

# Supporting People in Birmingham

## Annual Report 2011/2012



## Contents

Contents	2
Foreword – Kalvinder Kohli, Lead Officer Supporting People	3
Introduction	4
Key achievements	5
Setting the scene for 2011/12	6
The Strategic Review	6
Additional savings requirements	7
Budget 2011/12	8
Our achievements	10
Mental health	10
Disabilities	12
Homelessness/Domestic violence	13
Vulnerable adults	16
Young people	18
Older people	20
Service user involvement	22
Whole System Approach	26
Key principles	26
National outcomes	26
Local strategic outcomes	30
Cost benefits	31
Operational	34
Quality Assessment framework (QAF) reviews	34
Safeguarding matters	35
General achievements	36
Challenges for 2012/13	37
APPENDIX 1	39
Supporting People Team Structure	39
APPENDIX 2	40
Client profiles	40
APPENDIX 3	43
Local strategic outcomes	43

## **Foreword – Kalvinder Kohli, Lead Officer Supporting People**

Welcome to the Supporting People Annual Report for 2011/2012; this is the second report following the significant re-commissioning process of Supporting People funded services.

This year has been particularly challenging with the pressures of budget cuts and the 'embedding' of new and innovative ways in which housing related support services are delivered. In addition the government removed the ring fence from supporting people funding in 2010/11 and services are now funded from the Revenue Support Grant. It is now more important than ever that we demonstrate the additional value and cost benefit to other services and organisations that housing related support services can deliver.

To address the budget cuts a new four year strategy was produced which set the framework for the Strategic Review.

To ensure we can clearly demonstrate both the financial and personal benefits of the programme the Whole System Approach was developed. This is a toolkit that measures the success of the Supporting People programme and provides evidence that can act as a basis for better commissioning in the future.

It has only been through the individual and organisational efforts of all our stakeholders we were able to steer the programme through a highly challenging year. Alongside the challenges, we have been presented with opportunities to engage with service providers in devising the innovative responses required.

## Introduction

Housing Related Support Services funded by the Revenue Support Grant help the most vulnerable and sometimes the most excluded people to move into and sustain tenancies in independent housing, to live independent lives and contribute to wider society. The statement of intent for the programme in the new 2011+ strategy is to:

*“Deliver high quality, value for money housing-related support services which focus on the prevention of escalation of need, and provide vulnerable people with quality opportunities to improve, maintain or regain their independence”.*

In Birmingham the Supporting People Programme provides preventative support to over 39,000 people per year. The programme offers support to a wide range of vulnerable groups. These include older people who need support to remain in their own homes, young people at risk of homelessness, people experiencing domestic abuse, ex-offenders needing support to prevent re-offending, people recovering from drug and alcohol abuse, those with disabilities needing support to live independently and many others.

Support focuses on the prevention of homelessness and the re-building of lives by supporting moves into training and employment, improving health and well-being, developing social networks and integration with communities, as well as finding and keeping a home.

The Supporting People programme is a prevention programme. By helping to tackle the issues behind homelessness or the risk of homelessness, services also help prevent or delay the need for costly residential care, extended hospital stays or re-offending and in some instances a prison sentence. Supporting People is therefore very much an 'invest to save' programme and the success of this is demonstrated by our financial modelling of national programme and local strategic outcomes.

The robust monitoring of outcomes alongside the evaluation of the quality of services through the Quality Assessment Framework (QAF), are two major strengths of Supporting People. From the results we are able to demonstrate how services are directly contributing to a number of national and local priorities such as helping young people into employment, education or training.

The annual report sets the scene for 2011/12, presents the programmes key achievements and considers the challenges for the year ahead.

## Key achievements

One of the key achievements for 2011/12 was the publication of Supporting People: a strategy for housing-related support. This is a four year strategy which set the framework for the Strategic Review.

A Strategic Review was required to address the budget cuts faced over a three year period. A wide range of consultation was carried out to enable providers and service users to put forward their ideas as to how any savings could be made. During September and November 2011 they were consulted and given the opportunity to select and agree proposals they would consider taking forward to achieve the required savings. Consultations included highlighting positive and negative impacts, taking into account the risk and equality elements that could impact on service delivery and any potential service users. Stakeholders were also consulted on the proposed reduction options and asked to feedback on potential impacts across partner organisations. This was a successful process which resulted in savings being achieved with endorsement from service providers and service users who felt they had been fully involved and had an opportunity to have their say. The Chair of Supporting People Citizens' Panel stated:

*“The main thing that I have reflected on and keep coming back to is the value that was placed on service user opinion from the onset; there was no hint of tokenism or hidden agendas being bulldozed through to fruition. The service users that I have spoken with genuinely feel that they were an intrinsic part of the process and that the relevant decisions were co-produced in true partnership”.*

Alongside the strategy a toolkit was developed to measure the success of the programme. The Whole Systems Approach pulls together a range of evaluation methods to demonstrate the full potential value, benefit, savings and success of the programme.

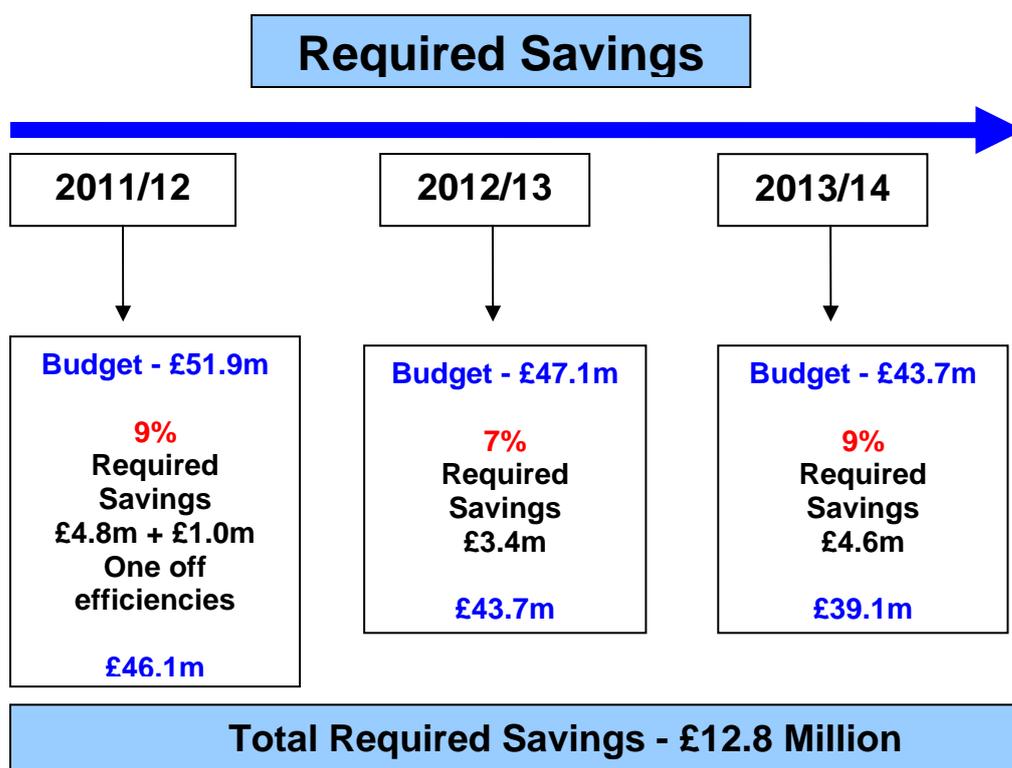
In 2011/12 approximately 39,000 people were supported by the delivery of 110 services. Importantly 80% of people left the service with a positive outcome and 24,724 positive outcomes were achieved as follows:

- 6,593 economic wellbeing outcomes;
- 4,701 enjoy and achieve outcomes;
- 3,844 be healthy outcomes;
- 6,563 stay safe outcomes; and
- 3,023 make a positive contribution outcomes.

