

Needs Assessment for Housing and Housing Support for Vulnerable People in Barnsley

- Appendices to Main Report

arc4
Peter Fletcher Associates Ltd.

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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 Masheder	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 IHTT (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*q 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:

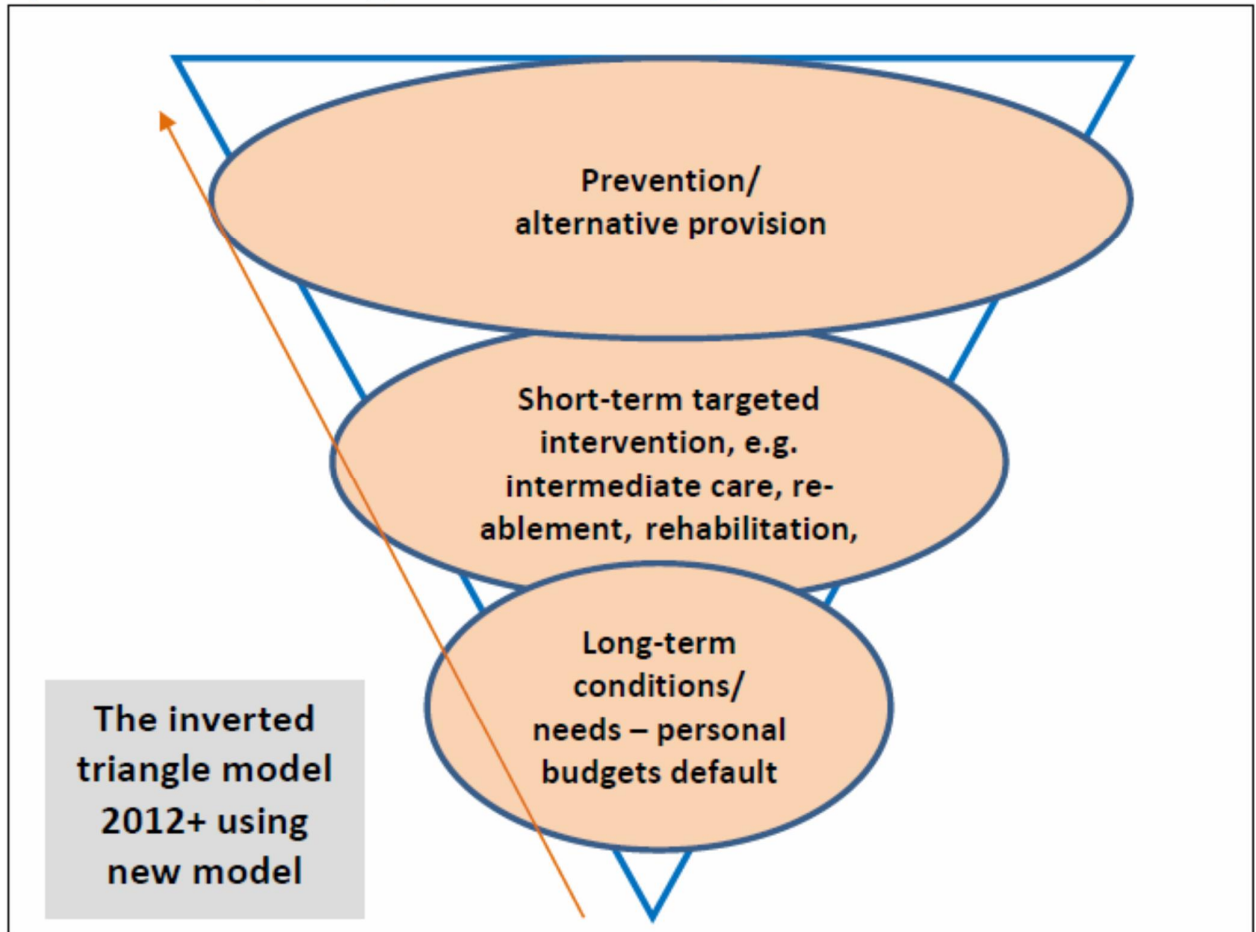
- Tier 1: standard domiciliary care, based around an enabling model
- Tier 2: people with learning and physical disability and dementia with complex care and health needs
- Tier 3: very specialist high cost services aimed at keeping people out of long-term residential and nursing home care

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.

