

**Report of the Director of Environment and Neighbourhoods**

**Report to Executive Board**

**Date: 7th November 2012**

**Subject: Leeds Supporting People Programme**

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	X Yes	No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**Summary of main issues**

1. The Leeds Supporting People (SP) programme has had a positive impact across Leeds since 2003. It currently supports over 12,000 households and approximately 14,000 people to live independently and securely in suitable accommodation. This has not only had a positive impact on the service-users, but has also delivered significant added value for services delivered across the public sector e.g. housing, health, police and probation, and employment and skills. The programme has also had considerable success in raising the quality of housing support provided, and in implementing effective multi-agency approaches to resolving complex client needs.
2. The above has been achieved despite significant reductions in central government funding for SP services in Leeds (40% cut since 2003). A series of robust sector reviews focussing on the programme's key client groups have been undertaken to inform ongoing improvement to services. Underpinned by detailed consultation with service-users, these have resulted in the development and delivery of more responsive, high quality services to the same number of clients, but at lower cost.
3. It will remain a challenge to deliver the scale and quality of provision within the current budgetary and economic environment. However, work detailed in this report will help to ensure clients continue to receive support tailored to their specific needs.

**Recommendations**

4. The Executive Board is requested to note the progress, challenges and key achievements of the Leeds Supporting People Programme.

## **1 Purpose of this report**

- 1.1 This report provides an update on the Leeds Supporting People programme. It focuses on the recent key changes to the programme in terms of overall funding, funding within each of the programme's main sectors, and the effect this has had on the design and delivery of housing support services for a range of client groups.

## **2 Background information**

### **2.1 Overview of the SP Programme in Leeds**

- 2.2 Supporting People (SP) is a programme of commissioned housing related support services. Up to April 2010 it was a national programme with services commissioned through a ring fenced budget with local authorities. Since April 2010 decisions and funding for SP have been devolved completely to local authorities. The programme delivers a range of housing support services for vulnerable individuals and families across the city. It has been designed to help clients gain the skills and confidence to live independently in secure and safe accommodation. The services are tailored to the specific needs of a number of client groups, including homeless people and families, young people, older people, people with learning disabilities, people with mental health problems and people at risk of domestic violence.

- 2.3 The services delivered fall broadly into two categories: building-based and floating support. Building-based services include the provision of hostels and dispersed self-contained properties (in the private and social housing sectors), whilst the floating support includes a variety of social and practical interventions. These include, peer mentoring, confidence-building, life skills (such as healthy eating and living), support to access employment and skills services, mediation and home adaptations to improve safety and wellbeing (Appendix B provides some examples of the types of services currently being delivered and their impact on specific clients).

- 2.4 In recent times, there has been an increased focus on providing floating support services i.e. flexible preventative interventions tailored to the specific needs of clients in order to minimise the need for emergency housing or health services. For example, help to sustain tenancies, advice to access employment and skills opportunities, and help to build-up social networks and confidence via peer mentoring.

- 2.5 The programme is overseen by a Commissioning Body, comprising of representatives from the Council, NHS Leeds and West Yorkshire Probation Service. It is delivered by the Strategy and Commissioning (S&C) service based in the Council's Environment & Neighbourhoods (E&N) Directorate, the Director of which has delegated authority to make key decisions on the programme.

- 2.6 The 2012/13 SP budget is £24.3m, with the highest sectors for spend being:- Learning Disabilities, Homeless (families and individuals), Mental Health, Older People and Young People (Appendix A provides more detail on spend and efficiency gains by sector over the last three years).