## Setting the scene for 2011/12

### The Strategic Review

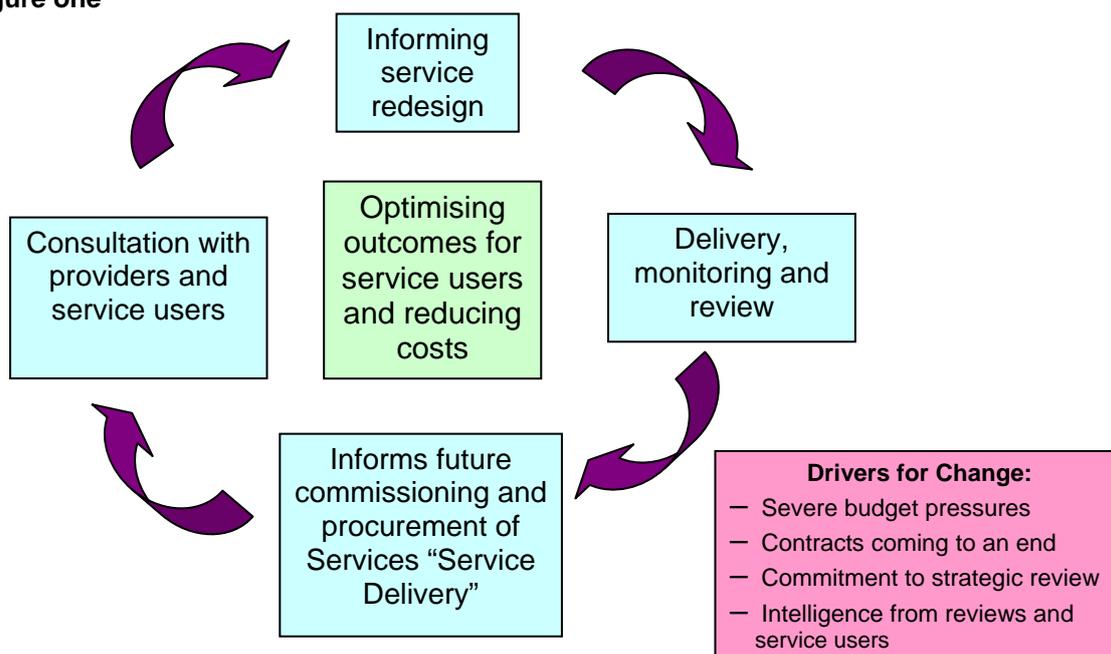
This year, the Supporting People team embarked on a strategic review of the programme in order to achieve the required savings from the programme of £12.8 million by 2013/14. It's fair to say that this has probably been the most challenging time for the programme since its inception back in 2003.



The challenge was to reduce the budget over a relatively short timeframe in a way which achieved the savings for the local authority, whilst attempting to achieve the right outcomes for vulnerable people.

A detailed consultation and engagement process was implemented over the year through the Business Development Groups, Citizens' Panel and with the aid of service providers directly with service users. Figure one illustrates the approach taken.

Figure one



The approach taken was one of transparency and ensuring, wherever possible the need to optimise outcomes for vulnerable people, by keeping all stakeholders informed along the way and looking at the practicality of the savings options, given the timescales and the equality impacts of the options being proposed.

A detailed risk log and equality analysis, which includes a monitoring process to capture on going impacts during the course of the budget reduction implementation, has been developed. A “call for evidence” was initiated through the nomination of stakeholder champions in order to establish possible specific impacts for each of the client groups and where possible the identification of mitigating actions.

Supporting People Commissioning Body agreed the details relating to the budget reductions at their meeting in January 2012 and service providers and stakeholders were informed of the outcomes in February.

The options included the decommissioning of some of the non front facing services such as the single points of access; target reductions for under utilised contracts and the decision to not extend some contracts at the point of expiry.

### **Additional savings requirements**

During the course of the strategic review consultations the Corporate Centre launched its own public consultation documents with regard to an additional £68 million savings required as a consequence of the service user Judicial Review within Adult Social Care. Further savings requirements of £3.77 million were identified for the Supporting People Programme.

The Strategic Director for Homes and Neighbourhoods led some of the public consultation meetings relating to the additional savings required. The Supporting People Lead Officer also delivered joint consultations alongside the Strategic Director for Adults and Communities for Adult Social Care, for service users with learning disabilities. The Supporting People Citizens Panel and service providers also contributed to the consultation feedback meetings for this process.

An Equality Analysis was produced alongside the consultation specifically for the impact upon the Supporting People programme.

The final outcome being that the additional savings was reduced to £1.9 million.

## Budget 2011/12

The original budget as at 31<sup>st</sup> March 2012 for Birmingham stood at £46.07m.

The approved budget for 2010/11 was £51.5m and therefore the reduction of £5.43m for 2011/12 represented a 10.5 per cent reduction.

The requirement is to have a budget of £37.2m by 2013/14.

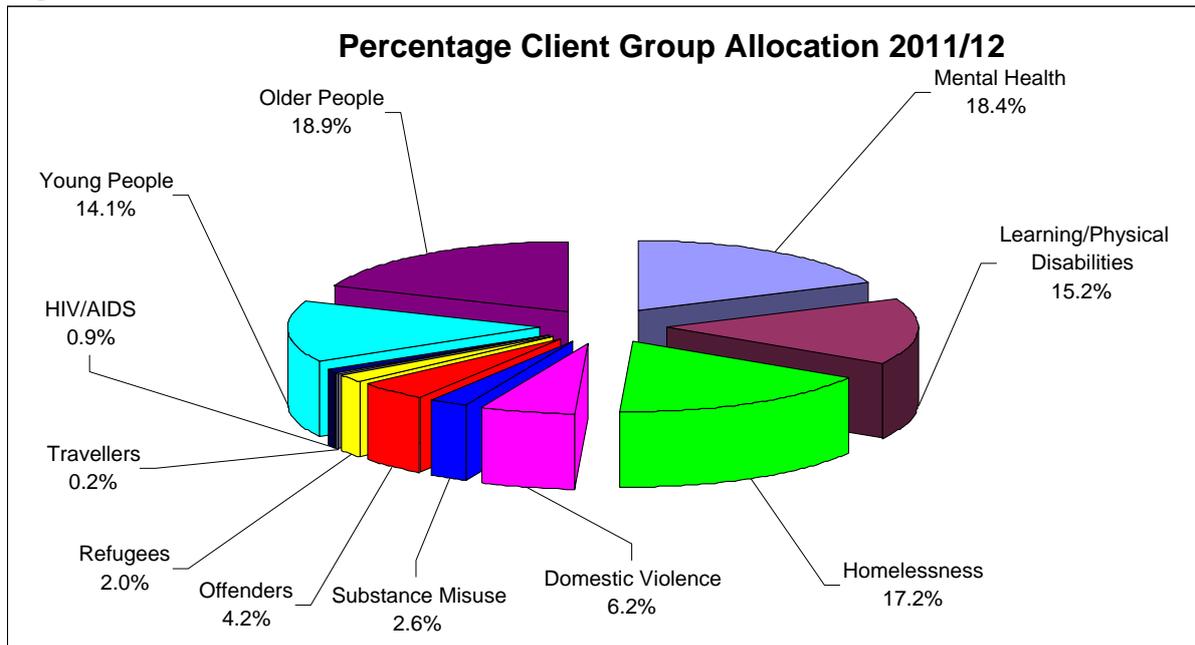
Table one presents the budget allocations by client group for 2011/12.