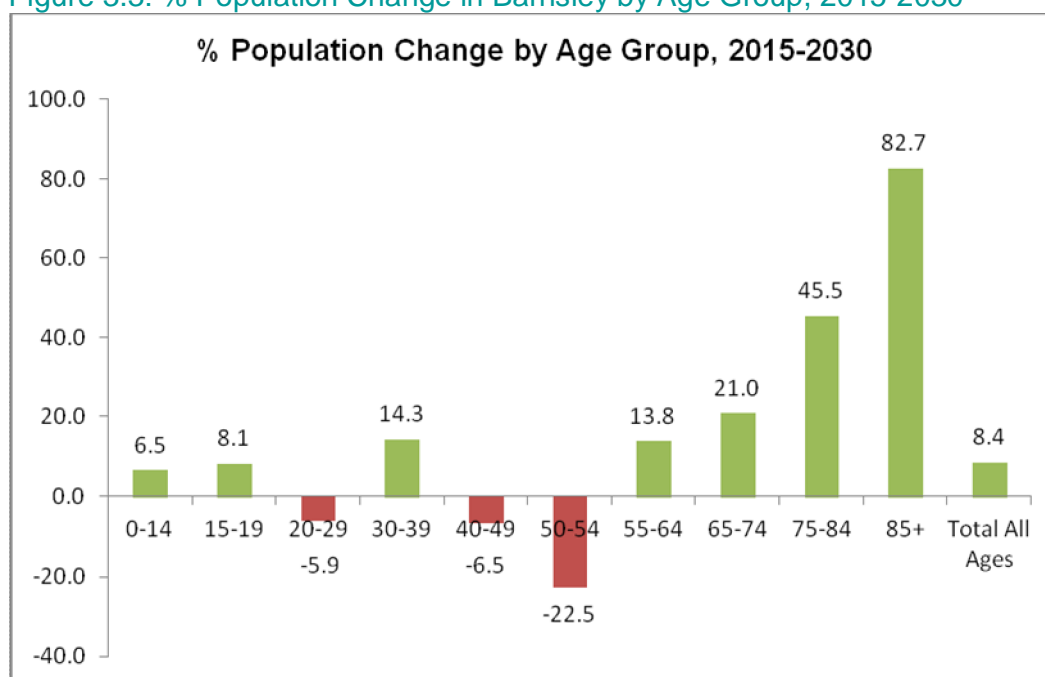
Local Authority Population Projections

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

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.

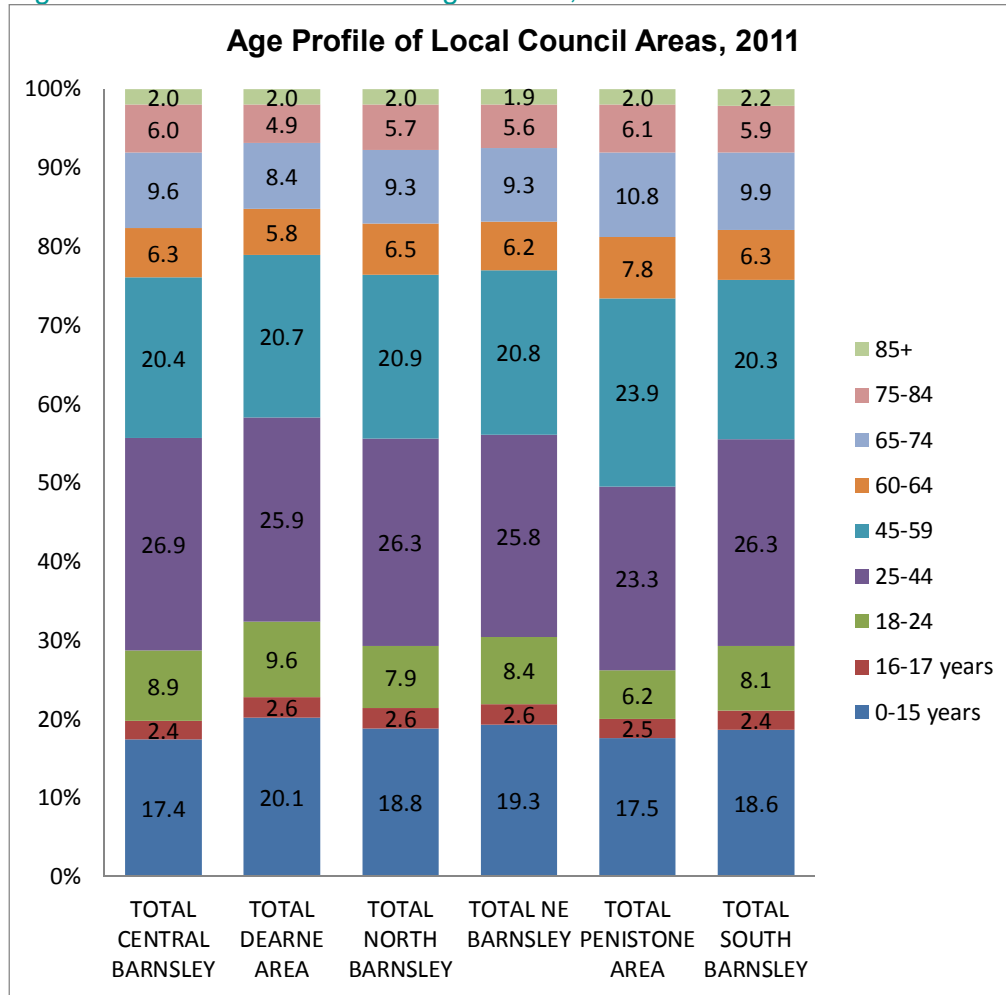
Figure 3.5: Local Council Area Population by Age Group, 2011

