambling addiction
 Child protection issues
 Literacy / numeracy problems
 English not first language
 Eviction history
 Need help with re-housing / move-on
 Lack of personal care or hygiene
 Anti-social behaviour history
 History of arson
 Accommodation needs adaptations
 Victim of crime
 Inability to manage money
 Other - please describe
-

21. What other factors are affecting their housing and support needs? Please tick as many as apply

- Financial problems
 Vulnerable to exploitation
 History of violence to others
 Lack of life skills
 Long use of drugs or alcohol
 Sex offending
 Gambling addiction
 Child protection issues
 Literacy / numeracy problems
 English not first language
 Eviction history
 Need help with re-housing / move-on
 Lack of personal care or hygiene
 Anti-social behaviour history
 History of arson

- Accommodation needs adaptations
- Other - please describe
- Victim of crime

22. If the person needs something different to the housing and housing-related support they currently have (as in Questions 15 and 16), what type of housing and / or support do they need instead?

Please tick only one box

- | | | |
|---|---|---|
| <input type="checkbox"/> Move to own tenancy (no support needed) | <input type="checkbox"/> Move to short term accommodation - hostel | <input type="checkbox"/> Receive more intense floating support than currently receiving |
| <input type="checkbox"/> Move to own tenancy, with short term or occasional support / resettlement advice | <input type="checkbox"/> Move to short term supported housing – | <input type="checkbox"/> Receive less intense floating support than currently receiving |
| <input type="checkbox"/> Move to own tenancy, with ongoing floating support | <input type="checkbox"/> Move to long term supported housing with support | <input type="checkbox"/> Safety measures installed in current home |
| <input type="checkbox"/> Move to own tenancy with more specialist floating support | <input type="checkbox"/> Move to more specialist supported housing | <input type="checkbox"/> Crime prevention measures in current home |
| | | <input type="checkbox"/> Move to a home that is adapted for their physical/mobility needs |

23. Should this accommodation ideally be shared with others? Yes/ No

24. How long do they need any level of housing-related support for?

- | | | |
|---|--|--|
| <input type="checkbox"/> One-off help - crisis prevention | <input type="checkbox"/> Between 3 and 6 months | <input type="checkbox"/> Between 1 and 2 years |
| <input type="checkbox"/> For up to 3 months | <input type="checkbox"/> Between 6 and 12 months | <input type="checkbox"/> Permanently |

Substance misuse details

24. Where the person has a substance misuse problem, please tell us what type of substance they are using

- Drugs Alcohol Both drugs & alcohol Not sure which

25. Main drug of choice

- | | | | | |
|---------------------------------------|----------------------------------|-----------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Heroin | <input type="checkbox"/> Cocaine | <input type="checkbox"/> Cannabis | <input type="checkbox"/> Alcohol | <input type="checkbox"/> Legal highs |
| <input type="checkbox"/> Methadone | <input type="checkbox"/> Crack | <input type="checkbox"/> Diazepam | <input type="checkbox"/> Steroids | |
| <input type="checkbox"/> Amphetamines | <input type="checkbox"/> Ecstasy | <input type="checkbox"/> Solvents | <input type="checkbox"/> Not sure which | |

Other - please give details

26. In treatment, now or in the past?

- In treatment currently Not in treatment and never has been In treatment within last 2 years but not currently Not sure or don't know

Mental health needs

27. Has the person been diagnosed with a mental illness?

- Yes No Don't know

- 28. Whether or not they have a diagnosis, how does their condition affect their housing needs?**
- Cannot share with others* *Finds neighbours difficult* *Finds maintaining an orderly home difficult*
- Difficulty coping with everyday living*
- Other - please give details*
-
-

- 29. Are they in regular touch with mental health services?**
- Yes* *No* *Don't know*

Housing & Accommodation Details

- 30. Where are they staying now? Please tick only one box**
- | | Yes | No |
|-------------|--------------------------|--------------------------|
| In Barnsley | <input type="checkbox"/> | <input type="checkbox"/> |
- 31. Please enter postcode for current address in Barnsley (if they have one) - please use the first part of the postcode if you do not know the full postcode**
- Postcode: _____
- Or tick if staying
- | | |
|--------------------------------|--------------------------|
| elsewhere in West Yorkshire | <input type="checkbox"/> |
| outside Yorkshire & Humberside | <input type="checkbox"/> |
- 32. Where they would like to be? Please tick as many as apply**
- Area living in now in Barnsley* *Different part of Barnsley* *Outside Barnsley* *Don't know*
- Please state where, if different part of Barnsley*
-
-

Thank you very much for completing this survey

Appendix 10: Other Preventative Services to Support Well-being and Independent Living and their Links with Housing and Support

1. Introduction

This Appendix provides further detail and case studies of other preventative services to support well-being and independent living and their links with housing and support. In particular it focuses on:

- The interface between Independent Living at Home (ILAH) services and housing support
- The potential to develop a broader and more integrated independent living offer to complement the market place being developed through Shop for Support, Barnsley
- Conclusions

2. The Independent Living at Home service

The Independent Living at Home (ILAH) service provides the community alarm, telecare and reablement services for Barnsley. The service currently supports over 7,000 customers. From April 2015 ILAH became a local authority arms length trading company, with the freedoms to operate in the market.

The service runs 3 pathways to independence, which are:

Pathway 1: Assistive Living Technologies - focus on self care: community alarm service focused on early intervention and prevention. This is the careline response. Free 4 week trial for careline only and then from £3.24 a week.

Pathway 2: Social resilience – low and moderate (i.e. for people who are not FACS eligible). A 1-3 week pathway and free intervention funded via the Better Care Fund (BCF) focused on social resilience around the person with the aim of delaying a more intensive service. This is the support worker response. The focus is prevention of admission and early discharge. Discharge work is focused on non FACS eligible people who are medically fit on discharge but socially or emotionally at risk if going home to an empty home or if partner has recently died, and at risk of re-admission. Reablement support staff are trained in Motivational Intervention (MI) techniques. They work to support the person towards independence, including working with public health on healthy lifestyle, and with other organisations such as Age UK. People can move on to Careline service afterwards that they pay for themselves. The Aim is to promote a preventative approach. GPs are now starting to access this service as well as hospitals.

Pathway 3: Reablement pathway – for people with substantial and critical needs. This is the reablement response: 1-6 week (average 5 weeks) free integrated reablement and telecare service. The focus is on regaining healthy living skills. This is

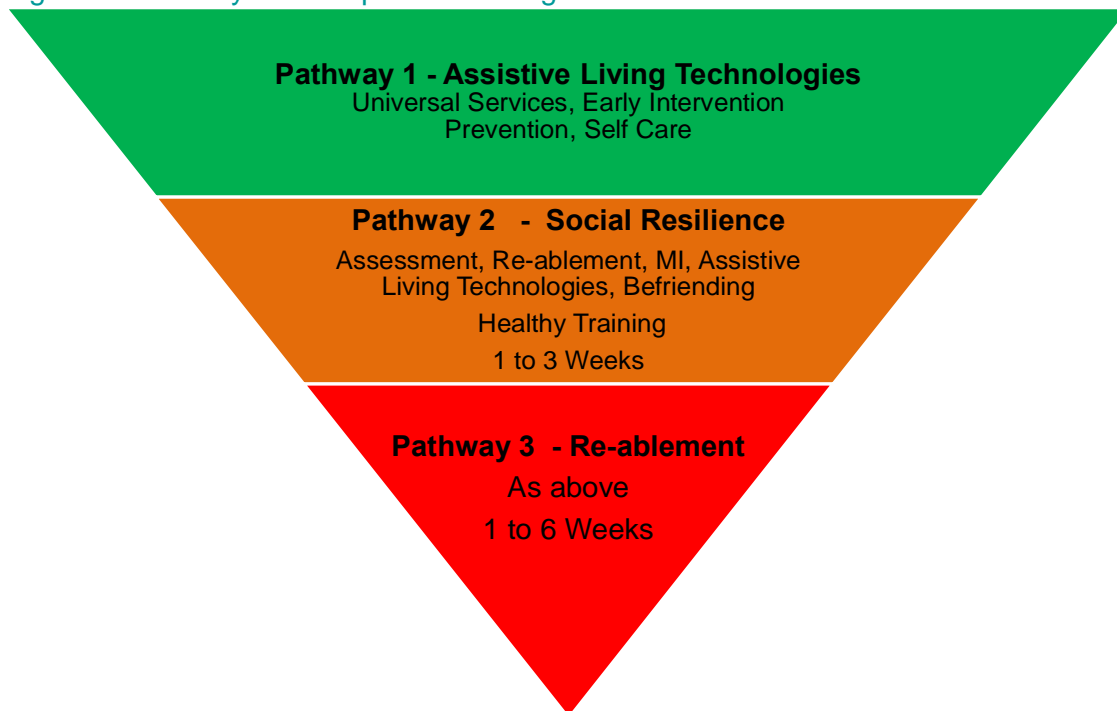
a very holistic approach including befriending and health training with the aim of maximising potential for independent living. At the end of the reablement pathway people will need either no care or have a care contract with a private sector provider - normally 20% less care is needed than if they had not gone through reablement.

Clinicians in hospital can now discharge straight to the Independent Living at Home team under pathway3

The reablement team can normally identify within 2-3 weeks whether or not someone will need ongoing care, in which case a care manager will come in and do an assessment and link the person with a private care provider. 51% of people on pathway 3 do not need any service after week 6.

A diagrammatic description of the Pathways to Independent Living is provided in Figure 1 below.

Figure 1: Pathways to Independent Living



Assessment and care management have re-designed the front end assessment so that initial contact is to the CAT team. Now the Tier 1 CAT team (see section 4.2 of this report) can refer straight on to the ILAH team which do the assessment, and put people onto the maximising independence pathway 1. The Tier 2 CAT team can also refer straight to the ILAH service for the pathway 3 reablement service.

Linking up telecare and reablement and falls prevention

Barnsley received £250k to link up the IT systems for telecare and reablement. So, if someone contacts the ILAH Careline about a fall an alert will go to the SMART phone of a reablement team support worker who will visit someone within 48 hours to see how they are and offer falls prevention advice . covering areas such dangerous

carpets/flooring that puts someone at risk of falls, health and diet advice. They can put a support worker in for a week. The aim is to do preventative management of falls before someone has an accident, such as breaking their hip.

The ILAH Careline has 1300 users who have telecare and falls sensors.

Linking reablement and intermediate care

ILAH has not yet achieved a completely continuous care model as in Sheffield with the same workers throughout, but work has been going on to connect up rehabilitation and reablement.

The Hospital at Home rehabilitation workers resolve someone's health conditions. The reablement service focuses on restoring someone's independence.

Right Care Barnsley is a hub providing health care co-ordination - a clinical led model to prevent hospital admission.

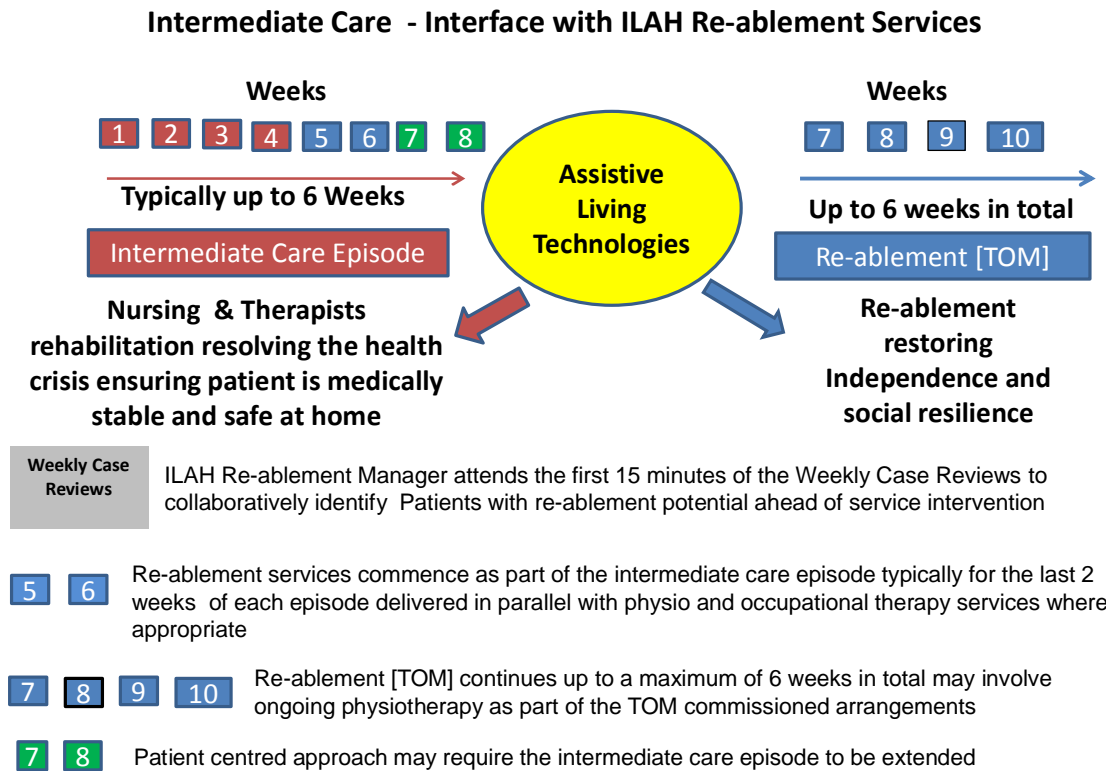
Hospital at home stabilises people with therapy and related services to move home.

Intermediate Care is an intensive therapy programme and reablement is a step down from that.

One of the ILAH reablement managers attends the weekly rehabilitation meeting to identify people in weeks 5 and 6 of rehabilitation pathway who can move onto the reablement pathway, and people can then move over to reablement before the 6 weeks if they are ready.

Figure 2 below illustrates the interface between intermediate care and the reablement services.

Figure 2: Intermediate Care . Interface with ILAH Reablement Services



Dementia

The ILAH service wants to develop a similar model in relation to dementia for people who wander, which would link up with the memory support team at Kendray hospital.

Berneslai Homes

the ILAH Careline now contracts directly with individual Berneslai customers, rather than the contract being via Berneslai Homes itself as the landlord, as it was previously when a condition of the tenancy. These connections are subsidised by Barnsley Council through a housing related support (HRS) contract between the Council and ILAH Careline.

Housing associations

ILAH Careline also has community alarm service contracts funded by the Council through HRS with:

- Guinness Northern Counties (4 sheltered schemes), Yorkshire Housing (2 sheltered schemes) and Equity (1 sheltered scheme) respectively
- Extra care housing providers . Chevin (2 schemes), Guinness Northern Counties (1 scheme), and South Yorkshire Housing Association (1 scheme)

The Council should note that in most local authorities the Council is no longer providing housing support funding for community alarm services in sheltered housing.

Expanding the role of ILAH beyond older people

ILAH has done a lot of work with the learning disability service over the last 3 years and now have around 150 people with a learning disability linked to the community alarm service/telecare. This means that night cover staff has been able to be removed for all people who do not need it, because of the introduction of telecare. ILAH also works with people who are visually impaired and hard of hearing. Both these are seen as development areas with further potential.

Linking ILAH to equipment and adaptations

ILAH would like to develop a similar model to that in York linking telecare to equipment and adaptations. However, this does not appear to be possible in Barnsley at present because the equipment and adaptations service sits within health (SWYFT) rather than within the Council

New services

TelPal care mobile

ILAH has recently launched a new lower level service for people with mobile phones. this offers:

- Reassurance calls to people on their mobile
- Or, if someone trips out shopping or at home then the ILAH Careline centre will call an ambulance

This is a monitoring only service with no visiting response.

The cost is £2.89 a week to mobiles or £3.24 a week for people who have a Careline phone.

Building a broader offer beyond older people and adults to socially excluded people

ILAH has already been talking to a company called Spectrum in Wakefield about using mobile care for socially excluded people using their mobile phones.

At the 1 July stakeholder workshop, housing support providers and ILAH explored the potential of broadening out the ILAH offer to people from socially excluded groups, for example, people with mental health problems.

Potential was identified to provide a reassurance call service (not including an emergency response service):

- Either, alongside other services such as case management and housing related support
- Or, as a lower level support offer after a housing related support service had ended

ILAH and some support providers agreed to follow this idea up following the stakeholder event, and ILAH is now looking at the potential for offering such a service.

3. Developing a broader Independent Living offer

At the present time:

- The ILAH service focuses on telecare and reablement
- A range of other accommodation and support services are available for purchase on Shop for Support Barnsley, the online market place

However, we have identified in section 4 of the report that Shop for Support Barnsley only has a very small and uneven range of housing and services on its website.

In addition people who use services, and family members or carers who might wish to purchase services on behalf of an individual have to purchase each service on an individual basis through different providers.

The household survey showed that 10.6% of all households across the MB Barnsley stated that they require care or support to enable them to stay in their current home (Figure 3). This varied spatially, between 7.6% in Penistone and 16.3% in the Central Area.

Figure 3: Need for care or support to stay in current home

Need for care or support to stay in current home in Barnsley MB and sub-areas							
Need for care or support to stay in home?	% of population						
	Borough Total	Central Area	Dearne Area	North Area	North East Area	Penistone Area	South Area
Yes	10.6%	16.3%	11.6%	9.2%	11.5%	7.6%	11.1%
No	89.4%	83.7%	88.4%	90.8%	88.5%	92.4%	88.9%

Source: 2012 Household Survey (Q 23)

The household survey asked respondents whether they required assistance, now or in the next five years, and what type of assistance. As shown by Figure 4 below, older people (aged 65 years or older) particularly noted the need for help with gardening (35.5% stated this help is needed either now or in the next five years), repair/maintenance (26.7% stated this help is needed either now or in the next five years) and help with cleaning (25.6%).

Figure 4: Type of assistance required either now or in next 5 years

Type of assistance required either now or in next 5 years by age group			
Assistance required	Age group (% of households)		
	Younger	Older	Total
Help with repair and maintenance of home	16.4	26.7	19.2
Help with gardening	12.8	35.5	18.9
Help with cleaning home	9.2	25.6	13.6
Help with other practical tasks	7.0	18.2	10.0
Help with personal care	5.9	9.8	7.0
Want company / friendship	4.4	7.7	5.3
Base	73528	27217	100745

Source: 2012 Household Survey (Q 26)

There are examples from elsewhere of providers coming together to offer a broader range of Independent Living services through one access point and one organisation, that individuals or carers can purchase for themselves in the market place. Services might include

- Community alarm/telecare access
- Property services: handyperson, gardening, decorating, and other maintenance service
- Practical support: domestic services; bill paying; meals delivery
- Home moving service
- Social support: taking to the surgery, outings to the cinema, self-help befriending telephone networks to address social isolation
- Personal care
- Social support and befriending, using volunteer models such as telephone contact support

The keys to making such a service work are:

- A holistic quality of life well-being self assessment tool that the person themselves or their carer can complete
- A distinct Independent Living brand with an integrated front end (including website and someone on the end of a telephone rather than just online purchasing) that can enable the purchaser to purchase services either singly or in combination and to come back at any time for more or different services as they need
- A range of services offered either directly or by a network of service providers working in partnership

Such a service offer would complement Shop for Support Barnsley and be particularly appropriate for people or carers who do not have the time to scout the market place or who want a more personal booking type service.

Some providers also offer a face to face guided self assessment direct with the individual and their carers so they can talk through what they might want to purchase.

This is a market offer that people pay for themselves through sources such as Attendance Allowance or an individual Budget, though in some areas the local authority subsidises some of the services, in particular handyperson services.

Case study examples

Eden Independent Living (<http://www.edenindependentliving.org.uk/>) run by Eden Housing Association (EHA), is an example of the development of an Independent Living model. EHA has:

- Signed up 80% of tenants who formerly received Supporting People funding for a community alarm service into a new self pay community alarm and visiting service
- Developed a new brand called Eden Independent Living, which was launched in June 2012 and which offers a wide range of advice, information, signposting and services for older and other adults with support needs
- Developed a strategic partnership with Eden Country Care (an Aqlist domiciliary care provider on the adult social care framework) who deliver personal care, practical services and social support
- Developed delivery partnerships with other providers to deliver a community alarm call centre, an out of hours emergency response service, and a handyman service
- Developed a flexible offer of community alarm services and a range of tailor made services that older people (and other vulnerable groups) can purchase in the market place covering property, practical, personal care, social support and befriending and telecare services
- Reshaped the Housing Support Officer role to become Independent Living Advisors to provide the customer interface with the Eden Independent Living Service and who offer:
 - An Independent Living self appraisal check
 - Information and advice (linked to a Resources Pack) to address the issues that older people and their families identify through the self appraisal check (e.g. income maximisation; community alarm, shopping, personal care)
 - Setting up the Eden Independent Living Service(s)
 - Signposting/Referring people on to other services if appropriate
 - Ongoing visiting/telephone contact support at a level agreed with the customer
- Worked with the both the district council (housing) and county council (adult social care) and community health teams in developing the concept and model . they are both very supportive and see Eden Independent Living as adding value both in terms of practical and preventative services for all older people, and higher level services such as personal care for people who do not want to access services via adult social care or people on an individual budget. They also see it as offering value for other vulnerable groups such as people with a physical or learning disability, particularly people who do not meet eligibility requirements for adult social care

- Services

Further information is also available in Housing LIN Case Study 87

Coast & Country's HomeCall Independent Living Service

Homecall Independent Living is the community alarm and telecare service run by Coast & Country Housing Association. Following changes in funding from Redcar & Cleveland Council Homecall Independent Living moved to a market model (alongside the telecare contract with the Council and contracts with a number of housing associations. Homecall developed a partnership with Heritage Healthcare, an independent domiciliary care company working across Teesside.

Homecall Independent Living now offers a wider range of services through its website, including:

- Assistive technology
- Handyman and property services
- Personal care services
- Practical support services
- Social support services

It also offers a My Future independent living self assessment check via its website (or a downloadable paper copy) that can be submitted online or sent in by post, following which an Independent Living Advisor will provide further advice and information (face to face if requested) and enable people to sign up for any services they might wish to purchase.

[\(http://www.homecall.me/independent-living/\)](http://www.homecall.me/independent-living/)

4. Conclusions

Barnsley has been creative in evolving a range of Independent Living at Home services that focus on prevention and diversion from more intensive services.

The establishment of ILAH as an arms length trading company provides the Council with further potential to develop its well-being and independent living offer.

In this Appendix we have identified two areas of potential to develop such an offer further.

Appendix 11: Barnsley's community approach and the interface with housing and housing support

1. Introduction

This Appendix provides further information on Barnsley's community approach and the interface with housing and housing support. It:

- Looks at the interface between the Council's community sustainability approach and housing, care and support for vulnerable people
- Sets out conclusions and recommendations about strengthening the interface between community led and housing and support initiatives for vulnerable people and households

A key part of the Council's Corporate Vision for Barnsley is to build strong, self sufficient and sustainable communities. The Council's priorities include:

- Changing the relationship between the council and the community, which includes involving local people in the design and delivery of services, new models of delivering services guided by local choice and need, and providing support to enable more people to do more for themselves

The council is looking to deliver change through strong strategic leadership in partnership with local partner organisations and local communities. This is a major shift from having a top down approach and recognises that major social issues are complex and need cross cutting approaches through a range of partner organisations to address them.

At a community level, the Council is engaging with the community through the six Local Area Council areas, where councillors respond to strategic priorities on an area basis. This local approach aims to respond to the very different demographic, health and economic circumstances of different parts of the borough. Local priorities in some areas include older people and children and young people, as well as people affected by health inequalities.

2. Linkages between community sustainability and housing and support

Identifying the community or spatial dimension to housing and support for vulnerable people

The report aims to take account of the different and distinct geography of different parts of the borough:

- Section 3 and Appendix 3 provides demographic, household type, health, tenure and deprivation data on the population by Local Area Council area
- Section 5 noted spatial issues around general needs housing

- Section 6 and the Annexes we have set out current supply and need for the different groups we are covering, including tables and maps of specialist accommodation supply data (where data is available) for each of the 6 Area Council Areas

Area Council Area priorities and initiatives that link with the housing, care and support agenda for vulnerable people

The priorities and initiatives in the Area Council Area Plans that link up with the issues we are addressing in this report are summarised in Figure 1 below.

Figure 1: Area Plan priorities that link to housing and support for vulnerable people

Area Council area	Area Plan priorities that link to housing and support for vulnerable people
North East	<ul style="list-style-type: none"> • health and well-being for older people • young people, including mental health
North	<ul style="list-style-type: none"> • Improving local youth provision • health and well-being • Child poverty
Dearne	<ul style="list-style-type: none"> • younger people, anti social behaviour and teenage pregnancies • debt and benefits advice (linked to poverty and poor health)
Central	<ul style="list-style-type: none"> • improving the well-being of children and young people • reducing the loneliness and isolation of older people
South	<ul style="list-style-type: none"> • locally available advice and information to address poor health • opportunities for young people
Penistone	<ul style="list-style-type: none"> • Access to healthcare • activities and support for younger people

In addition to looking at the Area Council Plans we attended a meeting of the Lead Locality Officers, Area Managers, and other staff to discuss potential synergies between their work and the needs of people in relation to housing, care and support. This discussion:

- Highlighted the different types of issues that the different Area Council areas were facing
- Confirmed that there were issues of overlap between the actions in the Area Plans and housing and support issues that we are addressing in this report

Each Area Council area has an annual budget of £100,000 which it can use to commission initiatives to address issues identified by the local community. Set out below are examples of actions and services that have been funded or commissioned through the Area Councils that overlap with the agenda for this report.

Dearne

The Dearne approach, which is building on Turning Point research on community asset mapping, has identified a number of significant issues, including substance misuse.

There is now a multi agency partnership, which includes housing to address the issues that have been raised. Action includes commissioning Phoenix Futures around substance misuse.

Central

The Central area has the highest level of private rented housing in the borough, and it has identified a significant level of asylum seekers, and an increase in the amount of casual racism, with the migrant community being blamed for enforcement issues such as litter and fly tipping. There is significant concern that some people and families in the migrant community are vulnerable themselves to being cheated and scammed, for example being crammed into one property and overcharged. Action has included:

- Commissioning the Council's Community Safety and Enforcement Service around housing enforcement action in private rented accommodation
- Providing a grant to Home Start to provide additional support
- Working with the Royal Voluntary Service (RVS, formerly WRVS) inclusion workers around support for older people
- Targeted work by the Council to identify landlords that might be overcrowding homes and failing to repair or manage these properly

North

The North area has identified issues of:

- Social isolation in the Old Town ward
- advice and information, health, obesity and family support in the St Helens ward

They:

- Have set up a small grants scheme, which includes funding to RVS to reduce social isolation
- Are working with CAB to address housing, benefits and legal issues
- Are working with the Romero Project, a local community organisation based in St Helens Church, on a number of initiatives, for example to engage young people through after school activities; and to provide guidance on bereavement

North East

The North East area has also identified enforcement as an issue along with information and advice and addressing loneliness. They have funded:

- The Council's Community Safety and Enforcement Service around housing enforcement action in private rented accommodation

- CAB and DIAL to provide advice on areas including housing, including piloting a drop in session from DIAL in Royston ward
- A luncheon club scheme
- A successful Health Fair

Penistone

The main issues and actions relate to:

- The lack of land for affordable and social housing, and a shortage of suitable housing for both older people and younger people
- social isolation in rural areas
- Access to healthcare and support and activities for young people

South

Issues and actions relate to social isolation in Darfield and provision of information, advice and guidance services.

3. Looking ahead

Discussion with the Lead Locality Officers and the Area Managers have identified key overlaps with this commission, in particular around the private rented sector and particular population groups such as families and refugees, information and advice, and addressing social isolation and improving well-being and support for local people.

Housing is recognised as a big agenda, including a number of the groups covered in this report, for example young people, older people, refugees and migrant workers, people with a mental health problem, and people with a substance misuse.

The Dearne Approach, using a bottom up asset based approach reflects a similar approach and philosophy to that used by a number of housing support agencies with vulnerable and socially excluded people, with a positive focus on building on what people can do to help themselves rather than a negative problem based approach.

The key issue that we have identified, both in discussion with the locality teams and at the 1 July stakeholder event is how best to link up more strategically Barnsley's bottom up locality sustainable community approach with other housing and support services for vulnerable people.

Appendix 12: Commissioning and Funding

This Appendix links to section 9 of the main report and provides option appraisals and case study examples for reshaping service and funding models.

Reshaping services and funding models

Set out below are option appraisals for the following key areas of funding and service re-design:

- Extra care housing
- Housing for people with a learning disability
- Provision for 16-17 year olds
- Services for homeless people

Option Appraisal: Extra care housing

Option	<ul style="list-style-type: none"> • Suitability • Feasibility • Acceptability 	Risk factors
As currently funded without any commissioned care and Council liable for void costs	<ul style="list-style-type: none"> • Not feasible for the Council as extra care cannot provide an alternative to residential care • Not acceptable to older people and their families as it doesn't meet their needs and expectations • Not suitable for older people with high level/complex care needs or dementia 	<ul style="list-style-type: none"> • Lack of demand as a result of: high service charges relating to the ECH infrastructure; lack of a care model that can provide an alternative to long-term care; and uncertainty about who the schemes are for • Residents from extra care moving into residential care to be funded by the Council putting increased pressure on the budget
Move to a care commissioning model that is cost effective for the Council and improves outcomes for residents	<ul style="list-style-type: none"> • Other LAs have developed more cost effective flexible models and information is available via the Housing LIN • Cost effectiveness must be linked to allocations so that a % of residents in schemes will have high level needs similar to that which currently means a move into a care home • Care and support costs and outcomes should be measured to ensure the model is working 	<ul style="list-style-type: none"> • Costs will increase but should be mitigated by reduced reliance upon residential care • Schemes have moved towards housing people with lower level needs and it will take time to move to more balanced communities of fit and frail residents • Providers, residents, families and care managers will need to understand the new service model otherwise allocations will continue to more independent older people without care needs

Option Appraisal: Supported Living housing for people with a learning disability

Option	<ul style="list-style-type: none"> • Suitability • Feasibility • Acceptability 	Risk factors
As is with current stock mix	<ul style="list-style-type: none"> • Some of the housing is suitable for the future but not all • It would be possible to keep on with the existing spread of stock • Some existing housing would not be acceptable to people with a learning disability going forward 	<ul style="list-style-type: none"> • Some people would be at risk of going into residential care because of unsuitable housing • Lack of suitable assessment units and training units to support and skill people to move to more independent settings
Further re-design of Supported Living accommodation	<ul style="list-style-type: none"> • Will ensure a range of stock fit for the future • There are developers who would be able to work in partnership with the Council without the need for public capital finance • Would meet the future needs of people with a learning disability 	<ul style="list-style-type: none"> • The need to avoid costly arrangements with developers (e.g. avoiding commitments to paying void costs) • Over estimating future demand for accommodation . unsuitable houses could be handed back to landlords or re-used for another adult or socially excluded group

Option Appraisal: 16/17 year old homeless/care leavers

Option	<ul style="list-style-type: none"> • Suitability • Feasibility • Acceptability 	Risk factors
As currently funded and commissioned – HRS funds The Forge and Highfield Terrace & Future Directions funds specialist accommodation outside Barnsley	<ul style="list-style-type: none"> • Specialist accomm is outside Barnsley, very little inside Barnsley (only one scheme suitable for 16/17 year olds) • Long term sustainability questionable given high spend and difficulties for 18 year olds leaving specialist accomm who are not ready for independence • Highfield is very popular but very little throughput. Some care leavers have had good experiences in specialist accomm, but those met wanted to be in Barnsley. The change at 18 years is very difficult. 	<ul style="list-style-type: none"> • Risks to FD budget . provision of travel for non-Barnsley based care leavers; additional staff time; additional inputs to enable return to and settling in Barnsley • Accomm ends at age 18 . change of town, lifestyle and friends . all very difficult for care leavers • Difficult to maintain/ continue education for those placed

		outside Barnsley . risks to care leavers futures
<p>Move to Barnsley-based provision with range of jointly commissioned options</p> <ul style="list-style-type: none"> • Nightstop • Supported Lodgings • Schemes for 5 or 6 people • Training/taster flats • Small shared houses for move-on living • Floating support with flexibility around intensity <p>IAST is key to making best use of emergency/very short stay options</p>	<ul style="list-style-type: none"> • Barnsley-based, so can retain friends, family links, education • More chance of 16/17 homeless being able to return home if still in touch with family • Emergency/very short stay options are clearly temporary . provide breathing space/respice only, allowing time to address family issues • Family-based options more suitable for some very young adults • Small scheme sizes reduce complexity and allow focused time on personal development • Training flats allow fail safe independent living tasters • Floating support enables supported independent living for those ready • Shared houses reduce isolation and meet benefit requirements 	<ul style="list-style-type: none"> • Inability to get sign-up for Nightstop or supported lodgings hosts • Training flats get silted up if no return plan • Shared houses could be difficult to manage (but intensive housing management would tackle this) • Specialist providers not willing to provide affordable accomm in Barnsley . low risk given property prices • Additional supported housing schemes require capital. disposal of The Forge unlikely to provide sufficient capital for replacements

Option Appraisal: Reshaping supported accommodation for single homeless adults

The findings relating to the single homeless groups suggest a number of ways of better meeting the needs of single people, including those with substance misuse problems, mental health problems or an offending history who are not yet able to access specialist accommodation provision. A number of ideas for reshaping services are suggested in different sections of the report; this option appraisal brings them all together in one place.

Option	<ul style="list-style-type: none"> • Suitability • Feasibility • Acceptability 	Risk factors
As is, funded via HRS: Single homeless people are accommodated in Holden House, or in hostels or B&B in Sheffield, Rotherham, or Bradford	<ul style="list-style-type: none"> • Single homeless people accommodated in Holden House may not need support but there are no other options for emergency or short term accommodation • Some people may be more suited to specialist 	<ul style="list-style-type: none"> • Risk of not accommodating all those in need, or accommodation being unsuitable. As a result, some people stay on the streets, or sofa surf • More people take more damaging drugs

<p>Too many people are sleeping rough or sofa surfing</p>	<p>provision for addressing substance misuse problems or an offending history but at times there are no free spaces in those schemes</p> <ul style="list-style-type: none"> • Service users who are not users, or are trying to abstain, say that there can be pressure from others accommodated at Holden House to consume substances • People may not be able to access Holden House, either because there is no space available, or because they have already stayed there and problems with their stay have led to them being excluded • There is no accommodation for couples who wish to stay together 	<ul style="list-style-type: none"> • Risks presented by some people to others is not addressed, except by evicting person presenting risk • Very difficult to maintain abstinence . treatment failure • Support capacity is used incorrectly • Difficult to manage accommodation for 42 people in one building and to get people fully engaged in moving forward towards independence
<p>Options for different ways of accommodating single people and couples:</p> <ul style="list-style-type: none"> • Nightstop: accommodate people with no / low levels of support needs in the homes of volunteers • Small units of supported accommodation for people who are not yet able to be abstinent (see Sinclair Project) • Reshape Holden House to reduce number of beds, but provide assessment and speedy route through to other solutions. One 	<ul style="list-style-type: none"> • Single homeless people and homeless couples can be accommodated in Barnsley and move forward with their lives • People are accommodated in provision that matches their needs more closely • Accommodation for single homeless people is easier to manage and easier to live in • People who are at a chaotic stage in their lives are helped to stabilise, access treatment, and seek appropriate next housing steps • People who have multiple or complex needs are helped to address those needs in a holistic and person-centred way, and helped to sustain accommodation for the long term 	<ul style="list-style-type: none"> • Hosts may not sign up to provide Nightstop • Funding for co-ordination, training and DBS checks, and working with clients to find future accommodation may not be available • More funding input for higher staffing levels (ratios of staff: customers) may not be available/manageable within overall budget envelope • Furniture & fittings . higher service charge levels (unaffordable to those in work) • Other funders (health, substance misuse, prison & probation) may not be prepared to input to shared commissioning for people with multiple needs

<p>room to be capable of accommodating a couple.</p> <ul style="list-style-type: none"> • Housing First scheme for people who are not able to manage in shared accommodation • Navigator service to work with rough sleepers and people with multiple needs • Increase capacity of T4 supported accommodation • Increase capacity of Action Housing dispersed accommodation • Increase capacity of Foundation floating support scheme • Provide emergency or respite beds at other supported schemes e.g. Jubilee Gardens and High Street 	<ul style="list-style-type: none"> • People with substance misuse problems or offending histories can access appropriate accommodation and support and address their needs more speedily 	
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Making the best use of resources in a strategic and targeted way

Services the Council should not be funding via HRS

Set out below is an option appraisal for ceasing to provide £133,798 community alarm funding via HRS funding for tenants of Berneslai Homes (20 schemes), Guinness Northern Counties (4 schemes) and Yorkshire Housing Association (2 schemes), Equity Housing Association (1 scheme) receiving funding support for community alarm services.