Table one

<b>Client Group</b>	<b>Annual Budget £'000's</b>
Mental Health	<b>£8,522</b>
Learning/Physical Disabilities	<b>£7,016</b>
Homelessness	<b>£7,956</b>
Domestic Violence	<b>£2,855</b>
Substance Misuse	<b>£1,197</b>
Offenders	<b>£1,960</b>
Refugees	<b>£945</b>
Travellers	<b>£84</b>
HIV/AIDS	<b>£437</b>
Young People	<b>£6,531</b>
Older People	<b>£8,767</b>
<i>Other Commitments</i>	<b>£ 764</b>
<i>Additional Efficiencies</i>	<b>(£964)</b>
Total Other Commitments	<b>(£200)</b>
<b>Total Programme 2011/12</b>	<b>£46,070</b>

Figure two illustrates the percentage split across each client group for 2011/12.

**Figure two**



## Our achievements

Housing related support services were commissioned using six cluster groups:

- Mental health;
- Disabilities;
- Homelessness/domestic violence;
- Vulnerable adults;
- Young people; and
- Older people.

The following section looks at each cluster presenting the number of contracted and utilised hours. Some of the hours figures quoted will not reflect the reductions following the strategic review until any contract extensions are awarded. In addition targeted services, decommissioned and under utilised, will also not reflect any changes. The contracted figures quoted are as at quarter four, 2011/12.

### Mental health

Table two illustrates the number of contracted hours and the hours used for each year of the mental health contract.

Table two

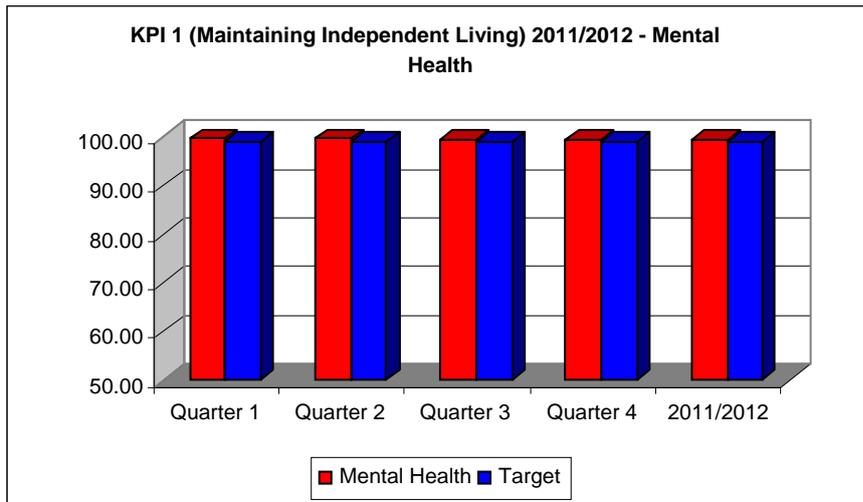
Hours			
	Year 1	Year 2	Year 3
Contracted	385,489	447,081	438,926
Utilised	368,748	197,251	NA
Percentage	95.7%	44% at period 6	NA

Note - Year 2 contracts still in progress

For year one of the contract 95.7 per cent of contracted hours were utilised. Year two is still in progress, but at period six, 44 per cent of hours were utilised. This is positive as at payment period six in year one only 32 per cent had been utilised, therefore, year two is on target to use all of the contracted hours. This illustrates the effectiveness of the Strategic Review for this client group ensuring the correct numbers of hours are allocated to meet the support requirements of the client group.

Figure three illustrates the achievement of this client group in respect of the Key Performance Indicator (KPI) 'Service users who are supported to establish and maintain independent living' to increase. The target was 99 per cent and the mental health client group achieved 99.6 per cent.

**Figure three**



### **Individual success story – mental health**

I have been working with GC since August 2011 and she has told me about problems in the past concerning her ex-husband. GC feels that all of this is what has led to her mental health issues and nervous breakdowns.

Recently GC has been contacted by the police who informed her of allegations that have been made against her ex and the charges being brought against him. They have asked if GC and her son will testify in court against him.

This has led to GC feeling very anxious and unsafe in her home and although she has refused to speak to the police she is scared of what her ex-husband might do. This is causing sleepless nights and depression.

To support GC we have begun to work on a person centred plan that would enable her to move forward and begin to look at what she wanted for the future. The main thing was to move house and GC hoped to get a flat in supported living accommodation where she could begin to feel safe and hopefully start sleeping again.

We began to work towards GC achieving the following goals:

- Support to contact a supported living accommodation officer about getting a flat;
- Support to apply for funding for Community Care Grant;
- Support to arrange packing and clearing out ready for moving; and
- Support with move and settling into a new apartment.

As we worked on each of these areas GC found that the support enabled her to tackle each issue one at a time. She managed to complete a move in what she felt was record time and fairly stress free. A trustful working relationship had been developed and further areas were outlined to be progressed in the future:

- To become more socially outgoing
- To go out shopping
- To build up self confidence and to begin to feel safe and secure again.

## Disabilities

Table three illustrates the number of contracted hours and the hours used for each year of the disabilities contract.

Table three

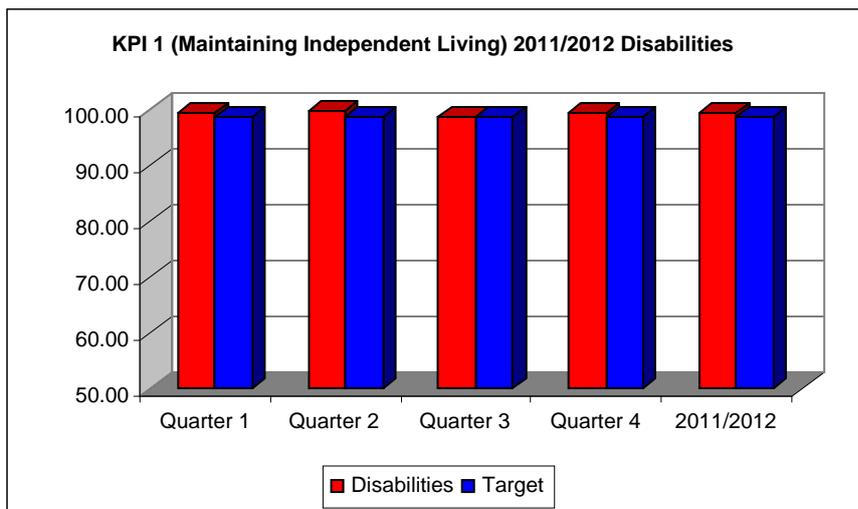
Hours			
	Year 1	Year 2	Year 3
Contracted	323,527	339,128	334,561
Utilised	273,443	237,297	NA
Percentage	84.5%	70% as at period 9	NA

Note - Year 2 contracts still in progress, the figures shown are for external services only.

In year one 84.5 per cent of contracted hours were used. In year two, which is still in progress, 70 per cent of hours had been used at period nine. This should be on target to use all of the contracted hours for year two.

Figure four illustrates the achievement of this client group in respect of the Key Performance Indicator (KPI) 'Services users who are supported to establish and maintain independent living' to increase. The target was 99 per cent and the disabilities client group achieved 99.5 per cent.

Figure four



### Individual success story - disabilities

My name is JS and I have been living in my home for 14 years. When my support worker from Trident Reach started working with me I was very socially isolated and didn't go out never seeing my friends or family. My support worker supported me to find somewhere I could go for a few days each week to meet new people, make friends and socialise. Now I go to a day centre four days a week which I really enjoy and I have met loads of new people, made new friends and I am eating hot meals there very day.

My support worker also supported me to contact an organisation that has helped to link me up with a 'befriender', who I have been meeting regularly. We are really getting along and I hope to be friends with her for a long time.

Before I started getting support I was not eating properly or very healthily. I was only getting care staff coming in on a morning to help me wash and get dressed. My support worker supported me to source new care hours, which means I now have staff coming to see me each morning and evening and helping me to cook healthy meals. As a result I have lost quite a lot of weight.