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

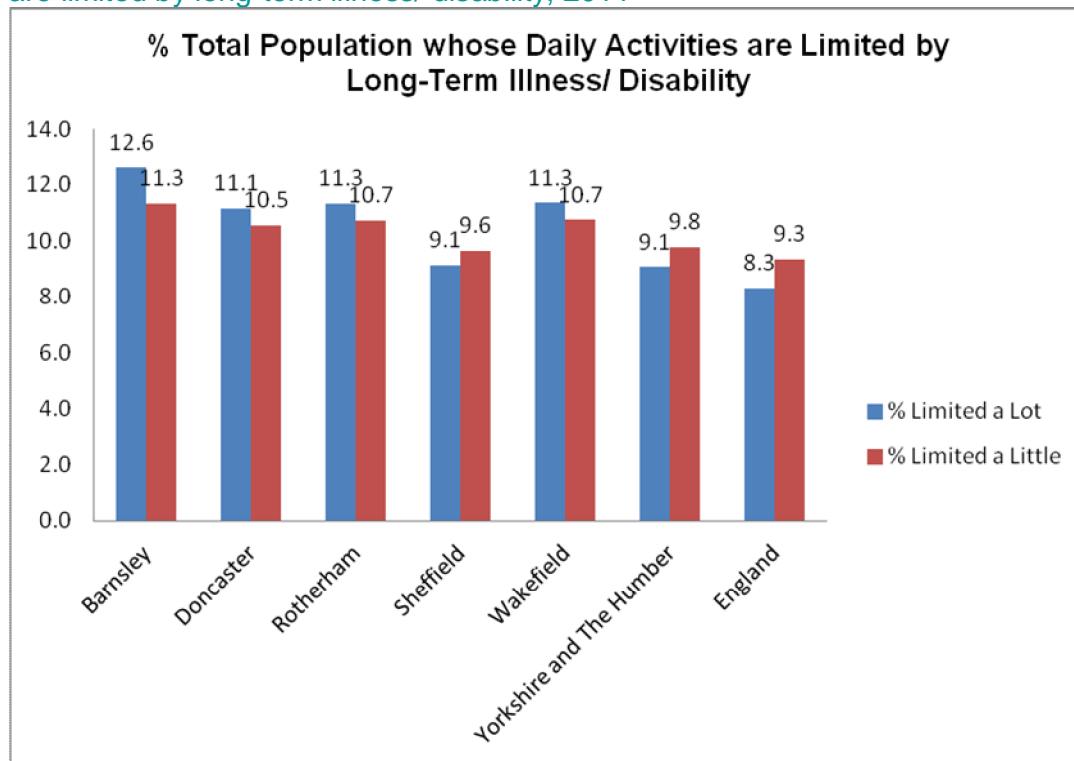
Adult Health

- 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.