- 2.7 The programme is currently supporting over 12,000 vulnerable households and approximately 14,000 people. In 2011/12, the programme supported 2,045 clients to achieve independent living (equating to 85% of all new clients to the programme) and 5,179 to maintain independent living (as of the end of Quarter 4). Of those supported to achieve independent living, 803 were single homeless people, 353 were homeless families, 243 were rough sleepers and 193 were young people.
- 2.8 At its outset in 2003, there were 350 different services within the programme, but ongoing work to remove duplication, improve back-office processes and ease the burden on providers has seen this drop to 176 services being delivered via 75 contracts with 65 different providers. The providers are predominantly third sector organisations, many of whom are based in the Leeds and wider Yorkshire area. A number of services for people with mental health and people with learning disabilities are jointly commissioned between S&C and Adult Social Care (ASC). In addition, a significant proportion of overall provision, and spend, is delivered in-house by ASC for people with learning disabilities.
- 2.9 Most clients have a range of complex and inter-linked needs requiring several simultaneous interventions. In this respect, it is important to stress that SP services form just one element of the support package, and that they need to be delivered alongside other public service interventions, such as health, probation and employment and skills. Improving the coordination of multi-service interventions for clients has been a key achievement of the programme in recent years.

### **3 Main issues**

#### **3.1 SP funding**

- 3.1.1 Central government funding for SP services in Leeds decreased from £35.9m in 2003/04 to £31.8m in 2010/11. To counter these reductions, and limit their impact on the scale and quality of frontline services, detailed collaborative work with providers was undertaken to reduce back-office costs. This achieved a saving of £2.8m across the programme's key sectors, and has resulted in several providers improving the efficiency and effectiveness of their operations, an outcome which continues to benefit provision across the programme.
- 3.1.2 In 2011/12, the amount allocated to SP services in Leeds was further reduced to £21.6m. To address this shortfall, and in the process protect services to vulnerable people and households across the city, the Council agreed to enhance the resource allocation for SP to £29m. It was then agreed to undertake a series of intensive sector reviews to identify options for decommissioning, remodelling and re-tendering services. This aimed to reduce costs, whilst maintaining the scale, quality and sustainability of provision.
- 3.1.3 The table below shows how the SP programme budget has changed in recent years :-

<b>Year</b>	<b>Budget (£000's)</b>
2010/11	31,821
2011/12	28,923

2012/13	24,278
<b>Total</b>	<b>85,022</b>

3.1.4 Four sector reviews have been completed to date :- Domestic Violence, Homeless Services (families and individuals), Mental Health and Young People. These have resulted in a number of key changes to services and spend which are outlined in this report. An element of this work has been completed, and some is currently taking place e.g. the tendering of new services to support clients with mental health problems, and the large scale redesign and commissioning of homeless support provision.

3.1.5 Some of the efficiencies, and service improvements, identified through the sector review process will be realised in the 2013/14 financial year and beyond as a result of current tendering, decommissioning and remodelling activities.

### 3.2 Key service changes over recent years

3.2.1 Appendix A sets out the programme's main areas of spend by sector in the last three years. It also demonstrates where most progress has been made in terms of realising efficiencies against a backdrop of reducing budgets and, in most sectors, increasing demand for services. It highlights that from 2010/11 to 2012/13, the programme has achieved an overall efficiency saving of **£7.3m**.

3.2.2 The highest area of spend over the last three years has been on **Learning Disability**, accounting for 34% (approximately £29m) of total spend. Some of the activity to support adults with Learning Disabilities is jointly commissioned between E&N and Adult Social Care (ASC), and some is delivered in-house by ASC. Projected spend for 2012/13 is that approximately £5.1m will be co-commissioned and £4.4m delivered directly by ASC staff.

3.2.3 Discussions are ongoing between ASC, E&N and NHS Leeds to develop appropriate forward plans for delivering improved services to this priority client group. It is expected that this will also identify and realise additional efficiencies to the overall public purse.

### 3.3 Homeless Sector

3.3.1 Homeless Services account for the next highest proportion of spend, with 21% (£17.5m) invested in supporting a range of homeless clients, including rough sleepers and families, over the last three years. This includes accommodation and floating support services. A number of service improvements have been made over the period resulting in £2.4m of savings i.e. 33% of overall savings made for the programme. Programme officers have worked closely with a range of providers and service-users to redesign and remodel provision in a way that better meets the preferences of clients, whilst maintaining capacity and reducing costs.