In the past I have suffered from low moods. This is because I felt all alone and no one had ever tried to help me with the way I feel sometimes. With the help of my support worker I have been able to discuss with my GP the way I have been feeling and he has given me medication which has had a massive effect on my mood and I feel a lot happier. I have also been supported with medication reviews and everything now seems to be in a much better balance and I feel better for it. I also now see my friends a lot more and I am being supported to stay in contact with them and arrange when we can meet up and see each other and socialise on a regular basis which has made me much happier.

Through the support I have been receiving I have done a numeracy and literacy course at college which I really enjoyed and got a certificate for. I would like to do more courses and eventually get a job, perhaps working on a factory line. Before I had support from Trident Reach I was lonely and did not know what I could do to improve my situation, but they have helped me so much and made me live a happier, fulfilling and more independent life.

### Homelessness/Domestic violence

Table four illustrates the number of contracted hours and the hours used for each year of the homelessness/domestic violence contract.

Table four

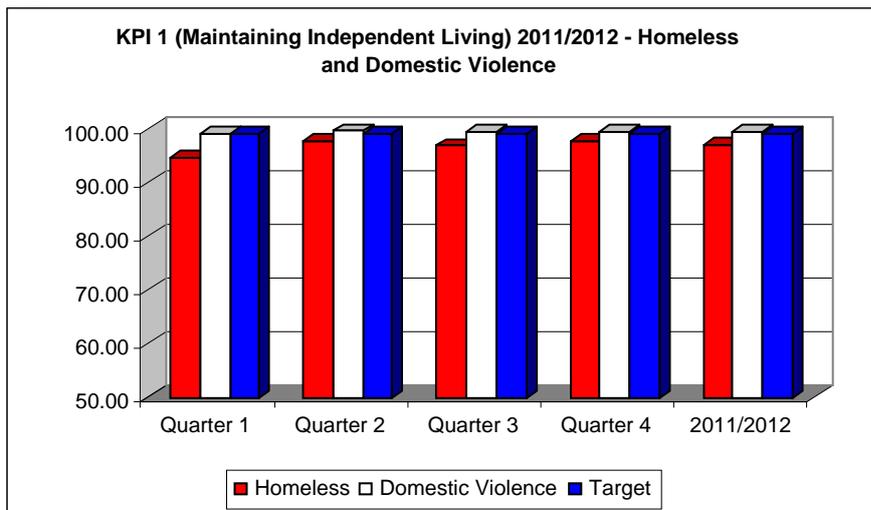
	Hours		
	Year 1	Year 2	Year 3
Contracted	568,733	549,558	540,026
Utilised	545,023	552,138	189,721
Percentage	96%	100%	35% as at period 5

Note – year 3 contracts still in progress, the figures shown are for external services only.

In year one 98 per cent of contracted hours were used and in year two 100 per cent. In year three, which is still in progress, 35 per cent of hours had been used at period five. This should be on target to use all of the contracted hours for year three.

Figure five illustrates the achievement of this client group in respect of the Key Performance Indicator (KPI) 'Services users who are supported to establish and maintain independent living' to increase'. The target was 99 per cent for domestic violence and 97 per cent for homelessness. The domestic violence client group achieved 99.4 per cent and homelessness 97 per cent, both achieving the targets set.

**Figure five**



### Individual success story - homelessness

A gentleman came to reside at our scheme in 2011. He was new to the area so at his point of moving here he had little or no friends and began his time here spending the days simply roaming around aimlessly, keeping himself to himself. When the gentleman came to us, he was not a very positive individual initially and he was going through some hard times. He had fallen out with his family and as a result, was made homeless.

He had no money as he did not work and was yet to address his needs regarding benefits and somewhere to stay. He spent some time sleeping rough, going from place to place simply existing and without any real direction as such. After a week or so though he began making friends here and for the first time in a while he started to feel a little more relaxed with regards to the problems he faced and what had contributed to his current situation. After finding his feet, the gentleman in question began settling down well. He was of a more, upbeat, happier frame of mind. He showed a real desire to want to improve his situation and also his future. He bid for properties every week as well as looking for private rented accommodation, registered with local housing associations and housing providers and generally did all he could to enhance his chances of finding a flat and sustaining a tenancy. He also, attended all his meetings with his support worker as he knew he had a lot to do to prepare him for his move on and to live independently. By now, he had a lot of

friends and was very happy in his surroundings and for the first time in ages was full of positivity.

After almost over half way through his time here he learnt some news that was to dramatically to change his new positive outlook. He had been told that he had a very serious illness that may be irreversible. This naturally again, made him feel very sad and negative and for a while made him a little unmotivated however, very admirably he literally just didn't let it impair his views and ambitions for his future and used this sad news to further propel him towards his goals and of living the life he dreamed of. He was never going to let negativity prevent him from staying strong and reaching for the stars. He had come so far and he had no plans on throwing it all away!

It is with great pleasure that we are able to say that by working with us and also being refreshingly independent too, the gentleman has very recently found independent accommodation and has since left us. He was most grateful for all help received whilst here and unlike when he first came, is now a very optimistic individual who is looking forward to his future now he has a place to call home for the first time in many years.

### **Individual success story – domestic violence**

NM was referred to us via social services; she came to the scheme in March 2011 along with her son and also disclosed that she was pregnant. NM had suffered severe physical, sexual, emotional and financial abuse at the hands of her partner. NM was very withdrawn and quiet when she came to us and very scared because she had no idea what a refuge would be like. When NM came to us her son was on the 'Child In Need' register so social services were involved and they came to us on a regular basis to have meetings.

NM was accompanied to a home options and a homeless interview at a local neighbourhood office. She was awarded 180 points and soon began bidding on properties and also applied for housing with two Housing Associations. NM had two property viewings and accepted one of the properties. She had regular meetings with her family support worker here at the scheme, which were every month and involved other agencies attending, including health visitors.

NM was very independent while at the scheme, but her confidence needed a boost. This would allow her to feel more in control of what she was doing and took only a short while to achieve. She was with us for six months and moved out feeling much more confident and independent. She left the refuge in time to give birth to her baby son in her own home and not the refuge.

## Vulnerable adults

Table five illustrates the number of contracted hours and the hours used for each year of the vulnerable adults' contract.

**Table five**

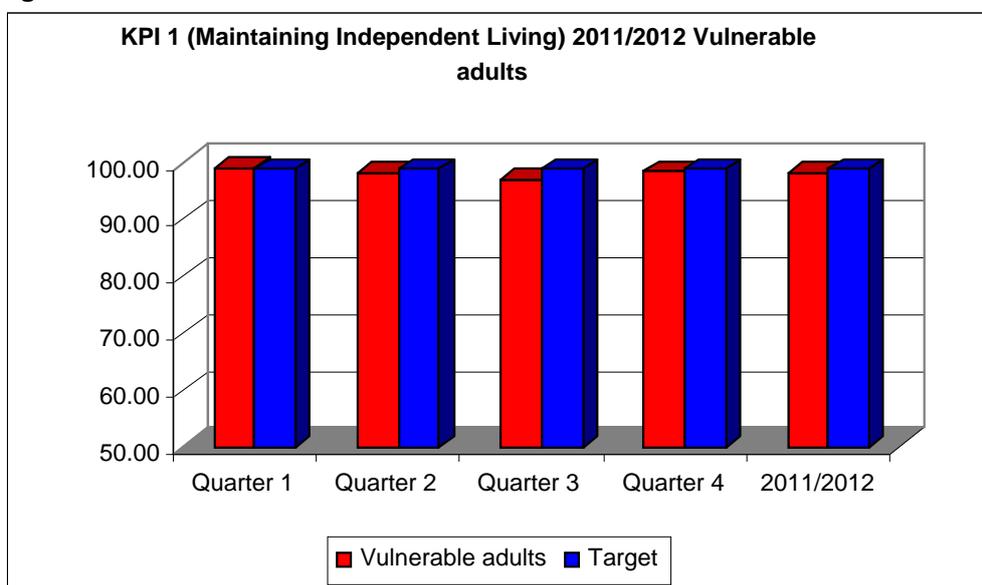
	Hours		
	Year 1	Year 2	Year 3
Contracted	249,990	231,218	227,607
Utilised	210,187	227,024	56,916
Percentage	84%	98%	25% as at period 5

Note - The figures shown are for external services only.