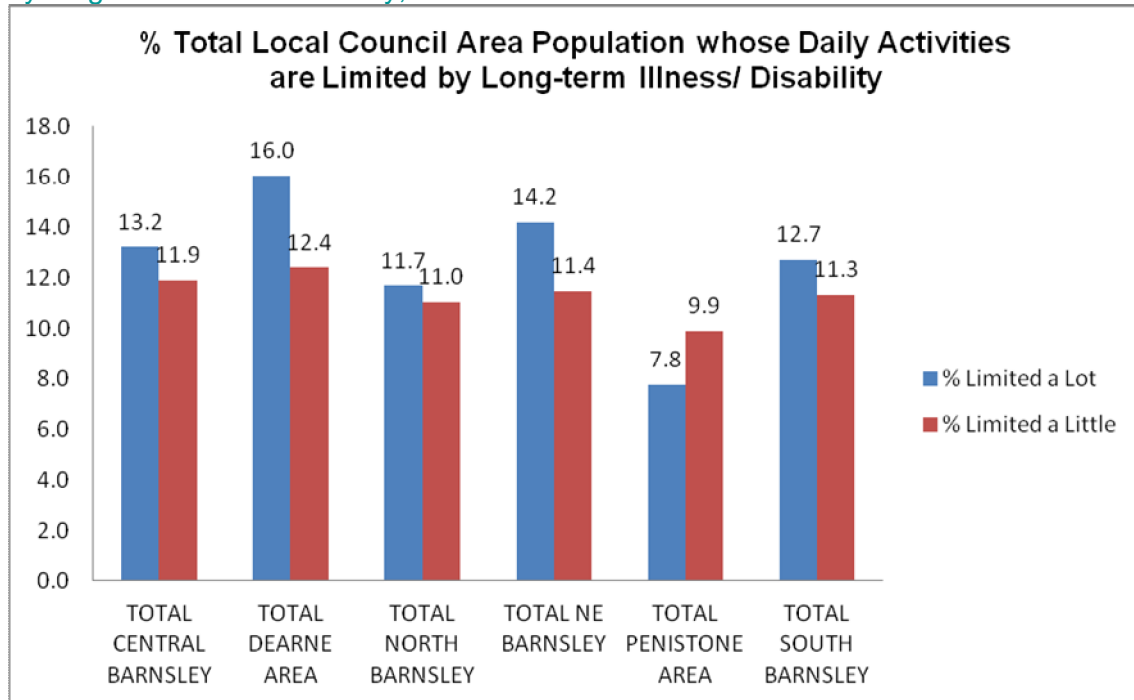
Figure 3.9: % Total Barnsley and comparator area populations whose daily activities are limited by long-term illness/ disability, 2011



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%

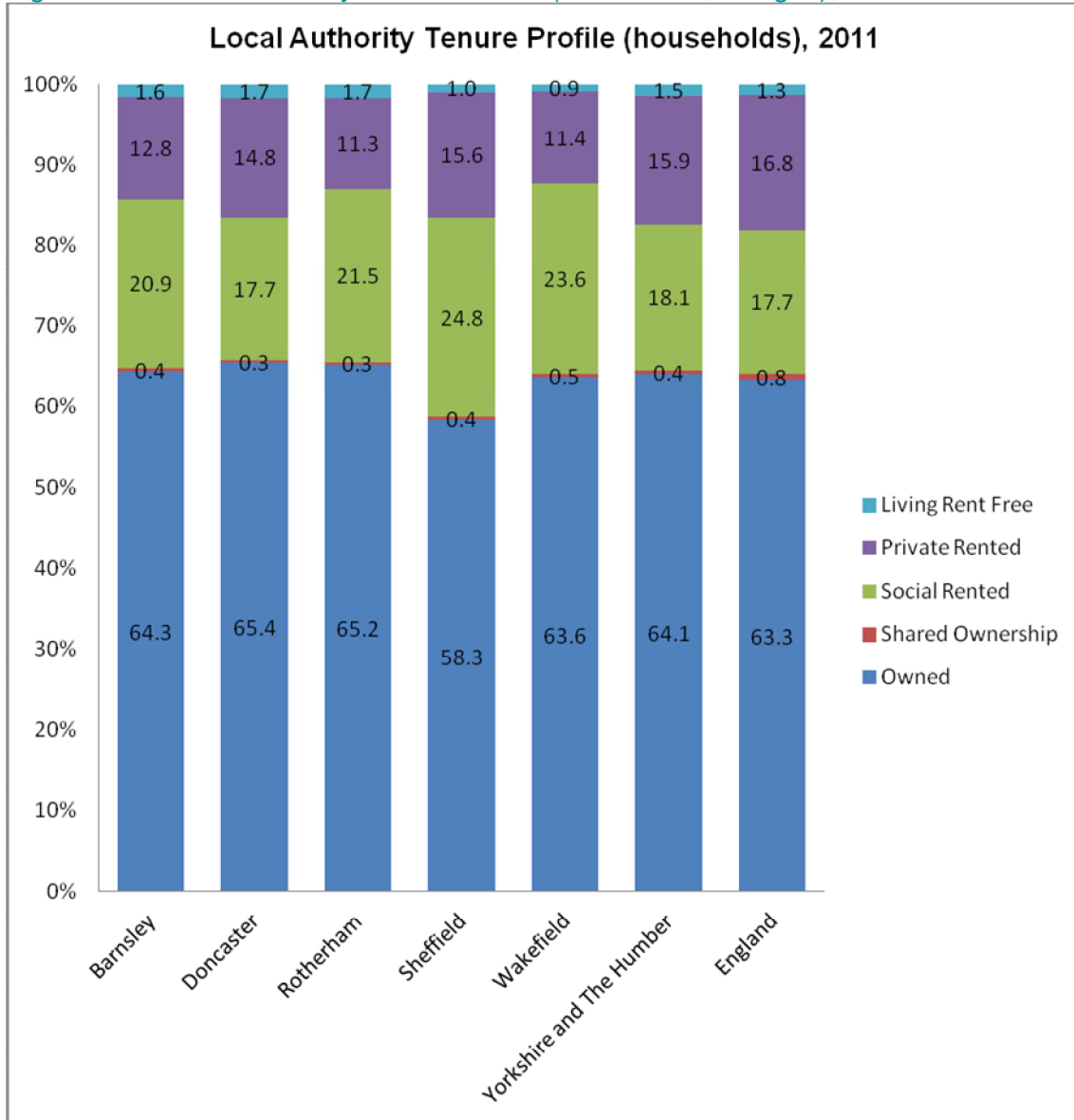
Source: 2012 Household Survey (Q 21)