3.3.2 Previously a number of services were delivered in hostels. Consultation with service-users and stakeholders, as part of the sector review, determined that there was a preference to move away from hostel services, and towards self-contained, dispersed accommodation with floating support. Clients confirmed that this type of

provision carries much less of a stigma for individuals and families, giving them more independence and privacy. Clients also stated that it puts them in a better position to access and maintain employment opportunities.

- 3.3.3 The review found that a move away from hostel-based provision would increase choice for clients as the dispersed units would be located across the city, as opposed to in a handful of locations. The move would also allow for an increased number of emergency housing cases to be resolved quickly, and at a lower cost to public funds, as a result of having a more balanced portfolio of options i.e. hostels and dispersed self-contained units across all sectors.
- 3.3.4 A further finding was that although there remains a need for some emergency hostel provision in the city, a firmer focus on throughput is required i.e. supporting clients, where appropriate, to move into alternative accommodation as soon as possible.
- 3.3.5 As a result, a number of hostels have closed including, Richmond Court, Mount Cross and Lady Beck House. Direct access emergency services for women have been remodelled and the Hollies hostel was closed and replaced with a smaller facility at Oakdale House with dispersed 'move-on' accommodation. To date, all families and individuals affected by these changes have been successfully re-housed into more permanent accommodation with support as required. Re-housing has been achieved by working in close partnership with all relevant stakeholders and providers, particularly Housing Support and Housing Options in the Council. These changes have meant that the proportion of homeless families supported to move into self contained housing, as opposed to hostels, has increased from 20% in April 11 to 80% in April 12, and then to an expected 100% from January 13.
- 3.3.6 A further hostel for single men (Pennington Place) will be decommissioned in March 2013, and the same robust move-on planning process will take place as part of the closure plan. In addition, the Nowell Court family hostel is being re-modelled in line with the review's findings. The use of the main building will change and the provision will be re-modelled to include 37 self-contained dispersed units to be used as temporary accommodation for families presenting with emergency need.
- 3.3.7 Additionally, a new Temporary Accommodation Framework contract has been put in place which enables E&N, Childrens' Services and ASC to utilise private sector properties for homeless households. The properties, which are supplied by two local landlords, are all quality-assured by the Council and available via Assured Shorthold Tenancies. The service has the capacity to support between 100 and 300 households depending on demand, and there remains potential for the portfolio to be increased. Households are assisted through a separately-commissioned floating support service, which focuses on assisting clients to secure move-on accommodation in a timely and effective manner.
- 3.3.8 The review is concluding with a major tendering exercise for new buildings-based and floating support services across the city to be in place from April 2013 onwards. This will provide a new Direct Access Service for homeless men via a portfolio of 96 shared and self-contained units across the city, including 36 at Holdforth Court.

- 3.3.9 As part of the review it has also been decided to merge five existing floating support services into one, and provide visiting support to all homeless households (singles, couples and families) with a streamlined assessment process and pathway in place. The current combined capacity of the five services is 283 and they are able to provide support to people for up to two years. Client consultation suggested that this was too long, and that more timely and focussed interventions at the point of clients taking up new tenancies was needed. Data analysis also showed that most clients disengaged from support within the first year. As a consequence, the new service will have the capacity to support up to 300 households for the first six months, with possible extensions for more complex cases. These new elements - revised throughput of six months, and focussed intervention in the early stages - will give the new service the flexibility to support up to 600 homeless clients (singles and families) per year.
- 3.3.10 In addition, three existing complementary services will be re-focussed along similar lines i.e. increased capacity to meet need through the delivery of sharper interventions over shorter periods. Firstly, the Foundation TEAS Service which provides bespoke interventions to all households placed in temporary accommodation. Intensive support is available for up to 12 weeks to help clients secure appropriate move-on accommodation via the Temporary Accommodation Framework referenced above. Secondly, the CRI Street Outreach Service which provides intensive outreach support to rough-sleepers and those at risk of rough-sleeping in Leeds (including people in prison). Thirdly, the LATCH service which renovates empty properties, in the process re-housing homeless clients and providing them with accredited construction-related skills and employment opportunities.