In year one 85 per cent of contracted hours were used and in year two 99 per cent. In year three, which is still in progress, 25 per cent of hours had been used at period five. Although this may appear low some contracts had only just begun at period five and the allocated contractual hours will be achieved by the end of the contract.

Figure six illustrates the achievement of this client group in respect of the Key Performance Indicator (KPI) 'Services users who are supported to establish and maintain independent living' to increase'. The overall target was 98 per cent and this was achieved.

**Figure six**



### **Individual success story – substance misuse**

Mr G moved into the Multiple Needs Unit (MHU) in June 2008. He was diagnosed with mental health issues; paranoia and anxiety. In addition he had substance misuse issues.

Mr G had been in and out of hostels for a number of years due to his chaotic lifestyle. When he first moved into the MHU he found it difficult to engage with staff and key workers. In addition he had many conflicts with fellow customers, resulting in arguments and disputes on a regular basis. He had a reputation for violence and aggression, which stemmed from his extremely high level of heroin and crack cocaine use. He was supported to reduce his substance misuse through a programme of harm reduction. The support worker liaised closely with the drugs team and made regular appointments for him to attend for treatment. He had several periods on probation for various offences he committed related to his lifestyle choices. He was offered support in maintaining his accommodation at the MHU and the move on process. While residing at the MHU Mr G was able to rebuild his relationship with his family which is still intact.

### **Individual success story – refugee**

Miss B came to the UK in June 2011. She was referred to Midland Heart Refugee Services by Birmingham City Council, Social Services while she was an Asylum Seeker. The Refugee Services could not be extended to her by definition of the criteria of the services we offer. The refugee team and Birmingham Social Services collaborated with other services and Miss B was granted indefinite leave to remain on 25<sup>th</sup> July 2011.

The refugee team commenced support with Miss B and achieved the following:  
All applications for eligible benefits were submitted;  
Miss B then had the knowledge about where her local Jobcentre and neighbourhood offices were located and the services they offer;  
When further proof of residency was requested Miss B was able to present these unaccompanied;  
She was enrolled in a Childcare course and although she struggled to keep up with others she was persistent and outstanding on the practical; and  
She was placed on work experience in July.

## Young people

Table six illustrates the number of contracted hours and the hours used for each year of the young people contract.

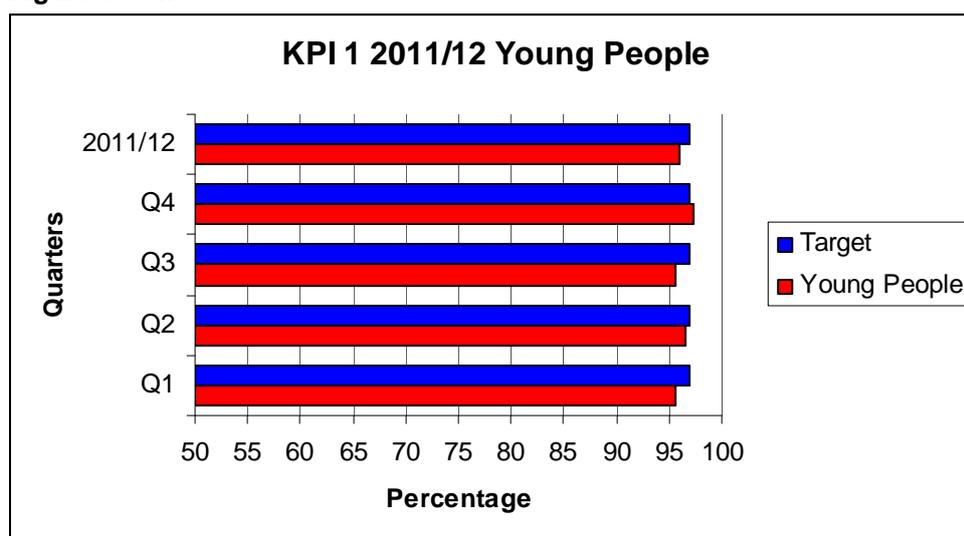
**Table six**

<b>Hours</b>			
	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>
<b>Contracted</b>	335,005	331,567	326,220
<b>Utilised</b>	316,037	336,090	92,817
<b>Percentage</b>	94%	100% at period 12	28.5% at period 3

Note - The figures shown are for external services only.

Figure seven illustrates the achievement of this client group in respect of the Key Performance Indicator (KPI) 'Services users who are supported to establish and maintain independent living' to increase'. The target was 99 per cent and 96 per cent was achieved.

**Figure seven**



### Individual success story – young people

Young person (A), who had children, was referred to the Agency by Social Services. She had no recourse to benefits and had come to this country from Romania with her mother, but the relationship had broken down. Due to the fact she had come into the UK under the age of 16 she was taken into care and was deemed a Looked After Child. Social Services agreed to fund her rent for her stay in St Basils or until her benefit entitlement was sorted out as her Social Worker believed that she may be entitled to claim benefits in the future. The following outcomes were achieved:

#### **Achieving Economic well being:**

Staff supported (A) to make a claim for benefits which was turned down. At the same time her Support Worker was also supporting (A) in finding employment, which would entitle her to Working Tax Credits in the future.

(A) began to set her own goals with support from us to:

- 1 - find and sustain work;
- 2 - improve her English;
- 3 - attend all her access visits with her children;
- 4 - not go out begging and stealing; and the final and most important goal
- 5 - get her own flat/tenancy and get custody back of her children to enable them to be healthy and make a positive contribution to living in England and be part of a community

### **Enjoy and Achieve**

(A) only had basic English and really struggled to understand a lot that was being said to her, so the first thing her Support Worker did was to find an ESOL course for her to join to learn better English. She also felt very isolated and scared when she moved into the project so she was introduced to the other young people and encouraged to attend activities to build her confidence and increase her social networks. Her Support Worker also looked for groups in the area that (A) could join where she could meet other young people.

### **Be Healthy**

(A) was supported in registering with the local doctors and dentist. As part of life skills (A) was helped with budgeting her money and shopping for food to be able to cook 3 meals a day. (A) was also supported in cooking and joined other young people in cooking activities.

### **Making a positive contribution**

(A) had been arrested on several occasions for begging and stealing and on talking to her she told us that this was how she was brought up from a very young age and was all she knew. (A) wanted to make a positive contribution towards bringing her children up and being part of a community; she had seen people selling the Big Issue and asked her Support Worker whether it was possible that she could do that. We contacted Red Cross who lead on the Big Issue being sold and they spoke to (A) and agreed that she could start selling it. (A) really enjoys her work selling the Big Issue she has not been begging or stealing since.

### **Stay Safe**

When (A) moved into the project we were informed that she had 2 children aged 4 and 2 who were in foster care.(A) Really wanted access to her children with the hope that in the future she got her children back with her full time. We worked with a Social Worker to arrange for her to have weekly access visits with her children.(A) also realised it was important that she kept out of trouble and stayed safe as this could affect her getting her children back. Following (A) being at Yardley House for 6 weeks a meeting was set up with Social Services to assess her progress and the next stage of moving (A) on. It was agreed that Social Services would obtain and fund a mother and child assessment centre where (A) could move into with her children to keep her children with her.