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

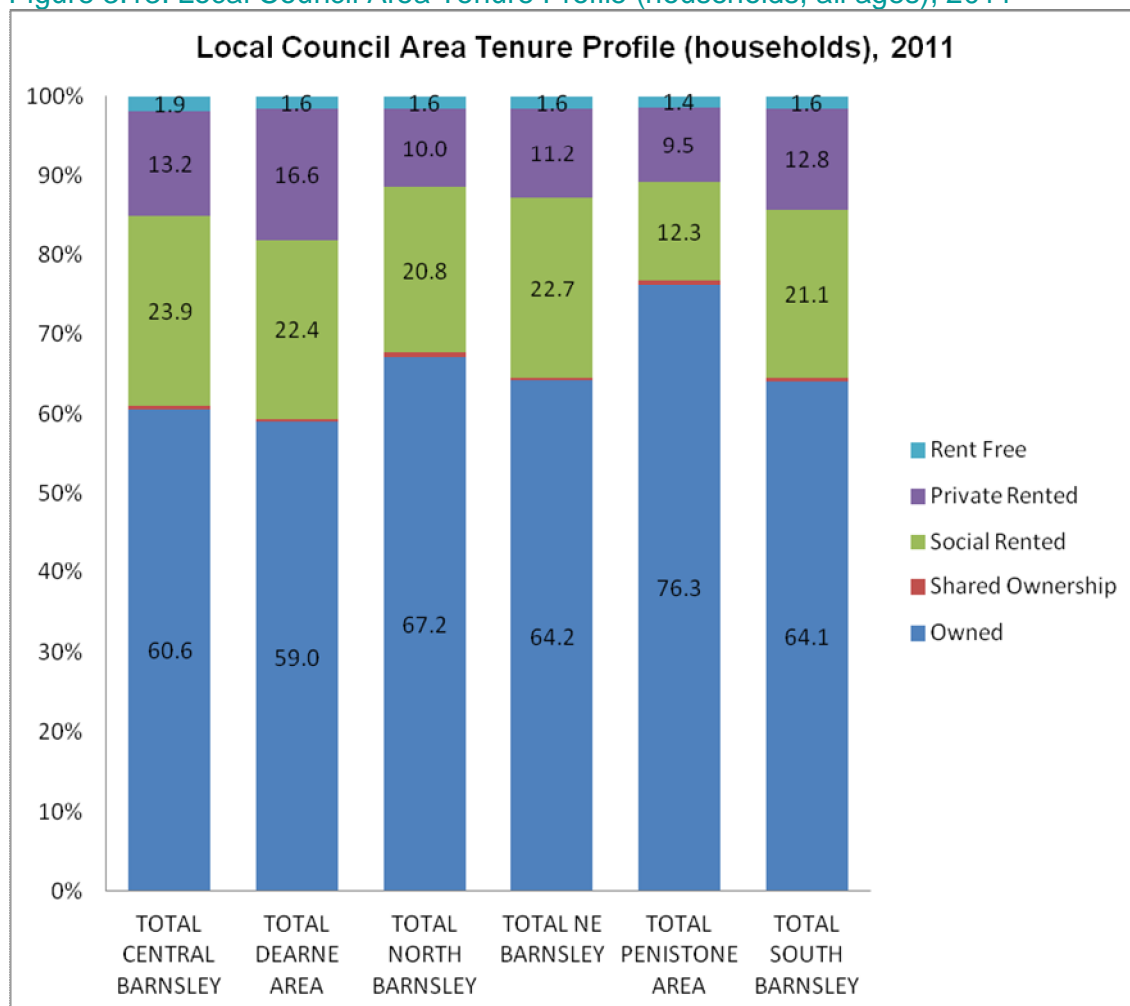


Source: ONS Neighbourhood Statistics, based on 2011 Census data.