Option appraisal 1: maintaining current HRS funding for community alarm services v. moving to a self funding model paid for by individual tenants

This is the critical choice to be made to fulfil the commissioning strategy. Supporting more people at home includes both general needs and supported housing settings.

Option	<ul style="list-style-type: none"> • Suitability • Feasibility • Acceptability 	Risk factors
As is, funded via HRS	<ul style="list-style-type: none"> • Suitability not met; not in line with funding direction of other local authorities and not a funding priority for HRS • No implementation problems, because retains the status quo • Community alarm Increasingly not acceptable to tenants as a condition of tenancy 	<ul style="list-style-type: none"> • Risk to overall HRS revenue budget if funding not diverted to meet other higher level needs
Shift towards individual purchasing by customers	<ul style="list-style-type: none"> • Enables the Council to divert funding to areas of higher need • Feasibility for ILAH if given enough notice to work with social landlords and individual tenants on new individual self funding model • Feasible for landlords to make such as a shift and considerable evidence from a range of other local authorities and social landlords that it can work, including in hard wired properties • Meets wish of most older people to have personal choice in what they spend their money on; already older people who are not SP eligible pay £3.24 a week for the service 	<ul style="list-style-type: none"> • Risk that older tenants in need will choose not to purchase the service, but evidence from other social landlords that most (around 80%) will • Income risk to ILAH, but discussions by arc4/PFA with ILAH show they: do not think that community alarm should not be a condition of tenancy; and that if given enough time they can re-work their income profile to take account of this change • Risk of sheltered housing being declassified as exempt accommodation and being subject to right to buy not borne out by practice an any other authority known to arc4/PFA

Ways of bringing in other sources of capital funding for developments

Case study examples – retirement housing and assisted living

McCarthy & Stone housing types for older people

Retirement Living . one and two bedroom apartments for sale in purpose designed buildings in a range of locations around the Country, which include:

- Facilities: home owners lounge for meeting and socializing; dining room; car parking; landscaped gardens; charging points for electric scooters/buggies; door entry system
- Services: on site House Manager; 24 hour emergency call system; gardening; window cleaning

Assisted Living is aimed at people aged 70 and over and offers one and two bedroom apartments for sale in purpose designed buildings together with care and support services on site. Developments include the services offered in retirement housing plus:

- Table service restaurant, which can also deliver meals to residents in their flats
- Staff on site 24/7 (YourLife created in 2010 is a joint venture with Somerset Care and registered as a domiciliary care agency with the Care Quality Commission) to provide personal care and laundry services by arrangement for hourly fees
- Cleaning . one hours domestic assistance each week is included in the service charge and residents can purchase additional time
- Free Financial Health Check with advice on ways to fund care such as claiming Attendance Allowance

They offer all prospective residents help with moving, including support with selling and appointing estate agents and solicitors, buying and financial options including part exchange and moving in, including arranging removal company and packing, de-cluttering and removals.

Case study example – Dementia

Seafarers Way in Hendon, Sunderland, provides extra care accommodation for people with Alzheimers and dementia. This scheme opened in September 2014. The scheme provides 38 one and two bedroom apartments for rent. Both couples and single people can apply for the accommodation.

The scheme was developed on behalf of Sunderland Council, by Inclusion Housing, a Community Interest Company and housing association without any capital grant from the HCA. Capital funding was provided through private finance accessed by Inclusion Housing.

The scheme is managed and the care provided through Housing and Care 21, a specialist national housing association and care provider for older people, including people with dementia.

Case study example – People with Disabilities and complex needs

There are a number of social and private developers building supported housing schemes for people with disabilities or working with landlords to access housing for rent for people with disabilities. Three examples are provided below:

The Cameron Trust works with investors, philanthropists and socially responsible organisations to change the face of housing provision for people with disabilities in the UK. Lets for Life is a Specialist Lettings Agency working with landlords and investors to let a wide range of properties. House Match is a property search website for people with disabilities with specifically refined search fields to enable people with disabilities to find a home that most suits their needs.

Cameron Trust offers long-term tenancies. Tenants have often come from a care home or are young people leaving their parents' home for the first time to be offered a home of their own.

Cameron Trust Staff provide housing support to the tenants, such as tenancy support, 24/7 emergency response line, induction to the home for tenants and their staff. Also, all the tenants will have a support package from trusted support providers to help them with their day-to-day life.

Golden Lane Housing is an independent charity established by Mencap to develop housing solutions for people with a learning disability. Golden Lane can develop supported living schemes for people with a learning disability. In addition, Golden Lane can source existing rented housing by taking a lease on another landlord's property or assist people with learning disabilities into home ownership.

HB Villages is a specialist developer of new build supported living properties linked to assistive technology to provide high quality accommodation and greater independence for vulnerable adults. Schemes are based on self contained accommodation units which are grouped in one building or on one site to achieve economies of scale and better value for money care costs.

Schemes can be for learning disabilities only or for a range of adult groups with complex needs, including learning and physical disability, ABI, autism and mental health. This provides the local authority with flexibility about who they can place within a development. Experience is showing that such supported living schemes can support people with high level and complex needs who would have previously been in hospital or long-term registered care, usually at a lower cost and therefore a saving to the local authority.

Good practice example - Shared Ownership, homebuy and HOLD for people with disabilities

Various types of low cost home ownership can be used by disabled people to buy a property.

Home ownership is not suitable or possible for everyone. However, by using various benefits in combination with special programmes, run by Registered Social Landlords (RPs) and a few other not-for-profit organisations, it is a possibility for some people. These options are most likely to be suitable for people who have some money, but not enough to buy a home outright, and a small regular income:

- With parents or other relatives who can put up the capital to help provide a share of a home
- With a Trust sufficient to purchase part of a property
- Getting either Income Support, Employment Support Allowance, Job Seekers Allowance or Incapacity Benefit along with Disability Living Allowance at the middle or higher rate and moving to somewhere more suited to their disability who as a result may be able to claim Support for Mortgage Interest (SMI) to cover mortgage interest costs.

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Appendix 7: Barnsley Supply Maps of accommodation based services

This Appendix provides details of:

Accommodation based supply maps by Area and for Barnsley as a whole covering:

Older people

Residential care and nursing homes

Sheltered and other older people's schemes for rent

Sheltered schemes for sale/shared ownership

Extra care/sheltered housing +

Vulnerable adults

Residential care and nursing homes for adults

Learning disability supported living schemes

Socially excluded people

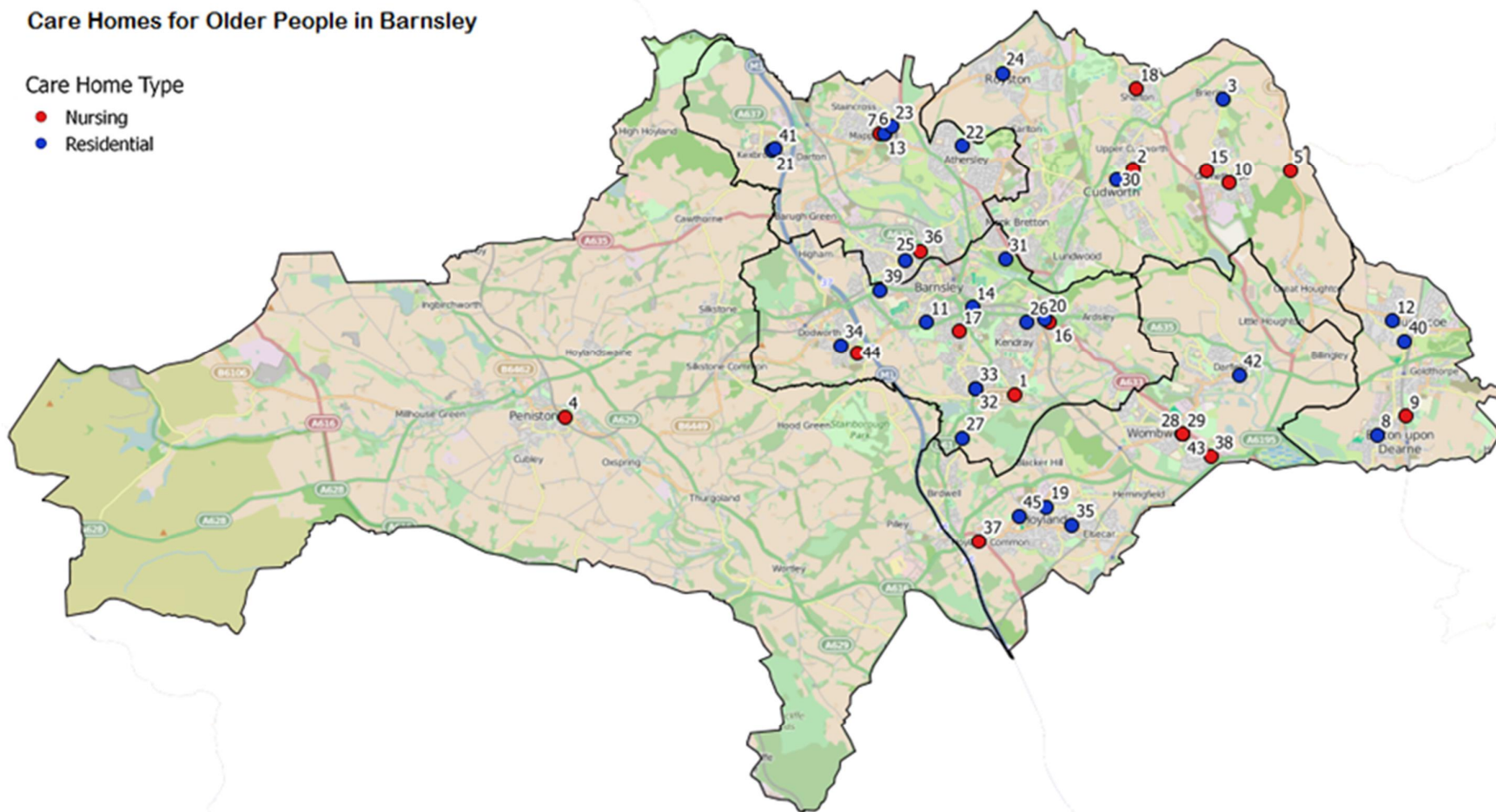
Accommodation based schemes

No maps are provided for floating support services for Barnsley as address data is not recorded

Care Homes for Older People in Barnsley

Care Home Type

- Nursing
- Residential



- | | | | |
|-----------------------------------|------------------------|--------------------------------|-------------------------------|
| 1 - Autumn House | 13 - Field View | 25 - Orchard Views | 37 - St James Court |
| 2 - Belle Green Court | 14 - Galtee More | 26 - Park Grange | 38 - The Conifers |
| 3 - Bollingbroke | 15 - Hallsteads | 27 - Park House | 39 - The Firs |
| 4 - Buckingham Care Centre | 16 - Highgrove | 28 - Parklands Nursing | 40 - The Grove |
| 5 - Burntwood Hall | 17 - Highstone Mews | 29 - Parkside Residential | 41 - The Maples |
| 6 - Chapel View Nursing Home | 18 - Holly Tree Lodge | 30 - Prospect House | 42 - Thornhill House |
| 7 - Deangate Care Centre | 19 - Hoyland Hall | 31 - Riverside | 43 - Valley Park Nursing Home |
| 8 - Dearne Hall | 20 - Hunningley Grange | 32 - Rockley Dene Nursing Home | 44 - Water Royd House |
| 9 - Dearne Valley | 21 - Kexborough House | 33 - Rockley Dene Residential | 45 - Woodlands Lodge |
| 10 - Dearnvale | 22 - Lindhurst Lodge | 34 - Rosehill House | |
| 11 - Eboracum | 23 - Mapplewell Manor | 35 - Royal Court Care Home | |
| 12 - Epworth House (was Dearnlea) | 24 - Oakwood Grange | 36 - Saxondale | |

Care Homes for Older People in Central Area



Care Home Type

- Nursing
- Residential

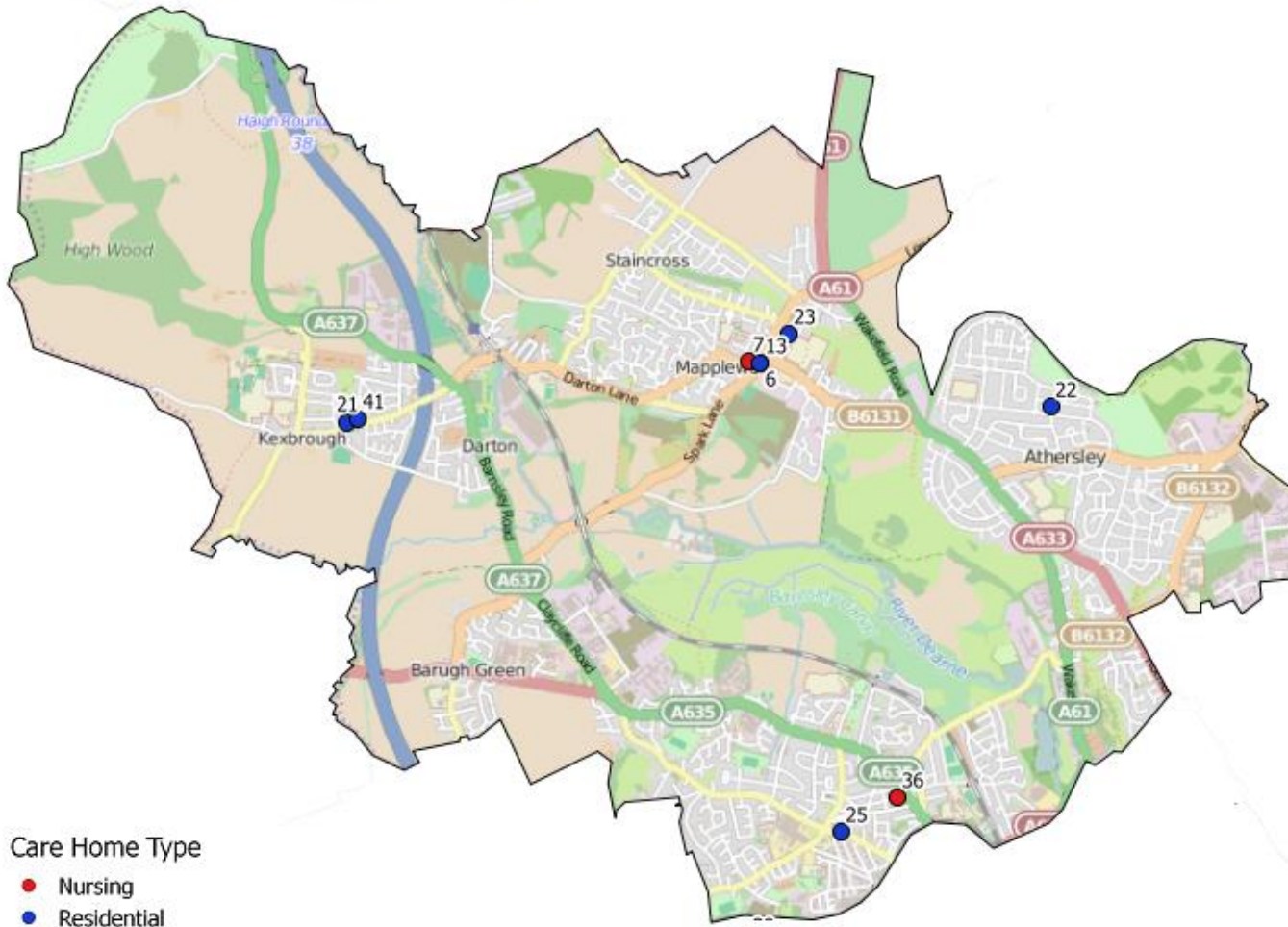
Care Homes for Older People in Dearne Area



Care Home Type

- Nursing
- Residential

Care Home for Older People in North Area



Care Homes for Older People in North East Area



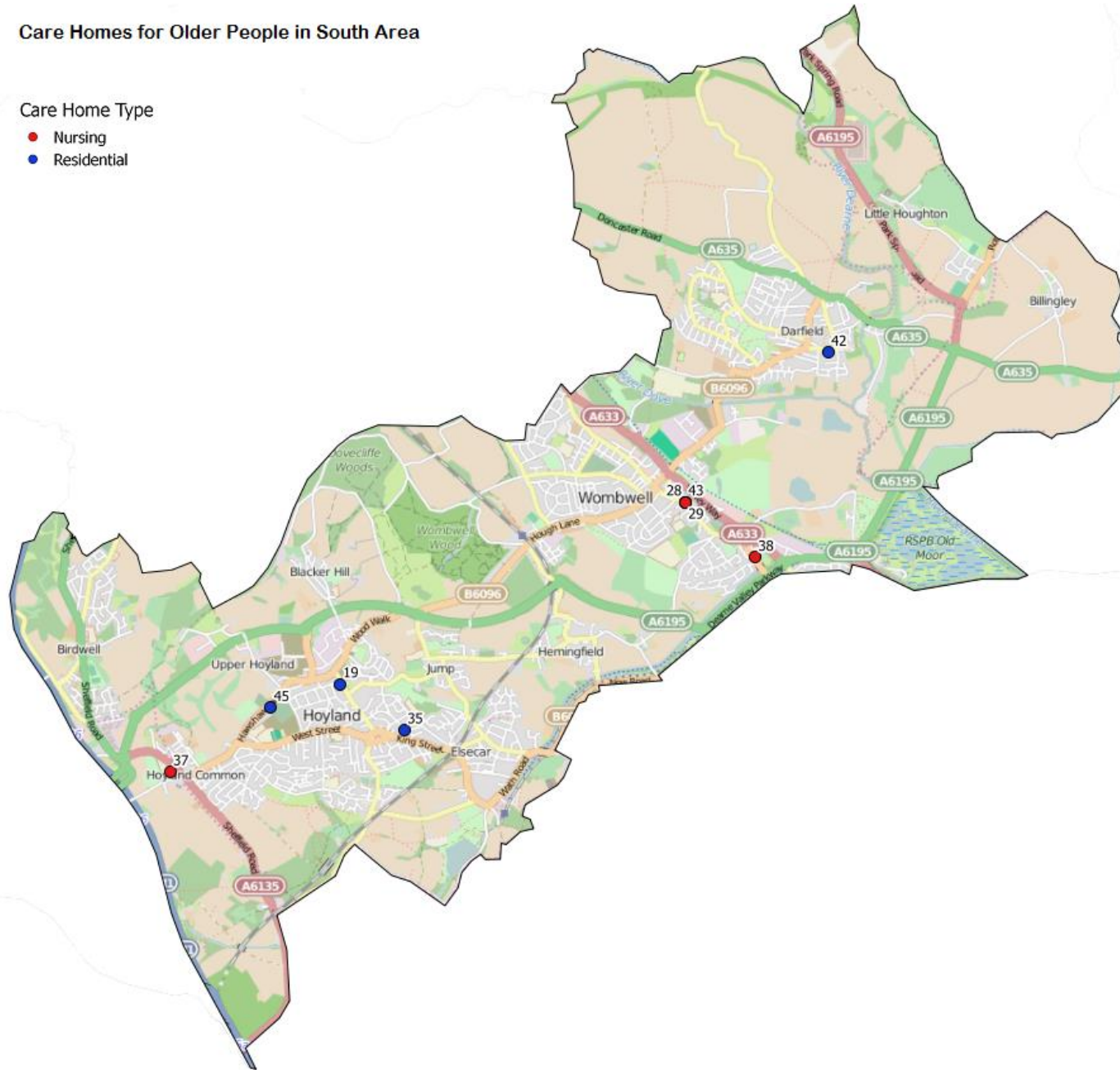
Care Home Type

- Nursing
- Residential

Care Homes for Older People in South Area

Care Home Type

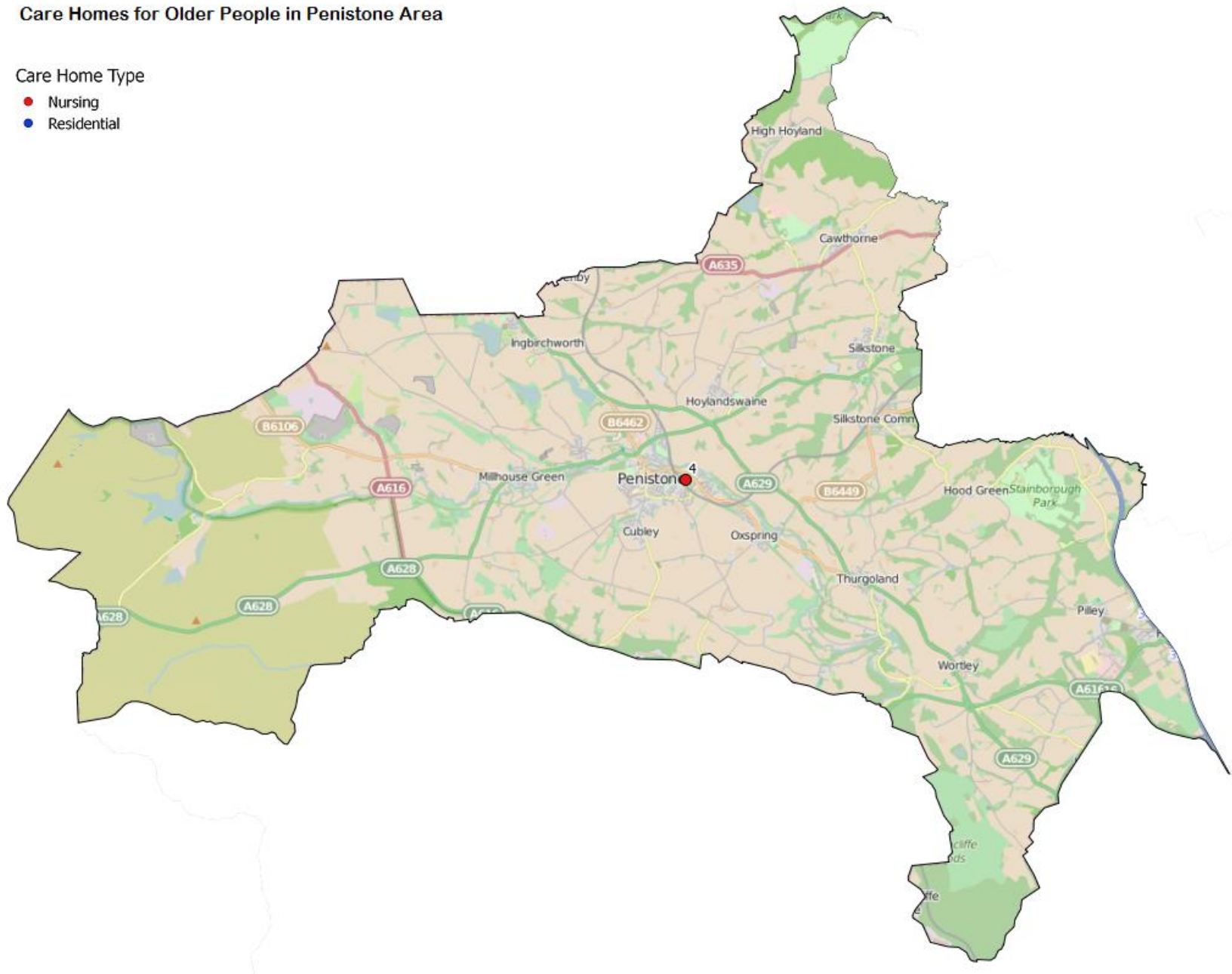
- Nursing
- Residential



Care Homes for Older People in Penistone Area

Care Home Type

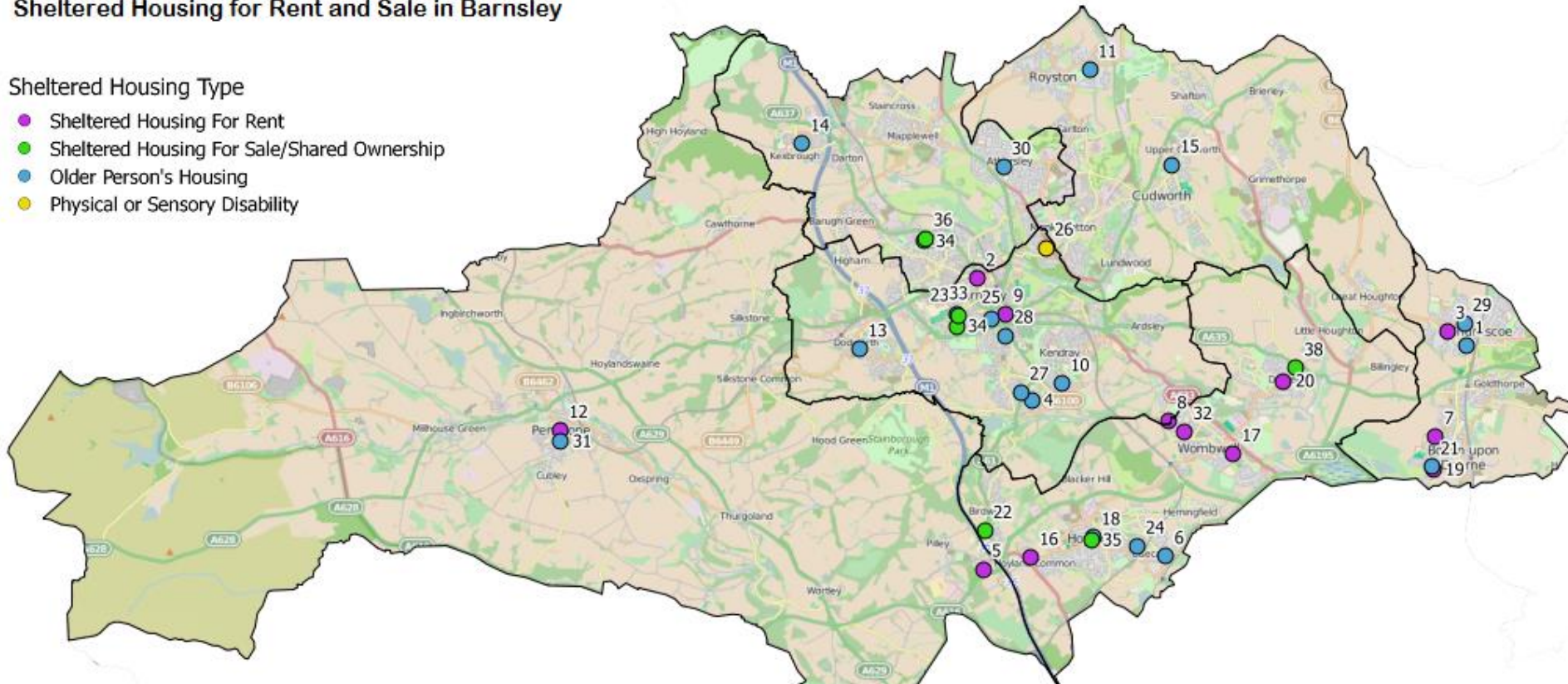
- Nursing
- Residential



Sheltered Housing for Rent and Sale in Barnsley

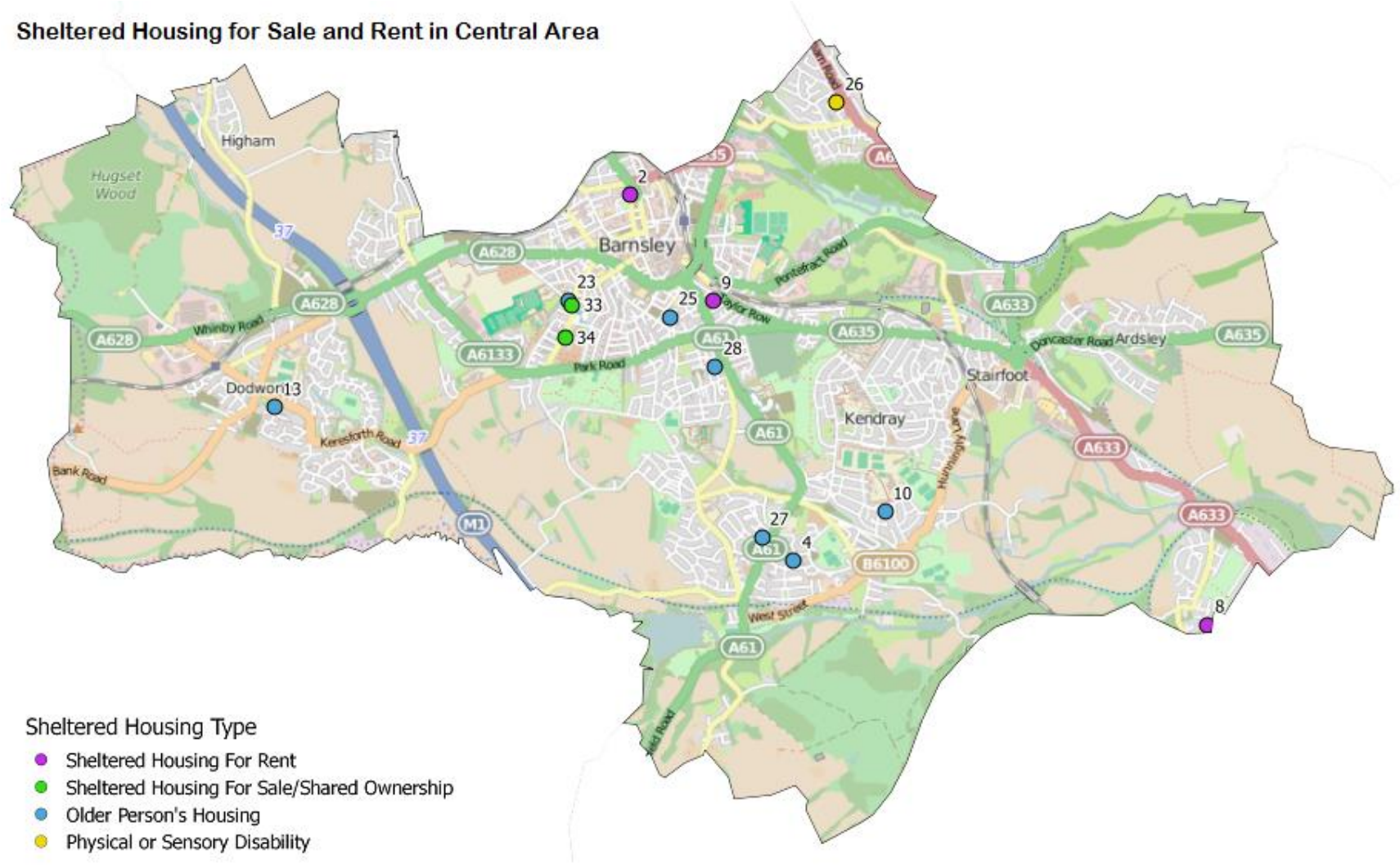
Sheltered Housing Type

- Sheltered Housing For Rent
- Sheltered Housing For Sale/Shared Ownership
- Older Person's Housing
- Physical or Sensory Disability

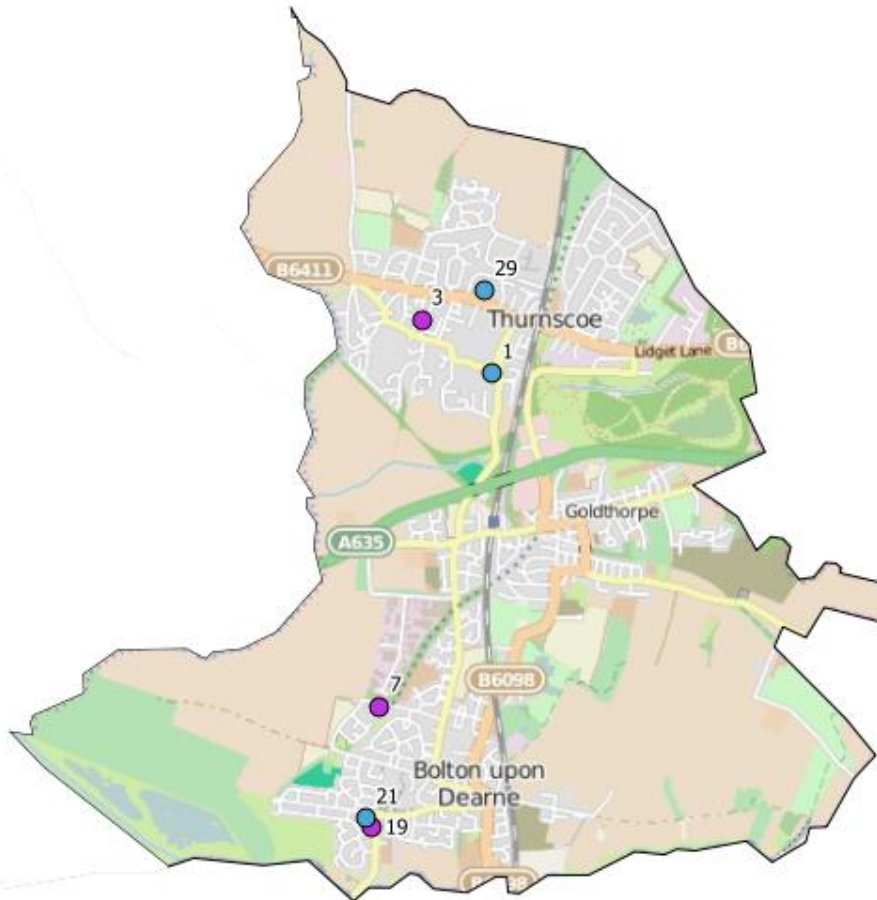


- | | | |
|-------------------------|----------------------------------|-------------------------|
| 1 - Chestnut Grove | 14 - Priestley Avenue | 27 - Hanover Court |
| 2 - Churchfield | 15 - Rosetree | 28 - Chestnut Court |
| 3 - Church Street Close | 16 - Saville Court | 29 - Park Court |
| 4 - Elm Court | 17 - Shipcroft | 30 - St Edwins Croft |
| 5 - Glebe Court | 18 - St Andrews | 31 - Weavers Court |
| 6 - Gray Street | 19 - Willowcroft | 32 - Newsome Vale |
| 7 - Heather Court | 20 - Woodhall Flats | 33 - Ashby Court |
| 8 - Hudsons Haven | 21 - Hallam Court | 34 - Helena Close |
| 9 - King Street | 22 - Rockingham Close | 35 - Oldfield Close |
| 10 - Maltas Court | 23 - Ashby Court(Rented) | 36 - Redbrook View |
| 11 - Meadow Crescent | 24 - St Helens Court | 37 - Redbrook Walk |
| 12 - Pendon House | 25 - Joseph Court | 38 - Shroggs Head Close |
| 13 - Pollyfox | 26 - Bronte Close, Howarth Close | |