(A) has since moved into the Mother and Child assessment centre with her children and is doing really well and still working for the Big Issue. She has gained skills from her time at Yardley to hopefully sustain her placement and move into independent living.

## Older people

The majority of Supporting People Older People services commenced from 1 April 2011 with the Extra Care New Oscott village scheme starting a year earlier. Table seven illustrates the number of contracted hours and the hours used for each year of the older people contract.

**Table seven**

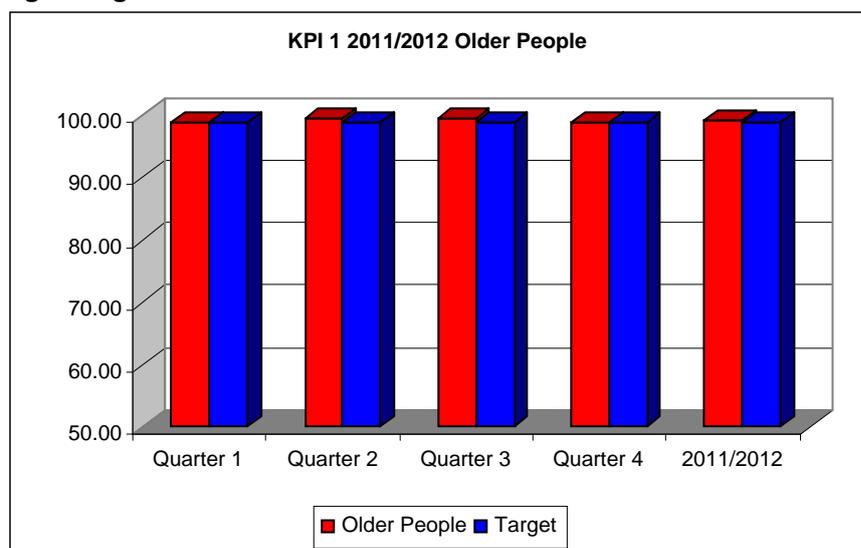
<b>Hours</b>			
	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>
<b>Contracted</b>	174,863	165,056	176,047
<b>Utilised</b>	164,342	NA	NA
<b>Percentage</b>	94%	NA	NA

Note - The figures shown are for external services only

For year one the older people contract used almost all of the contracted hours.

Figure eight illustrates the achievement of this client group in respect of the Key Performance Indicator (KPI) 'Services users who are supported to establish and maintain independent living' to increase'. The target was 99 per cent and this was achieved.

**Figure eight**



## Individual success story – older people

Mrs L came to live at Sampson Close, a sheltered housing scheme, in August 2008 and was previously homeless. She had returned from the Caribbean following the death of her husband after returning there to settle several years before. With the death of her husband and worsening health issues she returned to England. Mrs L suffers with arthritis of the knees and joints this has an impact on her mobility.

Although she had been living at the scheme for two years Mrs L was a very proud, independent lady and felt she did not need the support that we were offering. It was only until her health deteriorated to the point she could no longer manage that Mrs L

then began to engage with support staff. She mentioned how life would be so much easier for her if she had a level access shower (LAS), although she had had an OT assessment and did have some aids and adaptations she still struggled with personal hygiene.

We spoke with social services regarding the possibility of a LAS being fitted but were told due to financial constraints it was not possible for that financial year. The support worker then spoke with Midland Heart who was able to include the LAS in their 2011/2012 maintenance programme.

The resident's situation suggests that had she remained outside of this service she would definitely have experienced a fall with at least 1 admission to hospital for minimum 5 days and 3 avoidable GP appointments. The estimated cost of these incidents would have been around £2,355. This represents a saving to Birmingham City Council of around £2,186, with more to be added for the longer term.

All of the above hours and outcomes were delivered to the following number of clients entering and leaving SP services throughout the year in addition to clients who need long-term support, such as sheltered housing.

**Table eight**

<b>Cluster group</b>	<b>Clients in</b>	<b>Clients out</b>
Mental health	748	224
Disabilities	444	153
Homelessness/domestic violence	5,161	3,311
Vulnerable adults	1,339	960
Young people	1,128	614
Older people	93	39

*Data source: Provider workbooks 2011/12*

## Service user involvement

This year has seen a significant number of challenges being embraced by the service user involvement team and the 50 or so volunteers who contribute so much of their time in enabling us to achieve our objectives.

### People's Choice

This is a magazine written by the Editorial Panel. Panel membership is made up of existing service users of housing related support services. A significant development this year has been the unquestionable dedication demonstrated by the volunteers in ensuring that a quarterly magazine is produced and appropriately distributed. Austerity measures dictated that the service user involvement team could no longer utilise the services of a publishing organisation. The initial perception was that a service user publication would not be viable in the current economic climate. Not satisfied with this implication, the Editorial Panel decided that they would take full ownership of the writing, production and desktop publication of the magazine from April 2012. The first issue of this exclusively service user produced publication is due for circulation in August 2012.



The Editorial Panel, left to right -Edwin, Barry, Steve, Pat, Norma, and Joy

### Citizens' Panel

The Citizens' Panel is the stakeholder group that represents our service users. The Panel meets every 4-6 weeks and is a primary consultation group for the Housing Related Support team for policy development and reviewing the impact of services. The panel provides constructive feedback on programme proposals and is heavily engaged in Supporting People work. Panel members are volunteers and receive only expenses for the many hours devoted to improving support services.

This year the panel members played a significant part in managing the implementation of challenging budget cuts, working shoulder to shoulder with commissioners, provider organisations, stakeholders and the wider service user population.

Panel members devised and worded lines of questioning for the service user community. They wanted to know what service users view to be the most important parts of their service, the kind of things that they couldn't do without. But they also needed to find out what clients could do without.

Panel members devoted their time to organising and attending numerous consultation/drop-in meetings and oversaw the dissemination of their service user questionnaires. Over 500 clients responded, giving their views and opinions on their service and making suggestions as to how spending could be reduced.

The primary purpose of the panels' efforts was to help with the development of a strategy that would minimise or negate negative impact on existing and future clients.

Panel members also attended numerous public consultation events, expressing their opinions and promoting the benefits of housing related support services. There is no doubt that their efforts have helped to safeguard a portion of housing related support budget.

### **Service user involvement strategy**

The service user involvement function of the housing related support team now has a unique service user researched and designed involvement strategy. Donna Daley the vice-chair of the citizens' panel undertook a monumental piece of consultation work with service users and stakeholders. Donna had support from an enablement worker due to mobility difficulties. The work that she carried out and the subsequent recommendations were done independently of the housing related support team. The service user involvement team have now embraced the recommendations and they are included in the team action plan.

An independent evaluation of the work was commissioned from SITRA. The evaluation concluded that this strategy went beyond co production, giving service users a unique opportunity to have full control of the process. This presents a national first, to the best of our knowledge; no other local authority in the United Kingdom has given such meaningful consideration in acknowledging that service users are true experts by experience that can fully contribute on matters of strategic relevance.

### **Strategic Work**

Citizens' panel members and lay assessors are currently working with ex-service users, in an attempt to gain a unique insight and understanding into their experiences of receiving housing related support. These individuals are in a position to inform us of what worked well for them and what didn't, what enabled them to

achieve independence, and what hampered their personal development. The information that has been gathered will directly influence our future commissioning principles.

### **Quality Assessment Framework (QAF)**

Lay assessor activity has been prolific. The assessors are now contributing to 100% of the review cycle. This is a significant achievement by anyone's standards. Indeed it had actually been previously stated that such an undertaking would be unachievable. The commitment and dedication of the lay assessors has been astonishing. The lay assessors typically work in tandem with review officer activity in reviewing the standards of any given provider organisation. While the review officers scrutinise policies, procedures, support plans and discuss matters with managers and staff, the lay assessors have face-to-face conversations with clients. The lay assessor's reports and findings are then fed into the scoring matrix in gauging provider competence. Again to the best of our knowledge, no other local authority has empowered its service user community in this way. Feedback from clients has been tremendous. It is clear that they really value the lay assessor's contribution.