### 3.4 Older People Sector

- 3.4.1 The Older Person's sector was previously a more substantial element of the programme. The scale of savings needed to protect frontline services has required the Council to explore a range of innovative finance options. One example has been assessing the proportion of the service that relates to the housing management function, and transferring the cost of the managed sheltered housing warden service from the SP programme to Housing Benefit. This is reflected in Appendix A which shows spend reducing by 38% to a projected £1.3m by the end of 12/13.
- 3.4.2 Although this move has had a neutral effect to the overall public purse (Housing Benefit costs are paid directly by central government), it has generated a saving to the Council of over £3m. Even more importantly, the number of older people in Leeds receiving the service has remained unchanged (4,150 tenants).
- 3.4.3 Officers across the Council continue to explore the potential to transfer more SP costs that are eligible across to Housing Benefit, and it is expected that this will achieve further savings to the overall programme budget in 13/14 and beyond.

### 3.5 Mental Health Sector

- 3.5.1 The third highest sector for spend over the last three years has been Mental Health, accounting for 15% (£13.1m) of the overall budget.

- 3.5.2 The findings that emerged from the review process informed a number of key changes to mental health provision across the city. These included the decommissioning of three accommodation-based services (two of which are now being funded by the NHS and a local social enterprise respectively). Clients at the third have been successfully re-housed into appropriate supported accommodation.
- 3.5.3 The cost of one of the floating support services has transferred to Housing Benefit and other floating support is being remodelled in line with changing demand. Combined with the detailed work undertaken with providers to improve back-office efficiency, the above changes have delivered a saving of approximately **£1m** to the overall programme budget over the last three years.
- 3.5.4 A new city-wide floating support service has been developed to cater for up to 500 clients with mental health issues. This will replace a number of separate contracts. Tendering for the new service is now underway and delivery is expected from April 2013 onwards. Key elements of the new service include:- a firmer focus on recovery, clear client-focussed outcomes (related to housing, wellbeing, social inclusion, and employment and skills), befriending and peer support capable of providing lower-level interventions over longer periods, a more proactive approach to managing risk by supporting clients with a range of concurrent needs (e.g. drug and alcohol issues and offending behaviour), a single point of access with clear timeframes and one referral process, and information on the service being made available in a wider range of locations e.g. GP surgeries.
- 3.5.5 In addition, the new service will develop strong working links with community-based services, particularly area housing offices, anti-social behaviour teams and community mental health teams. It will also prioritise clients coming through the hospital discharge route, in the process realising significant savings to the public purse by supporting clients to access suitable housing options as opposed to emergency accommodation and acute primary healthcare services. This reinforces the models of good practice in place between the Council and the NHS.

### 3.6 **Domestic Violence Sector**

- 3.6.1 Although overall expenditure has increased in the area of Domestic Violence since 2010/11, implementation of findings from the sector review process (completed in late 2010) have subsequently reduced spend and increased the service's capacity to support more clients at risk of abuse.
- 3.6.2 The outcome of the review was to commission two new city-wide services to support clients experiencing domestic violence. Firstly, a new refuge service with a smaller number of self-contained units (26 from 49). This has the ability to cater for clients from all ethnic backgrounds, has a 20% limit on the number of clients from outside Leeds accessing refuges at any one time (agreed via joint-working protocols with neighbouring authorities), has a firmer focus on achieving housing outcomes for women and their families in shorter timeframes, provides for men experiencing domestic violence and has a single 24-hour telephone help line.
- 3.6.3 Secondly, a new integrated outreach and IDVA service delivering 'wrap round' support to all victims of domestic violence and their families. This provides more flexibility for clients by enabling the level of support to match the intensity of risk. In

addition, the capacity of the service has increased allowing up to 300 households from across the city to be supported at any one time. The two new services are complemented by the ongoing Sanctuary Scheme which commissions up to 400 alarm installations per annum in households at risk of domestic violence.