Sheltered Housing for Sale and Rent in Central Area



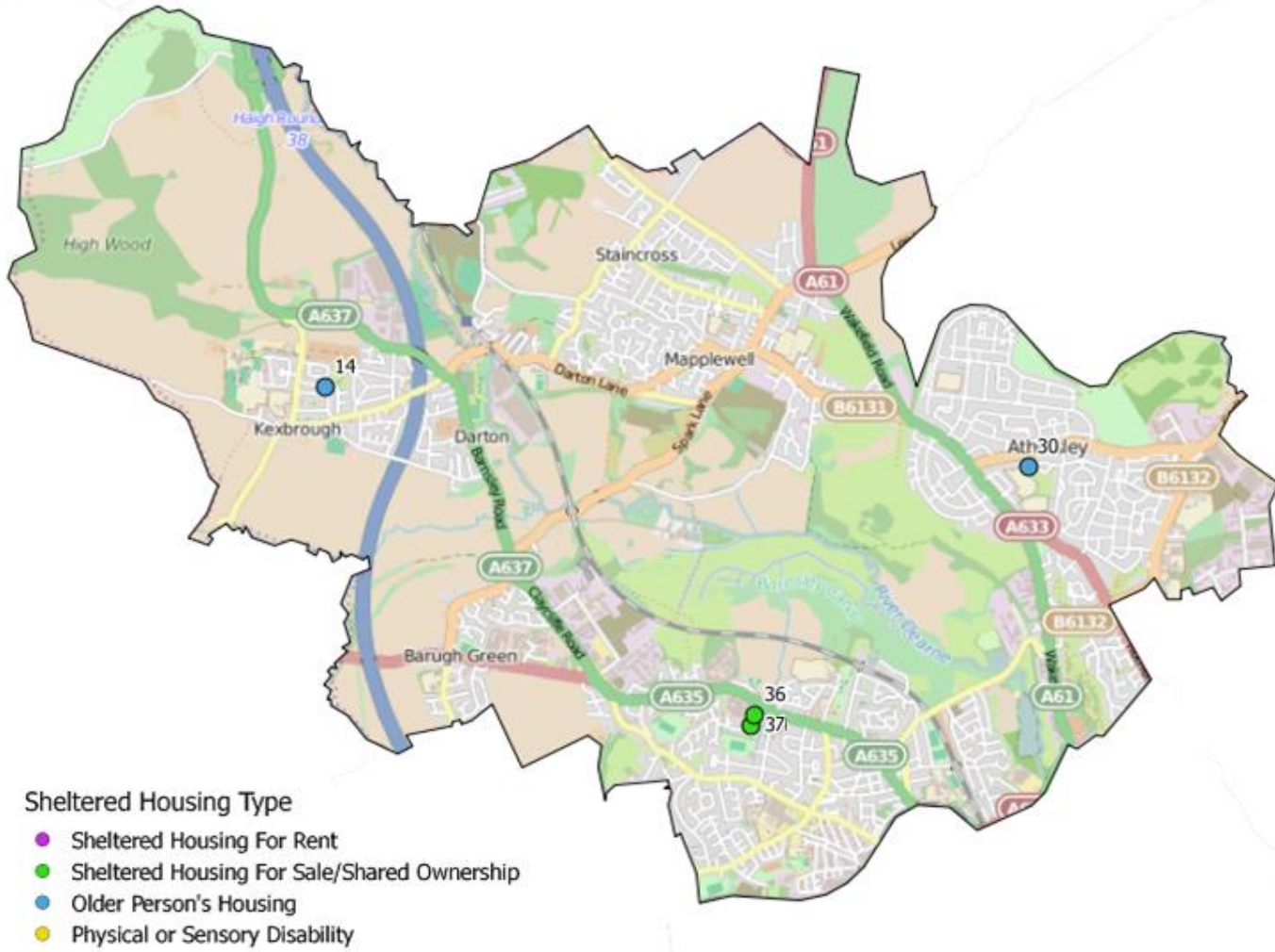
Sheltered Housing for Rent and Sale in Dearne Area



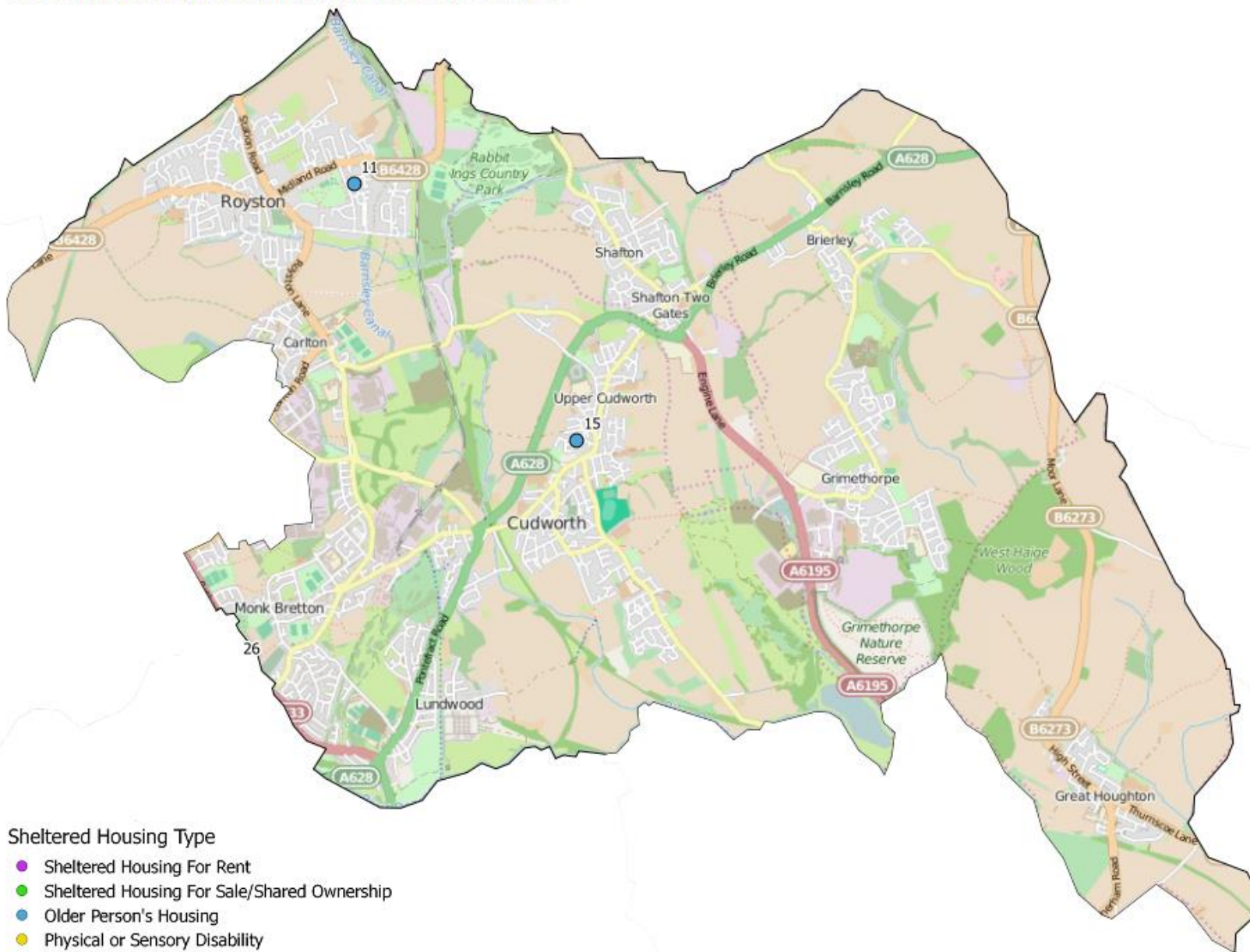
Sheltered Housing Type

- Sheltered Housing For Rent
- Sheltered Housing For Sale/Shared Ownership
- Older Person's Housing
- Physical or Sensory Disability

Sheltered Housing for Rent and Sale in North Area



Sheltered Housing for Rent and Sale in North East Area



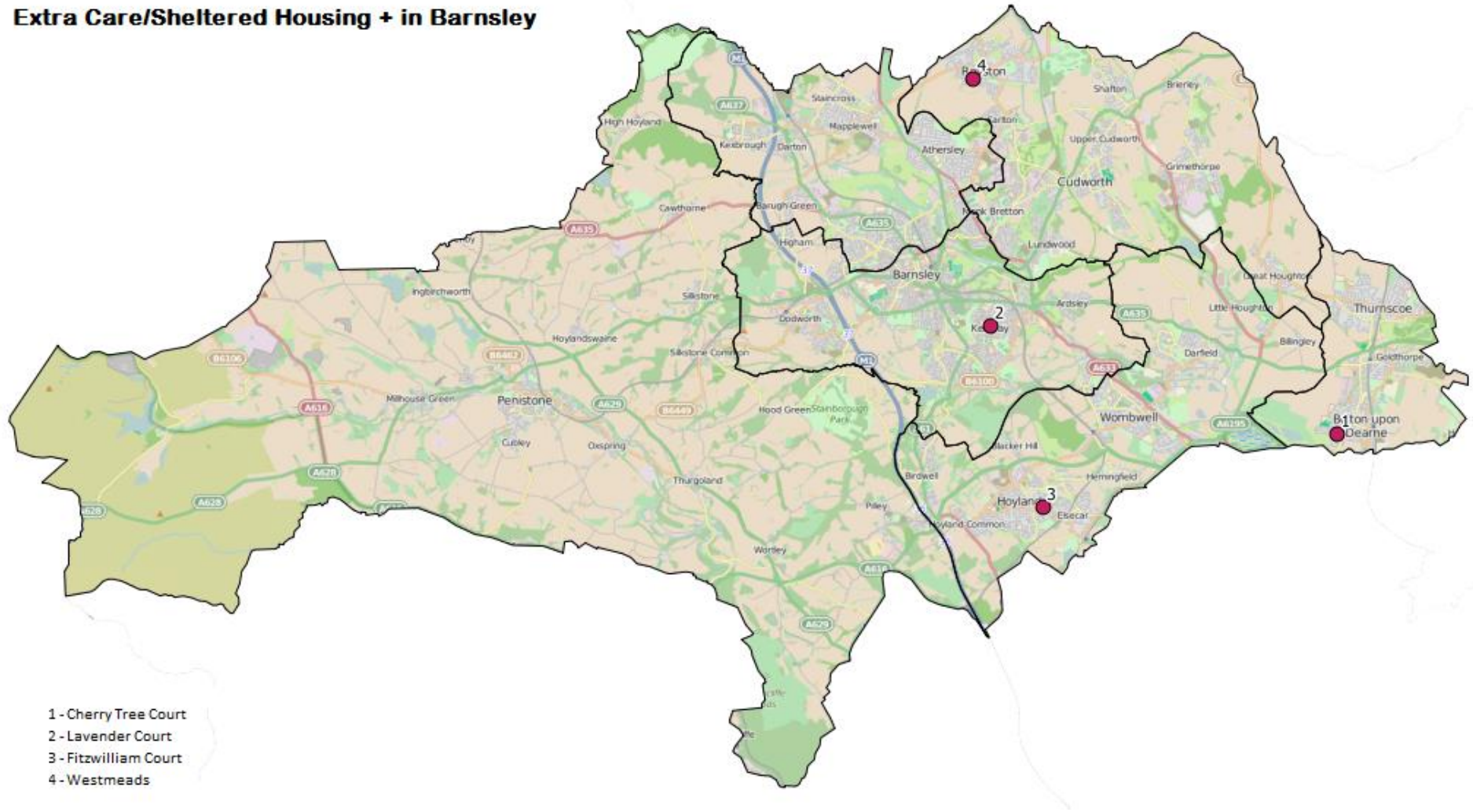
Sheltered Housing for Rent and Sale in Penistone Area

Sheltered Housing Type

- Sheltered Housing For Rent
- Sheltered Housing For Sale/Shared Ownership
- Older Person's Housing
- Physical or Sensory Disability



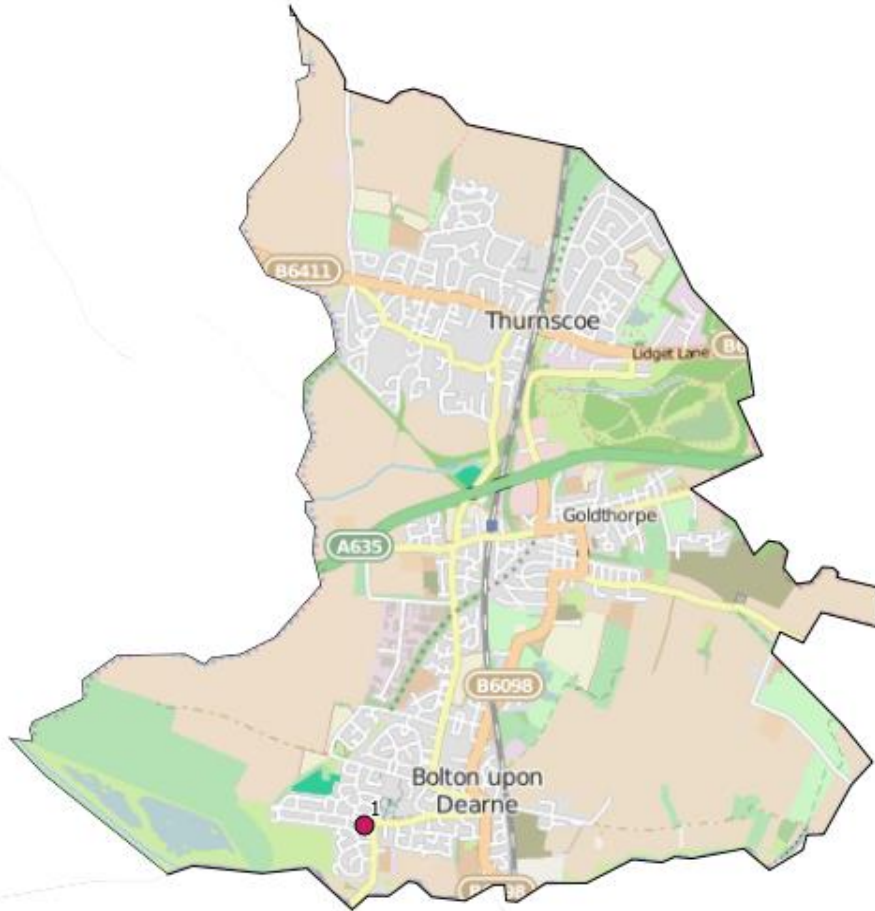
Extra Care/Sheltered Housing + in Barnsley



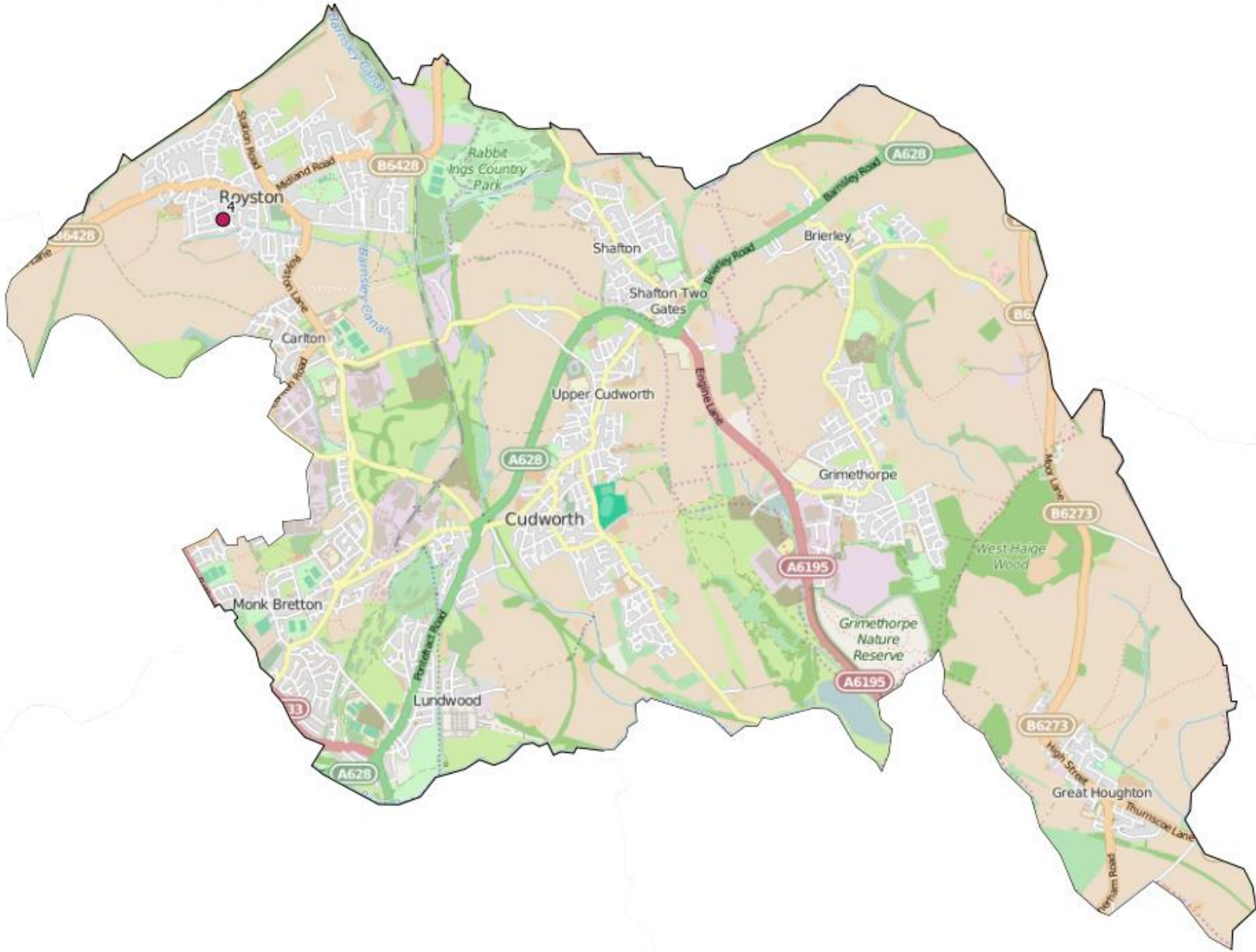
Extra Care/Sheltered Housing + in Central Area



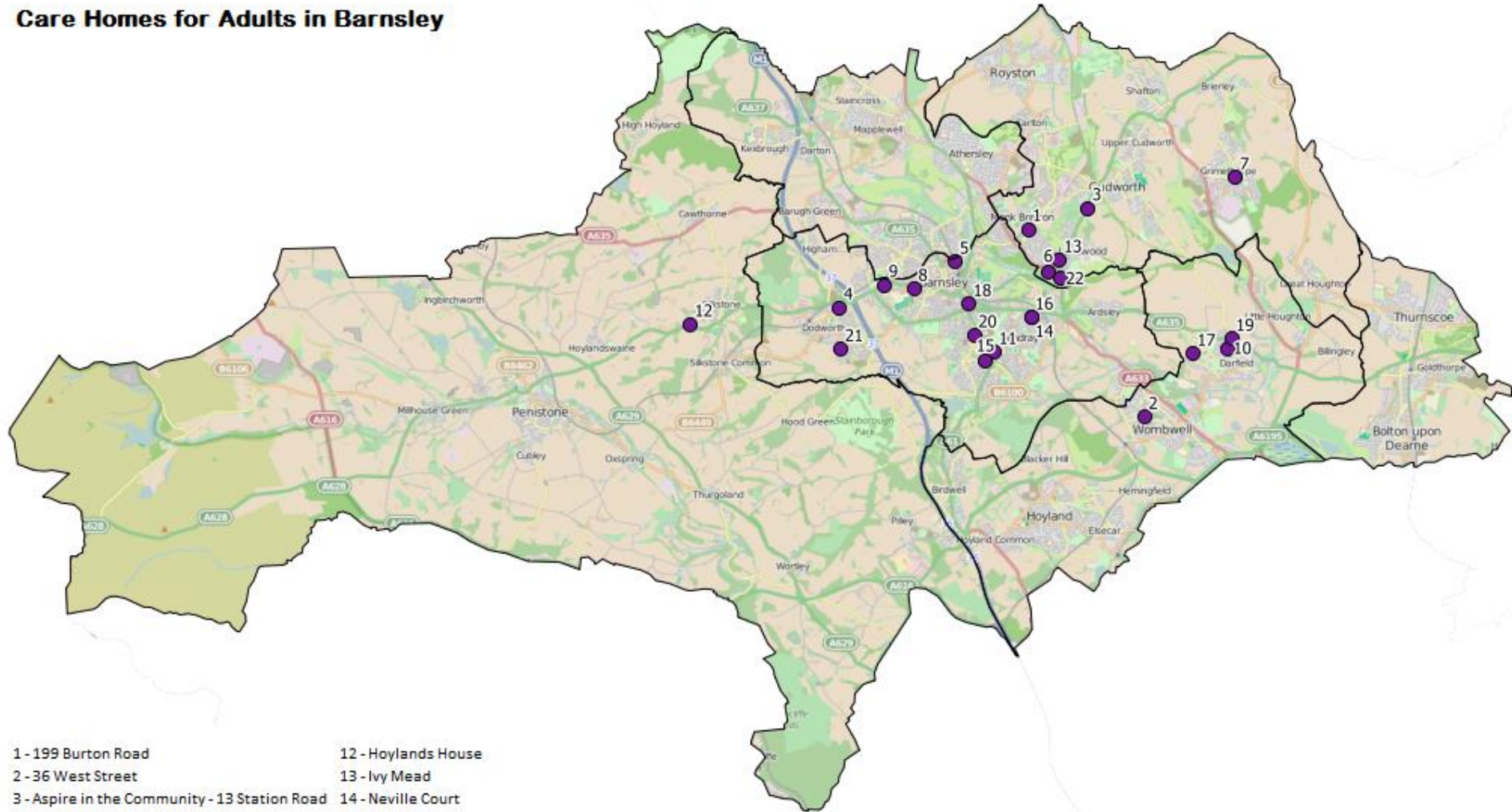
Extra Care/Sheltered Housing + in Dearne Area



Extra Care/Sheltered Housing + in North East Area



Care Homes for Adults in Barnsley



- | | |
|---|--|
| 1 - 199 Burton Road | 12 - Hoylands House |
| 2 - 36 West Street | 13 - Ivy Mead |
| 3 - Aspire in the Community - 13 Station Road | 14 - Neville Court |
| 4 - Aspire Respite Support Services | 15 - Oak House |
| 5 - Bridge House | 16 - Park Cottages |
| 6 - Cherry Trees Care Home | 17 - Pennine View |
| 7 - Dearnevale | 18 - Rosebery House |
| 8 - Derby House | 19 - Rosglen Residential Home |
| 9 - Dorothy House | 20 - Shaftsbury House |
| 10 - Havenfield Lodge | 21 - St Anne's Community Services - The Brambles |
| 11 - Highfield Farm | 22 - The Grange and Elm Court |

Care Homes for Adults in Central Area



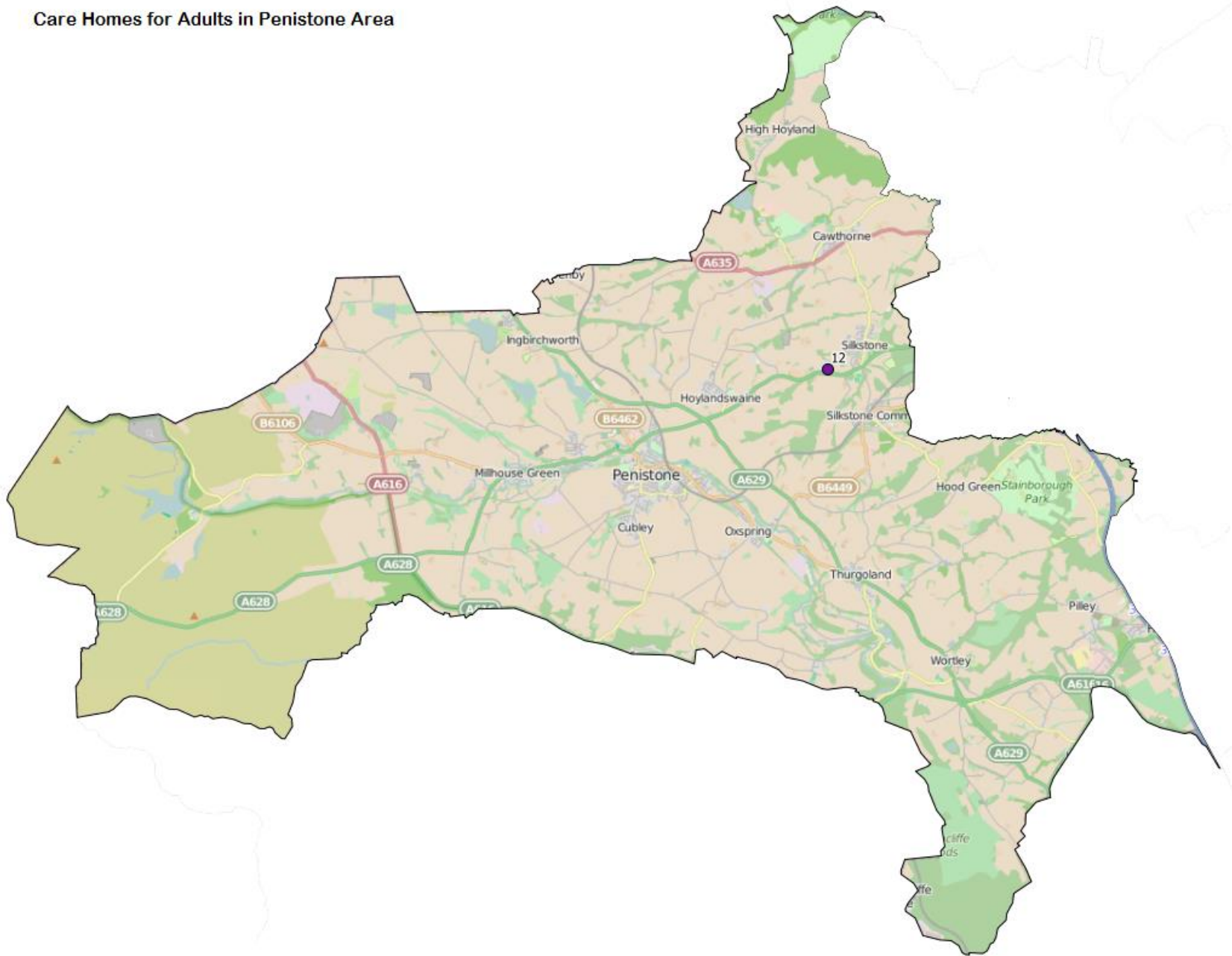
Care Homes for Adults in North East Area



Care Homes for Adults in South Area



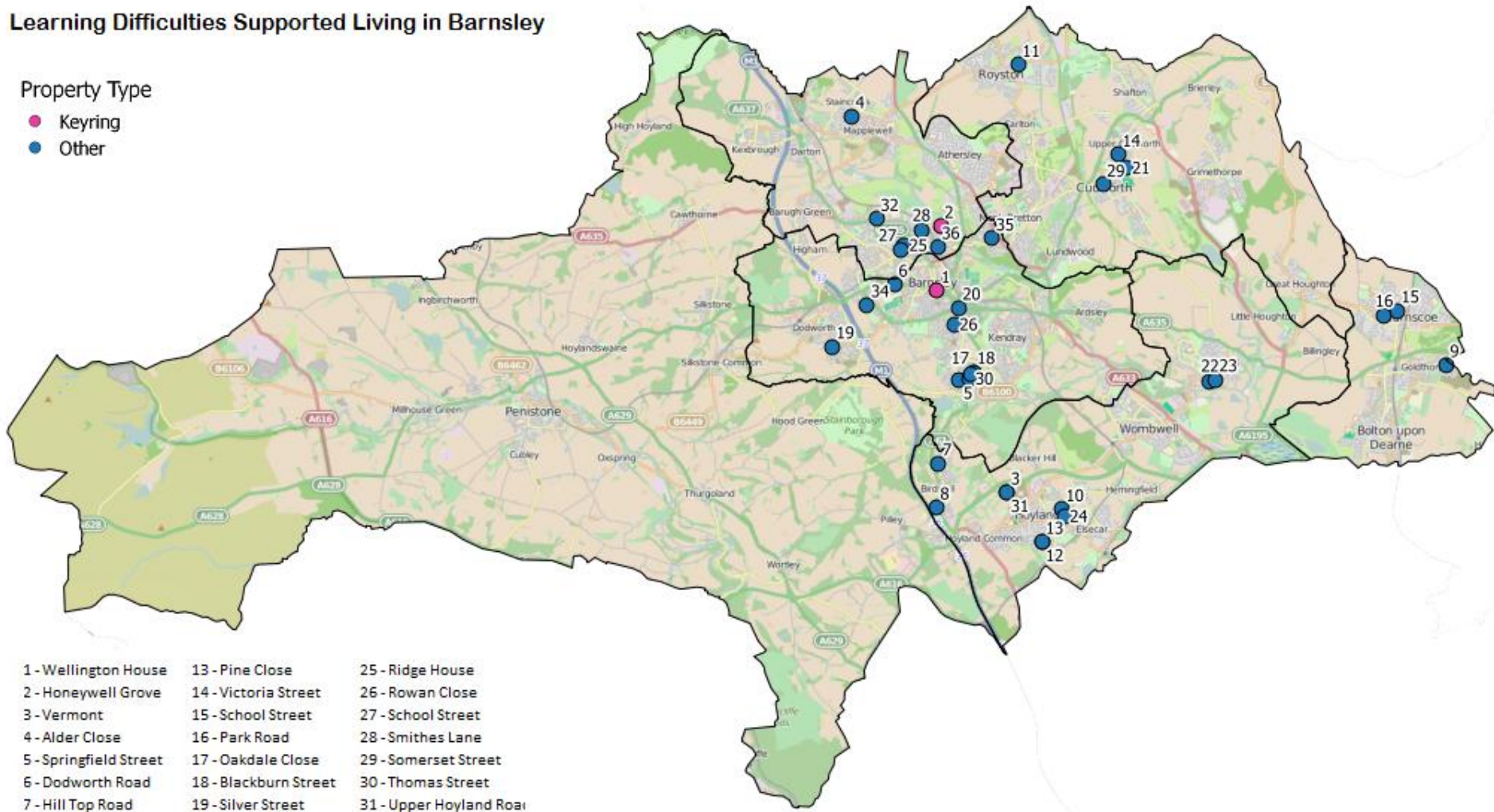
Care Homes for Adults in Penistone Area



Learning Difficulties Supported Living in Barnsley

Property Type

- Keyring
- Other



- | | | |
|-------------------------|-----------------------|-------------------------|
| 1 - Wellington House | 13 - Pine Close | 25 - Ridge House |
| 2 - Honeywell Grove | 14 - Victoria Street | 26 - Rowan Close |
| 3 - Vermont | 15 - School Street | 27 - School Street |
| 4 - Alder Close | 16 - Park Road | 28 - Smithes Lane |
| 5 - Springfield Street | 17 - Oakdale Close | 29 - Somerset Street |
| 6 - Dodworth Road | 18 - Blackburn Street | 30 - Thomas Street |
| 7 - Hill Top Road | 19 - Silver Street | 31 - Upper Hoyland Road |
| 8 - Rockingham Close | 20 - Clifton Street | 32 - The Crescent |
| 9 - Pickhills Ave | 21 - Belle Green | 33 - Arthur Street |
| 10 - Cherry Tree Street | 22 - Celandine Grove | 34 - Woodland Drive |
| 11 - Midland Road | 23 - Doveside Drive | 35 - Haworth Close |
| 12 - Pine Close | 24 - Green Street | 36 - Greenhill Ave |

Learning Difficulties Supported Living in Central Area



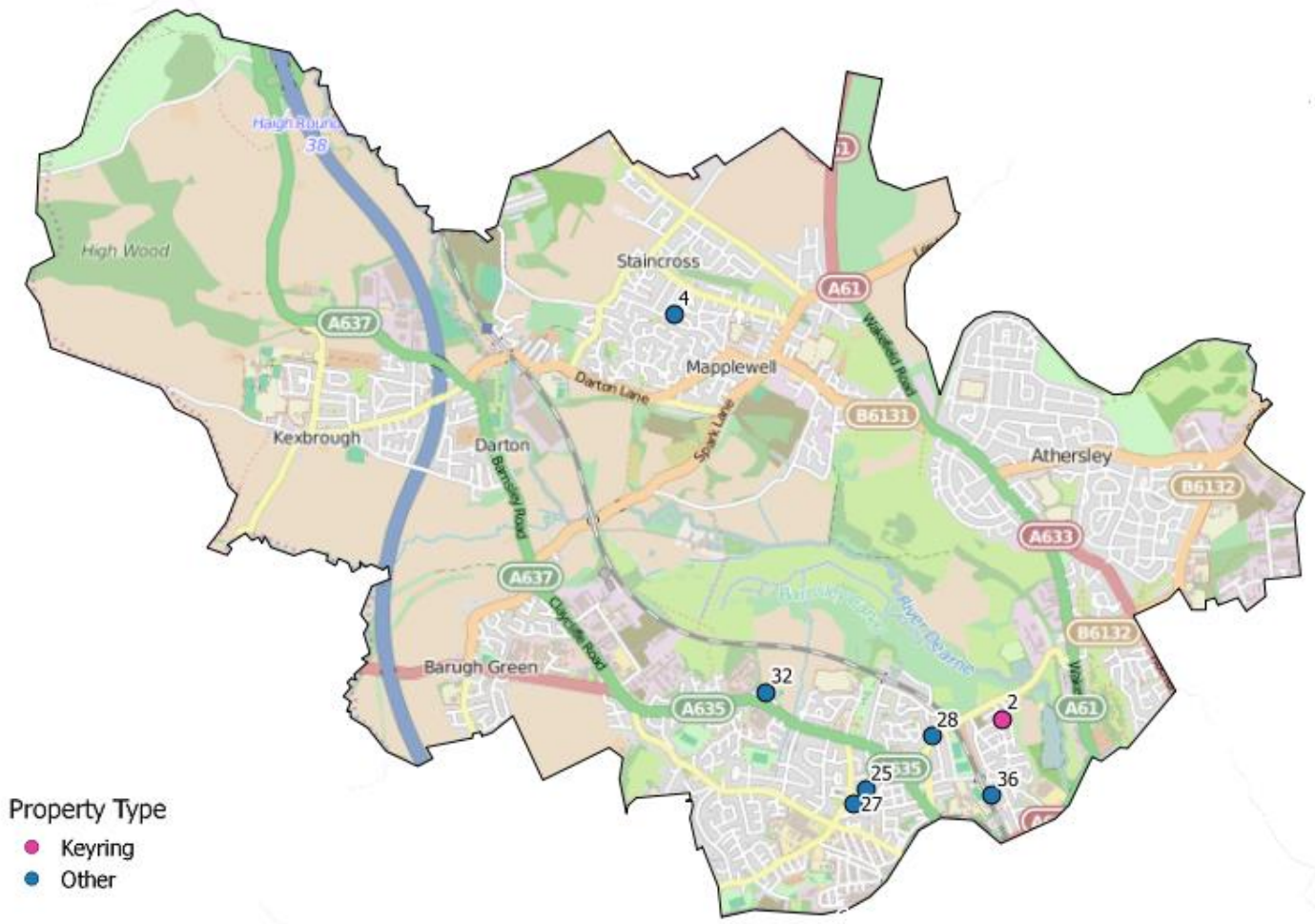
Learning Difficulties Supported Living in Dearne Area