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

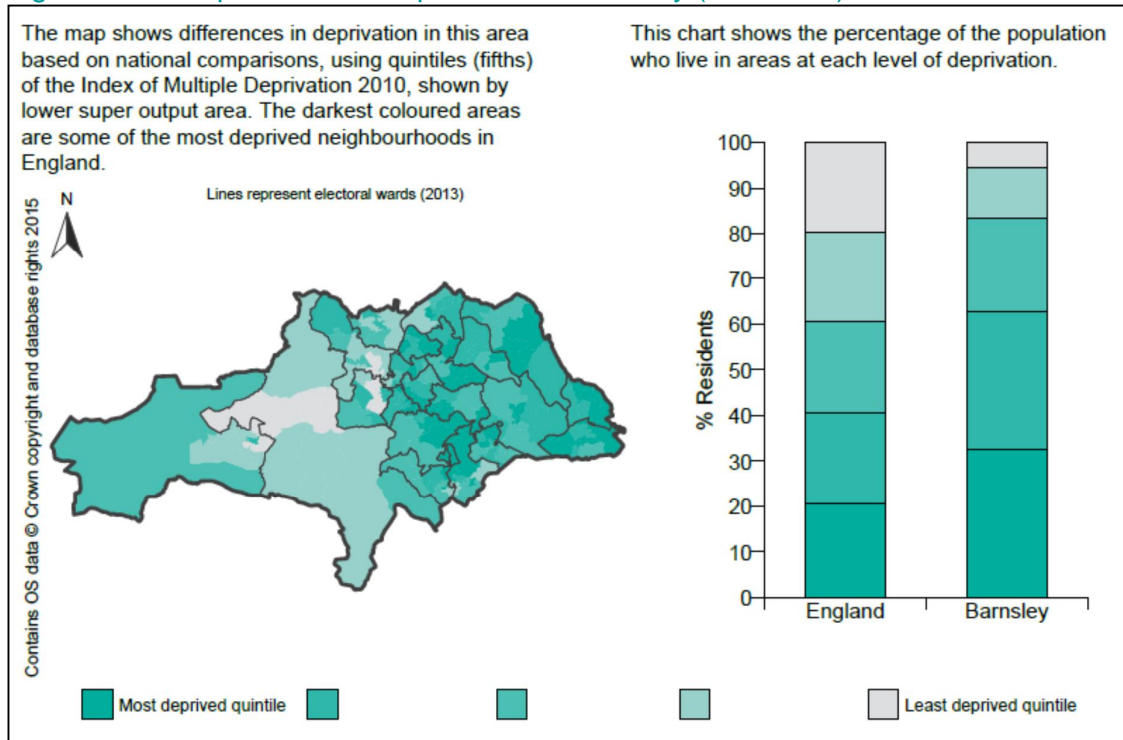
Local Council Areas	Wards	Property Type			
		Detached	Flat	Semi-Detached	Terrace
Central Barnsley Area	Central	167,999	59,725	120,999	59,000
	Dodworth	189,250	98,250	115,000	99,000
	Kingstone	181,746	70,000	128,245	69,500
	Stairfoot	167,500	91,000	107,000	98,500
	Worsborough	159,950	95,000	86,500	65,500
	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)