### **Working with other Service Providers**

Review work carried out by Lay Assessors continues to be acknowledged by other commissioning bodies and has resulted in the SP Citizens' Panel being asked to review services commissioned within other Birmingham City Council Departments as well as other Local Authorities and Public Bodies.

Yet another national first has been achieved this year, with the lay assessors conducting distance assessments/customer satisfaction surveys in another country! Gwalia care and support a large provider based in Wales. They were so inspired by the lay assessors' abilities when they witnessed them at a conference in Wales as guest speakers that they asked for help in assessing customer satisfaction. The lay assessors contacted clients in Wales using a combination of telephone calls and video conferencing (Skype). Client details were anonymised and uploaded to a snap survey where the provider could retrieve information enabling the strategic planning of future service improvements.

Feedback was very positive and this innovative approach will be further tested as a possible means of reducing some of the costs associated with reviewing our own services and minimising our carbon footprints.

One of our lay assessors is currently on secondment with the housing benefits team. He is exploring customer experience of tenants in receipt of enhanced housing benefit. Individuals in receipt of this benefit will typically receive some kind of support or supervision provided through their landlord. His efforts are already identifying areas of poor practice, providing a housing benefits team with the required intelligence to intervene appropriately.

## Training

One of the lay assessors and the lead service user involvement officer have undertaken a training course, enabling them to deliver training themselves. This initiative will enable the team to appropriately impart their knowledge to professionals and service users alike.

The directorate hosted a graduation ceremony for the most recent cohort of adult learners to complete the lay assessors' course in December 2011. The event was a huge success and a fitting accolade to the commitment of our volunteers.

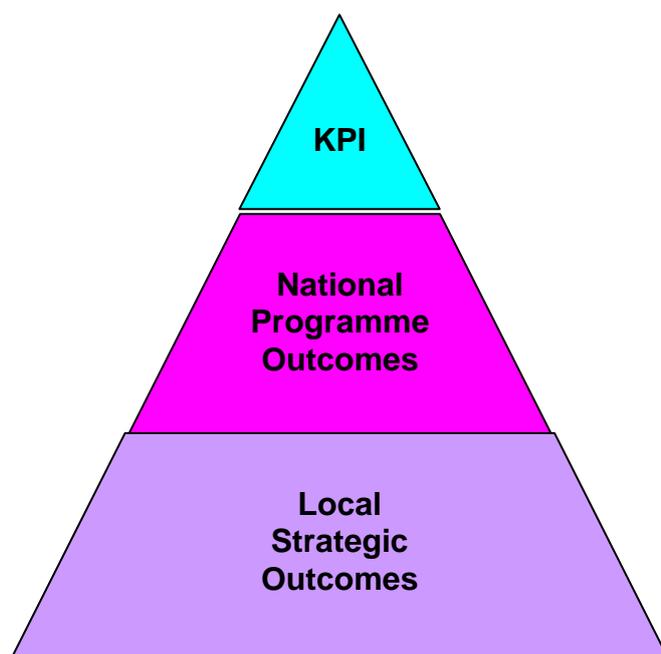


## Whole System Approach

### Key principles

The Whole System Approach was developed as part of the strategy and provides a toolkit to measure and monitor the progress and success of the programme and demonstrate both financial and individual benefits. Figure nine illustrates the principal applied when measuring outcomes and outputs:

Figure nine – measuring outcomes

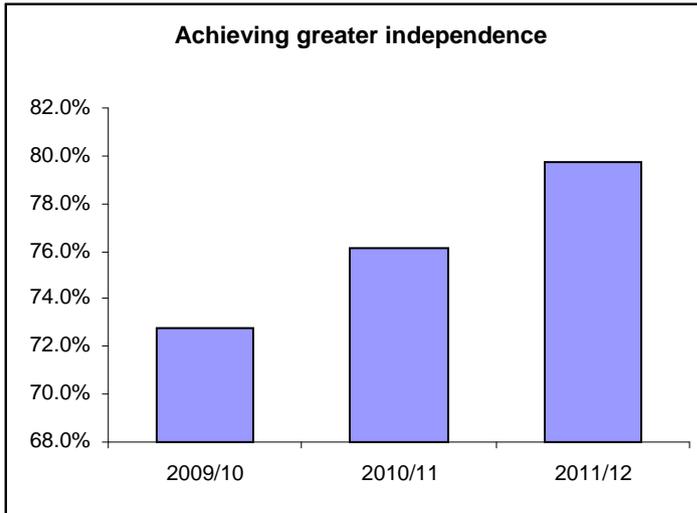


The principal being that the local strategic outcomes can be used to measure the outcomes across client groups, cluster groups and providers. These in turn support the national programme outcomes which measure outcomes for the whole of the programme and across the three main client groups. Both sets of outcomes ultimately support and help to deliver the overarching key performance indicator “Number of service users who are supported to establish and maintain independent living”.

### National outcomes

The data for national outcomes is based on the number of clients leaving all short term services and for 2011/12 this represents 15 per cent of the total number of clients. Over the past three years the number of clients achieving the ‘Key Performance Indicator (KPI) ‘Services users who are supported to establish and maintain independent living’ has increased. In 2011/12 80 per cent achieved greater independence, whilst in 2009/10 it was 73 per cent. Figure ten illustrates this trend.

**Figure ten**



The national programme outcomes are monitored across the five outcomes for the national supporting people programme:

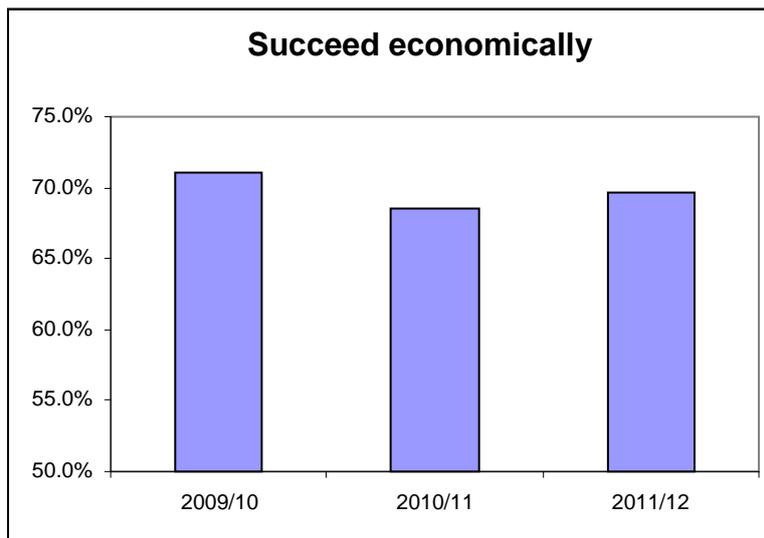
- Economic wellbeing;
- Enjoy and achieve;
- Be healthy;
- Stay safe; and
- Make a positive contribution.

Benchmarks were developed for 2011/12 using trend data for the past three years.

***Succeed economically***

The benchmark set for this outcome is 70 per cent and in 2011/12 this was achieved. Figure eleven shows the level achieved over the past three years.