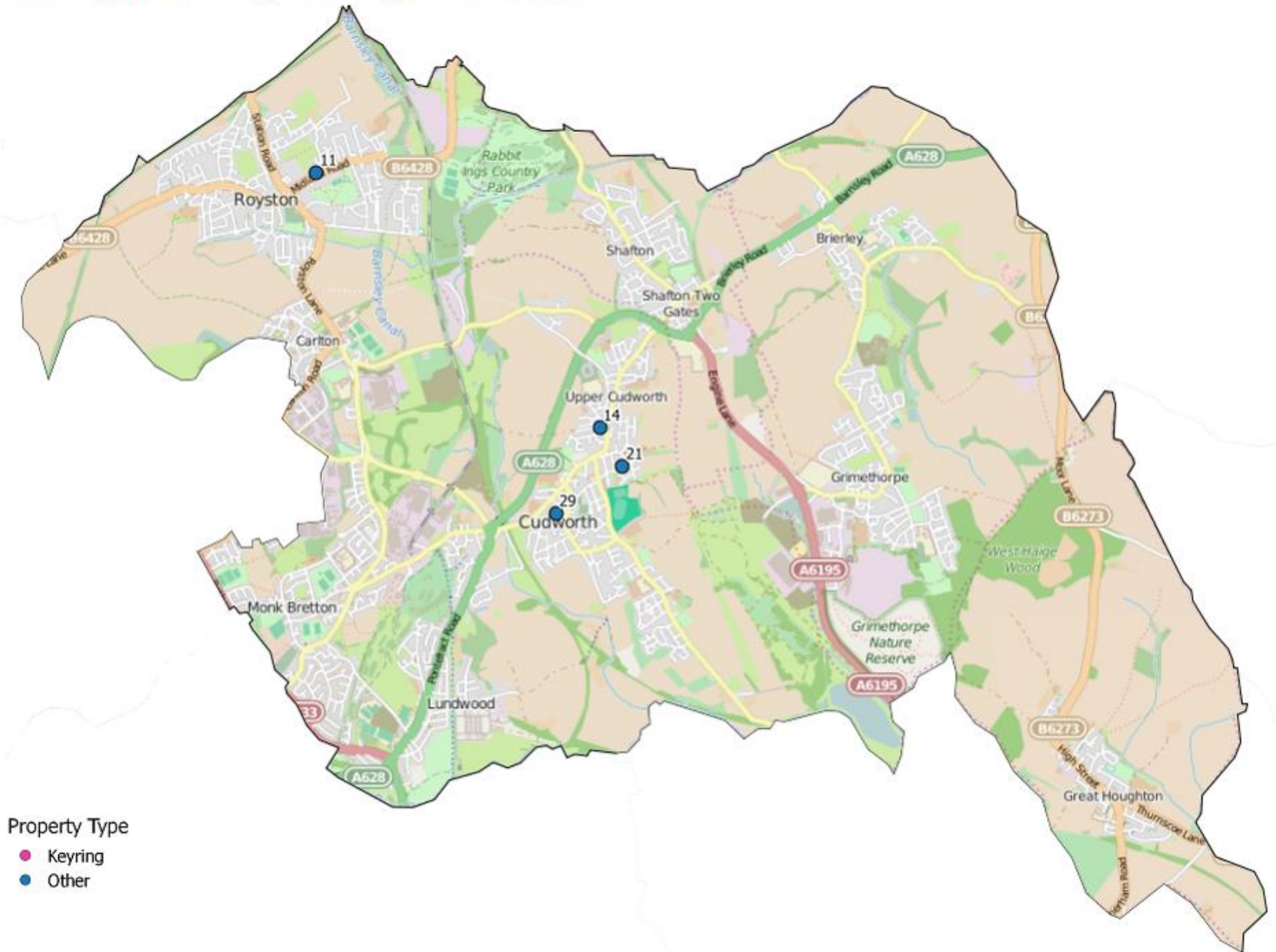
Property Type

- Keyring
- Other

Learning Difficulties Supported Living in North Area



Learning Difficulties Supported Living in North East Area



Property Type
● Keyring
● Other

Learning Difficulties Supported Living in South Area

Property Type

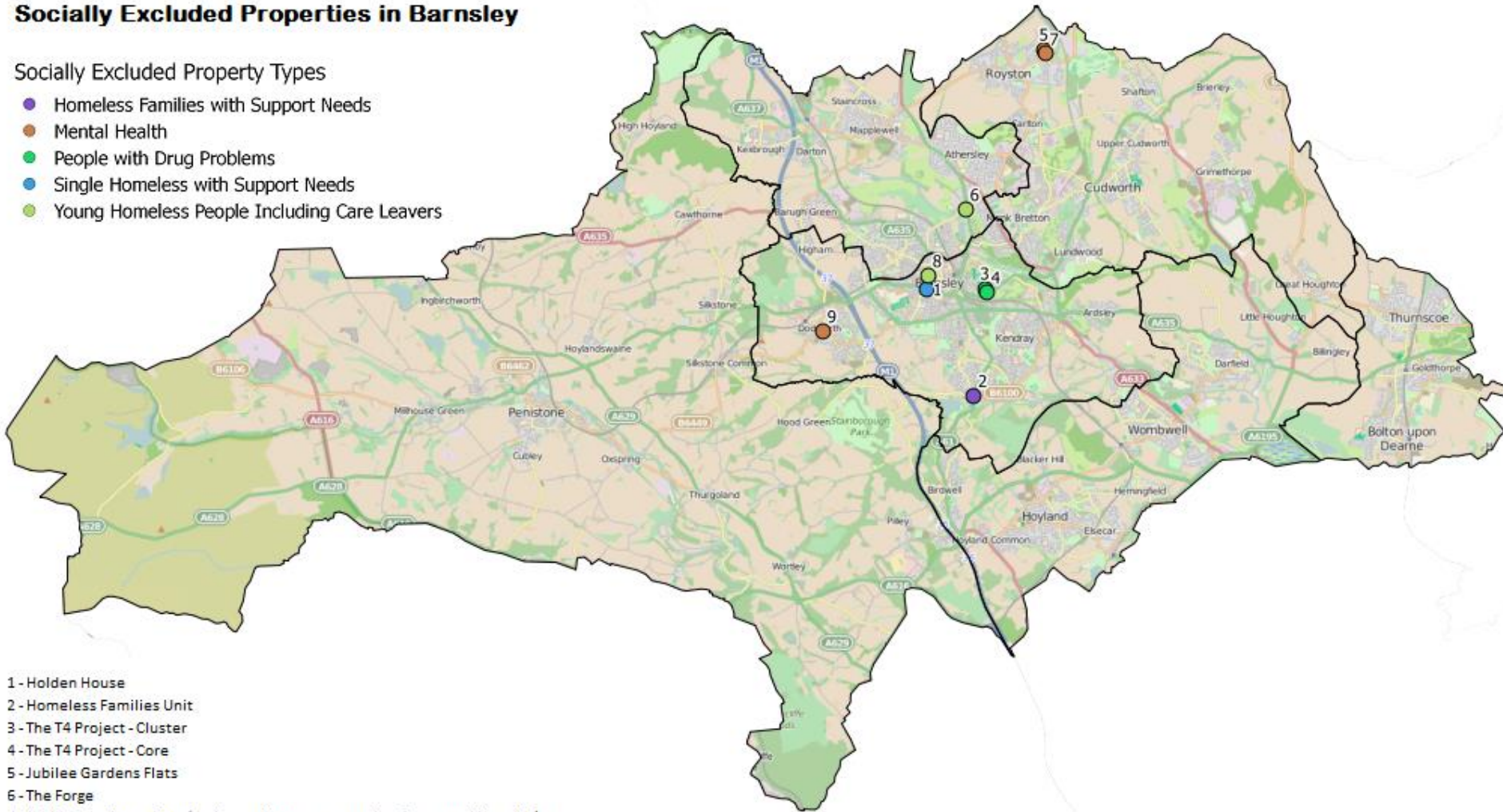
- Keyring
- Other



Socially Excluded Properties in Barnsley

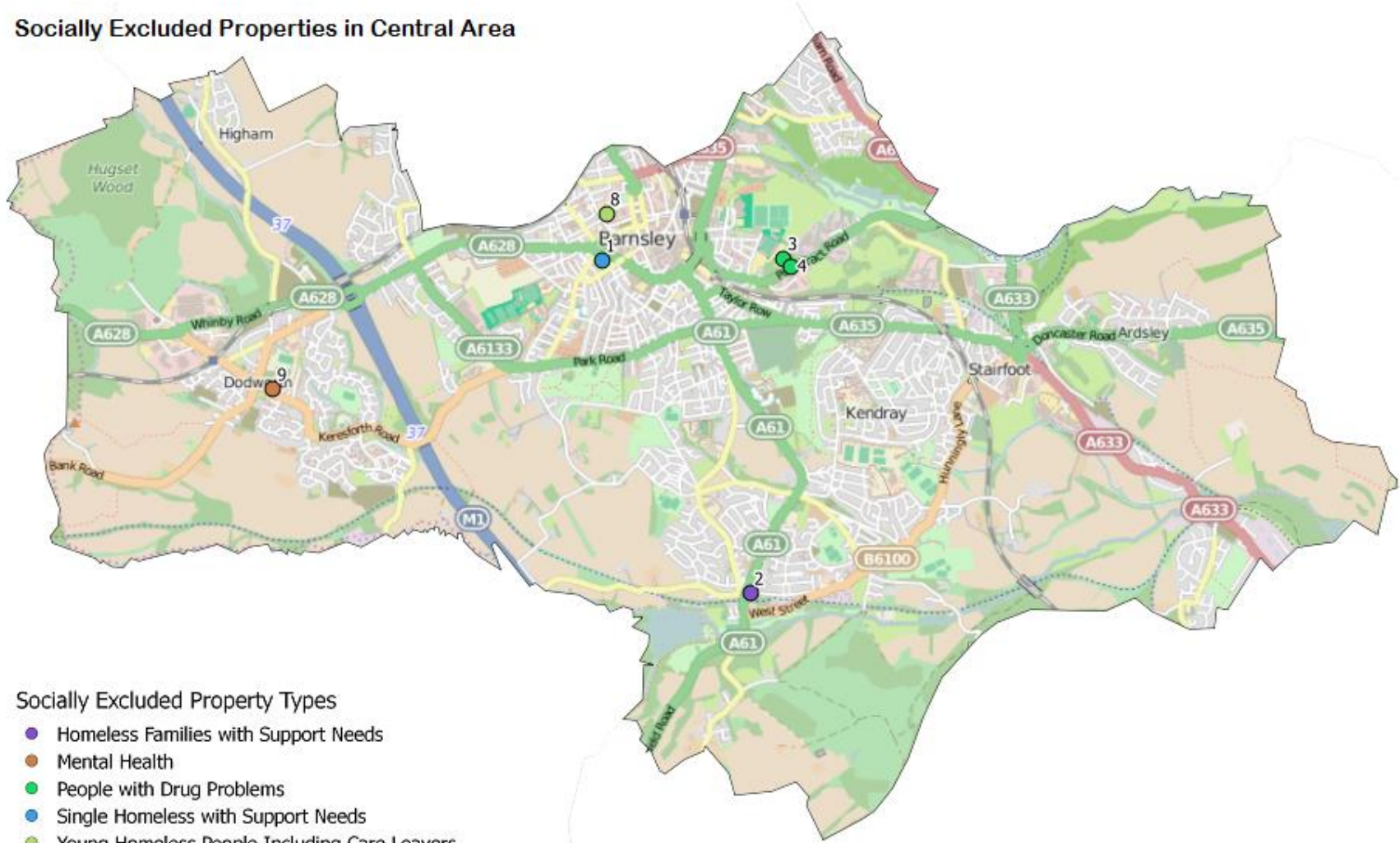
Socially Excluded Property Types

- Homeless Families with Support Needs
- Mental Health
- People with Drug Problems
- Single Homeless with Support Needs
- Young Homeless People Including Care Leavers



- 1 - Holden House
- 2 - Homeless Families Unit
- 3 - The T4 Project - Cluster
- 4 - The T4 Project - Core
- 5 - Jubilee Gardens Flats
- 6 - The Forge
- 7 - Jubilee Gardens - Core (registered home operated as Supported Housing)
- 8 - Highfield Terrace
- 9 - High Street

Socially Excluded Properties in Central Area



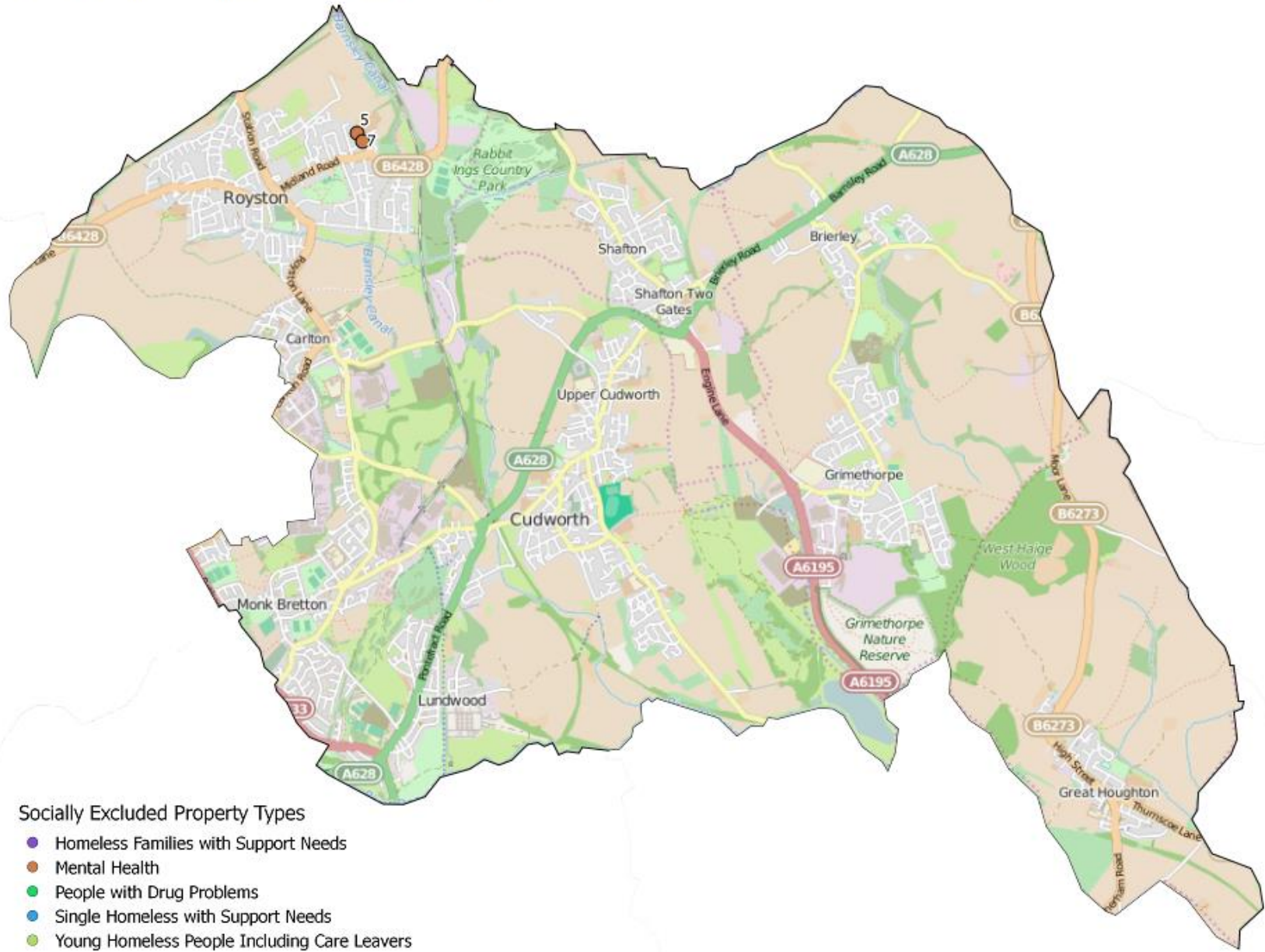
Socially Excluded Properties in North Area



Socially Excluded Property Types

- Homeless Families with Support Needs
- Mental Health
- People with Drug Problems
- Single Homeless with Support Needs
- Young Homeless People Including Care Leavers

Socially Excluded Properties in North East Area



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Needs Assessment for Housing and Housing Support for Vulnerable People in Barnsley

– Final report

arc4

Peter Fletcher Associates Ltd.

February 2016



Peter Fletcher Associates Ltd
Research and Consultancy

Needs Assessments for Housing and Housing Support for Vulnerable People in Barnsley

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Accompanying reports and Appendices (as separate documents)

Executive Summary

Appendices to this main report:

1. List of People and Services contact during the work
2. National and Local Policy Context
3. Demographic and special analysis, with key data from the SHMA
4. Information, Advice and Assessment
5. General Needs Housing and Adaptations
6. Barnsley Supply tables
7. Barnsley Supply maps of accommodation based services
8. Housing based models for people with dementia
9. Survey of housing-related support needs of socially excluded groups in Barnsley
10. Other Preventative Services to support wellbeing and independent living and their links with housing and support
11. Barnsley's community approach and the interface with housing and housing support
12. Commissioning and Funding

Annexes for specific service user groupings

The annexes provide a more detailed analysis for the service user groups covered in this report:

- Annex A covers older people
- Annex B covers vulnerable adults with mental health problems, learning disabilities and physical disabilities or sensory impairment
- Annex C covers socially excluded groups

Each Annex has accompanying Appendices with additional data tables and charts.

1. Introduction

1.1 Our brief

arc4 and PFA (Peter Fletcher Associates) were commissioned by Barnsley Council in January 2015 to undertake a Needs Assessment for Housing and Housing Support for Older and Vulnerable People in Barnsley.

The work followed on from the earlier SHMA (Strategic Housing Needs Assessment) carried out for the Council by arc4. A key aim is to link the findings from the SHMA work to this more specialist needs assessment for vulnerable groups.

The 2014 SHMA Update was undertaken by arc4 on behalf of the Council to provide an up-to-date evidence base to inform the development of the Local Plan and other strategies. It provides an up-to-date analysis of the social, economic, housing and demographic situation across the area, in particular, the 2014 SHMA Update considers the housing market area of Barnsley MB, Objectively Assessed Housing Need and Duty to Co-operate Matters. The 2014 SHMA Update built upon the findings of the 2013 SHMA.

This Older and Vulnerable People's Housing Report summarises the relevant findings of the 2014 SHMA Update and also provides additional and supplementary analysis of the Household Survey in relation to older people and more vulnerable groups.

The needs analysis has covered a wide range of groups including: older people; people with dementia; people with mental health issues; people with substance misuse issues; people with sensory or physical disabilities; people with a learning disability; those with an offending history; homeless people; those in need of residential and nursing home provision; refugees/asylum seekers; people affected by domestic violence; ex armed forces personnel; and young people in transition. The aim is to provide the council with:

- A comprehensive qualitative and quantitative analysis of the housing and housing support needs of these groups
- A supply gap analysis of future accommodation, housing and housing support services against current supply
- An analysis of need that includes social care, health including public health, and preventative services
- Options for the types of housing to develop for older people, including people with dementia, in the future
- An analysis that includes customer insights, including the views of people from vulnerable and seldom heard groups

1.2 What we have done

Work we have undertaken has included:

- Reviewing existing demographic, policy and service data
- Mapping and analysing current provision and services
- Focus groups and other consultation with vulnerable groups; interviews with a range of staff and provider organisations
- Primary research and surveys, including a snapshot survey focusing on socially excluded people
- Two stakeholder workshops on 12 May and 1 July
- Regular meetings with a Steering Group and a presentation of our findings and proposals for action to the Steering Group and senior leaders from the Council and Berneslai Homes on 13 July

The process has been very transparent. We have worked in an open way, have talked with a wide range of stakeholders, people who use services and carers, and visited a range of services.

In relation to consultation with people who use services and carers we undertook the work at a time of significant change for the Council and their existing consultation mechanisms for some groups, for example, older people and people with a mental health problem, had been temporarily put on hold whilst consideration was being given as to the best way to put new mechanisms in place for the future. Feedback on the consultations we were able to hold has been provided in the relevant Annex of the report for each of the service user groups concerned and for carers.

A list of Steering Group Members, people who attended the workshops, people we have interviewed and services we have visited is provided in Appendix 1.

We received excellent co-operation from both Council staff and other stakeholders and would like to thank everyone we met and talked to for making the time to talk to us and providing us with data and other information to contribute to the findings of this report.

1.3 Accountability

We have worked to a Steering Group, and direct accountability has been to Ian Prescott, Head of Housing and Energy (till end of June 2015) and Sarah Cartwright, Service Manager, Housing Growth (from July 2015), from the Place Directorate, and Michelle Kaye, Service Manager, Housing and Welfare, and Jennie Milner, Service Manager, Commissioning and Market Development (from 1 April) from the Communities Directorate. We would like to thank the Steering Group for their support throughout this commission.

1.4 Report structure

In addition to the Executive summary, the report is in two parts:

- The main report and Appendices, with
- More detailed evidence reports for each client group provided in a set of three Annexes A-C, each with further supporting Appendices

Sections of the main report and Appendices

- Section 2 reviews the national and local policy context
- Section 3 sets out the overall demographic context
- Section 4 covers Information, Advice, Assessment and Access
- Section 5 looks at general needs housing and adaptations
- Section 6 covers specialist accommodation services and housing related support
- Section 7 looks at wider preventative services to support well-being and independent living
- Section 8 looks at the interface between housing and housing support for vulnerable people and Barnsley's communities approach
- Section 9 covers commissioning and funding

There are 12 Appendices supporting the main report, set out in the table of contents:

- Appendices 1-5 support the sections of the report with the same numbers:
- Appendices 6 (supply tables), 7 (supply maps), 8 (Dementia examples), and 9 (survey of housing related support needs of socially excluded groups) all support section 6 of the report
- Appendix 10 supports section 7, Appendix 11 supports section 8, and Appendix 12 supports section 19

Annexes for specific service user groupings

The annexes provide a more detailed analysis for the service user groups covered in this report:

- Annex A covers older people
- Annex B covers vulnerable adults with mental health problems, learning disabilities and physical disabilities or sensory impairment
- Annex C covers socially excluded groups

Each Annex has accompanying Appendices with additional data tables and charts.

2. National and Local Policy Context

2.1 Introduction

The national and local policy context is summarised below. Further detail is provided in Appendix 2. It does not include specific policies or drivers relating to individual service user groups. These are covered in the introduction to each of the three Annexes A-C.

2.2 National Policy Context

2.2.1 New Conservative Government Policy

This report comes only a short time after the election of the new Conservative Government in May 2015. The national policy context includes further financial constraint for local authorities and the NHS as well as other departments such as criminal justice, and welfare and housing reform, all of which will impact locally in Barnsley. Other health and social care reforms will also impact on the way services are delivered in the future. Key new policies that will impact on this work include:

Welfare Reform

- In addition to the existing welfare reform programme the decision not to meet housing costs for all out-of-work young people under 21; and
- How the balance will play out between the proposed new National Living Wage for people over 25 as against a number of welfare reforms that will impact on people with low incomes, including: freezing a number of working age benefits; reducing the household benefit cap; and limiting Child Tax credits to 2 children for children born from April 2017

Childcare

- The doubling of free childcare for 3 and 4 year olds from September 2017 from 15 to 30 hours a week

Housing policy

- The requirement in the July 2015 budget for a 1% rent annual reduction from April 2016 for four years for social landlords (as opposed to the previous agreement with the Coalition Government of rent increases at CPI + 1%) is likely to reduce the amount of new social housing they will be able to develop. The Government has announced a one year exemption in 2016/17 to the rent cut for supported housing whilst a review is carried out. However, it is not yet known if this exemption will extend beyond one year

- Restrictions on tax relief for private landlords, which might result in higher rents and/or a slowdown of the growth of the private rented sector
- A further policy risk is the Local Housing Allowance (LHA) cap, which limits housing benefit at LHA levels. There is concern that this will put supported housing schemes at risk, particularly if both rent and service charges are wrapped up in the LHA cap. The government has said that it will make a final decision on the use of the LHA cap for supported housing after a review of funding of supported housing that is due to be published in March 2016

2.3 Local Context and Strategic Priorities

The local policy context is driven by the Corporate Vision for Barnsley, with the focus on building strong and sustainable communities. The Council's vision is "Enabling the improved well-being of individuals, families, communities and businesses in a healthy, safe and prosperous borough".

At a community level, the Council is engaging with the community through the six Local Area Council areas, where councillors respond to strategic priorities on an area basis. This local approach aims to respond to the very different demographic, health and economic circumstances of different parts of the borough. Local priorities in some areas include older people and children and young people, as well as people affected by health inequalities. PFA has mapped current supply by the 6 Local Area Council areas – see section 6 below.

The local context focuses on creating an environment in relation to health, housing, care and support that enables people to have greater independence, choice and control over their lives through universal information and advice and a focus on early intervention and prevention to reduce the need for long-term health, care and support services. This is illustrated by the strategic objectives for the 2012-17 *Barnsley Housing Independence and prevention Strategy 2012-17*:

- 1) **A clear focus on prevention and early intervention and resettlement.**
- 2) **Creating an environment which promotes and enables independence, choice and control.**
- 3) **A focus on partnership working and the development of integrated service delivery models.**
- 4) **Promotion of service user and carer involvement in all aspects of the planning and development of housing support and homeless services.**
- 5) **Promotion of opportunities for work, learning and volunteering.**
- 6) **Achieve efficiency and value for money**

Additional local drivers for change in the strategy include: reduction in funding; demographic change; and a mismatch between supply and demand for housing.

The *Health and Wellbeing Strategy (H&WBS) and Market Position Statement*, and *Better Care Fund* also support the same vision and drivers, and the latter acknowledges the link between poor health and poor housing. It also highlights aims

of reducing emergency admissions to hospital and delayed transfers of care, and reducing inappropriate admissions to long-term care. Alongside this, in response to the Care Act 2014, the Council has been: re-engineering its assessment and care management process with a new front end access system and website; and developing a devolved community offer;

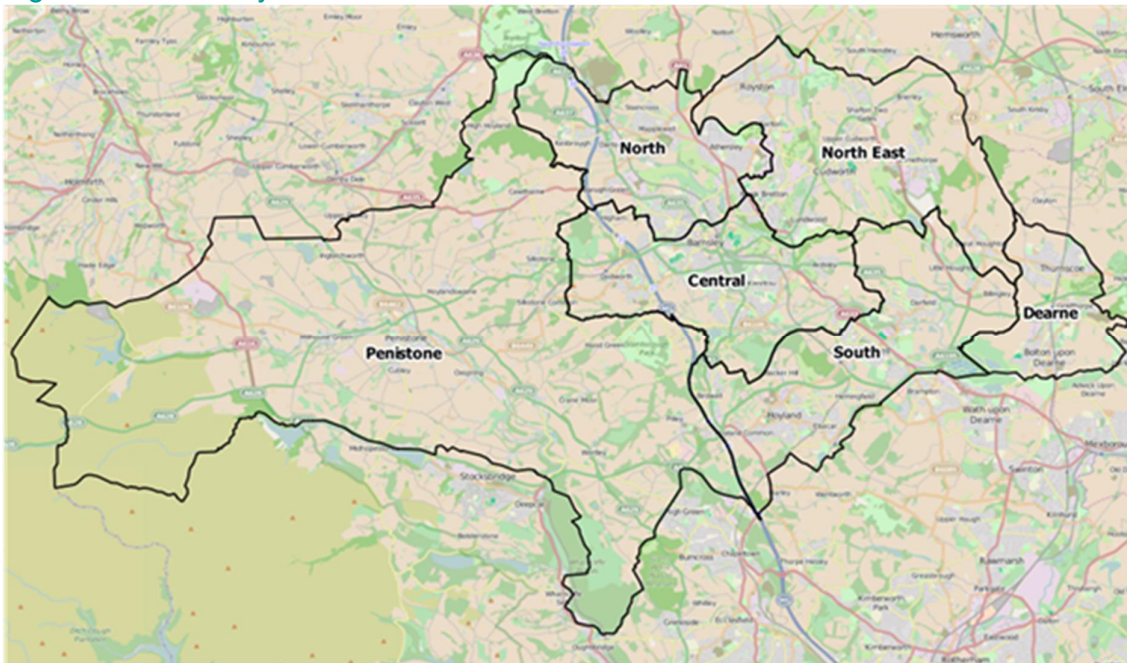
The SHMA sets out a net shortfall of affordable housing of 295 dwellings per year, and an objectively assessed need for housing of 1,100 units per year. One of the five key housing objectives is to support younger, older and vulnerable people to live independently.

3. Demographic and spatial analysis, with key data from the SHMA

This section summarises the demographic analysis in Appendix 3 covering: deprivation; population projections; health; and tenure. It also includes a range of additional data from the 2012 SHMA household survey. Spatial analysis information is based on the six Area Council sub-areas within Barnsley. Please note that this is different from the eight sub-areas that were used in the 2014 SHMA Update. The six sub-areas within Barnsley – see Figure 3.1 below, are:

- Central; Dearne; North; North East; Penistone; and South

Figure 3.1: Barnsley sub areas



Deprivation

- Deprivation in Barnsley is higher than the national average and around 23.8% (10,300) of children live in poverty.
- Barnsley has a smaller percentage of households that do not fall into any dimensions of deprivation than the comparator areas, and has a higher proportion of households who are deprived in 2 and 3 dimensions.

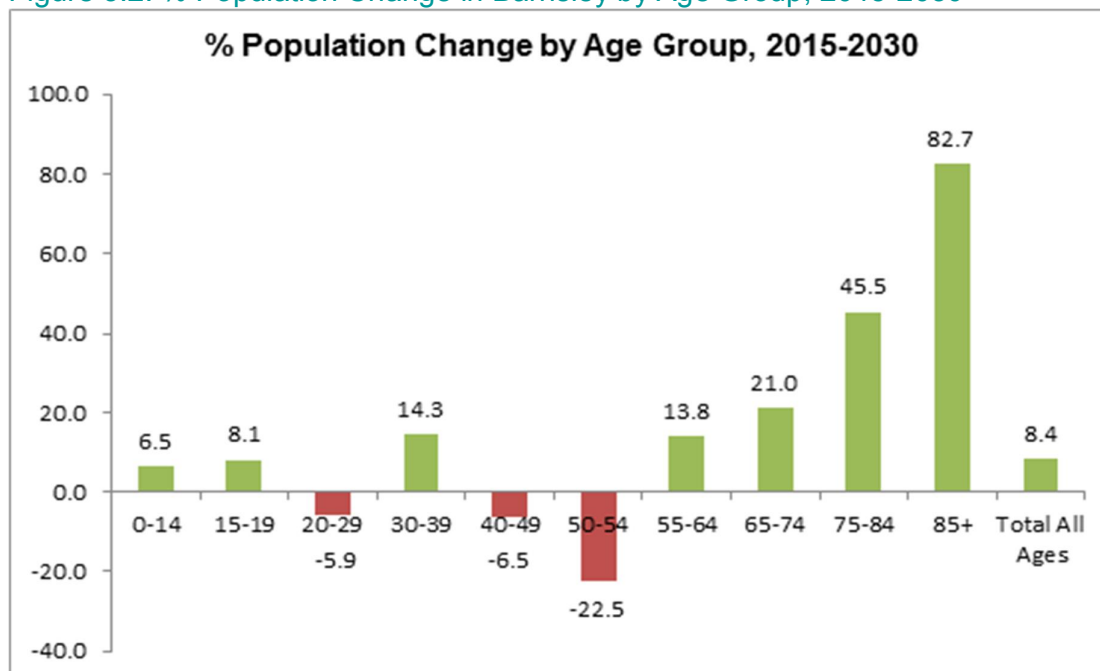
Population projections to 2030

The chart in Figure 3.2 below shows:

- A growth in all age groups up to 39, apart from a decline in the 20-29 age group.

- A decline in the population aged 40-54; including a 22.5% drop in the 50-54 age group
- An increase in all age cohorts 55+, with the highest level of growth in the 75-84 (45.5%) and 85+ (82.7%) age groups
- Overall the population of Barnsley will grow by 8.4% from 2015-2030
- The number of households in Barnsley MB is expected to increase by 7.8% overall during the period 2011-21. Over half of this increase is expected to be from older households: c.8,000 additional older households by 2030

Figure 3.2: % Population Change in Barnsley by Age Group, 2015-2030



Source: ONS 2012-based Sub-National Population Projections (Figure 3 in Appendix 3)

Household projections

The 2014 SHMA Update also reviewed the household projections, using the 2011-based interim CLG data. These projections indicate that the number of households in Barnsley MB is expected to increase by 7.8% overall during the period 2011-21. Figure 3.3 shows over half (4142) of this increase to 2921 will be from older households.

Figure 3.3: Household Projections

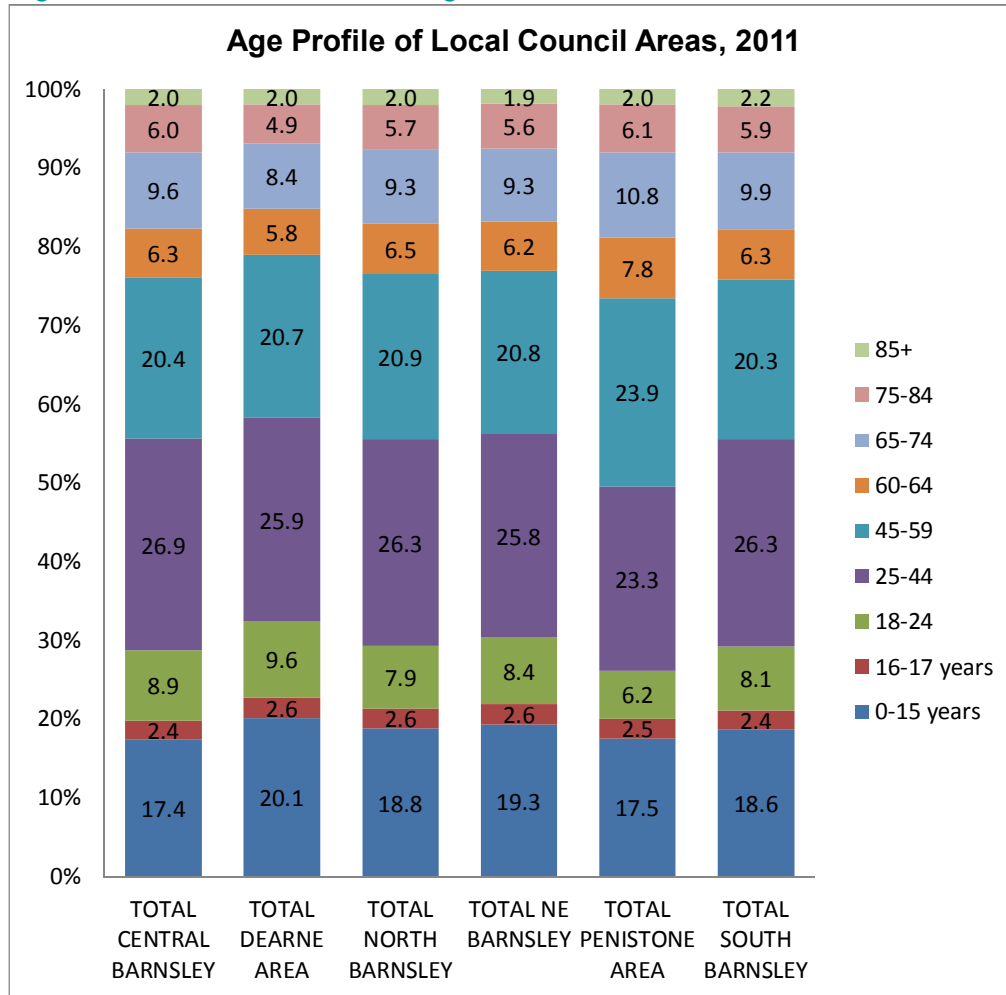
Age of HRP	Households		Change 11-21	% change by HRP	% change total
	2011	2021			
<44	35188	36751	1563	20.0	4.4
45-64	37518	39644	2126	27.1	5.7
65+	28279	32421	4142	52.9	14.6
Total	100985	108816	7831	100.0	7.8

Source: CLG 2011-based interim projections Figure 4 in Appendix 3

Current population

The chart in Figure 3.4 sets out the age profiles by Local Council Area. It shows that the Penistone Area has the oldest population, whereas the population of Dearne Area has the youngest age profile.