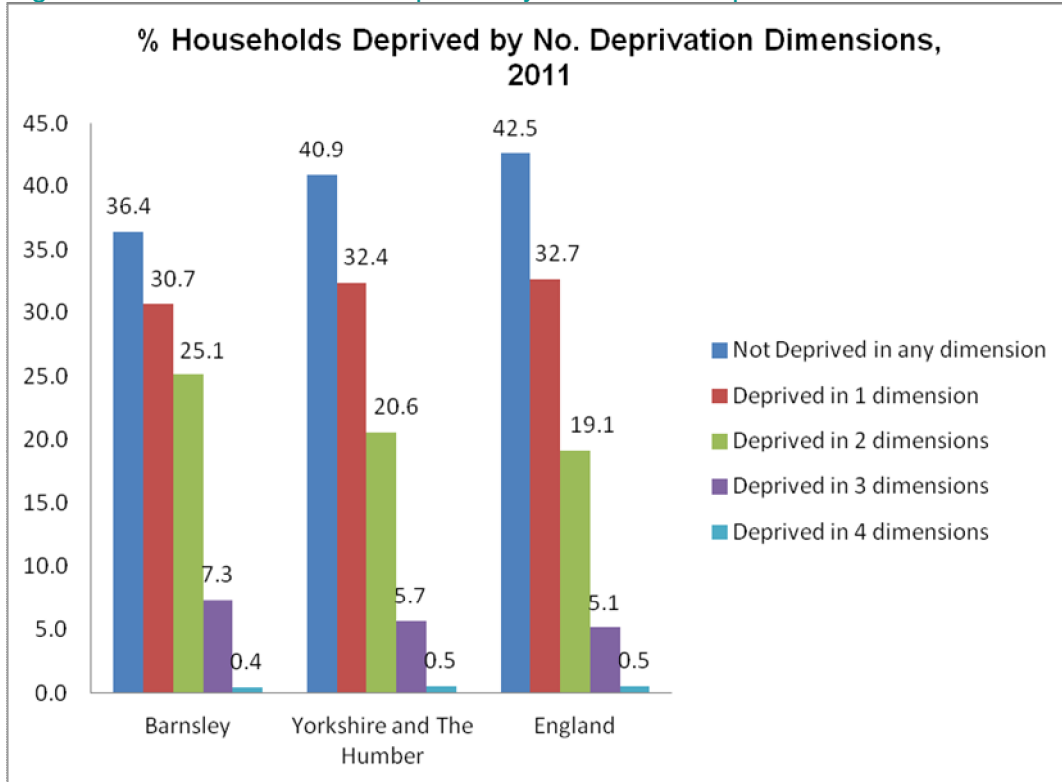


Source: Barnsley Health Profile 2015, Public Health England

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				
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

- | | | |
|---|--|--|
| <input type="checkbox"/> Financial problems | <input type="checkbox"/> Vulnerable to exploitation | <input type="checkbox"/> History of violence to others |
| <input type="checkbox"/> Lack of life skills | <input type="checkbox"/> Long use of drugs or alcohol | <input type="checkbox"/> Sex offending |
| <input type="checkbox"/> Gambling addiction | <input type="checkbox"/> Child protection issues | <input type="checkbox"/> Literacy / numeracy problems |
| <input type="checkbox"/> English not first language | <input type="checkbox"/> Eviction history | <input type="checkbox"/> Need help with re-housing / move-on |
| <input type="checkbox"/> Lack of personal care or hygiene | <input type="checkbox"/> Anti-social behaviour history | <input type="checkbox"/> History of arson |
| <input type="checkbox"/> Accommodation needs adaptations | <input type="checkbox"/> Victim of crime | <input type="checkbox"/> Inability to manage money |
| <input type="checkbox"/> Other - please describe | | |
-

21. What other factors are affecting their housing and support needs? Please tick as many as apply

- | | | |
|---|--|--|
| <input type="checkbox"/> Financial problems | <input type="checkbox"/> Vulnerable to exploitation | <input type="checkbox"/> History of violence to others |
| <input type="checkbox"/> Lack of life skills | <input type="checkbox"/> Long use of drugs or alcohol | <input type="checkbox"/> Sex offending |
| <input type="checkbox"/> Gambling addiction | <input type="checkbox"/> Child protection issues | <input type="checkbox"/> Literacy / numeracy problems |
| <input type="checkbox"/> English not first language | <input type="checkbox"/> Eviction history | <input type="checkbox"/> Need help with re-housing / move-on |
| <input type="checkbox"/> Lack of personal care or hygiene | <input type="checkbox"/> Anti-social behaviour history | <input type="checkbox"/> 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