- 3.6.4 Outcomes data from the first quarter of 2012/13 shows that 80% of clients were supported to achieve independent living (refuge service), and that 100% were supported to maintain independent living (outreach and IDVA).

### **3.7 Young People Sector**

- 3.7.1 A new and improved model of housing support for young people across the city has been developed. This has clear housing pathways for clients leaving care and offender institutions, and will divert them away from adult hostels into smaller dispersed accommodation with appropriate support. Key features of the new model include:- a focus on clients aged 22 and under but with the flexibility to support clients aged 22 to 25, a single access and assessment route via Leeds Housing Options, a remodelled Seacole hostel service to create a new 24-hour emergency access unit, and three new area-based flexible services with 'trainer flat' accommodation and floating support. Caseworkers will continue to support their clients after leaving the trainer flats and moving into more settled accommodation. It is expected that there will be a minimum of 150 trainer flats across the three areas.
- 3.7.2 The GIPSIL Care Leavers service (co-commissioned with Children's Services) will be retained in the new model, as will Re'new's city-wide floating support service which supports young people living across all tenures. In addition, the model will be complemented by the Mediation Service to help young people return home where possible, and by Nightstop, which provides emergency overnight accommodation.
- 3.7.3 The new model will be in place by April 2013 and will have the capacity to support at least the same number of young people as current services (628). It will deliver improved outcomes related to housing, health, employment and crime for the benefit of the client group and the city as a whole.

### **3.8 Future Priorities and Challenges**

- 3.8.1 Each review has included needs analysis and consultation with providers, stakeholders and clients in order to identify service needs and to remodel provision. The remaining reviews will be undertaken in 2013/14, with those looking at the Offender and Substance Misuse sectors already underway.
- 3.8.2 Future management of the programme will include further remodelling of services in order to improve quality, respond to increasing demand and to deliver within the available budget. Welfare Reform changes, including the introduction of Universal Credit via direct payments and changes to Housing Benefit, are likely to increase the demand for services.
- 3.8.3 Support for service providers is essential so that the city continues to benefit from a strong, sustainable and high quality housing support sector. It is likely that this will involve an increase in partnership working and consortia arrangements. This will be encouraged and supported by the Council.



- 3.8.4 A review of governance arrangements for the programme will be important to ensure that it is managed in the context of other strategic changes, such as the transfer of Public Health to the Council, the introduction of the Police and Crime Commissioner and the move to category management for procurement. This will better align housing support services with other related provision such as health, employment, drug, care and prison services, and will afford key stakeholders the opportunity to influence the future direction of the programme.

## **4 Corporate Considerations**

### **4.1 Consultation and Engagement**

- 4.1.1 Every key decision undertaken on the programme has been informed by intensive consultation with clients and other key stakeholders. Clients have been firmly at the heart of the sector review process, and their views and experiences have directly influenced the design and delivery of new, reconfigured services. In addition, service-users are regularly consulted as part of the programme's Quality Assessment Framework. This helps to ensure that client views and experiences can make an immediate impact on the design and delivery of services.
- 4.1.2 Detailed consultation with other parts of the Council, the wider public sector and the third sector has been a key feature of the sector reviews. This has been critical in ensuring that SP services are better aligned to those provided by Housing Support, ASC, Children's Services, NHS Leeds, police, probation and prisons.