Figure 3.4: Local Council Area Age Profile, 2011



Source: ONS Neighbourhood Statistics, based on 2011 Census data. (Figure 6 in Appendix 3)

Household types

The Household Survey carried out for the SHMA also classified respondents by household type. This data is set out by Borough and sub-area in Figure 3.5. This demonstrates a Borough-wide average of 17.5% of households comprising a single adult aged 60+; this varies between a low of 14.7% in Dearne and 18.8% in the North East. There are an average 19.4% of households across the Borough comprising a couple aged 60+; this varies between 16.7% in Dearne and 25.9% in Penistone.

Figure 3.5: Household types by sub area

Household types in Barnsley MB and sub-areas							
Household Type	% of population						
	Borough Total	Central Area	Dearne Area	North Area	North East Area	Penistone Area	South Area
Single Adult (under 60)	12.3%	17.3%	13.1%	12.7%	13.3%	10.8%	10.5%
Single Adult (60 or over)	17.5%	17.8%	14.7%	18.8%	16.7%	17.2%	18.6%
Couple only (both under 60)	13.3%	8.7%	16.3%	13.4%	13.6%	12.1%	12.9%
Couple only (one or both over 60)	19.4%	21.5%	16.7%	16.8%	18.5%	25.9%	20.2%
Couple with 1 or 2 child(ren) under 18	15.0%	9.1%	14.2%	14.7%	14.3%	19.8%	15.0%
Couple with 3 or more child(ren) under 18	2.6%	4.7%	2.5%	3.0%	2.5%	0.5%	3.1%
Couple with child(ren) aged 18+	6.6%	4.3%	7.2%	6.7%	8.2%	6.3%	5.2%
Lone parent with 1 or 2 child(ren) under 18	6.2%	9.5%	3.6%	5.5%	7.6%	2.5%	8.0%
Lone parent with 3 or more child(ren) under 18	0.8%		1.6%	1.1%	0.4%	0.4%	1.0%
Lone parent with child(ren) aged 18+	2.9%	6.0%	3.7%	3.8%	2.8%	2.3%	1.6%
Other type of household	3.4%	1.1%	6.4%	3.6%	2.1%	2.2%	3.8%

Source: 2012 Household Survey (Q 14) (Figure 9 in Appendix 3)

Black, Asian and Minority Ethnic Households

- The 2012 Household Survey indicates that 97.4% of Household Reference People describe themselves as 'White British' and 2.6% describe themselves as having other ethnicities.

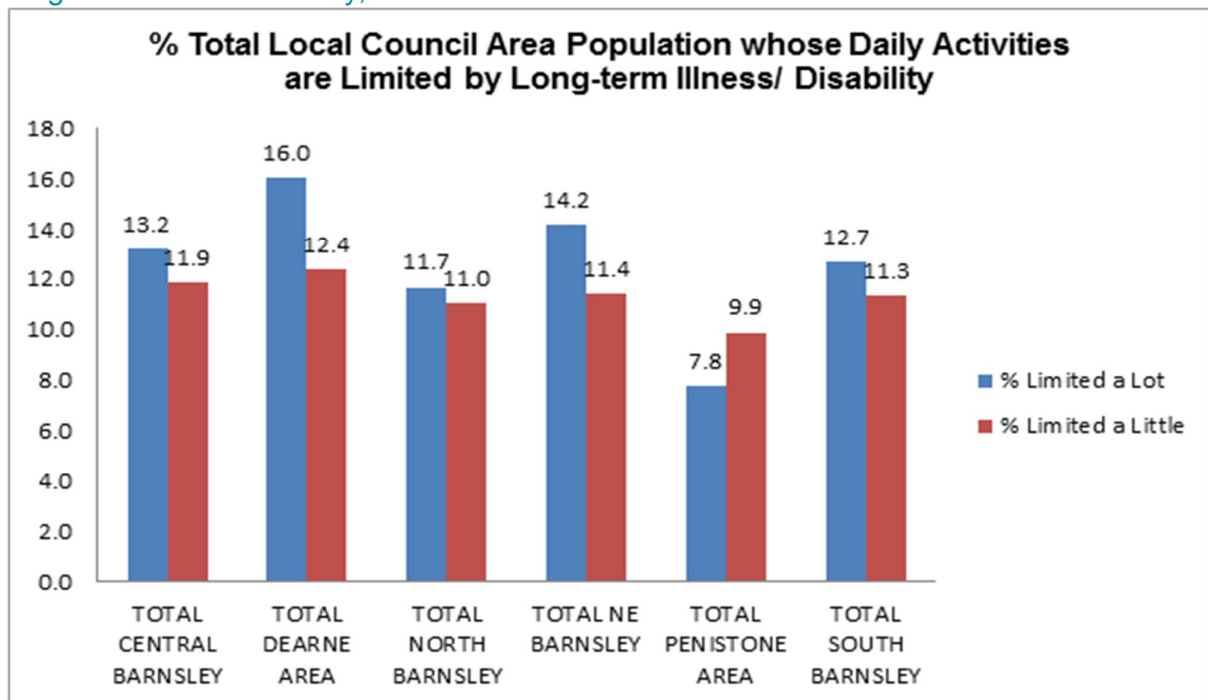
- The Central Area was the most ethnically diverse area, with 3.8% of Household Reference People describing themselves as having a BAME ethnicity.

Health

- Barnsley has a higher percentage of the population whose daily activities are limited by long-term illness/disability than its neighbouring authorities or the Yorkshire and Humber and England averages

Figure 3.6 below provides data by Local Council Area level and shows that Dearne has the highest level and Penistone the lowest level of population whose daily activities are limited by long-term illness or disability

Figure 3.6: % Total local council area population whose daily activities are limited by long-term illness/ disability, 2011

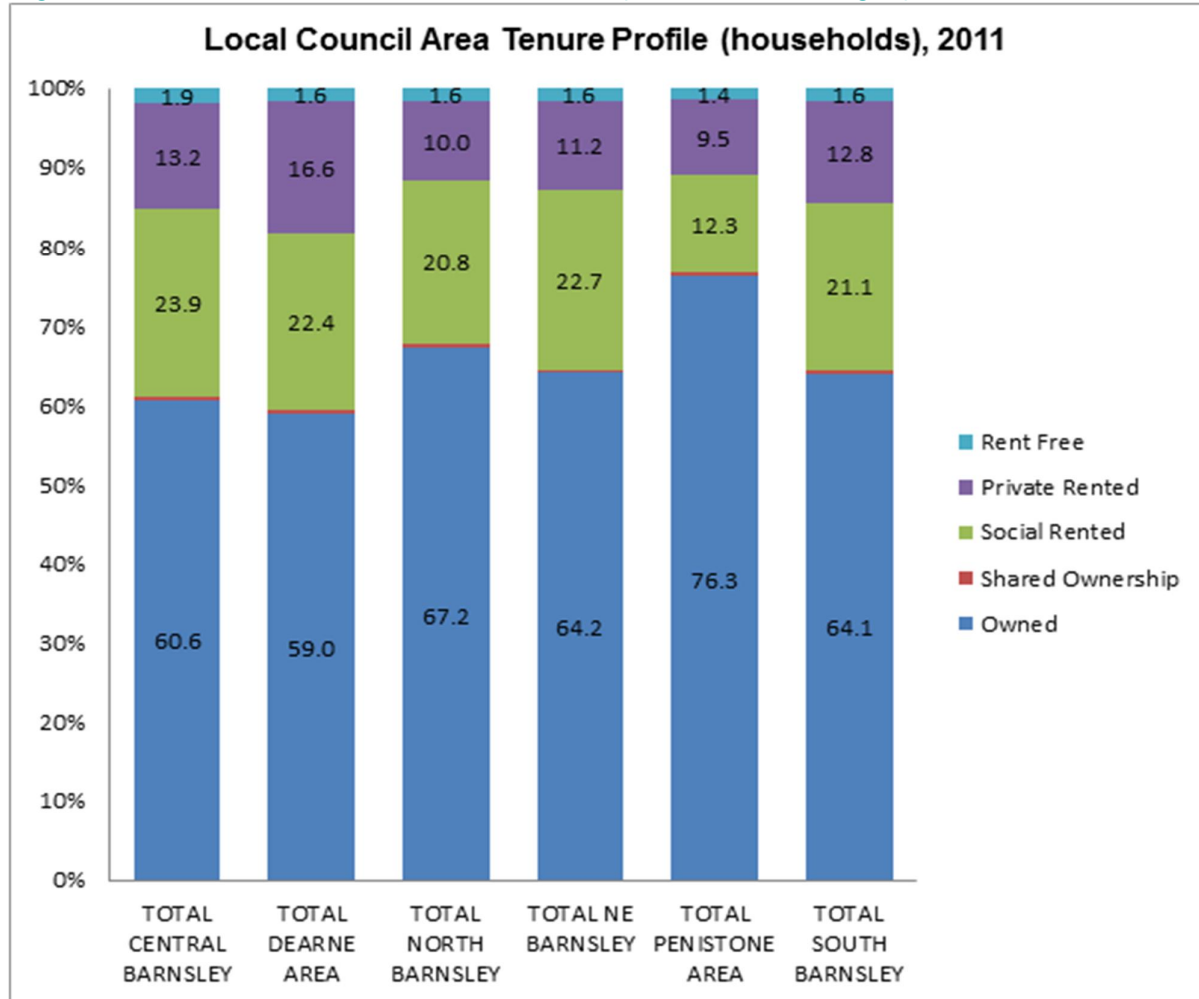


Source: ONS Neighbourhood Statistics, based on 2011 Census data. (Figure 10 in Appendix 2)

Housing

- Barnsley has a lower level of home ownership and private renting and a higher level of social renting than the England average.
- Figure 3.7 below provides tenure data across the 6 Local Council Areas, Penistone has the highest and Dearne and Central have the lowest levels of home ownership. Dearne has the highest level of private renting and Central Barnsley the highest level of social renting.

Figure 3.7: Local Council Area Tenure Profile (households, all ages), 2011



Source: ONS Neighbourhood Statistics, based on 2011 Census data. (Figure 13 in Appendix 2)

- Property prices have decreased considerably for all property types in Barnsley between 2008 and 2014, with the largest decrease in the price of detached homes.
- The chart in Figure 3.8 below provides data on property prices for each ward and Local Council Area. Property prices are highest overall in the Penistone area and lowest in the Dearne area.

Figure 3.8: Median Property Prices (£) by Ward and Local Council Area, 2014

Local Council Areas	Wards	Property Type			
		Detached	Flat	Semi-Detached	Terrace
Central Barnsley Area	Central	167,999	59,725	120,999	59,000
	Dodworth	189,250	98,250	115,000	99,000
	Kingstone	181,746	70,000	128,245	69,500

	Stairfoot	167,500	91,000	107,000	98,500
	Worsborough	159,950	95,000	86,500	65,500
	AVERAGE CENTRAL BARNSELY	173,289	82,795	111,549	78,300
Dearne Area	Dearne North	147,475	No data	79,250	69,950
	Dearne South	146,530	No Data	90,598	64,750
	AVERAGE DEARNE AREA	147,003	No data	84,924	67,350
North Barnsley Area	Darton East	180,000	71,250	124,950	72,000
	Darton West	173,250	No Data	106,250	89,000
	Old Town	184,500	60,000	123,975	78,000
	St Helens	118,995	35,500	84,000	91,000
	AVERAGE NORTH BARNSELY	164,186	55,583	109,794	82,500
North East Barnsley Area	Cudworth	172,353	58,000	105,000	76,500
	Monk Bretton	147,475	77,475	100,000	95,000
	North East	154,500	74,975	85,000	87,950
	Royston	161,250	56,000	92,500	67,500
	AVERAGE NE BARNSELY	158,895	66,613	95,625	81,738
Penistone Area	Penistone East	256,225	No Data	155,000	142,000
	Penistone West	229,998	89,750	134,000	114,000
	AVERAGE PENISTONE AREA	243,112	89,750	144,500	128,000
South Barnsley Area	Darfield	155,000	No Data	95,000	69,950
	Hoyland Milton	170,000	64,000	96,500	75,000
	Rockingham	180,000	No Data	96,250	75,000
	Wombwell	174,998	49,688	98,000	71,000
	AVERAGE SOUTH BARNSELY	170,000	56,844	96,438	72,738

Source: Land Registry average price January- December 12014 (figure 15 in Appendix 3)

4. Information, Advice and Assessment

4.1 Introduction

Both universal and more specialist Information and advice were identified as a key local priority for Barnsley. This section of the report summarises the findings

- Universal information and advice (section 4.2)
- The role of the Housing Options, Advice and Prevention Service (section 4.3)
- Other housing advice services (section 4.4)
- Promoting prevention and early intervention (section 4.5)
- Conclusions and recommendations (section 4.6)

Further detail is provided in Appendix 4, including case study examples.

4.2 Universal Information and Advice – the housing, care and support dimension

Information and advice is a key element under the Care Act 2014, which requires information and advice to:

- Be available to everyone, whether they are eligible for a local authority funded service or not
- Be available not only to traditional groups funded by adult social care - older people and vulnerable adult groups – but everyone, including socially excluded groups covered in this commission (for example offenders, or people with a substance misuse)
- Cover housing and not just health and social care

The Council has from April 2015 set up a new Customer Access Team (CAT) to handle enquiries into adult social care. Overall, Barnsley has made good progress in developing internet-based information on adult social care for older people through Connect to Barnsley. However: the housing dimension of these information and advice services is undeveloped; there is very little information available for social workers and mental health teams on housing options and choices; and better use needs to be made of existing external information and advice services (e.g. First Stop, the free government funded housing and support advice service for older people; and the Housing and Support Alliance for people with disabilities) to provide information and advice directly to individuals, carers and families.

4.3 The HOAPS service

The Council's Housing Options Advice and Prevention Service (HOAPS) is delivered from the Civic Hall. HOAPS' data shows that they take homeless applications from all potentially homeless people, whether or not they are likely to be in priority need. This is good practice.

The HOAPS team is currently working under considerable constraints. The Civic Hall reception area is very crowded with telephones and computers for the use of visitors, and the reception desk therefore offers no privacy for enquirers. There can be long waits to get through on the telephone to the team for housing advice or a homelessness enquiry. Interviewing facilities are isolated from the team's offices, and lack of administrative support and capacity limit the team's ability to offer assistance with budgeting or other more general advice to build a customer's capability to sustain their tenancy.

Almost half of the 2,064 housing advice enquiries in 2014/15 (a similar number to 2013/14) were driven by:

- Parents no longer willing to accommodate (12%)
- Non-violent relationship break-up with partner (11%)
- Other relative/friends no longer willing to accommodate (11%)
- Notice from Landlord - no reason given, and with no breach of tenancy (6%)
- Notice from Landlord due to rent arrears (6%)

30% of enquirers were under 25 years old, and a further 30% were aged 25 to 34 years.

HOAPS' housing advice activities are preventing housing crises – there were 363 homelessness applications in 2014/15, a significant reduction from the 493 made in 2012/13. However, further welfare reforms will increase the pressure, especially with the planned removal of entitlement to meet housing costs for most out-of-work under-21 year olds.

Agencies working with single homeless people reported that some HOAPS staff “go the extra mile”. However, homeless people and the agencies working with them reported that there can be a reluctance to go to HOAPS where it is felt that it may be a less than positive experience. This is at least in part the result of the scarcity of immediately available accommodation in Barnsley, so that customers see little point, but it was also a comment on the facilities and the length of time needed to wait for an interview, and also on attitudes which occasionally appear to be judging people's histories or what has led them to become homeless. Some advisors working with client groups such as offenders also stated that HOAPS should use the advisor's detailed knowledge to help arrive at decisions.

A number of practice improvement areas have been identified, together with a good practice example are set out in Appendix 4.

4.4 Other housing advice services

Barnsley Council supports an effective network of voluntary sector advice agencies in the Borough. We talked with the three advice agencies that form the advice network in Barnsley – DIAL, CAB and Age UK – about the housing and related issues for vulnerable people they have been addressing. Demand for housing and homelessness related advice is growing for all vulnerable groups apart from older people, where few present as at risk of losing their homes. For example CAB data shows that for 2014-15:

- 1,020 housing cases – up 100%
- 476 homelessness cases – up 36%
- 12,160 debt cases – up 51%
- 3,422 benefits cases – up 100%
- 29% of cases had disability or health issues

DIAL dealt with 802 housing related cases in the 2013-15 period of whom:

- 45% were people with a physical disability (this includes older people and adults); 30% were people with a mental health problem; 8% were from people with a learning disability; 5% were carers; and 2.4% were people with a sensory impairment
- 78% of people had a housing related inquiry; 17% an issue around fuel poverty; and 5% a problem with debt

The main housing related issues for older people to Age UK Barnsley are about handyperson services, adaptations and moving home options.

In addition Action Housing provides advice on accommodation, and there are several specialist housing advice posts based outside the Council covering offenders, substance misusers and people with mental health needs.

All these services are very important in supporting vulnerable people sustain existing accommodation, prevent homelessness, or find new suitable accommodation and need to be sustained.

4.5 Promoting prevention and early intervention

Early intervention and prevention are critical parts of the action needed to prevent homelessness, improve health and support independence. There are well defined pathways in existence or being developed for people with substance misuse problems, offenders and young people provided they can access supported accommodation. However, there are currently no pathways for adult single homeless people, for people with mental health needs (although a pathway was developed in 2010 but appears to be no longer in use), and people experiencing domestic abuse, and there is no

pathway developed to prevent people going into hospital or being stuck in hospital or being homeless on discharge because of a lack of appropriate accommodation and support. There are no mediation services to prevent homelessness for young people. However, the new Adolescent Support team will play such a role in the future.

There is evidence of both long and short term rough sleeping in Barnsley but currently very few (and, at the time of writing, reducing) resources are going in to address the problem. Connections should be made with hospitals, prisons, care services, and rehabilitation services to ensure that anyone due to leave an institution is advised as early as possible about how apply for social and private rented housing and to plan for temporary accommodation to be available if needed on the day of discharge or release.

4.6 Conclusions and recommendations

The feedback from advice agencies has highlighted the high and growing level of housing and housing related enquiries by vulnerable people in Barnsley. Social work and other staff from both the Council and SWYFT (South West Yorkshire Foundation NHS Trust) have also identified that housing for vulnerable people is a significant issue in their work.

Barnsley has some good building blocks – Connect to Barnsley, Connect to Support, and HOAPS - through which to build effective information and advice on housing options and housing support. However, information in relation to housing options and housing support is undeveloped in terms of meeting the requirements of the Care Act, and the pathways into housing for some groups is unclear.

Recommendations

Universal Information and Advice – the housing, care and support dimension

The Council should ensure that the wellbeing/NHS Universal Information and Advice scoping and Strategy initiative scoping work:

- Builds in housing and housing support as a key dimension
- Includes all the customer groups covered by this report, including socially excluded people as well as older people and vulnerable adults
- Builds a self-help approach to enable people who use services and carers where possible to problem solve for themselves by linking to self help tools, local information on housing and support options and external websites that can provide further advice and help
- Reviews all the elements around advice and assessment we have identified, including: assessment tools; online screening tool; web and paper based information
- Builds in clear links to other external information and advice organisations and self help tools

The Council should:

- Ensure clear gateways to housing advice and options and publicise these
- Help people to help themselves by providing up-to-date preventative and service information on:
 - Services (both written and web-based) – for both users and staff
 - Signposting leaflets/posters in useful places in communities (as identified by customers)

HOAPS - there is a need for:

- A different office set up: easily accessible to customers; with a skilled housing options front desk
- Self-help for the public through a Housing Options wizard on Connect to Barnsley website (see good practice example in Appendix 4)
- Training to address some cultural issues, and to develop a greater focus on problem solving
- Developing open, trusted relationships with specialists:
 - Accepting information from others as evidence of need or current housing status

Other housing advice services and housing advisors

- Continue to support the network of voluntary advice agencies and specialist advice workers, who play a key role in helping vulnerable sustain and find accommodation, provide financial and debt advice, and prevent risk of homelessness

Promoting prevention and early intervention

The Council needs to improve housing pathways by:

- Building housing and support into pathways for different groups - e.g. people with mental health needs, homeless people, and people at risk of domestic abuse – and ensuring that all agencies are signed up
- Better communication between agencies through the pathway – e.g. support workers being able to attend case panels, MARAC
- Improved information sharing
- An emphasis on helping people to get appropriate accommodation solutions, including through developing access to a range of accommodation provision

- Quicker and more consistent move-on from supported housing
- Ensuring that the work of the new Adolescent Support Team is firmly linked into HOAPS so that homelessness is prevented wherever possible for young people, and planned moves can be developed
- Making connections with hospitals, prisons, and care establishments to reduce homelessness for people leaving those services
- Developing a case management system aimed at preventing rough sleeping and reducing the length of time that anyone is sleeping rough
- Developing a navigator service to work with and engage long term rough sleepers and those at risk of rough sleeping, and people with multiple needs – see example in Appendix 4.
- Developing a culture of employing people with lived experience of homelessness and other forms of social exclusion
- Work with other funders to ensure that the specialist housing advice posts for offenders, substance misuse and mental health are retained

5. General needs housing and adaptations

5.1 Introduction

This section of the report sets out:

- A summary of the SHMA findings on housing need and demand (section 5.2)
- Choice Based Lettings (CBL) information on housing needs and lettings (section 5.3)
- The need for ordinary and adapted housing, and adaptations for vulnerable groups in Barnsley (section 5.4)
- Access to housing (section 5.5)
- The private rented sector (section 5.6)
- Housing Benefit (section 5.7)

Additional data is provided in Appendix 5.

5.2 Summary of SHMA findings on Housing Need and demand

The Housing picture in Barnsley

Barnsley has a similar tenure mix to the South Yorkshire and England averages – 64.3% owned; 21.3% affordable; 14.3% private rented.

The SHMA shows:

- Median house prices are £110k in 2014 – up 150% since 2000. There are big house price variations between the Area Council Areas
- 74% of dwelling are houses; 17.9% bungalows; and 7.7% flats
- Bedrooms sizes: 7% one; 31% two; 48% three and 13.5% four or more

SHMA: Need and demand

- Objectively assessed housing need is 1100 per annum, also to meet economic growth aspirations
- Of the 295 per annum affordable shortfall evidenced in the SHMA. the majority of need was for smaller general needs dwellings and for 1-2 bedroom older persons dwellings

- Market demand exceeds supply across all sub areas – shortfalls of detached, semis and bungalows; need to diversify older people’s accommodation options

5.3 Barnsley Choice Based Lettings (CBL) information on housing need and lettings

Barneslai Homes has provided data for this report on the profile of people on the Barnsley Housing Waiting List. Of the 9,330 people on the waiting list (including joint applicants):

- 57.4% are male and 42.6% female
- 41.5% are aged 18-40; 32.1% aged 60+; 26% aged between 41 and 59; and 0.4% aged under 18
- 17.9% (1,670 distinct cases) have some form of disability. Some people have multiple disabilities and the total number of disabilities recorded across these 1,670 cases is 2,372
- The most frequent type of disability is a mental health condition, followed by assisted walking, a hearing impairment, a visual impairment, and a learning disability – see Figure 5.1 below

Figure 5.1: Disability category of CBL applicants

Disability	Number	Percentage
Assisted walking	593	25.0
Hearing Impairment	433	18.3
Learning Disability	205	8.6
Mental Health problem	625	26.4
Speech Impairment	49	2.1
Virtually No Mobility	131	5.5
Visual Impairment	212	8.9
Wheelchair User	124	5.2
TOTAL	2,372	100.0
Distinct Cases	1,670	70.4

Feedback from the Barneslai Homes CBL team on need and demand is that:

- Most property types have good demand in most areas. As a snapshot, for the period April to mid June 2015 in terms of dwelling type, the highest

demand depending on location was generally for two bed bungalows and two and three bedroom houses, and the lowest demand was for bedsits

- In relation to general needs housing, older applicants are more likely to apply for bungalows followed by flats. In terms of disability, what an applicant applies for does depend on the particular disability. Physical disability is likely to result in bids for bungalows/ flats whereas applicants with mental health issues would apply for any type of accommodation depending on their age, family make up etc
- There are only a small number of difficult to let homes (mainly former sheltered housing schemes, under one roof). The other difficult to lets tend to be individual dwellings which are dotted about the borough. Generally, though this depends on the individual unit of accommodation, flats are in lower demand than houses. This is especially the case in the East of the borough in areas like Thurnscoe, Goldthorpe, Bolton on Dearne and Darfield
- All the bungalow schemes have healthy demand
- Supported housing is not generally relet through the CBL system. Berneslai provides the accommodation and individual support providers manage the throughput of applicants. Berneslai understands that there is a strong demand for such schemes although providers are limited on the number of people they can help due to the support contracts they have with the council. Berneslai believes that providers would be in a position to accept higher numbers of support cases if the finance was provided
- Berneslai has said that there are very few 4 bedroom wheelchair accessible bungalows in council ownership and only a few 3 bed wheelchair accessible bungalows. Demand can be variable depending on location. There can be a mismatch between applicant's needs and suitable accommodation being available in the right location.

The other issues that Berneslai has identified are:

- Generally a shortage of suitable accommodation for more chaotic customers who could not manage in a normal council property. The Berneslai CBL team quite often has to deal with cases who are very chaotic, have previously held failed tenancies and have great difficulty finding a landlord (supported or not) who is willing to accept this type of applicant.
- Similarly they sometimes have difficulty identifying accommodation for some applicants with severe mental health issues who are unable to manage a traditional tenancy.

5.4 Need for ordinary housing for vulnerable groups in Barnsley

A key message from this work is that most vulnerable people want to live in ordinary housing in the community rather than specialist housing schemes. Key needs identified are:

5.4.1 One and two bedroom properties

The findings from this study have reinforced the findings from the SHMA about the need for additional one and two bedroom properties for the vulnerable groups covered in this work.

We are aware that Berneslai Homes does have a reasonable supply of one and two bedroom social housing but we have found that:

- Some of it is in sheltered housing or flatted blocks (the latter often without lifts) that are not suitable for some of the vulnerable people this study covers
- Some of the one and two bedroom bungalows are in unsuitable locations (for example up hills) for people with disabilities
- Some of the one and two bedroom accommodation is in areas of the borough where most vulnerable people do not want to live. This applies in particular to some of the more outlying areas where the costs of transport to services in the town centre that many of them use make access to those services difficult

In particular the work has identified the need for:

- A broader choice of affordable one and two bedroom housing, in particular ground floor (or first floor with lifts) accessible housing
- More one and two bedroom housing near the town centre where people are close to shops and the services they need to support independent living

In 2014/15, around 155 households moved on from supported housing schemes, most of whom moved into general needs housing. Around 40 of these were families with children. The changes we have recommended (see Annex 3 in particular) would result in shorter dwell times for several of these schemes, provided moves on can be achieved promptly.

The estimate of need for move on for adult and socially excluded groups indicates a total of around **320 households per year** (excluding care leavers living with foster carers or in White Rose accommodation), of which around 50 would be families with children requiring two or three bedroom properties, with the remainder requiring one, and some two bedroom properties for adults from supported living who wish to continue to share with one other person.

We have also identified the need for:

- More interim core and cluster accommodation in general needs housing with housing support for particular groups, as a pathway to ordinary housing. The T4 (Phoenix Futures Scheme) scheme for people with a substance misuse living in second stage flats in Yorkshire Homes accommodation with support from T4, is a good example of an existing scheme that is working well
- More permanent core and cluster accommodation in general needs housing with housing support (and where appropriate personal care or social work/NHS care management support) for particular groups, for example people with a learning disability with complex needs for whom grouping the housing makes the delivery of care and support more cost effective

Further detail on meeting these needs is set out in section 6.

5.4.2 Adapted Housing, adaptations and equipment

Adapted housing

The 2012 Household Survey asked respondents whether their current home had been adapted or purpose-built for a person with a long-term illness, health problem or disability. As shown by Figure 5.2, it was found that 8.2% of homes across Barnsley MB have been adapted or purpose-built. Lowest levels were seen in Penistone (5.6%), while the South sub-area had a reported 9.1% of adapted or purpose-built properties.

Figure 5.2: Adapted or purpose built properties

Adapted or purpose-built home in Barnsley MB and sub-areas							
Current home adapted or purpose-built?	% of population						
	Borough Total	Central Area	Dearne Area	North Area	North East Area	Penistone Area	South Area
Yes	8.2%	9.0%	9.0%	7.2%	8.8%	5.6%	9.1%
No	91.8%	91.0%	91.0%	92.8%	91.2%	94.4%	90.9%

Source: 2012 Household Survey (Q 22)

We have had very positive feedback about the work between the disability teams in adult social care, the equipment and adaptations service and Berneslai Homes about identifying and adapting properties to meet the needs of disabled people.

However, in addition to the shortfall in appropriate one and two bedroom affordable dwellings, this work has also identified the need for:

- A small number (around 5 a year) of larger 3-4 bedroom accessible bungalows or parlour type houses for people with disabilities referred through the equipment and adaptations service or disability teams. We understand that because of the small number of units it is difficult to pre-

plan such properties in the right location where individual households want to live

All properties advertised through CBL include relevant details of adaptations and limitations such as steps. However, both the equipment and adaptations services and Berneslai Homes have also identified the benefits for Barnsley of having a Register of Adapted Properties (across all social housing providers) which can be used to make it easier in the future to match people with disabilities with adapted properties that are vacant.

Adaptations and equipment

The 2012 Household Survey asked questions about the need for adaptations now or in the next 5 years. The most frequently mentioned by older respondents (65 years or older) were the need for security alarms (14.0%), better heating (8.7%), increase in the size of property (8.0%) and adaptations to the kitchen (7.6%) (Figure 5.3 in Appendix 5). Across all respondents (older and younger), the adaptations mentioned most frequently were better heating, more insulation and double glazing.

Figure 5.4 in Appendix 5 shows that requirements for adaptations varies by tenure, with the highest need shown in the private rented sector followed by the affordable housing sector. The lowest level of need for most adaptations was in the owner occupied sector apart from internal handrails/grabrails and lever door handles.

The need for adaptations also varied considerably between the 6 sub areas for different types of adaptations (see Figure 5.5 in Appendix 5).

Adaptations in Council stock are funded directly by Berneslai Homes. We understand from discussions with both Berneslai Homes and the Disability teams that these are carried out in a timely way.

However, in contrast, discussions with the equipment and adaptations service have identified that there is currently up to a two year wait to get Disabled Facilities Grants work assessed by the technical team, and then tendered and carried out.

We have talked to the Staying Put service, who for 2014-15 carried out 950 Minor Works (linked to hospital discharge) and 50 Private Works. The latter included people who chose to pay for adaptations rather than wait for possible DFG funded work to be carried out because of the up to two year time delay.

The Staying Put service now offers these larger scale property adaptations services through its handytech service, which runs alongside its handyperson service. However, we found that a lot of the people we talked to were not well informed about the range of services that Staying Put could offer and that there was a need to publicise their services more widely, including to self funders.

Discussions with local stakeholders have also highlighted the need for a retail model of community equipment services in the borough for self payers.

5.4.3 Older people in the mainstream housing market

This section of the report looks at the housing needs of older households in the mainstream housing market. Specialist housing and support for older people is covered in section 6 of the report and in Annex A.

The older people's housing market in England and how local authorities and developers are responding

In line with the rapid ageing of the population, older households are the fastest growing population group in housing market both in Barnsley and in England as a whole. A number of local authorities are now responding to this at a strategic level – see case study example for Herefordshire in Appendix 5.

A number of developers are now looking at developing housing types specifically aimed at the older people's market. Case study examples of new general needs housing types for older people are provided in Appendix 5.

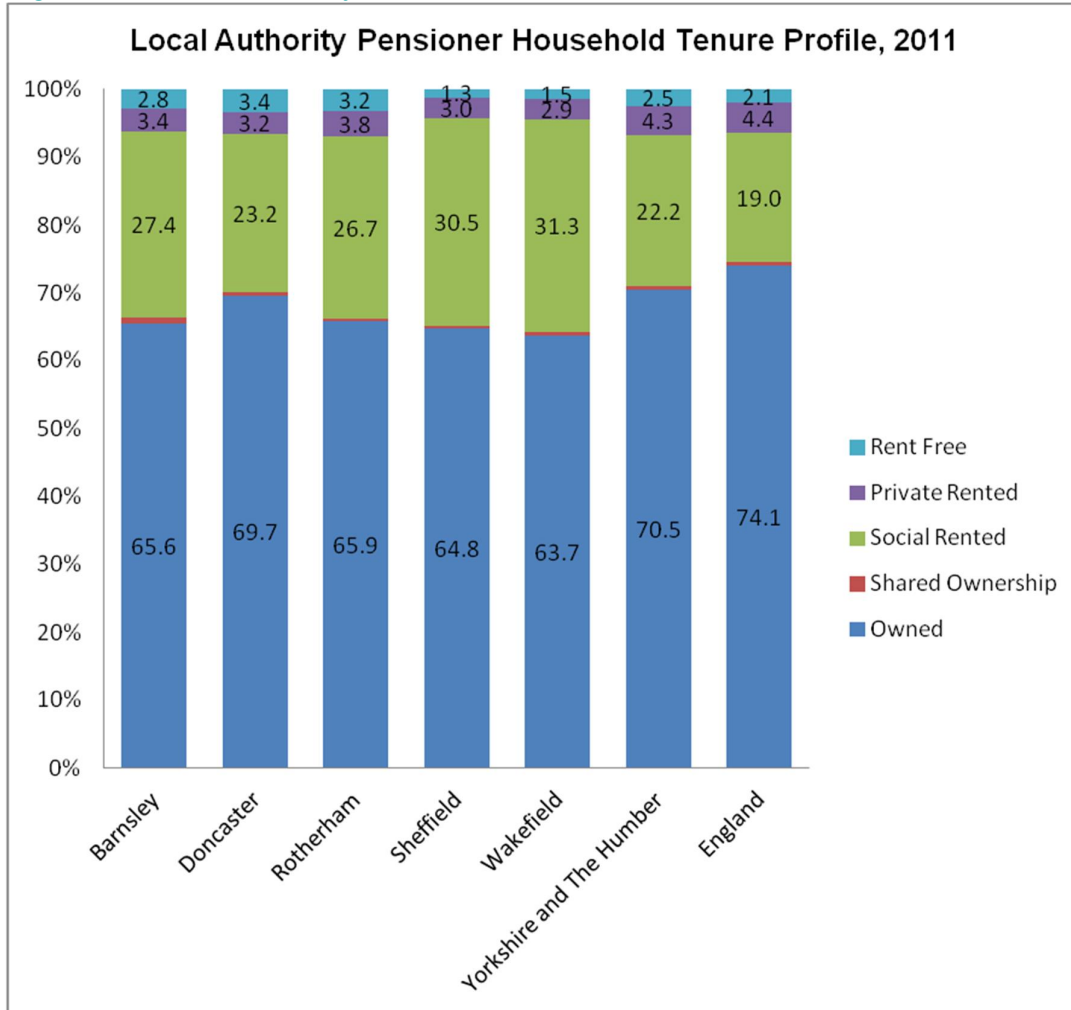
Older households as a proportion of household growth

The demographic context (section 3 and Appendix 3) identifies that over 50% of the projected total household growth in Barnsley from 2011-2021 will be from older households aged 65+. Projecting this forward to 2030 will mean an additional 8,000 older households in this period.