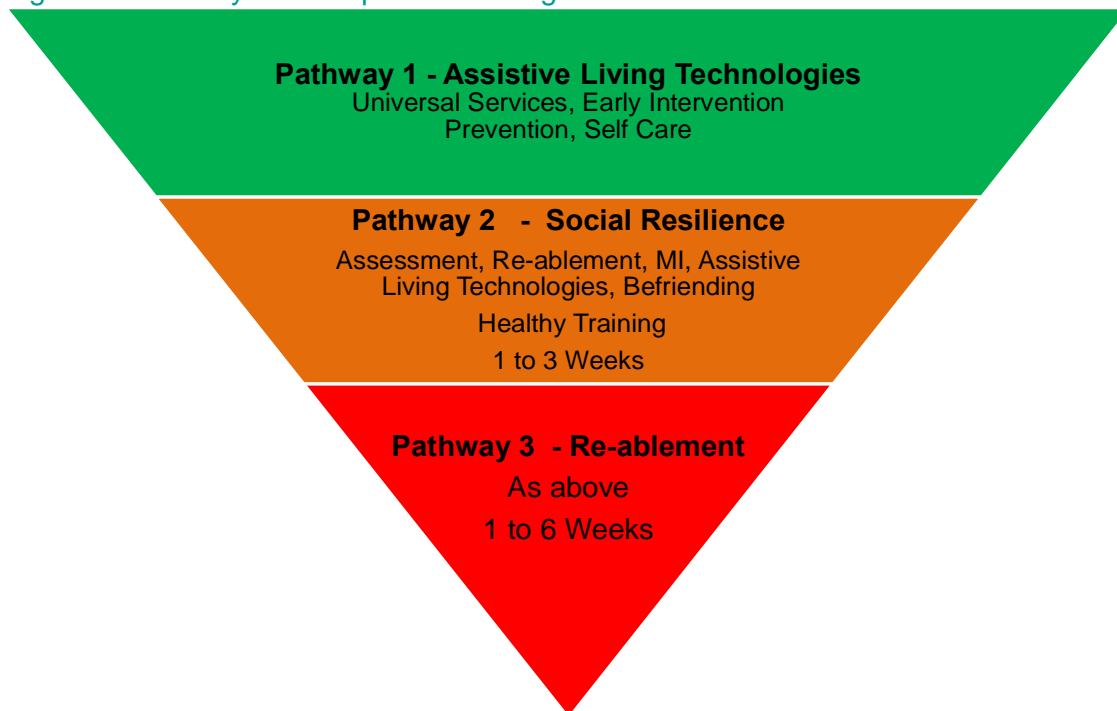
a very holistic approach including befriending and health training with the aim of maximising potential for independent living. At the end of the reablement pathway people will need either no care or have a care contract with a private sector provider - normally 20% less care is needed than if they had 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.

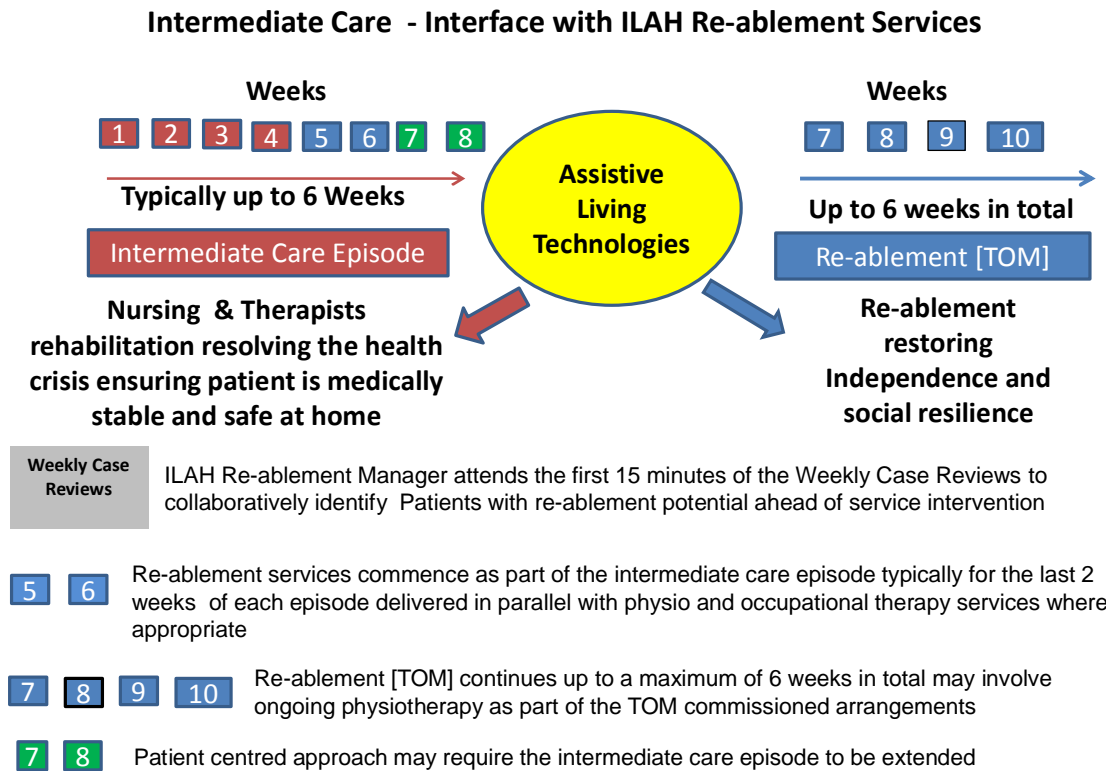
Hospital at home stabilises people with therapy and related services to move home.

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: handyman, 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 handyman 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
<p>As currently funded without any commissioned care and Council liable for void costs</p>	<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
<p>Move to a care commissioning model that is cost effective for the Council and improves outcomes for residents</p>	<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.