### **4.2 Equality and Diversity / Cohesion and Integration**

- 4.2.1 Equality Impact Assessments have been completed for each key decision on the programme e.g. where services have been decommissioned, reconfigured and tendered (these are available on request, and the screening document for this report is appended) In addition, issues related to equality and diversity, cohesion and integration were identified and addressed within all of the sector reviews e.g. the domestic violence service providing for a wider range of ethnic groups and for men, and mental health services having a clearer focus on the integration of clients within their local areas.

### **4.3 Council policies and City Priorities**

- 4.3.1 The programme makes significant contributions to all of the City Priority Plans, but particularly the Health and Wellbeing Plan and its priority to make Leeds the best city for health and wellbeing by 2030 by supporting clients to make healthy lifestyle choices and to live safely in their own homes. It also contributes to the Leeds Homelessness Strategy (2012-15) and the Children and Young Person's Housing Plan.

### **4.4 Resources and value for money**

- 4.4.1 As detailed throughout this report, the programme has focussed strongly on value for money in recent years, identifying some £7.3m of savings from across its wide range of services. Much of this has been achieved by the programme's robust

contract management process continually identifying how services can be reconfigured to reduce costs and better meet client needs.

#### **4.5 Legal Implications, Access to Information and Call In**

- 4.5.1 All key decisions on the programme have been taken in strict accordance with the Council's procurement policies and processes. They have all been ratified and agreed by the Director for Environment & Neighbourhoods in line with his delegated decision-making authority, with several being placed on the Council's forward plan due to their financial impact being greater than £250,000. .

#### **4.6 Risk Management**

- 4.6.1 All key decisions on the programme have been subject to detailed risk assessments as set out within reports to E&N's Delegated Decision Panel. These have included assessment of risk for the Council and clients when decommissioning, remodelling and re-tendering building-based and floating support services. Ongoing detailed consultation with clients and providers as part of the sector review process has helped to mitigate risk by ensuring that feedback directly informs service improvements.

### **5 Conclusions**

- 5.1 The Leeds Supporting People programme has had a major positive impact across Leeds since 2003. It currently supports over 12,000 vulnerable households and approximately 14,000 people to live independently and securely in suitable accommodation. This has not only had a positive impact on the service-users, but has also delivered significant added value across public sector e.g. housing, health, police and probation, and employment and skills. The programme has also had considerable success in raising the quality of housing support provided (70% of providers in Leeds now operate to level A of the Quality Assessment Framework, the rest to level B), and in implementing effective multi-agency referral and client casework systems to ensure clients with complex needs get timely and lasting support to suit their circumstances. These combined factors have increased the sustainability of housing support provision in Leeds.
- 5.2 The above has been achieved despite ongoing significant reductions in central government funding for SP services in Leeds (40% reduction since 2003). A series of robust sector reviews focussing on the programme's key client groups have been undertaken to inform the ongoing improvement of services. Underpinned by detailed consultation with service-users, providers and key stakeholders, these have resulted in the development and delivery of more responsive, high quality services to the same number of clients, but at a lower cost to the Council (£7.3m of savings identified).
- 5.3 It will remain a significant challenge to deliver the scale and quality of provision within the current budgetary environment, particularly in light of increased demand for services resulting from the ongoing impact of welfare reforms. However, the activity undertaken and planned to improve services will help to ensure clients continue to receive services tailored to meet their specific needs over the coming

years. In the process, improving housing outcomes for the city's most vulnerable people, and delivering ongoing savings.

**6 Recommendations**

**6.1** The Executive Board is requested to note the progress, challenges and key achievements of the Leeds Supporting People Programme.