Tenure mix of pensioner household in Barnsley

Figure 5.3 shows that nearly two-thirds of pensioner households own their own homes, although Barnsley has a lower level of pensioner household home ownership than the regional and England averages.

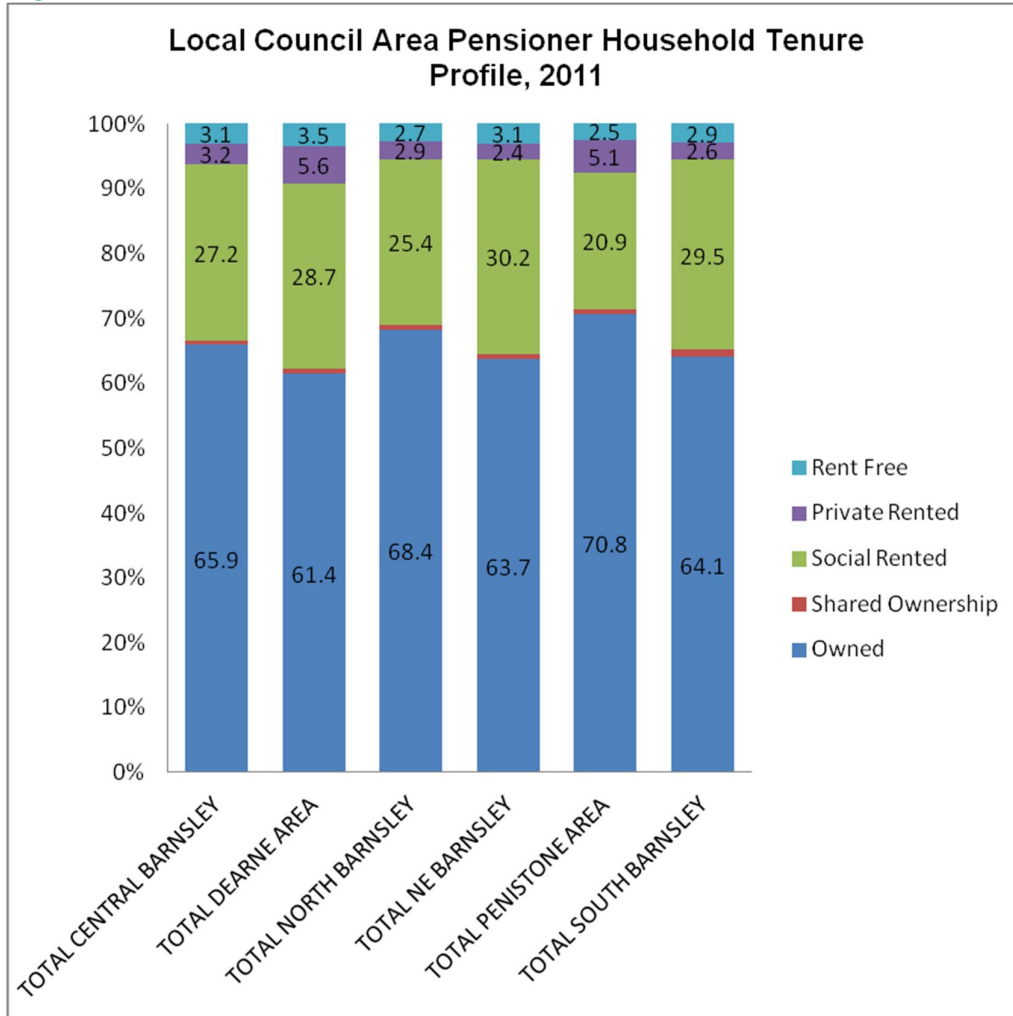
Figure 5.3: Local Authority Pensioner Household Tenure, 2011



Source: ONS Neighbourhood Statistics, based on 2011 Census data.

Figure 5.4 shows that for pensioner households there is a much lower level of private renting across all areas than for all ages of households. It also shows that there is a more even spread of home ownership for pensioner households across the 6 Area Council areas than for all ages of households, from 61.4% in Dearne to 70.8% for Penistone.

Figure 5.4: Local Council Area Pensioner Household Tenure, 2011



Source: ONS Neighbourhood Statistics, based on 2011 Census data.

Where older and disabled people live

The Household Survey asked respondents whether their current accommodation could be classified as some form of supported accommodation. The findings are set out in Figure 5.8 in Appendix 5. Most older people in Barnsley live in general needs housing. 3.6% of households live in sheltered housing, 0.9% live in Extra Care housing and 3.1% live in housing that has been adapted for older or disabled people. Highest levels of all three supported housing types are found in the Central Area.

Where older people want to live

Figure 5.9 in Appendix 5 shows older households' property type preference for the borough as a whole and for the sub areas. The Household Survey identified that the majority of older people (70.3% across the Borough) want to stay in their own homes with help and support when needed.

However, this means that nearly 30% of the older population might want to move home if the right housing and tenure option was available to them.

It also identified that there is a degree of interest in a variety of older persons' accommodation, with:

- 12.2% interested in buying on the open market, ranging from 7.8% in Dearne to 18.9% in Penistone
- 17.9% in renting from a social housing provider, ranging from 5.1% in Penistone to 26.8% in the Central area
- 20.4% interested in renting sheltered accommodation, with a further 11.7% interested in buying or shared ownership
- 14.5% in renting extra care accommodation, with a further 7.9% interested in buying or shared ownership

Looking forward

Discussions with stakeholders have identified the importance of developing a wider range of ordinary housing choices in Barnsley between home and residential care.

The main gap in Barnsley is the lack of accessible good space standard housing choice across all tenures, but mainly home owner households.

To ensure flexibility in relation to development of a mix of downsizer dwelling types and retirement housing types we are proposing:

- **Additional 500 units for rent by 2030** across the borough, a mix of downsizer housing and flatted retirement housing blocks
- **Additional 800 units for sale and shared ownership by 2030** in higher house price areas of the borough, also a mix of downsizer housing and flatted retirement housing blocks

These figures are also included in Section 6.3 under older people, alongside more specialist housing such as extra care and housing based models for people with dementia. Further evidence of need is set out in Annex A.

5.4.4 Space for Carers to stay overnight

A further issue identified in the household survey was the importance of space in the home for carers to stay overnight. Overall, as shown in Figure 5.10 in Appendix 5, 60.2% of households have space for a carer to stay overnight. Again, there is significant variation between sub-areas: only 27% of households in Penistone did not have enough space for a carer to stay, compared with 47% of households in Dearne.

The current lettings policy allows applicants the opportunity to apply for one bedroom greater than needed which can be used for carers. Applicants are also informed of the potential risk to a tenant of being liable for the under-occupancy charge as a result of being allocated a dwelling with an additional bedroom.

5.5 Access to housing

Consultation with providers working with both adult groups and the socially excluded groups showed that, for the most part, a move into settled housing for homeless and other groups of people is fairly smooth. The Berneslai CBL assessment process operates in a timely and effective manner, with only a short timescale within which the assessments are carried out. We were also told that assessment staff were generally well-informed and skilled in their work in relation to people and households from vulnerable groups.

Applicants who are accepted as being owed a full housing duty under the homelessness legislation are placed in Band 1 and have a three-month window to use their priority status. If the household has not been applying for homes during this three months, or has refused suitable offers, the Council's Housing Options, Advice and Prevention Service (HOAPS) may reduce priority to Band 2.

For those in supported housing, once their support worker confirms that the person is ready to move into mainstream housing, an assessment is carried out by Berneslai Homes to check that an offer would be based on the right information about location, size of property, and any need for ongoing support. Once the assessment is complete, customers are placed in Band 3 and are able to bid for available homes. However, the process is not applied consistently across all schemes. One provider in particular identified that people accommodated in the women's refuge have difficulty moving on as they are considered to be housed in settled accommodation so may not be placed in Band 3. This has had a major impact on turnover and so availability to others in need. When raised with Berneslai Homes, they explained the process by which Domestic Violence applicants are awarded quality, and the fact that many applicants do qualify for Band 1.

Ex-Forces personnel are able to access housing through the normal waiting list procedures, and are given a Band 2 priority within three months of their discharge date. Those leaving supported housing with support from Help 4 Homeless Veterans (in properties provided by Berneslai Homes) will be given Band 3 priority in the same way as other supported housing residents.

Agencies working with offenders with housing needs on release from prison or from within the community identified two factors which can act as barriers to accessing settled housing. The first relates to exclusions from the Housing Register for people who are considered not to be eligible to be tenants because of outstanding rent arrears or a history of past behaviours including examples such as wilful damage to council or other property, anti-social behaviour, drug-related behaviour or criminal activity / convictions in the neighbourhood. Guidance for applicants explains how an exclusion from the Housing Register can be overcome, but does not currently give examples of the time that would need to have elapsed since the exclusion for a reapplication to have a good chance of being accepted. Timescales are determined on an individual basis, and are set out in a letter to applicants. However, we recommend that examples

be given in the Allocations Policy guidance for applicants and for staff. This has been discussed with Berneslai Homes and is in hand.

The second issue relates to requests for information about convictions in order to decide whether an applicant should be considered eligible or ineligible to go onto the Housing Register. Berneslai Homes' policy is not to ask for information about all convictions but only those which are unspent and which are relevant to an application for social housing (for example, convictions for assault, damage, anti-social behaviour or drug-dealing would be relevant but those for motor offences or shoplifting are unlikely to be). However, the view of applicants and people advising them is that people are sometimes asked for information about all convictions, including spent convictions, leading us to recommend that the guidance for all staff advising applicants about allocations be clarified. It is also important that staff in the HOAPS service ensure that no-one is asked for a list of all convictions as part of the process of making a homeless application. This has been discussed with both Berneslai Homes and HOAPS and action is in hand.

Access to settled housing can be difficult for people who have chaotic lifestyles and are not thought to be capable of managing a tenancy. They may have previously held tenancies but failed to sustain these, and it can be very difficult to find a landlord who is willing to accept this type of applicant. A small number of people in this group are currently sleeping rough around Barnsley, having failed to engage with advice and housing services for some time.

Solutions being adopted around the country for working with people who have lost accommodation (settled or supported) on a number of occasions include the Housing First model as shown in the Good Practice example in Appendix 5.

Other recommendations for improving access to general needs housing take into account the difficulties experienced by working age single people reliant on Housing Benefit in being able to afford to pay for housing. The DWP Shared Accommodation Rate restricts people aged under 35 to the Housing Benefit rate for a room in a shared house, so many cannot afford to rent one bedroom properties in the private sector. Bedroom Tax means that single people of any age cannot easily afford a property which has more than 1 bedroom. 71% of the Council's stock has either 2 or 3 bedrooms, compared with 28% with one bedroom. Housing Association stock has a smaller range of one bed stock: 25% compared to 52% of family homes. We recommend, therefore, that where possible any new developments of general needs housing include single person (one bed) properties.

5.6 Private rented sector

Although Barnsley has a lower level of private rented accommodation than the England average (12.8% compared with 16.8% according to the 2011 Census), there are concentrations of private rented stock in some areas of Barnsley, notably in the Dearne (16.6%), Central (13.2%), and South (12.8%) areas.

Accessing privately rented properties can be very difficult for people with limited resources: lettings agencies often charge administration fees, plus deposits and rent in advance, which can amount to well over two months' rent to be found right at the start of the tenancy. Where the tenancy only lasts six months, the same sum has to be found again for the next property, at a time when the tenant will not yet have received back their deposit. The supply of private rented family homes is higher than demand, so landlords are sometimes prepared to waive a deposit to secure a good tenant. The picture is different for single or couple households, where there is a very limited supply of one-bedroom properties, and rooms in shared houses tend to be poor standard. Some private landlords are prepared to allow two friends to share a two-bedroom property, which works well for some people.

The Council has placed Homeless Prevention funds with the South Yorkshire Credit Union (SYCU), which has a branch in Barnsley, to administer a scheme that includes loans for deposits where HOAPS has assessed and authorised this to prevent homelessness. The deposit is paid direct to the landlord. Customers have to join the Credit Union and make arrangements for at least one benefit to be paid via their Credit Union account, and a small standing debit is used to repay the loan plus a small amount for administration, and then to build up the customer's current account. Where the loan is not being repaid, the Credit Union also handles debt recovery, but in practice few people default on their loan. The scheme started in 2010 and, at the start of June 2015, there were 52 outstanding loans. The number of HOAPS-funded loans has decreased from a high of 30 in 2013, mainly because there are now more landlords who are prepared to forego a deposit.

The Credit Union can also use Council funds to pay grants to HOAPS referrals to prevent homelessness because of mortgage debt, or to secure private rented properties, or prevent home loss.

SYCU will also consider a bond as a purpose for a normal loan application. They would insist on the loan being paid directly to the landlord, and require evidence of the tenancy prior to approval. These applications are not treated any differently to any other loan application and will be approved based on eligibility and affordability. The SYCU's ability to loan money for a deposit is not well advertised, and was not known to interviewees working with single people or to some social workers, or care-coordinators from SWYFT. There are conditions attached to granting of loans and an expectation that customers have on average at least six weeks of payments into their account, so it is important that customers in supported housing or seeking advice from HOAPS are encouraged to set up an account as soon as possible before actually needing a deposit.

The Dearne area has a large number of private sector dwellings. The Council's action plan for Dearne aims to develop a network for landlords in the area, bring back into use empty private sector stock, encourage the improvement of the stock, and improve management of private rented homes through services provided by Berneslai Homes.

The Central area contains a number of Houses in Multiple Occupation, often accommodating single people who require support but are not always able to access it. These properties are managed by a relatively small number of lettings agents but

are often not a good standard and the Council has had to take action related to poor property management practices including illegal evictions.

The Council has received funding for tackling “rogue” landlords - including those who knowingly allow the overcrowding of their let properties, often to migrant workers. The work under the banner of ‘Our Street’ has focused on seven areas identified as having higher than average:

- Void levels
- Records of crime or anti-social behaviour
- Environmental issues, and
- Complaints about housing conditions.

Two dedicated Housing and Enforcement Officers spent twelve months carrying out targeted housing and environmental inspections across these areas, alongside other interventions taken by a number of departments and partner agencies.

The project identified:

- Difficulties in engaging with some of the most fragmented/transient communities (particularly in the Barnsley town centre and the Dearne)
- A number of tenants who needed support to better manage their tenancies and access other services including financial management assistance, the Credit Union, Welfare Rights services, and Food Banks
- Measborough Dike, in particular, is home to a significant number of unemployed young private tenants, and was an area where housing advice was needed by a number of tenants
- Goldthorpe was home to a high number of young parents.

These are circumstances where housing support services might be helpful in supporting people to better manage their tenancies and adopt actions which might help them to achieve better housing conditions for themselves. Bearing in mind these and other issues currently under investigation by the private sector housing management team, we would recommend that information designed to increase the public’s awareness of how to resolve their housing problems (including tackling private landlords about disrepair and other issues) needs to be produced and translated into some of the common (particularly Eastern European) languages used in Barnsley, along with information about how to access drug and alcohol treatment programmes, health care, financial advice and other types of support. Ideally, written information would include examples of common ‘scams’ that particularly target migrants.

The Council’s empty homes team has developed a project to bring back into use long-term empty properties. These are leased from property owners for five years, brought up to standard and then let via Berneslai Homes’ property management service. These are advertised on the CBL scheme but are particularly targeted towards people

who are potentially or actually homeless or whose former tenancy history excludes them from the housing register. Tenants are offered a licence rather than an assured shorthold tenancy. It is understood that this scheme may be extended to tackle long term empty properties in other areas.

HOAPS has developed a social lettings agency, taking 34 properties (currently) from private landlords to let to people that are potentially or actually homeless but to whom the Council does not owe a full homelessness duty. Some are also excluded from the housing register, usually because of former tenancy arrears. Properties are a mix of family and one bedroom, and are let on licence (the Council has a licence from the owner rather than a lease). Owners (most of whom are private landlords) are more prepared to engage as they receive additional support from the scheme for their tenants. Properties are let on a weekly basis, although some homes have now been in the Council's management for two years. Properties tend to be in the town centre – a popular location and a good option for many customers. Most have two bedrooms, but households entitled to only one bedroom can be placed in a two-bedroom property under the current temporary accommodation regulations. If a property has to be returned to the owner, tenants can make a homelessness application and, if they have sustained their tenancy, may well have improved their position for re-housing options.

The scheme pays for itself using the temporary housing management subsidy, so landlords can be paid a full rent without any deduction for management, and HOAPS guarantee the rent: both of these factors obviously make the scheme attractive to owners. The small surplus made by the scheme is ploughed back into the homelessness prevention fund. The scheme is considerably more successful because support is available to tenants from a post paid for by sub-regional funding to tackle non-priority need homelessness. However, the funding for this worker only lasts until February 2016. The same support worker also works with people whose homelessness is prevented or resolved through a private rented home – more information is provided in section 6.

Whilst the social lettings agency runs well at present, the Council needs to consider its longer-term future (given that temporary accommodation management subsidy is anticipated to reduce in future years), and whether or not it can be developed to provide access to housing for other people who find it difficult to access private rented housing, rather than just those who have presented as homeless. A larger scheme would need to be funded by management fees as well as temporary accommodation management subsidy (only available where the property is used to prevent or resolve homelessness). Landlords' willingness to participate in a scheme that pays a less generous rent is uncertain, but should be explored given that excellent relationships have already been built up with several good landlords. The retention of support input would, however, be vitally important, not just for the tenants but also to maintain the involvement of landlords in the scheme.

5.7 Housing Benefit

The channel shift to online Housing Benefit applications, introduced in April 2015, was a challenge for customers and for those supporting them, particularly because of software issues (now resolved). In addition, the Council has had to ensure that its (now) generic staff is trained in the full range of work tasks required. The Council has monitored the impact of changes and has responded to difficulties by adjusting software, enhancing telephony and putting in place arrangements for people who cannot use the online forms: these arrangements will need to be maintained. Telephone numbers for people who need help to complete forms are included on the front page of electronic forms, and welfare benefits and Berneslai Homes have been provided with a direct dial number to back office staff.

The ongoing channel shift to online applications and updates will continue to be a challenge for some vulnerable people. Further improvements in how vulnerable people are signposted to assistance are being progressed, and the forthcoming introduction of an offline form will enable agencies working with people without internet access to complete an electronic form to upload later. Officers have gone out to agencies' offices to help them connect to self-service and to give support when completing e-forms, and further support is available.

At mid July 2015, the backlog of claims processing had reduced substantially, with average time to process new claims being 32 days and changes in circumstances being 12 days. Further reductions in backlogs and processing times are anticipated.

Feedback from HOAPS is that housing benefits are very helpful in arranging direct payments to private sector landlords where that will help to secure the property.

Barnsley uses all of its Government allocation for Discretionary Housing Payments (DHP), and in fact had to hold applications made towards the end of 2014/15 over until 2015/16. DHP regulations state that it can be used for single payments towards rent deposits but Barnsley has not introduced this into its policy. Whilst these would be of great help to those trying to access private sector housing, in reality any resources used for these would have to be carved from other awards.

5.8 Recommendations

Recommendations

Access to smaller general needs dwellings

The estimate of need for move on for adult and socially excluded groups indicates a total of around **320 households per year**, of which around 50 would be families with children requiring two or three bedroom properties, with the remainder requiring one, and a small number two bedroom properties.

Additional ordinary housing will be needed for care leavers living with foster carers or in White Rose accommodation who want to move on to independent living

More interim and permanent core and cluster accommodation in general needs housing with housing support as a pathway to permanent housing, and permanent core and cluster housing will also be needed – see section 6 for numbers.

Adapted housing, adaptations and equipment

Barnsley Council should:

- Work with Berneslai Homes, other social housing providers and the equipment and adaptations service to assess the costs and benefits of setting up and maintaining a Register of Adapted Properties in Barnsley. It is acknowledged, however, that the Choice Based Lettings adverts include all relevant property attributes
- Work with Berneslai Homes and other housing providers to ensure the availability of one and two bedroom and larger type dwellings for disabled people
- Look to find ways of reducing the waiting times for adaptations funded via DFGs
- Sustain the Staying Put service and identify ways in which the range of services provided by Staying Put could be promoted to older and disabled households in the borough, including self funders
- Develop a retail model for community equipment services aimed at self payers

Older people in the mainstream housing market

Barnsley Council should hold discussions with social and private developers operating in the borough about the potential to develop good space standard 2/3 bedroom 'lifestyle' dwelling types across all tenures, specifically to encourage older households in family homes to move and downsize. Dwelling types could include:

- Houses
- Cottages with one bedroom and bathroom downstairs
- Bungalows

This range of dwellings should be considered as part of the 1,100 annual objectively assessed need for housing

Access to housing

Barnsley Council should work with all social landlords and good quality private landlords towards ensuring that there are arrangements for enabling smooth move-on from all supported housing in the borough.

Berneslai Homes should include examples of timescales for overcoming exclusion from the Housing Register in the Allocations Policy booklet.

Barneslai Homes and HOAPs should ensure guidance for staff is explicit about only asking for information about unspent convictions or convictions that are relevant to housing applications.

Barnsley Council and partners should further explore whether a Housing First model would assist in addressing the needs of homeless people with multiple and complex needs.

Consideration needs to be given to the availability of single persons accommodation in the development of future housing provision. However, both the Council and Barneslai Homes have advised that they do still have a regular turnover of smaller one-bed stock suitable for single applicants and were able to respond to the bedroom tax positively by assisting those who wish to downsize to do so.

Private rented sector

With SYCU, develop publicity about the availability of loans for rent deposits, to make it easier for, particularly, single and couple households to secure a privately rented home.

Barnsley Council needs to ensure that information for the public about how to resolve their housing problems is available, particularly in high stress areas, and that it is translated into languages used by migrant workers in the area. With its partners. It should develop information about how to access treatment, care and support services in other languages.

The Council should explore the potential for expanding the empty homes and social lettings agency schemes to prevent or relieve more cases of homelessness where households are not owed a full housing duty.

Housing Benefit

To ensure that vulnerable people are enabled to secure and sustain a home, the Council should continue to outreach to support agencies that are working to resettle or sustain the tenancies of vulnerable people, to ensure they can use online applications.

The Council should also consider whether it can offer direct dial back office numbers to other support agencies, so that best use is made of their time and swift action can be taken where tenancies are at risk because of benefit issues.

6. Specialist accommodation and housing related support

6.1 Current supply

The tables and maps below set out the current supply of accommodation and support services for vulnerable groups in Barnsley covered by this report. More detailed supply information is provided in additional tables in Appendix 6, and additional maps in Appendix 7 which detail individual schemes and services by client group for each Area Council Area.

Accommodation based services

Older People

Figure 6.1: Total of Care and Nursing Home Beds for Older People in Barnsley

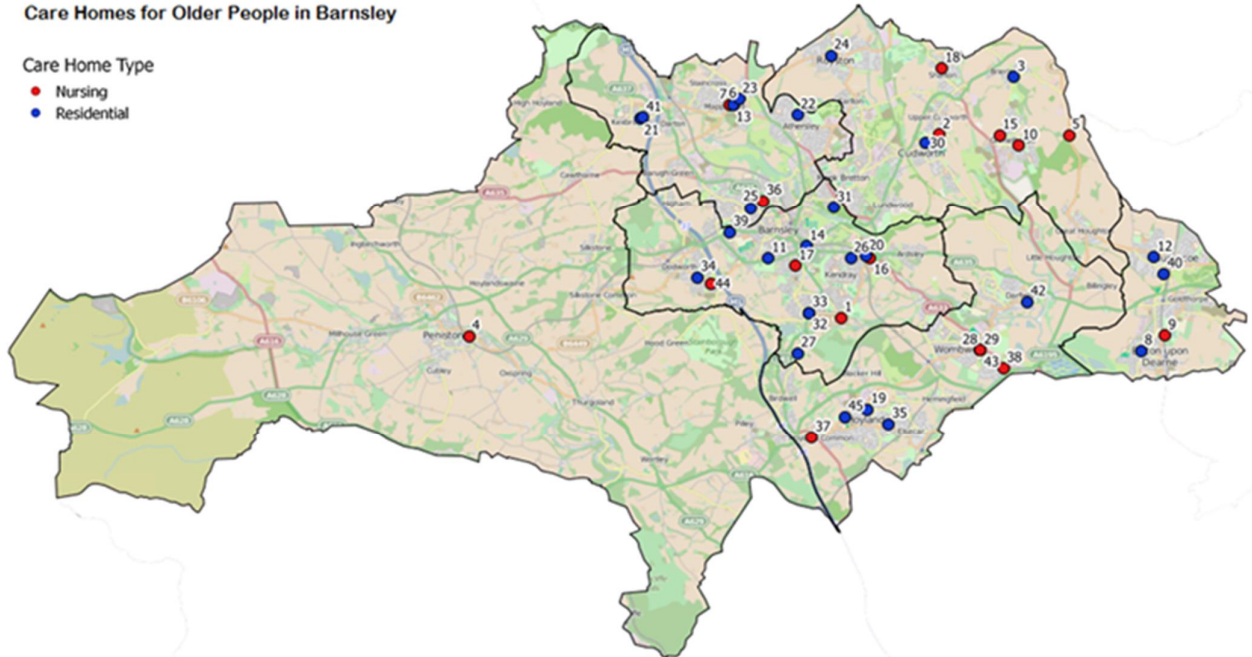
Area	Residential beds	Nursing beds	Total beds	No of homes with Dementia beds
Central	271	245	516	6
Dearne	143	33	176	4
North	218	117	335	3
North East	125	157	282	5
Penistone	0	72	72	1
South	189	200	389	6
TOTAL	946	824	1770	25

Spatially, there is a good supply and spread of care homes for older people across Barnsley, apart from Penistone – see map below.

Care Homes for Older People in Barnsley

Care Home Type

- Nursing
- Residential



- | | | | |
|------------------------------------|------------------------|--------------------------------|-------------------------------|
| 1 - Autumn House | 13 - Field View | 25 - Orchard Views | 37 - St James Court |
| 2 - Belle Green Court | 14 - Galtee More | 26 - Park Grange | 38 - The Conifers |
| 3 - Bollingbroke | 15 - Hallsteads | 27 - Park House | 39 - The Firs |
| 4 - Buckingham Care Centre | 16 - Highgrove | 28 - Parklands Nursing | 40 - The Grove |
| 5 - Burntwood Hall | 17 - Highstone Mews | 29 - Parkside Residential | 41 - The Maples |
| 6 - Chapel View Nursing Home | 18 - Holly Tree Lodge | 30 - Prospect House | 42 - Thornhill House |
| 7 - Deangate Care Centre | 19 - Hoyland Hall | 31 - Riverside | 43 - Valley Park Nursing Home |
| 8 - Dearne Hall | 20 - Hunningley Grange | 32 - Rockley Dene Nursing Home | 44 - Water Royd House |
| 9 - Dearne Valley | 21 - Kexborough House | 33 - Rockley Dene Residential | 45 - Woodlands Lodge |
| 10 - Dearnvale | 22 - Lindhurst Lodge | 34 - Rosehill House | |
| 11 - Eboracum | 23 - Mapplewell Manor | 35 - Royal Court Care Home | |
| 12 - Epworth House (was Dearnelea) | 24 - Oakwood Grange | 36 - Saxondale | |

Figure 6.2: Extra care/sheltered housing +, Sheltered schemes and other older people's schemes

Area	Total number of extra care/sheltered housing + units for rent	Total number of extra care/sheltered housing + units for shared ownership	Total No. of sheltered and older persons units for rent	Total No. of sheltered and older persons units for sale and shared ownership
Central	52	0	359	27
Dearne	60	0	198	0
North	0	0	69	35
North East	49	8	88	0
Penistone	0	0	99	0
South	46	2	197	63
TOTAL	207	10	1010	125

Borough wide maps, broken down into the 6 areas are provided below for:

- Sheltered housing for rent and sale

- Extra Care/sheltered housing +

Spatially, there is a good supply and spread of sheltered/older persons housing schemes for rent across the borough, but only a limited supply and spread of sheltered/older persons housing for sale and shared ownership in all areas, with no supply in Dearne, North-East and in particular Penistone, the area with the highest equity values in Barnsley.

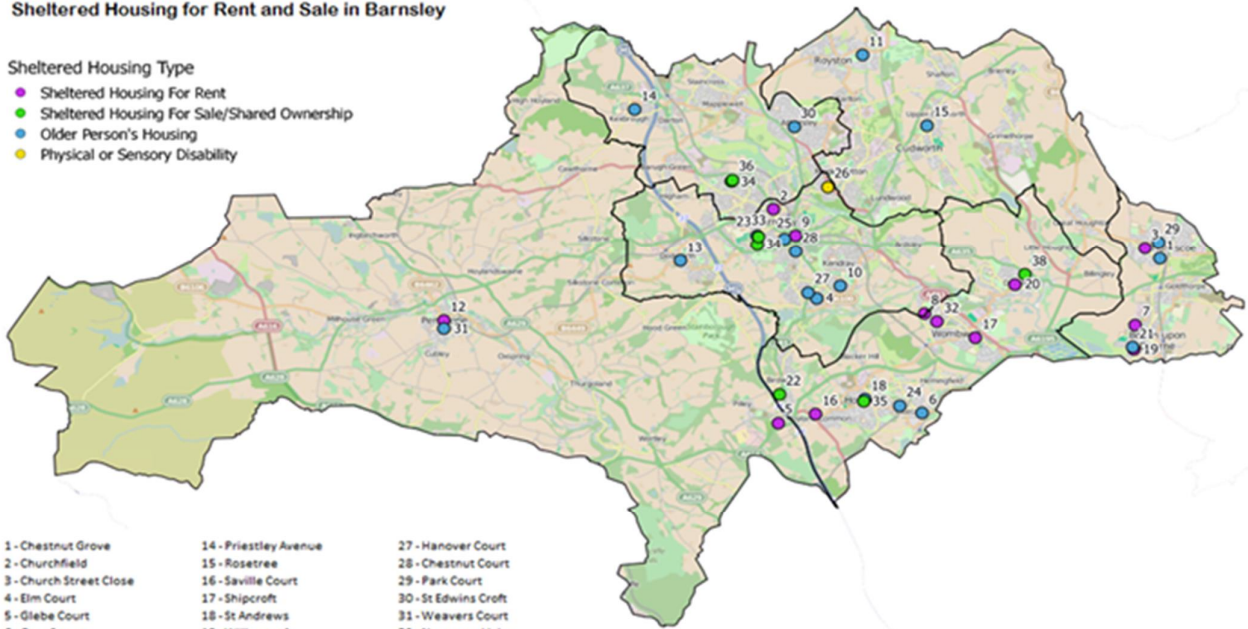
Spatially, there is only a very limited supply and spread of extra care/sheltered housing + for rent and shared ownership across the borough. There is only one scheme for rent in four areas – Central, Dearne, North East and South. Two schemes in the North East and South have a small number of shared ownership units, with no provision in the other 4 areas.

There are no extra care/sheltered housing + schemes of any tenure in the North or Penistone areas and no leasehold extra care/sheltered housing + supply in any area of Barnsley.