**7 Background documents<sup>1</sup>**

**7.1** Not applicable.

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<sup>1</sup> The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

## Appendix A – SP Spend and Savings by Sector, 2010/11 to 2012/13

Sector	10/11 Actual Spend (£000s)	11/12 Actual Spend (£000s)	12/13 Projected Spend (£000s)	Total Spend (£000s)	% of Total Spend	Overall Savings (£000s)	% of Overall Savings	Key activities resulting in savings
Learning Disability	9,596	9,396	9,577	28,569	34%	(0.19)	0	Sector review yet to be undertaken
Homeless Services	6,953	6,053	4,516	17,522	21%	(2,437)	33%	- Reduced back-office costs - Services remodelled e.g. Mount Cross, Richmond Court & Lady Back hostels decommissioned, & remodelling of Nowell Court hostel.
Mental Health	4,783	4,576	3,814	13,173	15%	(969)	13%	- Reduced back-office costs - 3 hostels decommissioned
Older People	4,434	3,254	1,315	9,003	11%	(3,119)	42%	- Sheltered housing warden service transferred to Housing Benefit
Young People	2,500	2,345	2,147	6,992	8%	(353)	5%	- Reduced back-office costs
Offenders	1,661	1,504	1,318	4,483	5%	(343)	4%	- Reduced back-office costs
Domestic Violence	721	895	817	2,433	3%	0.96		- Although no overall savings, services remodelled to increase capacity and quality of provision
Substance Misuse	688	599	586	1,873	2%	(102)	1%	- Reduced back-office costs
Physical Disability	339	196	188	723	0.8%	(151)	2%	- Reduced back-office costs
Refugees	146	105	0	251	0.3%	(0.41)	0	- Reduced back-office costs
<b>Total</b>	<b>31,821</b>	<b>28,923</b>	<b>24,278</b>	<b>85,022</b>		<b>(7,379)</b>		

## **Appendix B – Examples of clients recently supported by the Leeds SP Programme (September 2012)**

**Please note that the names and ages of clients have been changed in the interests of anonymity. Organisations commissioned by the programme to support clients are referred to as ‘the provider’ throughout.**

### **Women’s refuge client case study - Natalie’s story**

Natalie is a 24 year-old mother, who arrived at the provider’s refuge in late 2011 fleeing domestic violence from her ex partner. She was admitted into one of the provider’s dispersed properties, but struggled to engage with the support services available. Unfortunately, this resulted in Natalie returning to some of her previous social networks which brought her back into contact with her ex/perpetrator.

After a violent altercation with the perpetrator, in which the police were involved, Natalie and her children returned safely to the provider’s refuge. She was provided with immediate support by staff, which she accepted and this led to a much improved level of engagement with the service. Staff developed a tailored support plan with Natalie, helping her organise her finances and apply for benefits as well as providing emotional support. She was helped to bid for housing and accepted an offer for a two-bedroom property. With the provider’s support, she has since decorated and furnished the property and settled in well. She has now also successfully rekindled and developed her relationship with her estranged family, who she had lost contact with while with the perpetrator.

### **Rough Sleepers client case study - Eric’s Story**

Eric is a 31 year-old single male. He has lived in the UK since 2009 including lengthy periods as street homeless. The provider found Eric rough-sleeping on several occasions without any blankets or appropriate clothing. He was supported to access hostel accommodation on several occasions, but each time left without saying where he was going and subsequently disappearing for months at a time.

During the times when Eric engaged with the service, the team supported him to access health care, find appropriate accommodation and apply for benefits, including gathering legal identification documents to support claims. He was also referred to a specialist autism support service and centre.

Eric was allocated a Social Worker in July 2011 and was formally assessed for Asperger’s. In January 2012, he began induction into the specialist autism centre and, with the support of the provider and Adult Social Care in the Council, has been living there successfully since February 2012.

### **Employment and Skills client case study - John’s story:**

John is a 42 year-old single male who has received the provider’s housing related support since August 2011 and in one of their tenancies since February 2012. He was referred by his drugs team, who supported him in joining a managed methadone programme. John has a history of substance misuse and homelessness, and when he applied to the provider he was in an unstable housing situation, which included occasional stays with his parents.

On assessment, John’s lack of independence was identified as an issue, as was the often strained nature of his relationship with his parents. He recognised that he was in a risk

situation and agreed to be referred to the provider for supported accommodation. When John was allocated a tenancy, he was taken through the First Tenancy Risk Assessment which formed the basis for his resettlement with the provider.

John already had a NVQ Level One in joinery, and when he joined the provider he immediately enrolled and completed a joinery and plumbing course. With the encouragement of the provider, he returned to college and has nearly completed his NVQ Level 2. John hopes to find employment as a joiner, and the provider may be in a position to give him some work experience and volunteering through one of their construction projects.

### **Employment and Skills client case study - Lisa's story:**

Lisa is a 38 year-old single mother who referred herself to the provider when she was on the verge of being evicted from local authority housing due to recurring incidences of anti-social behaviour. She lost control of her home to local youths who abused her hospitality, and she also admitted to having a drug-dependency which was causing her a lot of problems.

As Lisa had 'burnt all her bridges' with her neighbours, she worked with her support worker in finding alternative suitable accommodation. The provider put Lisa in contact with a local landlord who re-housed her and her family. Whilst being supported, she attended parenting classes which she really enjoyed. Lisa and her landlord had an extremely good relationship and, as she became more settled, her confidence grew. Whenever she could, she did short periods of volunteering with the provider, working in the office and helping to organise activities. With her support worker's encouragement, she enrolled in an access to higher education course and a year later began a degree in Counselling and Psychological Therapies.

Lisa is in her 2<sup>nd</sup> year of study and, although she is finding the course tough, she is determined to complete her degree. This will not only make her family proud, but also help her to access a much wider range of employment opportunities. She still volunteers with the provider.

### **Mental Health client case study - Mike's Story:**

Mike is a 52 year-old single man who was seen through the hospital discharge protocol in February 2012. He had lived with his parents for several years but the relationship had broken down and they were unable to accommodate him on discharge from hospital. He was, therefore, threatened with homelessness. A referral was made to the provider for a one-bedroom supported tenancy. The provider assessed Mike's case as a priority due to his circumstances and offered their next available supported tenancy. He moved into his flat (a Temporary Tier 1 Accommodation Based Unit) in April 2012.

Mike has engaged well with his support worker and set his own goals via support planning. Since moving into a supported tenancy, he has been helped to develop his independent living skills, and has focused on budgeting and managing his tenancy. Mike has also been supported to engage with other services, including his Community Psychiatric Nurse (CPN) to take his medication as prescribed. He has successfully managed to maintain his tenancy and improve his self-care and general well being, whilst also maintaining contact with his family and preparing to move-on.

Most recently, Mike was supported to find his own permanent accommodation via the Council's choice-based lettings scheme, and has just been offered a property in his chosen location. He will be moving shortly and has requested ongoing support from the provider via their floating support service to help with his new tenancy and his continued integration within his local community.

**Mental Health client case study - Kian's Story:**

Kian is a 24 year-old single man who was referred via the hospital discharge protocol in February 2012. He had been in the Armed Forces, but since discharge had struggled with mental health problems, and had been staying at his grandmothers and in insecure housing. Kian was admitted to an acute mental health ward and a housing need assessment was undertaken in March 2012. He was then referred to the provider and re-housed within one of their shared accommodation settings.

Kian has responded well to the structure at his new accommodation which has helped him to improve his day-to-day living and get into a routine. One area Kian has struggled with in the past is around being open about his mental health and the issues stemming from his time in the forces. Since being housed with the provider, he has embraced the support available and has been keen to develop further insight and coping strategies, including improved self-medicating skills and a self-referral to psychotherapy.

Kian has built up his social network by making friends at the provider's property and improving his relationship with his family, which was previously strained as a result of his experiences. He has been able to find new ways of filling his time, including regular volunteering, taking part in service-user events and setting up a running club. Kian has identified that being part of a community and having the structure that his current accommodation offers, has been significant in his recovery.