Sheltered Housing for Rent and Sale in Barnsley

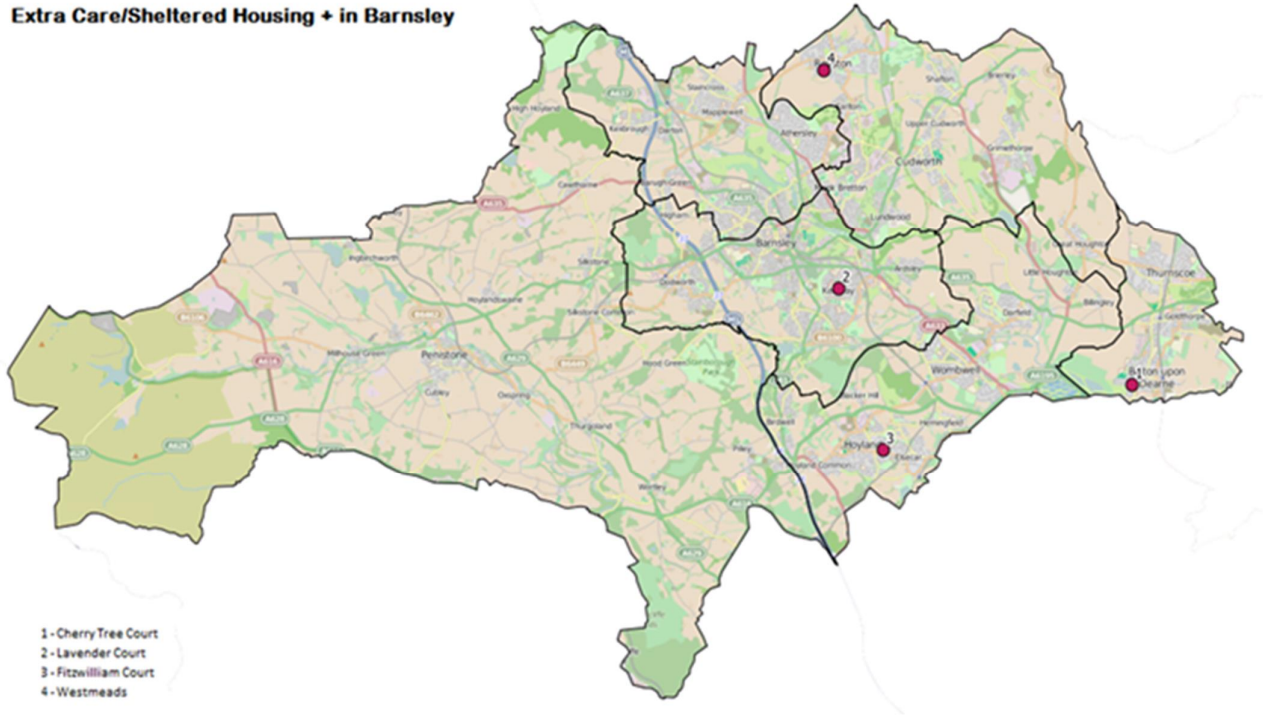
Sheltered Housing Type

- Sheltered Housing For Rent
- Sheltered Housing For Sale/Shared Ownership
- Older Person's Housing
- Physical or Sensory Disability



- | | | |
|-------------------------|---------------------------------|-------------------------|
| 1 - Chestnut Grove | 14 - Priestley Avenue | 27 - Hanover Court |
| 2 - Churchfield | 15 - Rosetree | 28 - Chestnut Court |
| 3 - Church Street Close | 16 - Saville Court | 29 - Park Court |
| 4 - Elm Court | 17 - Shipcroft | 30 - St Edwins Croft |
| 5 - Glebe Court | 18 - St Andrews | 31 - Weavers Court |
| 6 - Gray Street | 19 - Willowcroft | 32 - Newsome Vale |
| 7 - Heather Court | 20 - Woodhall Flats | 33 - Ashby Court |
| 8 - Hudsons Haven | 21 - Hallam Court | 34 - Helena Close |
| 9 - King Street | 22 - Rockingham Close | 35 - Oldfield Close |
| 10 - Maltas Court | 23 - Ashby Court(Rented) | 36 - Redbrook View |
| 11 - Meadow Crescent | 24 - St Helens Court | 37 - Redbrook Walk |
| 12 - Pendon House | 25 - Joseph Court | 38 - Shroggs Head Close |
| 13 - Pollyfox | 26 - Bronte Close,Howarth Close | |

Extra Care/Sheltered Housing + in Barnsley



Vulnerable adults

Residential care and nursing home places for Adults

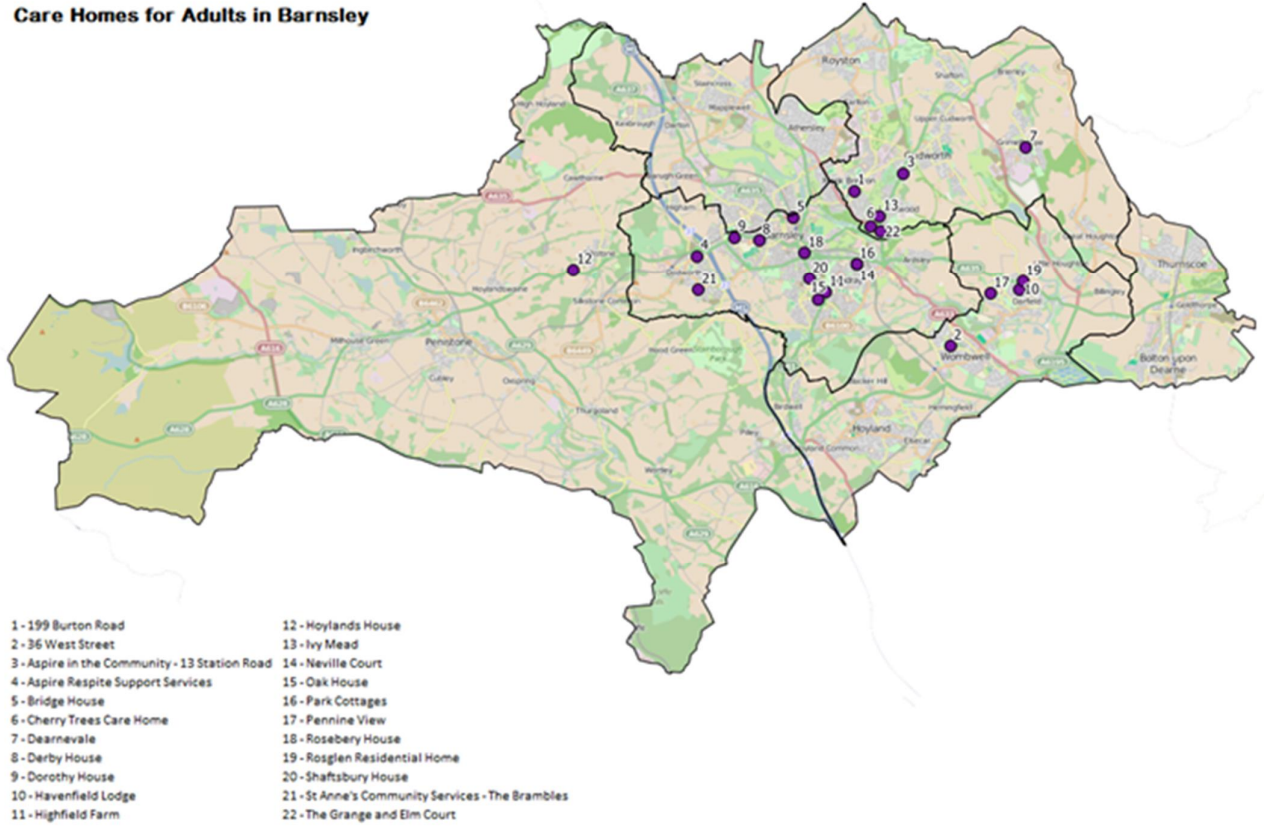
There are 372 care and nursing home places for adults.

Most of the homes accept a mix of adult groups and details for each home and who they take are provided in Appendix 6. There are some homes that only take one adult group and they are:

- 58 places for people with a learning disability only
- 18 places for people with mental health problem
- There are no homes that provide for PDSI only

Spatially, the supply is reasonably well spread across the more central areas of the borough, with limited supply in the outer wards and no supply in the Dearne area.

Care Homes for Adults in Barnsley



Shared Lives

There are 151 shared lives places, mainly for people with a learning disability. We do not have locations for these though we understand that they are spread across the borough

Learning disability supported living

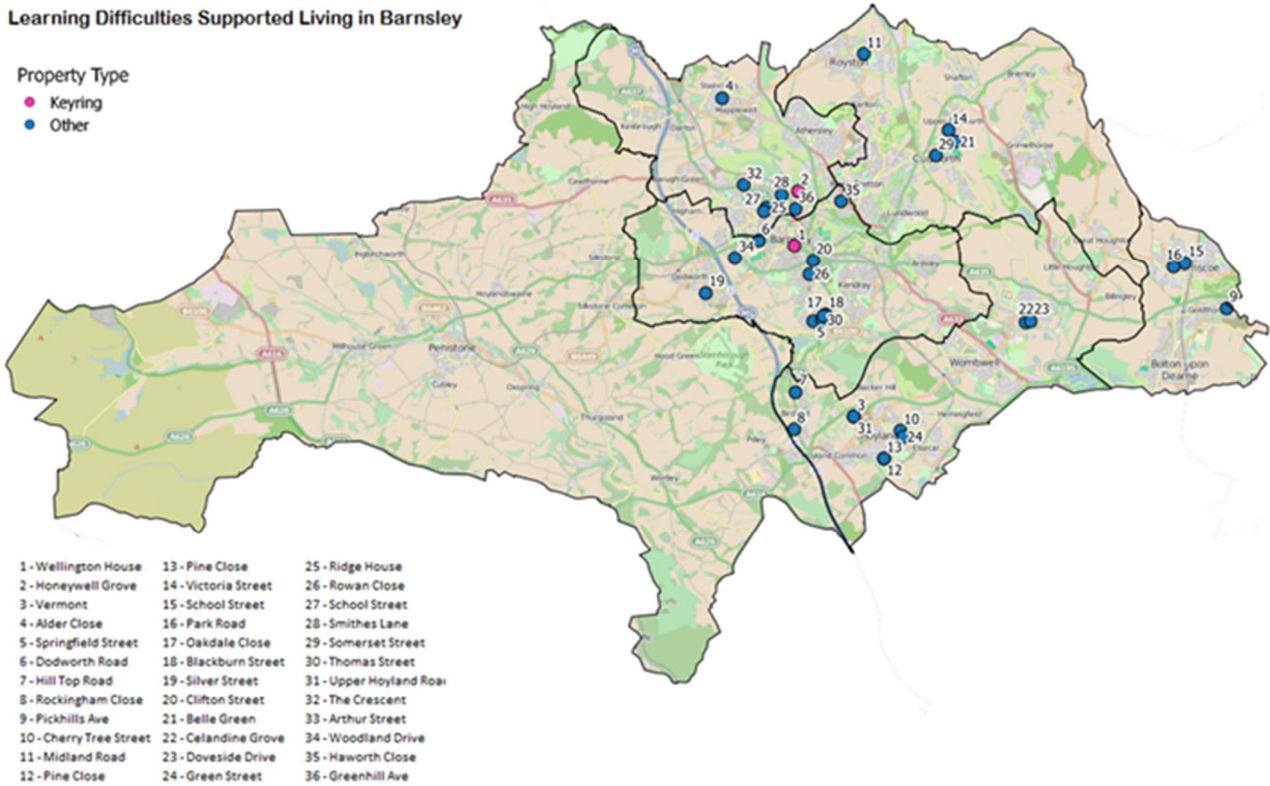
There are 178 units of supported living for people with a learning disability in Barnsley as shown in the table and map below. Spatially, these are reasonably well spread across the borough, apart from Dearne and the North East which have a low level of supply, and the Penistone area, where there is no supported living provision.

Figure 6.3: Learning disability supported living

Area	Total No. of Properties
Central	70
Dearne	13
North	39
North East	19
Penistone	0
South	37
TOTAL	178

Learning Difficulties Supported Living in Barnsley

Property Type
 ● Keyring
 ● Other



Socially excluded

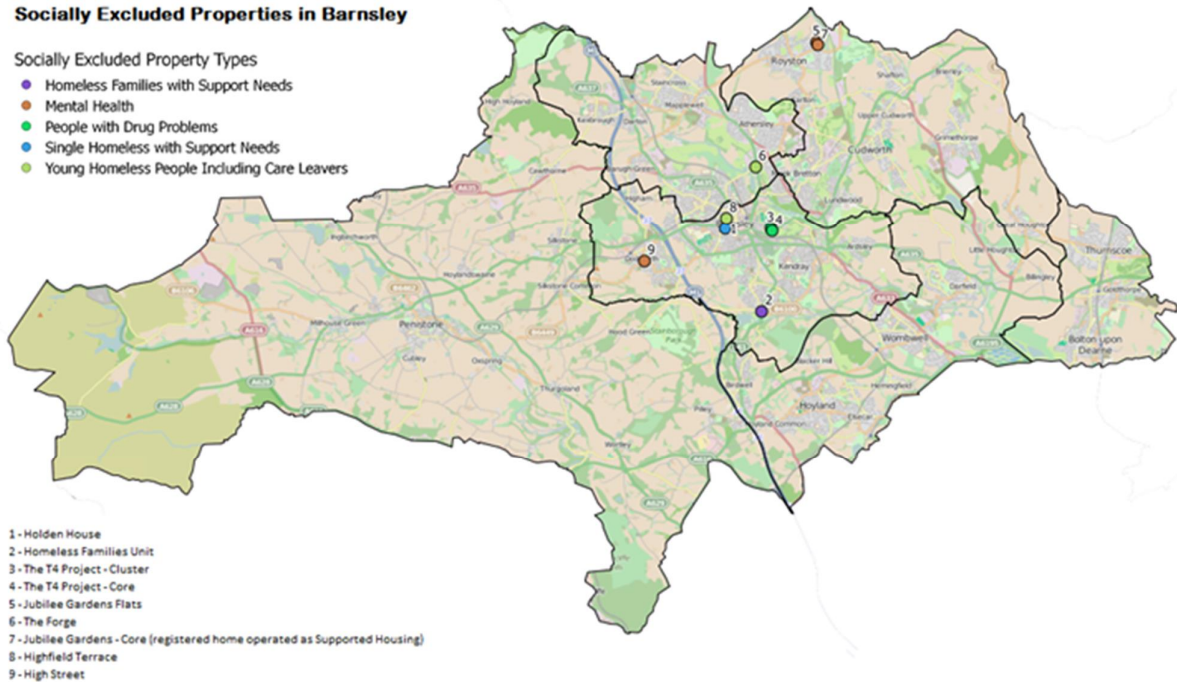
Accommodation based schemes

Figure 6.4: Accommodation based schemes for socially excluded groups

Area	Client Group	No. of Properties
Central - Central	People with Drug Problems	10
Central - Dodworth	Mental Health problems	9
Central - Kingstone	Mental Health problems	16
	Single Homeless with Support Needs	44
	Young Homeless people including Care Leavers	5
Central – Worsbrough	Homeless Families with Support Needs	8
North - Old Town	Young Homeless people including Care Leavers	17
Address confidential	Homeless Families with Support Needs	8
TOTAL		117

Socially Excluded Properties in Barnsley

- Socially Excluded Property Types
- Homeless Families with Support Needs
 - Mental Health
 - People with Drug Problems
 - Single Homeless with Support Needs
 - Young Homeless People Including Care Leavers



There is also designated dispersed accommodation (where the person moves from the property when they no longer need that level of support):

- Offenders – 16 units
- Mental health – 6 units

Spatially, much of the supply is concentrated in the Central area of Barnsley, which is appropriate as this makes for easier access to facilities and services.

Floating Support

Details of all floating support services funded through housing related support and other sources are provided in Appendix 6 and summarised below. These numbers are as at July 2015, and they will change depending on the number of people funded at any one time through sources such as individual budgets.

Spatially, we understand from the Council and providers that these are spread reasonably well across the borough. However, individual addresses are not recorded so we were unable to verify this.

Figure 6.5: Floating support services

Client Group	HRS funded floating support	Floating support funded by other sources	Total No. of Places

Older people	0	0	0
Vulnerable adults			
Mental Health	20	70	c.90
Socially excluded groups			
Domestic Violence	16	253	269
Ex-service personnel	0	20	20
Families with multiple issues	0	140	140
Generic	24	0	24
Homeless/single homeless	0	66	c.66
Offenders	63	0	63
Substance Misuse	20	0	20
Teenage parents	12	0	12
Young people	37	0	37
TOTAL	192	549	c.741

6.2 Needs summary by client group

Overall the population of Barnsley is growing and in simple terms that will mean that the support needs of most of the larger client groups will grow as well. Below is a summary of the needs analysis provided in Annexes A-C and the demographic profiling exercise for each client group:

Older People

Client Group	Headline Findings
Older people:	<p><i>Cross-cutting issues:</i></p> <ul style="list-style-type: none"> • Access to information and advice specifically on housing and support options to enable older people to plan to meet their future need for care and support services. Services include the Customer Access Team (CAT) which provides screening and signposting; Connect to Barnsley website for information about social care, wellbeing and community; Connect to Support Barnsley Market Place for people to find and arrange support. Information about housing and related services could be improved for CAT; Connect to Barnsley should have more explicit information about housing options and Connect to Support could be improved to make it easier for people to navigate. The council should publicise the free government funded advice service for older people FirstStop. • Prevention and early intervention: the Independent Living at Home Service (ILAH) provides community alarm, telecare and reablement services across the borough. The service is well established and could develop a wider Independent Living Service to include information and advice, signposting, visits and regular telephone contact • Promote the Staying Put service to self funding older people • Develop a retail model aimed at self funders for community equipment

Client Group	Headline Findings
Specialist housing	<ul style="list-style-type: none"> • The number of older people is set to increase – 45.5% for those aged 75 – 84 and almost 83% for those aged 85+ up to 2030 including an increase of almost 64% of older people with dementia. There will be 8,000 more older households by 2030 • The population increase will put pressure on housing care and support services in the borough • There is currently a good supply of sheltered housing for rent, well spread across the borough • There are four extra care housing schemes none of which have care commissioned for the scheme and are not able to support people with complex or high level needs • The supply of extra care should be increased once an affordable commissioning model is in place in the existing schemes • All four schemes are in the East of the borough and predominantly for rent (only 12 units across two schemes are for shared ownership) • There are high levels of home ownership in the west and a mixed tenure scheme here would help to meet the needs of the older people who wish to plan to meet their future need for care and support • There is very little specialist housing for sale or shared ownership – only 125 units developed and managed by Chevin and Guinness Northern Counties • There is no supported housing for older people with dementia and the borough would benefit from working with partners to design a dementia friendly building and an affordable service model. Evaluation of one scheme should be used to inform a future development programme. Examples of housing based schemes for people with dementia are provided in Appendix 8 • There are some operational issues to be addressed between sheltered housing providers and the ILAH service following the withdrawal of funding for support and shifting the eligibility for community alarm service to FACS criteria via adult social care

Adult groups

Client Group	Headline Findings
	<p data-bbox="261 1587 1094 1619"><i>Adult Groups: Learning disability, PDSI, and mental health</i></p> <p data-bbox="261 1644 493 1675"><i>Common context</i></p> <ul style="list-style-type: none"> • A more integrated commissioning approach across all adult groups, and linking them to commissioning for older people • A continued push away from institutional care and towards greater choice and control and independent living solutions, where possible in self contained housing

Client Group	Headline Findings
	<ul style="list-style-type: none"> Continued pressure on Council and NHS budgets that sometimes make it hard to reconcile individual choice and the cost of providing care and support in independent settings for people at the higher end of the needs spectrum
Learning disability	<p>Social care client group data shows that there are 115 people with a learning disability supported in a care or nursing home setting. Of these, 75% are under 65, and more than 90% are living in a care rather than a nursing home.</p> <p>Social care client group data shows that there are 518 people with a learning disability supported in a community setting. People for whom the data is recorded are living in a range of housing settings and tenures, including nearly 18% owner occupiers. Less than 8% are living alone. Just over a third are receiving day care and the same number home care.</p> <p>Housing related support (HRS) data shows that only a small number of clients in HRS funded services have a primary or secondary vulnerability categorised as learning disability.</p> <p>Current supply of care and nursing home, supported living and Shared Lives provision is provided in section 6.1 above. Over half the Supported Living housing stock is still shared housing for more than two people rather than groupings of self contained dwellings. This can make it more difficult to match and place new people, which is costly for the Council in terms of voids.</p> <p>The Snapshot survey (see Appendix 9) carried out for this needs analysis identified 17 (around 13% of returns) people for whom the agency returning the survey identified learning disability as either the primary vulnerability (4 people) or secondary vulnerability (13 people). The need for literacy, numeracy and life skills were identified as particular issues for people with a learning disability</p> <p>Data from PANSI predicts that by 2030 the number of people in Barnsley with: a learning disability will increase by 1%; with a moderate or severe learning disability will increase by 1.8%; with Downs Syndrome will not increase at all; and to have an Autism Spectrum Disorder, will increase by 1.8%.</p> <p>However, there are differences across different age bands with growth in the 35-44 and 55-64 age bands and fewer people in the 25-34 and 45-54 age bands.</p> <p>Other factors impacting on future demand include:</p> <ul style="list-style-type: none"> A growing number of people with severe learning disability surviving at childbirth and into adulthood A growing number of people with challenging behaviour including autism A growing number of people with a learning disability living into older age, some with ageing family carers who will no

Client Group	Headline Findings
	<p>longer be able to support them - the adult social care database for clients supported in the community shows 104 clients aged 45-54, 77 aged 55-64 and 49 aged 65+.</p> <ul style="list-style-type: none"> • The growing push towards choice and control and independent living may also mean that fewer families will want to continue to care for their children with a learning disability in the family home; and conversely more will have aspirations for their children to live more independently in the community • 50 people still living outside Barnsley who the Council will wish to bring back into Barnsley where possible. Of these: 5 are in hospital; 3 in a secure unit and 42 in residential care
PDSI	<p>Social care client group data shows that there are 26 people aged under 65 with a physical disability or sensory impairment (PDSI) supported in a care or nursing home setting, of which only 9 are long-term placements. In recent years around 30 people with PDSI have been moved on to more independent settings.</p> <p>Social care client group data shows that there are 227 people aged under 65 with PDSI supported in a community setting. People for whom the data is recorded are living in a range of housing settings and tenures, including nearly 34% owner occupiers. 34% are living alone. Only 3 people are receiving day care but just over 50% are receiving home care.</p> <p>Current supply of care and nursing home provision is provided in section 6.1 above. There is no community based accommodation or floating support service specifically for people in Barnsley with PDSI. There are a small number of bedspaces in other specialist accommodation which are suitable for people with a physical disability who also have a mental health problem or learning disability. There is one sheltered housing scheme for people with a physical disability or sensory impairment.</p> <p>The Snapshot survey carried out for this needs analysis identified only 3 (2% of returns) people for whom the agency returning the survey identified learning disability as either the primary vulnerability (1 person) or secondary vulnerability (2 people). The need for ongoing housing support was identified as the key factor in terms of being able to resolve their housing and support needs</p> <p>Data from PANSI predicts that by 2030 the number of people in Barnsley with: a moderate physical disability will increase by 1.9%; with a serious physical disability will increase by 4.3%; with a serious visual impairment by 1.1%; and a moderate to severe hearing impairment by 3.3%; and a profound hearing impairment by 3%</p> <p>As with learning disability there are differences across different age bands with reductions in the 45-54 age band.</p>

Client Group	Headline Findings
	<p>Other factors impacting on future demand include:</p> <ul style="list-style-type: none"> • The growing number of people with serious physical disabilities living into adulthood, and even older age • A likely growth in the number of people surviving with serious head injuries because of advances in health treatments
Mental Health	<p>Mental health services in Barnsley are provided through SWYFT. Data from RIO (the SWYFT client data base) shows 15306 people in Barnsley with a mental health problem.</p> <p>The NHS outcome measure for people with mental health problems in settled accommodation shows that for 2011-12 only 36.9% in Barnsley are in settled accommodation compared with an England average of 66.8% and the England best performer figure of 92.8%. However, analysis of anonymised SWYFT client data provided to us calls this figure into question, as for 70.8% of clients (10,834 people) the accommodation status is not recorded. It is therefore impossible for us to say whether or not Barnsley is a good or a poor performer against this indicator.</p> <p>SWYFT and other data shows that: Barnsley is a higher than average user of care and nursing homes for people with mental health problems; and that, excluding people in care or nursing homes, of the 29.2% of people for whom their accommodation status is recorded, a small but significant number of people with mental problems are in temporary or unsettled accommodation, or are in some cases sofa surfing, homeless or sleeping rough, for example:</p> <ul style="list-style-type: none"> • Staying with family or friends short-term (47 people - 0.3%) • Sofa surfing (20 people - 0.1%) • Other homeless who do not have any accommodation to go to and who were not in any of the other categories(9 people) • Rough sleeper (4 people) • Temporary accommodation such as B & B (4 people) • Refuge (3 people) <p>Most of these people are in either the 18-25 or 25-65 age groupings. This is a total of 87 people. Given the high level of non-recording of this data we can safely say that this data is an underestimate.</p>

Client Group	Headline Findings
	<p>Current supply of care and nursing home, community based accommodation and floating support services is provided in section 6.1 above</p> <p>The Snapshot survey carried out for this needs analysis identified 35 (26.5% of returns) people for whom the agency returning the survey identified mental health as either the primary vulnerability (10 people) or secondary vulnerability (25 people). Financial problems, substance misuse, lack of life skills and needing help with re-housing were identified as the key factors in terms of being able to resolve their housing and support needs. In addition, of the 132 people in the SNAPSHOT survey over a third (49 people) had been diagnosed with a mental illness.</p> <p>In addition, ward data from Kendray Hospital identified a significant increase in the number of patients with housing or homelessness problems from 2014-2015. For the first 20 weeks of 2015: one admission every two weeks is homeless; and one admission per week has an accommodation issue. For the period April 2014 to March 2015 17 delayed transfers of care were due to suitable accommodation waiting to be arranged. This excludes detained patients who are not recorded as delayed discharges.</p> <p>Data from PANSI predicts that by 2030 the number of people in Barnsley with: a common mental health disorder will increase by 0.4%; with a borderline personality disorder by 0.3%; with an antisocial personality disorder by 1.6%; psychotic behaviour by 0.3%; and with two or more psychiatric disorders by 0.6%</p> <p>The number of people predicted to have early onset dementia is predicted to increase by 7.9% for males aged 30-64 and 3.8% by females aged 30-64.</p> <p>Other factors impacting on future demand include:</p> <ul style="list-style-type: none"> • The number of people not formally linked to mental health services but who were picked up in the snapshot survey as having mental health problems as their primary or secondary vulnerability. This includes people with chaotic lifestyles and dual diagnosis

Socially excluded groups

Client Group	Headline Findings
	<p><i>Socially Excluded Groups:</i></p> <p>For these groups it is important to remember that people do not usually have lifelong conditions, and most do not have lifelong vulnerabilities.</p>

Client Group	Headline Findings
	<p><i>Cross-cutting issues:</i></p> <ul style="list-style-type: none"> • The Council's Housing Options, Advice and Prevention Service (HOAPS) is well known to most service users, and is in the centre of town. HOAPS officers can spend considerable amounts of time trying to find the right accommodation for homeless applicants, to prevent them becoming or remaining homeless. As a result, Barnsley has a very high rate of 'not homeless' decisions compared to other councils (90% in 2014/15, compared, for example, to 23% in Doncaster, and 25% across England). • Pathways are in place for some but not all customer groups • There are few services working specifically with people with multiple needs in the area • Welfare reform, including more recent announcements, will affect these clients in particular, making it more difficult to access and sustain settled homes.
<p>Homeless single people and rough sleepers</p>	<ul style="list-style-type: none"> • The number of single person and childless couple homeless applications has remained steady for the last 3 years, but has increased as a proportion of the total, from 66% in 2008/9 to 77% in 2014/15. • Applications for single people and childless couples aged under 35 accounted for just over two thirds of applicants by 2014-15 (but note that, since 2014-15, homeless 16-17 year olds have been dealt with and recorded by Future Directions rather than the homeless service). • The most common reasons for homelessness for single people and childless couples in Barnsley are: parents and friends not being willing to accommodate them any longer; former asylum seekers leaving NASS accommodation; and losing accommodation with a partner. • Sleeping rough was recorded as the reason for homelessness for a growing number: 10 in 2014/15 compared to 4 in 2012/13. • Most single homeless households in Barnsley either have their homelessness prevented or were deemed not homeless. The most common prevention actions are a move into the private rented sector or a move into supported housing. • There is one accommodation scheme providing 42 beds for single homeless people, and currently 4 short term beds for rough sleepers. • The study provided an estimate of the number sleeping rough on any one night in the town centre of around 10-15, with additional numbers thought to be staying in Wombwell Woods. There are no permanent services dedicated to working with rough sleepers at present, either accommodation or engagement to help people access accommodation and other services. • Between January and May 2015, 17 individuals were admitted to Kendray Hospital with housing issues, of whom 10 were homeless, a significant increase from previous years. • There is a group of at least 14 people seen each year who have a combination of multiple needs including a history of rough sleeping, drug and/or alcohol problems, mental health needs, and some level of offending history.

Client Group	Headline Findings
Offenders	<ul style="list-style-type: none"> • The number of people making homeless applications on leaving custody or remand has remained stable for the last 3 years. • It appears unlikely that offenders leaving custody will be accepted as homeless or have prevention action recorded which has resolved their needs. • Many offenders with housing needs access either Action Housing's accommodation, and go on to use their floating support service, or access Foundation's floating support service for high risk offenders. These services are highly regarded by their service users and have good outcomes. • Other offenders access privately rented hostel, shared housing or flats, or supported housing for single homeless people or those with mental health needs. • 46% of the Probation services' combined caseloads (CYCRC and NPS) were considered by their offender manager not to have settled housing which met their needs. At the time of the study, of those without settled accommodation, around a quarter were still in prison without a good housing solution to come out to, 8 people were sleeping rough for all or most of the week, 24 were sofa surfing, 15 were in supported housing (5 staying in supported housing outside Barnsley), 17 were in private rented property considered unsuitable for their needs, 7 were at risk of losing their tenancies, and a total of 56 did not have sufficient housing support to meet their needs. • OASys records show 56 people as having no fixed abode during 2014-15, so an average of around 1 per week. This was a considerable increase on the previous year.
Substance misusers	<ul style="list-style-type: none"> • Yorkshire & Humber as a region has a higher rate of drug use than the national average, and Barnsley is in line with regional averages. • The combined total of people accessing treatment for drug and alcohol use in Barnsley has slightly reduced over the last few years. • The prevalence of acute housing difficulties for people with problematic drug and alcohol use is reducing gradually: in 2014-15, the total number with an urgent housing need was 23, rather less than the total of 34 for the previous year, and 47 in the year before that. For those with a lesser degree of housing problem, the figure for 2014/15 was 82, compared to 59 in the previous year and 86 in the year 2012/13. • There is a good pathway from prison, homelessness, detox and rehabilitation into housing, support, and treatment services. • Services are provided at Phoenix Future's T4 abstinence-based supported accommodation service at Beever Court, which leads to second stage accommodation and floating support, and has good outcomes. • Substance misusers account for almost 40% of the total of people accessing housing support services.

Client Group	Headline Findings
	<ul style="list-style-type: none"> • The PFA snapshot survey showed that long term use of drugs or alcohol was seen as affecting the chances of resolving housing need for 17 people, and a secondary need for 26 people, a total of 43 people with unmet housing or support needs. • 37 (almost half) of the people with housing needs and substance misuse needs who were recorded in the snapshot survey showed were not yet or were no longer in structured treatment. This particularly affects under-25s and people not in specialist housing support services for substance misusers. • An increasing number – 17 in 2014/15 – had drug and/or alcohol, mental health, offending and other needs as well as an unmet housing or support need.
<p>Young people, including at risk of homelessness, care leavers, young offenders and teenage parents</p>	<ul style="list-style-type: none"> • Barnsley has a strong commitment to corporate parenting, and is developing its internal and external joint working. • The Council's lettings policy awards Band 1 status to care leavers. • There have been significant improvements to the Council's approach to homeless 16/17 year olds with Future Directions taking the lead from 2014/15. However, this has removed them from HOAPS' data, making numbers difficult to determine. Future Directions reports that numbers of 16/17 year olds entering the care of the Council doubled between 2013/14 and 2014/15, at a cost of around £1,430,000 per year. • In addition, more teenagers are now coming into care, so the combined impact on Children's Services is very significant. • To tackle this, a new and widely welcomed Intensive Adolescent Support Team has recently been established, focusing on interventions to prevent family breakdown and entry to care, including taking the lead with 16/17 year olds presenting as homeless. • A joint accommodation panel determines placements in specialist housing schemes and reviews progress of current clients. • A joint assessment and protocol is being progressed which will clarify roles and responsibilities for Future Directions and HOAPS, although agreement on details has been slow. • Numbers of homeless applicants aged 18 to 20 have increased by 20% since 2012/13 (a 25% increase in the proportion of all homeless applicants), although none were accepted homeless. Homelessness prevention was achieved for around half, mainly through referrals into supported accommodation or a hostel. • Two specialist supported housing schemes provide 22 units in total, and there are two specialist floating support schemes, plus a floating support scheme for teenage parents. All these schemes have waiting lists. • The Council uses the White Rose contract for accommodation for looked after children, but these providers have no accommodation in Barnsley, meaning that young people have to live away from friends and family ties.

Client Group	Headline Findings
Homeless or vulnerable families	<ul style="list-style-type: none"> • HOAPS has made great strides in preventing and resolving family homelessness, reducing homeless applications by almost two thirds, with few families having to be temporarily accommodated as homeless. • Half of all family homeless applicants in 2014/15 were refugees newly granted leave to remain (see below for this client group). • Increasing homelessness prevention has enabled the Council to reduce its temporary accommodation to 8 units, with bed and breakfast used only rarely and for very short time periods. • HOAPS currently employs a support worker to work mainly with clients placed into the Social Lettings Scheme but who also picks up families placed in temporary accommodation, which is now not supported housing. • For families with a wider range of issues, Barnsley's Troubled Families programme has been very successful with commissioned services including the Family Intervention Service. This programme is now in Phase 2, which has a broader range of criteria and around double the number of target families.
People experiencing or at risk of domestic abuse	<ul style="list-style-type: none"> • Like most authorities, numbers of recorded domestic abuse incidents are increasing, including people in need of specialist support. Housing advice enquiries related to domestic abuse increased by almost 50% since 2012/13 and homeless applications also increased, mostly amongst single females. MARAC referrals more than doubled in 4 years. • Despite national data showing higher rates of domestic abuse amongst same sex and transgender relationships, only 1% of all MARAC cases involved a victim that was LGBT. • Male and female victims are supported through IDVAs and specialist domestic abuse services, which include a refuge (females only) with 8 units and floating support with 16 units. Pathways and Victim Support offer counselling, specialist programmes and other support (largely unfunded). The Council very recently appointed two additional IDVAs, to add to the existing two. • With 8 refuge places, Barnsley has a 65% shortfall against the Council of Europe recommended rate: twice the national average shortfall of 32%. • There is currently no perpetrator programme in Barnsley, although Pathways has applied for funding to restart its earlier, very successful programme. • Attending a domestic abuse programme is difficult for women with young children as child care is not funded, even when the programme is part of a CAF plan. There are also long waits for mental health and therapeutic services for adult victims and children. • Barnsley has started a systematic review of its approach to domestic abuse.

Client Group	Headline Findings
Refugees and migrant workers	<ul style="list-style-type: none"> • In May 2015, the Council's figures showed that there were 457 asylum seekers in Barnsley, a quadrupling in the number recorded in 2010, and with a significant increase in the number of single person households being placed in the borough. In 2014-15, 36 of the 52 households making homeless applications after leaving NASS accommodation were single people. • The Council does not have any information on how many asylum seekers are given leave to remain, or how many stay within the borough after being granted leave to remain. • The most recent information about migrant workers coming to the area is for 2013, when 830 people were known to be in Barnsley. • Many refugees leave Barnsley once given leave to remain, and others move into the private rented sector. There was little evidence of unmet housing need other than amongst single people, some of whom use temporary supported accommodation. • The most significant reported needs were for resettlement support, for both families and for single people, and for information about tackling housing needs and access to other services (such as treatment for substance misuse problems) to be available in different languages, for all groups.

6.3 Projecting need for the next 15 years by client group

To produce estimates of future needs we have carried out a range of activities detailed in each of the client group sections in Annexes A-C. We have undertaken a process of triangulation within each client group to arrive at projected need. In the case of the Socially Excluded sector we have produced estimates of need for the sector as a whole reflecting the interlocking needs and patterns of service delivery and then added additional specialist needs where identified.

Spatial dimension to projecting need

The supply analysis in section 6.1 summarised the balance of supply across the borough for different client groups, and the supply maps in that section and Appendix 7 provide a visual analysis of the balance of supply. In considering the desired locations to address the supply proposals below:

- Older people: Extra care housing needs to be across the borough and to address the current imbalance identified in the West; dementia housing should be piloted where there is a suitable site and then rolled out in different parts of the borough; and future supply of downsizer/retirement housing should again be spread across the borough, with for sale schemes focused on higher value areas

- Adults: cross cutting provision for people with complex needs should be developed in the centre of the borough to ease access to support services; other services should be spread to meet local need identified, and in the case of supported living to achieve a better balance across the borough
- Socially excluded groups: most provision should be in the centre of the borough to make it easier for people to access support services

Older people

Client Group	Comment	Increase/Decrease in supply
Older People	Ageing population	Need for specialist housing (extra care and supported housing for people with dementia) and retirement housing for sale and rent
<p>Older people:</p> <p><i>Sector needs:</i></p> <ul style="list-style-type: none"> • Reduce level of placements in long-term care • Predicted increases in Bamsley's older population likely to increase demand for downsizer and retirement housing for sale and rent; and for extra care • Predicted increase in numbers of people with dementia and a need for supported housing and an affordable revenue funding model for care and support services • To review care commissioning in the 'extra care' schemes to develop and affordable service model that can support residents with high level needs 		
Older people:	<ul style="list-style-type: none"> • There is a need to revisit care commissioning in the four extra care schemes if they are to provide an alternative to residential care and meet the needs of older people with complex/high level needs • Identify site(s) and partners to develop a mixed tenure extra care scheme in the west of the borough. Care commissioning could be based on a Wellbeing model with residents making contributions to the cost of background care and support during the day and overnight 	<p>Once commissioning model clarified:</p> <ul style="list-style-type: none"> • Pilot new 40+ unit mixed tenure scheme in W of borough • Followed by step by step approach to achieve cross tenure development programme across the borough – up to 884 rented and 263 leaseholder/shared ownership additional units for older people and adult groups

Client Group	Comment	Increase/Decrease in supply
	<ul style="list-style-type: none"> • Develop a design for supported housing for people with dementia and an affordable funding model for care and support services. Develop a scheme and monitor and evaluate costs for the LA and outcomes for residents. Examples of dementia housing models are provided in Appendix 8 • Increase the supply of downsizer housing and retirement housing for rent. Spatially, there is a good supply and spread of sheltered/older persons housing schemes for rent • A limited supply and spread of retirement/downsizer older persons housing for sale and shared ownership in all areas, with no supply in Dearne, North-East and in particular Penistone, the area with the highest equity values in Barnsley 	<ul style="list-style-type: none"> • Develop 5 x five person flats or bungalows = 25 unit housing scheme for people with dementia (including younger people); then put further development programme in place, depending on the learning from the pilot – up to 182 units • 500 additional units by 2030 across the borough, mix of downsizer housing and flatted retirement housing blocks • Additional 800 units by 2030 in higher house price areas of the borough, mix of downsizer housing and flatted retirement housing blocks

Adult groups

Client Group	Comment	Increase/Decrease in supply
<p>Adult Groups</p> <p><i>Sector needs:</i></p> <ul style="list-style-type: none"> • There is no shortage of registered long-term care but the range of current supply options need broadening • There is a need for more flexible use of accommodation across and between adult groups and for housing based models for people with complex needs to bring people back from outside the borough • There is a need for greater use of extra care housing for vulnerable adults as well as older people 		
All adult groups	<ul style="list-style-type: none"> • There is a lack of flexible housing based provision for people with complex needs – LD, autism, MH, ABI 	<ul style="list-style-type: none"> • Pilot 8-12 unit (non registered) housing based scheme for adults with complex needs • Based on the learning develop further schemes for people with high care needs, to bring people back into the borough and reduce level of care home placements (up to 40 units)
People with a learning disability	<ul style="list-style-type: none"> • There are 50 people still living outside Bamsley who the Council wishes to bring back into the borough where possible. 42 are in residential care and the remainder in hospital or a secure unit • The snapshot survey identified 17 people with a primary or secondary learning disability who were not in learning disability services with a need for literacy, numeracy and life skills to be able to live in a settled tenancy long-term • Around 45% of people currently living in supported living currently have low-medium needs a range of other accommodation options were identified as needed, including ordinary housing, core and cluster, 	<ul style="list-style-type: none"> • 5-10 person core and cluster self contained supported living units every 2-4 years to replace existing shared housing models of supported living and to bring people back from outside the borough • 8 person assessment and training unit using core and cluster model • Up to 50 places in extra care housing by 2030 for people aged 55+ with a learning disability including downs syndrome (Nos. are included in supply figures under older people not additional to these) • Promote ordinary housing options more strongly with culture of greater shared risk taking. Need is reflected in the SHMA targets, incorporating the housing

Client Group	Comment	Increase/Decrease in supply
	<p>Keyring, and extra care housing</p> <ul style="list-style-type: none"> • There are a growing number of people with LD living into older age • LD services only identified very few young people in transition with accommodation needs, mainly people with autism 	<p>needs of people with a learning disability</p> <ul style="list-style-type: none"> • Evolve use of flexible floating support funded by individual budgets for people moving on to ordinary housing • No additional supply needed for young people in transitions – 2% reduction in numbers of 18-34 year olds
<p>People with a physical disability or sensory impairment</p>	<ul style="list-style-type: none"> • PANSI predicts only a small increase in numbers of people with a moderate disability or sensory impairment by 2030 but a 3- 4% increase in numbers with more serious disabilities • There are already good links i between the disability services and Berneslai homes in relation to adaptations and re-housing 	<ul style="list-style-type: none"> • Look at ensuring a small number of adapted units are developed as part any new specialist accommodation that is commissioned in the borough • To broaden choice. ensure that the plans for 1 and 2 bedroom, and larger 4 bedroom new housing include a proportion with lifetime homes standards a small number of adapted properties for people with physical disabilities – including units that would be suitable for people with a neurological condition seeking an alternative to residential care (included in general needs housing proposals in section 5) • Extra 150 places in extra care housing for people aged 55+ with PDSI who will move into older age (Nos. are included in supply figures under older people) • Consider floating support services funded through individual budgets for people living in general needs housing who may need support to sustain their tenancies

Client Group	Comment	Increase/Decrease in supply
<p>People with mental health problems</p>	<ul style="list-style-type: none"> • Data from PANSI predicts only very small increases in the numbers of people with mental health problems in Barnsley • There is currently an over use of long-term care and data indicates that Barnsley performs below the average in terms of the proportion of people with a mental health problem who are in settled accommodation • RIO data shows a small but significant number of 87 people in temporary or unsettled accommodation. This is an underestimate because of lack of recorded data • the snapshot survey identified 35 people with financial and/or re-housing needs • There is a particular issue in terms of people with dual diagnosis, complex needs and chaotic lifestyles – see also homelessness section for socially excluded groups • Figures from Kendray Hospital have identified bed blocking due to re-housing issues and the number of patients with housing or homelessness problems increasing • There is a major gap in immediately available accommodation • Few or no housing needs have been identified from the mental services in terms of young people in transitions 	<ul style="list-style-type: none"> • Reduce the use of long-term care beds • Extra 100 places in extra care housing for people aged 55+ with mental health problems who will move into older age (Nos. are included in supply figures under older people) • • There are some excellent floating support services funded by HRS and individual budgets/commissioning. Numbers can flex up and down according to need. Providers have stated that they can achieve better VFM from their funding if they are given more authority to increase or reduce hours on cases as needed • The key priority identified is for immediately available accommodation, in particular for people with dual diagnosis and to avoid hospital admission – 1-5 cases a month. • Need for short-term accommodation to avoid homelessness from family breakdown – mainly using existing provision (e.g. Jubilee Gardens) – 2-3 people a month • (Both these are included in the single homelessness figures below) • There is a gap between EMI nursing and specialist MH provision. However, the numbers do not appear to justify a dedicated scheme

Socially excluded groups

Client Group	Comment	Increase/Decrease in supply
<p><i>Socially Excluded Groups:</i></p>		
<p><i>Sector needs:</i></p> <ul style="list-style-type: none"> • Predicted increase of almost 5% amongst Barnsley's population aged 20 to 39 years is likely to increase demand across all homeless and vulnerable client groups. • Removal of entitlement to benefits to cover housing costs for some under-21 year olds may result in fewer young adults leaving the family home. However, any that do want/need to leave their family home will have to seek the Council's agreement that they cannot return to live with their parents, which is likely to increase pressures on both HOAPS and Children's Services. • Other welfare reforms including reductions in tax credits, and frozen LHA and working age benefits will increase housing stress, particularly amongst families with children and private rented tenants, and these and landlord taxation changes may reduce availability and accessibility of private rented homes • Need for a case management group to bring agencies together to improve outcomes for rough sleepers, and people with multiple needs 		
<p>Homeless single people and rough sleepers</p>	<ul style="list-style-type: none"> • Immediately available accommodation for single homeless people and rough sleepers is in short supply in Barnsley. As a result, people are often referred to accommodation in Rotherham, Sheffield, Bradford or Leeds, but many fail to take up the accommodation. • There is a need for action to prevent homelessness for single people on discharge from hospital, and to stop people being stuck in hospital because of lack of housing options. • Single homelessness may increase as further welfare benefit changes and public sector cuts are implemented, and NSNO funding comes to an end. In addition, additional single people may be entitled to the full homelessness duty as a result of the Supreme Court ruling on determining priority need. 	<p>Long term funding for immediately available beds for rough sleepers – 5 bedspaces, with at least 1 for women</p> <p>Additional 10 bedspaces for single homeless people, including 1 that can accommodate couples</p> <p>A navigation and engagement service for working with rough sleepers and people with multiple needs.</p> <p>Facilities for rough sleepers to get showers and clean clothes</p> <p>Increase access to settled housing (social and private rented).</p>
<p>Offenders</p>	<ul style="list-style-type: none"> • Action Housing has a waiting list for their supported housing, and Foundation has a waiting list for their floating support service. 	<p>Additional 8 bedspaces in supported accommodation for offenders.</p>

Client Group	Comment	Increase/Decrease in supply
	<ul style="list-style-type: none"> Some offenders have to be accommodated in unsuitable private sector shared housing because of the shortage of spaces in the Action Housing scheme, or because their behaviour makes them unsuitable to be accommodated there. Some offenders sleep rough or sofa surf whilst waiting for other accommodation to become available. Welfare benefit changes and increasing prevalence of the use of New Psychoactive Substances (“legal highs”) are likely to increase the number of offenders with housing needs, but this may be balanced by better planning for release from custody as a result of the Transforming Rehabilitation changes in prisons. 	<p>Additional 8 units of floating support for high risk offenders.</p>
Substance misusers	<ul style="list-style-type: none"> Numbers of people with problematic drug use are slightly increasing but the numbers of people with problematic drug and alcohol use who have acute housing difficulties is gradually reducing in Barnsley. The difficult behaviour associated with New Psychoactive Substances (“legal highs”) is likely to increase, and to have an increasing effect for young people affected by homelessness, including losing their accommodation. There is a need for more joint working between treatment agencies and supported housing staff in non-specialist housing support agencies. There is an increase in the number of people recorded as having drug and/or alcohol, mental health, offending, and other complex needs. 	<p>Need for accommodation and floating support for people with multiple needs, as well as engagement and case management. A small scheme - 5 bedspaces and 5 units of floating support – would allow service solutions to be tested.</p>
Young people, including at risk of homelessness, care leavers, young offenders and teenage parents	<ul style="list-style-type: none"> The current provision of placements via White Rose is all outside Barnsley, which means that teenagers lose touch with friends and family and can’t build up networks in preparation for leaving care. Supported lodgings would provide a family environment for 18 year old care leavers in particular. 	<p>For adolescents in care, need to re-commission supported accommodation placements within Barnsley, so that 16/17 year olds do not have to be placed distant to friends, family and EET opportunities.</p>

Client Group	Comment	Increase/Decrease in supply
	<ul style="list-style-type: none"> • Demand significantly outstrips supply of the two specialist schemes at The Forge and Highfield Terrace. Moves through these schemes can be too slow, although should improve now the Accommodation Panel is reviewing cases. • The Forge has proved difficult to manage and 16/17 year olds are now rarely placed there. Barnsley should consider replacing this scheme with smaller schemes similar to Highfield Terrace, which works well, especially for more chaotic young people. • For 18+ year olds, access to private rented is already difficult and likely to become more so. This will slow moves through specialist schemes • IAST should have a positive impact on numbers leaving parental homes, but additional units are needed for current unmet need. • The crash pad at Highfield Terrace provides much needed emergency accommodation, but also introduces the young person to the potential for living independently from their family. A Nightstop-style scheme would give out the right messages and provide time for IAST to work with the young person and their family to get them back home. 	<p>Consider replacing The Forge with smaller schemes similar to Highfield Terrace if management problems cannot be overcome.</p> <p>Provide 5 additional units to address current unmet need or work with social housing providers to set up shared houses (which could be leased from the private sector) for young people to share and move on more quickly from specialist schemes.</p> <p>10 additional units of floating support would meet existing need and help improve throughput in specialist schemes.</p> <p>A third sector run Nightstop-style scheme would provide immediately available accommodation pending involvement of IAST and while negotiating young people back to their parental home.</p> <p>A Supported Lodgings scheme would enable care leavers in particular to live in a family environment while they learn independence skills. Future Directions, as part of their strategic review, should assess the ideal number of placements.</p> <p>3 - 4 training flats rented by Future Directions and licensed for short periods to care leavers to practice independent living would improve sustainability of tenancies once people move on.</p>

Client Group	Comment	Increase/Decrease in supply
<p>People experiencing or at risk of domestic abuse</p>	<ul style="list-style-type: none"> • Reports of domestic abuse have been increasing and are likely to increase further. • The Partnership's focus needs to be on minimising impacts. Prompt police intervention and victim support may stabilise and even reduce the numbers of victims who have to leave their home. • The current 8 refuge places may be sufficient, provided quicker moves on (within three months) are achieved to avoid silting up. • To help victims to be resilient to abuse from new partners, the counselling and specialist therapeutic programmes are needed, and women with young children need childcare to enable them to participate, especially where this is part of a CAF plan. • A perpetrator programme would help to reduce the numbers of perpetrators that go on to abuse other women. 	<p>No additional refuge units are recommended, but examine ways to achieve a maximum stay of three months.</p> <p>Provide or fund childcare so that women can attend recovery and empowerment programmes.</p> <p>Ensuring the continuance of therapeutic and empowerment programmes would reduce levels of repeat victimisation.</p> <p>A perpetrator programme is important to reduce the numbers of women abused by this cohort.</p>
<p>Homeless or vulnerable families</p>	<ul style="list-style-type: none"> • Currently the only support available to families in Barley Close is from HOAPS' support worker, whose funding is due to end in February 2016. Besides refugees (see below), some other households need at least short-term support to deal with this major life event, and particularly minimise impacts on children. • The same support worker works with families and other households housed through HOAPS' social lettings agency. This is an important contribution to homelessness prevention, and the support offered improves sustainment and encourages landlords to participate in the scheme. • With welfare reductions, more families will find it increasingly difficult to maintain their homes, particularly private tenants. Short-term support including budget management could be directed towards those at most risk of homelessness. 	<p>40 units of very short term floating support targeted towards households in social lettings agency properties and families at risk of homelessness in the private sector. This reflects the current floating support provided by the HOAPS support worker so not all is additional supply.</p>
<p>Refugees and migrant workers</p>	<ul style="list-style-type: none"> • There may be an increase in the number of refugees, following the 	<p>A small scheme of 10 units of floating support would support</p>

Client Group	Comment	Increase/Decrease in supply
	<p>Government decision to accept more people fleeing Syria.</p> <ul style="list-style-type: none"> • Migrant workers and asylum seekers are likely to continue to be housed or find their own accommodation in the private rented sector in Barnsley. • Some households given leave to remain need support that is not currently on offer. 	<p>refugee households moving from temporary accommodation to settled accommodation in Barnsley.</p>

Conclusions and priorities from the needs analysis

A key priority is to put together a new Market Position Statement (or similar) setting out the Council's ambitions and to attract providers and developers to work with Barnsley to deliver the Vision:

Continue to move away from institutional (often shared) forms of provision and do this by developing new more self contained (sometimes grouped) housing and flexible support based models to include:

- Developments that the Council will support e.g. partnerships with Berneslai and RP's to bid for HCA capital or other public funding
- Developments that the Council will enable e.g. Private financed specialist schemes; and private sector leasehold and shared ownership

Alongside this the highest priority is to address the needs of homeless people and people with chaotic lifestyles through:

- Immediate access accommodation to ensure that homeless people can stay in Barnsley, and for people with mental health problems leaving hospital or prison
- Navigator service for people with multiple and complex needs, including dual diagnosis, with the service following the person
- Developing multi-agency case management systems to reduce the length of time that people are homeless or are in unsuitable housing, and to reduce the length of time that people need to stay in specialist supported accommodation
- Greater emphasis on supporting people in specialist accommodation to get into education, training and employment
- Developing a culture of employing people with lived experience of homelessness and other forms of social exclusion

6.4 Service development

A key part of the work has been to examine the potential for system and service development alongside of, or to avoid the need for additional accommodation services.

Recommendations for older people are:

- Keep the allocations process and payments for void losses in extra care housing under review
- Develop cost effective service and commissioning models for extra care and housing based models for people with dementia to achieve diversion from long-term care (a BCF target)
- Sort out operational issues between landlords and the ILAH service following the withdrawal of funding for community alarms in sheltered housing.
- Shift intermediate care services from institutions (hospital and residential care) into community based services

Recommendations for adult groups are:

- Better recording is needed of housing needs of adult groups
- Develop and promote improved information and advice for people with disabilities about ordinary housing options across all tenures, as starting point to building greater choice and empowering people with disabilities and their families to make decisions
- Clarify the future role of all Supported Living schemes in the light of these proposals to re-balance provision away from shared housing models and agree a clearer compact with providers based on a partnership approach and greater risk taking
- Update and re-instate the housing pathway for people with mental health problems as the existing pathway has lapsed
- Retain mental housing resettlement advisor capacity, currently in the EIT

Recommendations for socially excluded groups are:

- Ensure that information about how to resolve housing problems and where to go for help takes account of the needs and languages of people who come from other countries, especially for refugees coming through HOAPS. In addition, as a group of agencies, agree how capacity for interpretation and translation can be pooled, rather than each agency trying to meet these needs themselves.
- Establish a case management group to bring agencies together to improve outcomes for rough sleepers, both those that are new to rough sleeping, and those that are more entrenched.

- Develop 'Making Every Adult Matter' in Barnsley. This should include promotion of the PIE approach to support including provision of opportunities for supported housing agencies to learn about and adopt this approach and other ways of supporting people with multiple needs.
- Develop a Homeless Hospital Discharge Protocol as a first step to addressing the needs of people being admitted to hospital with housing problems, or leaving hospital with no accommodation.
- Develop closer links between the Council and the Criminal Justice System – at strategic and operational level, at casework level between NACRO and Action Housing advisers and HOAPS, and through regular involvement with the IMPACT team for Barnsley, and to seek to include prevention data from these agencies in homelessness prevention reports sent to DCLG
- For victims of domestic abuse, re-draw the referral pathway and ensure that all agencies are aware of this, and the information that must be included in referrals to specialist services. To improve coordination, ensure that IDVAs share a recording and monitoring system so there is shared knowledge about referrals and to avoid people falling through the net.
- With the treatment system, develop wider circulation of information about drug and alcohol treatment, housing support services for substance misusers, and the T4 housing drop-in. In addition, together with providers, develop approaches to ensure that people resident in single person hostels have the best chance of remaining abstinent. This should include a menu of meaningful activities to engage people and improve employability skills, and staff training on legal highs.
- Given the Government's July announcements on further welfare reforms, work across DWP, HOAPS and the Council's Benefits team to identify and communicate with families that will have increased risk of homelessness so they are fully informed and offered opportunities to mitigate the risk through assistance into work.
- Ensure that the Council, either through DHP or HOAPS resources, covers the under-occupation charge for families in the homeless families unit since they have no option about their temporary accommodation placement. DHP, as a finite resource, has not always been available to cover this top-up.
- Work with social landlords to consider the potential for taking on leases of private sector properties to provide two and three bedroom shared accommodation for young people that would prefer to share.

7. Other preventative services to support well-being and independent living and their links with housing and support

Barnsley has been creative in evolving a range of Independent Living at Home (ILAH) services that focus on prevention and diversion from more intensive services. The establishment of ILAH as an arms length trading company provides the Council with further potential to develop its well-being and independent living offer.

Two additional areas of development potential have been identified. The first relates to the interface between ILAH and housing support services, and the role of Careline for socially excluded groups.

The second relates to the development of a broader ILAH offer, building a one-stop shop approach that uses Careline as a hub and incorporates a network of other 'pay as you go' services, including: handyman and other property services; social and practical support; and personal care. There are a number of examples from other areas of the successful development of a broader ILAH offer, for example Eden Independent Living (<http://www.edenindependentliving.org.uk/>) run by Eden Housing Association (EHA), and Coast & Country's HomeCall Independent Living Service (<http://www.homecall.me/independent-living/>). Further detail and case studies of both these initiatives is provided in Appendix 10.

Recommendations

- ILAH and Barnsley Council should look at the potential to develop the ILAH offer further for socially excluded groups, either as: an alternative to housing related support; or alongside other services such as housing related support; or as a value for money ongoing service after t housing related support has been withdrawn
- ILAH and Barnsley Council should look at the potential to develop a broader and more joined up Independent Living offer in the market place to complement the individual service offers available via Shop for Support Barnsley. This

8. Barnsley's community approach and the interface with housing and housing support

A key part of the Council's Corporate Vision for Barnsley is to build strong, self sufficient and sustainable communities. The Area Council Area plans and discussions with locality staff in the Council has confirmed that there are clear areas of overlap between the actions in the Area Plans, and the housing and support issues being addressed in this report. These relate in particular to the private rented sector, particular population groups such as families and refugees, information and advice, and addressing social isolation and improving well-being and support for local people. Area Council Area budgets are in some areas being used to commission services that interface with housing and support for vulnerable people.

The key issue is how best to link up more strategically Barnsley's bottom up sustainable community approach with other housing and support services for vulnerable people.

Further detail on initiatives that each of the Area Council areas is undertaking that links with the themes for this report is set out in Appendix 11.

Recommendations

- Barnsley Council Communities Directorate looks at the potential to build synergies in commissioning and delivery between the spatial sustainable communities approach and commissioning housing and support services for vulnerable groups
- The Locality teams examine the potential for community involvement in welcoming new movers from vulnerable groups: providing local links and contacts; helping people settle in and become part of the community
- Where there are concentrated reports of poor quality and/or managed private rented homes, consider the advantages of selective licensing to address and reduce problems

9. Commissioning and Funding

9.1 Introduction

This section of the report looks at:

- Commissioning accommodation and support services (section 9.2)
- Current funding (section 9.3)
- Future funding direction and option appraisal (section 9.4)
- Conclusions and recommendations (section 9.5)

Option appraisals for reshaping service and funding models, and other case study examples are provided in Appendix 12.

9.2 Commissioning

Barnsley Council is already moving away from commissioning by individual client group to a more integrated commissioning approach covering older people and adults.

A number of reviews of existing funding and services are also planned which is also likely to lead to a more integrated approach to commissioning and funding services for homeless people and people with complex needs.

Further developments we have identified are the need for a more integrated approach between:

- Commissioning taking place for vulnerable groups across different teams in the same directorate and sometimes through different Directorates (e.g. the People directorate and the Communities directorate) for the same client group
- Commissioning taking place for vulnerable individuals and bottom up locality commissioning through the Area Council Areas (see section 8)

Commissioners have already identified the benefit of having an up to date Directory of all specialist accommodation for vulnerable people so that if one scheme is no longer appropriate for one service user group it could be offered to commissioners for another group.

Commissioners are also working on market development with providers:

- To promote a more dynamic approach to supporting individuals achieve as much choice, control and independence in their lives

- To move to more flexible models of funding that do not require traditional block contracts

Most providers we have talked to have welcomed this shift in approach from the Council and are committed to maximising independence for the people they are supporting. However, they also want a stronger stake in shaping the strategic thinking around different services - both bricks and mortar and/or service development - in order to be able to use their experience and ideas to support the Council to achieve its goals – i.e. become true partners rather than just service deliverers. This will include discussion about how they can sustain existing and develop new services or cost effective models under an individual purchasing model.

In addition we have seen growing evidence of funding sources being used in tandem in order to fund key services and this highlights the importance of the Council continuing to build a joint commissioning and funding approach both within the Council and with key partners.

The reviews set out in section 9.4 will also have an impact on the ways services are commissioned in the future, both singly and in combination.

9.3 Current Funding

Key changes that have taken place in recent years:

- A gradual reduction in the number of different client groups funded through housing related support
- The Housing Related Support (HRS) budget has more than halved since 2011 from £4,839,636 to £2,379,395
- There has been a continuing shift from accommodation based services to floating support
- There has been a diversification of funding sources linked to HRS, in particular relating to floating support as shown in the supply data provided in Appendix 5

Figure 9.1 shows the current level of housing related support (HRS) funding for different service user groups in Barnsley.

Figure 9.1: Total HRS budget for 2015/16

Service user group	£
Substance misuse	259,558
Older people	312,126
YO and single homelessness	700,395

Domestic Violence	148,570
Offenders	381,566
Teenage Parents	55,818
Generic	150,917
Learning disability	193,566
Mental health	97,698
Learning disability/mental health	79,179
Total HRS budget	2,379,395

In terms of funding diversification, we have not been able to obtain exact figures. However, the other funding sources that now interface with HRS funding include:

- Substance misuse funding (former DAAT)
- Offenders – National Offender Management Service
- Community Safety
- The Police and Crime Commissioner
- Area Councils
- Adult and Children’s social care funding and Individual Budgets
- Better Care Fund
- Reablement and Intermediate Care
- Local advice and other services to support local people funded through Area Council Area budgets

Examples of these sometimes complex interfaces are:

- Future Directions’ funding for housing and support for care leavers and homeless 16/17 year olds, and funding for crash pad placements that is dependent on who is placed and by whom
- Domestic abuse – substantial funding from community safety and the police and crime commissioner, Ministry of Justice funding, plus extensive volunteer support from both Pathways and Victim Support that is funded (core service and volunteer support) by these organisations, plus charitable funds to support victims to establish a home and towards specific programmes
- Intensive housing management at 28A (single people), Barley Close (homeless families) and other schemes can be funded through Housing Benefit without funding from the Council or other commissioners

- Help 4 Homeless Veterans support (in Berneslai Homes accommodation) is provided by volunteers who are supported by the charity
- The floating support service provided by Together is funded through a mixture of a HRS block grant and individual purchasing through the mental health RAP panel
- Barnsley Churches Drop-in Project paid for by charitable sources and largely provided by volunteers

This diversification of funding does NOT mean that HRS funding from the Council is no longer required in Barnsley. Instead, the services commissioned using HRS funding have had the effect of drawing in other resources. For example, funding from external sources often require match funding. Existing funding demonstrates that the Council has assessed that there is a need, and this attracts external funding. Charitable funders are attracted to add value to something that already exists but rarely want to entirely fund new services. Were the Council to rely on these other resources, many would fall away and certainly services would close.

9.4 Funding profile to support medium term financial planning

9.4.1 Introduction

This is a time of considerable change for Barnsley Council. In addition to our commission, a number of other initiatives are also taking place within the Council that will impact on the future delivery model and the funding profile linked to that. These include:

- Review of alternatives to residential care provision.
- Re-tender of drug and alcohol services.
- Review of learning disability supported living.
- Re-specification and procurement of young persons' accommodation pathway.

In addition, a number of budgets are under pressure for further reductions, for example the substance misuse review is facing a £1 million reduction in funding.

The Locality Commissioning and Healthier Communities Team are also planning to commission further reviews in relation to housing related support funding for:

- Older people
- Young people at risk and single homeless people at risk
- Women at risk of domestic violence
- Offenders

- Learning disabilities, mental health and a combined learning disability/mental health service
- Teenage parents and generic support

These reviews will be phased over a 21-month period from June 2015 to March 2017, with the aim of aligning investment in HRS with wider Council priorities.

Following discussion with the Head of Locality Commissioning & Healthier Communities and her team it was agreed that, given the scale and breadth of review it is not possible for us to provide a detailed medium term 5 year funding profile.

We have been asked, therefore to provide a high level financial overview focussed on:

- The needs and priorities we have identified and the funding implications of options and models for addressing these
- Making the best use of resources in a strategic and targeted way, including:
 - Any services the Council should not be funding
 - Other ways of working and delivery
 - Ways of bringing in other sources of capital funding for developments

We look at each of these themes in turn.

9.4.2 Needs and priorities and funding implications of options and models

Reshaping services and funding models

Appendix 12 sets out option appraisals for the following key areas of funding and service re-design:

- Extra care housing
- Housing for people with a learning disability
- Provision for 16-17 year olds
- Services for single homeless people

9.4.3 Making the best use of resources in a strategic and targeted way

1. Use of HRS funding

The Council will need to consider all sources of funding in the future. The focus of HRS funding in the future should be targeted at groups for which other sources of funding may be harder to access, for example:

- Homeless people and people with mental health problems and multiple needs who are hard to reach

- Young homeless and young people in transitions
- Extra care housing for older people
- People affected by domestic violence
- Refugees

Pooled funding should be used where there are multiple interests including health, social care and young people. Examples of blended funding are set out in section 9.3 and further suggestions for blended funding are provided under Model 1 below.

2. Services the Council should not be funding via HRS

We have identified one service currently funded through HRS that the Council should not be funding. This relates to the £133,798 HRS funding for tenants of Berneslai Homes (20 schemes), Guinness Northern Counties (4 schemes) and Yorkshire Housing Association (2 schemes), Equity Housing Association (1 scheme) receiving funding support for community alarm services.

We understand that for Berneslai Homes tenants the contract is between the Council (not Berneslai Homes) and ILAH. For the three registered providers the contract is between HRS and the registered providers.

An option appraisal for this proposal is provided in Appendix 12.

3. Diverting resources away from use of residential care

We have identified the continued over use of residential care, in particular in relation to older people and mental health. There is also potential for less use of institutional placements for people with learning disability and complex needs.

A key to freeing up funding for the future is to continue the process of diverting people from long-term care. A number of our proposals in section 6 on future supply developments – including extra care, housing based models for people with dementia, housing based models for people with complex needs, and core and cluster models for people with disabilities – will broaden choice and assist the drive to reduce the use of long-term care.

4. Other ways of working and delivery

Below we set out four emerging funding models that we see potential for building on further in the future.

Model 1: Moving to a blended funding model

There is clear evidence that over the past five years Barnsley has moved from a funding model that sees HRS as the only funding source, to a much more flexible blended funding model where a range of funding sources are used, sometimes singly and sometimes in tandem. Examples are:

- A range of support services for domestic violence now funded through HRS, the Police and Crime Commissioner, Community Safety and the Home Office
- Individual services funded through more than one support funding source, for example Together (an HRS service for people with mental health needs), which receives funding from the mental health RAP panel via Individual Budgets for around 65 people, and HRS funding from the Council for around 20 people

We would recommend that this approach should be adopted for two other client groups.

Young people – 16 and 17 year olds that are care leavers and /or homeless

At present, HRS funds support services at The Forge and Highfield Terrace, and the floating support services for teenage parents and young people. The beneficiaries of these services include a good proportion of care leavers who would otherwise have to be placed in considerably more expensive accommodation through the White Rose contract framework. We have recommended that accommodation for this group is procured within Barnsley, which also provides an opportunity to consider how The Forge building can be replaced with smaller schemes more akin to Highfield Terrace. Bearing in mind the substantial costs of accommodation for care leavers in the non-Barnsley accommodation, joint commissioning would address the current overspends in Future Directions and provide a range of more appropriate solutions for this client group.

People with multiple and complex needs

There is a small group of people whose needs are not, and cannot be met through current services, particularly since these services work separately. We have already recommended that a panel is set up to look at these needs and consider how this cycle of homelessness can be broken. From our review, we understand that needs include substance misuse, which for some people include both physical and mental impacts, and mental health issues including people with enduring mental illnesses whose behaviour is too chaotic to be able to accept treatment or support from mental health services but who are 'frequent flyers' at Kendray Hospital. There may also be hidden physical health needs that are prompting frequent use of Accident and Emergency and, potentially, frequent admissions and re-admissions to hospital.

There needs to be a commitment from all relevant agencies – health, substance misuse and the People directorate - to formulate a combined service that is jointly funded and can focus on meeting the needs of this group.

Some social housing providers – for example Thirteen Group on Teesside and London & Quadrant in London - are directly funding some housing support services from their own resources. The focus of such services is people who are at risk of losing their tenancy for support rather than purely arrears or tenancy enforcement type issues. Such services are often also targeted at tenants who may not have a clear diagnosis and so are not eligible for housing support funded through other sources. These providers have found that such a service is self funding because the cost is less than tenancy turnover costs, as well as achieving wider benefits of reducing neighbour issues and general community cohesion.

This model has been considered by the Council and Berneslai Homes. It is not something that they are looking to progress at this time due to low levels of people losing their tenancies due to non arrears reasons, and the number of specialist support services that Berneslai Homes are already appropriately targeting to meet the needs of both the business and customers.

Model 2: Encouraging other voluntary sector-led models, which can attract charitable funding

There are now examples of voluntary sector funding models providing HRS. An example is the Help 4 Homeless Veterans support service for around 20 ex-Forces personnel living in housing provided by Berneslai Homes, with support provided by volunteers.

A number of Big Lottery strands are also aimed at addressing particular needs or helping people who face particular types of hardship. Bids must usually be submitted by voluntary sector organisations, often working in partnership with other bodies. The Fulfilling Lives strand, for example, is meeting needs of people with complex and multiple needs in a number of places, including West Yorkshire. A new programme, Help through Crisis, which is open until 26th August 2015, is intended to meet the needs of people facing hardship because of a lack of basic needs such as food, shelter, fuel and basic health and/or social care. Bids are welcomed from organisations offering person-centred and holistic services, drawing on the knowledge of experts with lived experience, collaborating well with others to address immediate needs. Barnsley Council needs to work with, support and encourage voluntary sector agencies to be able to bid for funds of this sort, in order to address the needs of people who currently are not at the forefront of Council funding streams.

In both young persons' and single homeless sections we have recommended the use of the 'Nightstop' model. This relies on volunteer hosts and drivers to accommodate and transport homeless people to stay in family homes overnight or for a few nights, whilst another solution is found. This model is used widely elsewhere. Some funding is required for the coordination and training, and a small recompense for each night's accommodation.

In the single homeless section, the example of 'The Lodge' in Darlington shows how a group of people can use housing benefit funding to pay for intensive housing management delivered by voluntary sector staff, with no recourse to HRS funding.

Model 3: Moving from block to spot contracting

There has been a shift in Barnsley from block to spot contracting. This provides more flexibility for the Council but greater risk for providers to have to manage uncertainty in terms of both guaranteed income flow and staffing levels that need to be flexed according to service demand at any one time.

We do support this shift but there is a quid pro quo for the Council in terms of giving more certainty to providers on spot contracts in other ways – see commissioning section in 9.2 above.

Model 4: Separating accommodation from support funding

We have been told particularly by adult social care commissioners that their preferred approach is to separate in contract terms accommodation from support providers.

In our experience there is no guarantee that this will produce a better outcome for the service users. For example there are a lot of examples of the same organisation (for example Housing and Care 21) providing housing and personal care in extra care housing in a way that offers an integrated and cost effective service model and good individualised outcomes for the individual.

5. Ways of bringing in other sources of capital funding for developments

In terms of offering a greater housing choice for older people, in particular the 60% of older households in the borough who own their own homes, we have already identified in section 5.4 that some examples of both general needs and specialist house builders who are beginning to develop new housing types specifically targeted at the older people's market. They have access to capital and we have recommended that the Council approaches potential developers to see if they are interested in developing housing for sale specifically aimed at the older people's market.

One of the effects of a long period of low interest rates has been that financial institutions (for example Pension Funds), and private individuals have been looking at other ways of investing capital from which they can get a regular annual return of their investment. Local authorities can therefore work with both private and social housing developers to build new specialist housing schemes without a reliance on HCA (Homes and Communities Agency) capital grant. Case Study and good practice examples are provided in Appendix 12 for:

- Retirement housing and assisted living
- Dementia
- People with disabilities

- Low cost home ownership options through social landlords for people with disabilities

9.5 Conclusions and Recommendations

Recommendations

- Establish a strategy for HRS across the Council, establishing the Council's position regarding commissioning and delivering provision, taking account of current services and expectations. As part of this build a more integrated approach across the People and Communities directorates to commissioning housing and support services for vulnerable people
- Use the supply databases put together for the Council for this commission to create one shared directory of all specialist support accommodation that commissioners from different directorates that can use for:
 - Sharing information
 - Looking at the potential for a scheme/dwelling no longer appropriate for one service group to be used for another group in the future
- Consider the option appraisals for shifting services and funding for a number of key development areas
- Build on current experience to pool and share budget costs for key services across different funders and consider the other models of funding and service delivery outlined.
- Consider other potential sources of capital funding for new developments and build partnerships with developers