**Figure eleven**

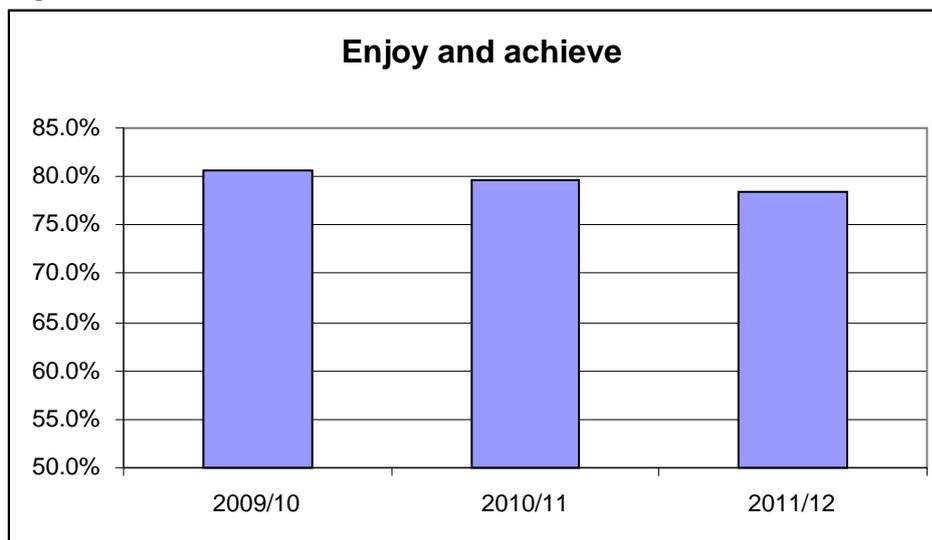


In 2011/12 more clients needed support to maximise their income and 91.5 per cent of this need was met. Since 2009/10 the number of clients needing support to obtain paid work has almost doubled. Encouragingly a similar level of need is still met and there are more clients being supported, 318 compared to 196 in 2009/10.

### ***Enjoy and achieve***

The benchmark for this outcome is 80% which in 2011/12 was almost achieved with 78.4 per cent of need having been met. The slight decrease can be related to the current economic situation and the reduction in the amount of work experience available. Figure 12 shows the level achieved over the past three years.

**Figure 12**

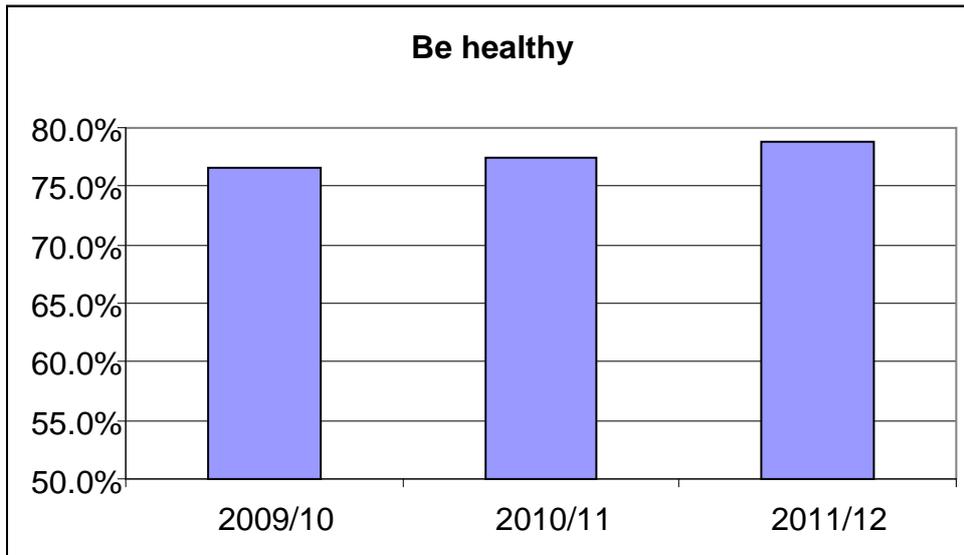


In 2011/12 there was an overall increase in the number of clients requiring support to enjoy and achieve. For cultural/leisure and external contact support a higher level of need was achieved than in previous years, but for work experience a lower level (9 per cent less than 2010/11) was met.

### ***Be healthy***

The benchmark for the be healthy outcome is 77 per cent and in 2011/12 this was achieved with 2 per cent more need being met. Figure 13 shows the level achieved over the past three years.

**Figure 13**

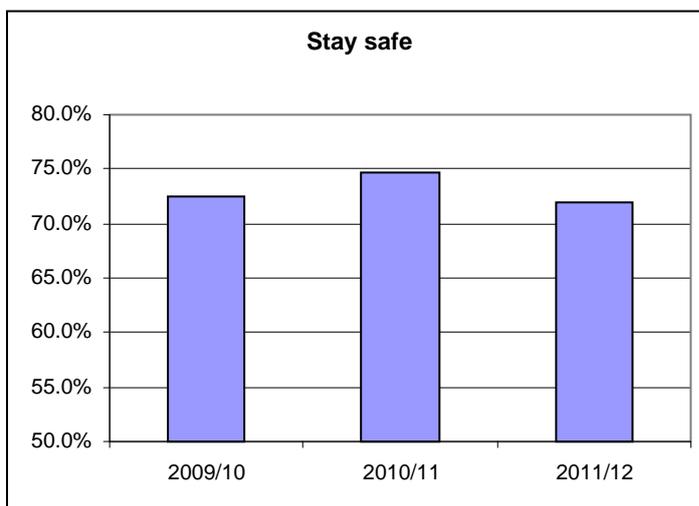


In 2011/12 the need met for supporting mental health issues remained consistent with previous years. For physical health and substance misuse 2 per cent more need was met.

### ***Stay safe***

The benchmark for this outcome was set at 73 per cent and in 2011/12 this was almost achieved with 71.9 per cent of the need being met. Figure 14 shows the level achieved over the past three years.

**Figure 14**

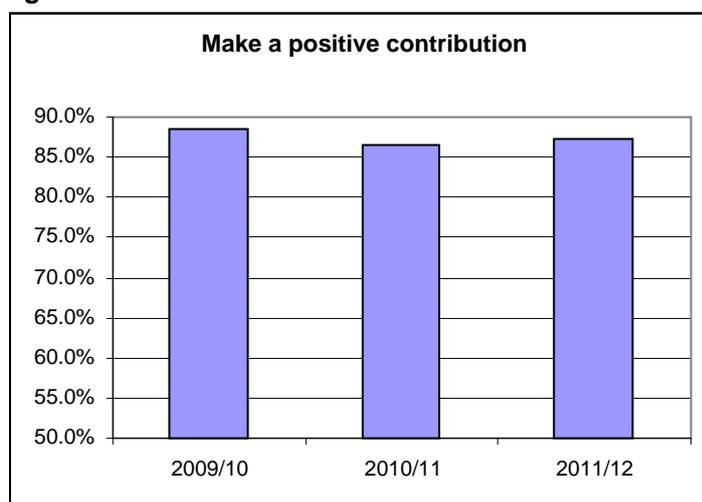


In 2011/12 the level of need to maintain or gain settled accommodation increased. Although more clients were supported to achieve these outcomes compared to previous years the percentage rate decreased. This reflects the change from accommodation to floating support. The levels of need met relating to harm issues is relatively consistent across the three years.

## ***Make a positive contribution***

The benchmark for this outcome is 87.6 per cent, and 2011/12 was only 0.3 per cent below this level of achievement. Figure 15 shows the level achieved over the past three years.

**Figure 15**



## **Local strategic outcomes**

In 2011/12, 44,328 support needs were identified across the range of local strategic outcomes. (The local outcomes can be seen listed in Appendix 3). It should be noted that the number does not reflect the number of clients, but the need for support. One person could present two or more support requirements. Of this support need 93.5 per cent was met. Only two outcomes, accessing ESOL training and domestic abuse not being experienced during service, met less than 90 per cent of the need presented across all client groups.

The most support need (15,528) was for achieve/sustain appropriate accommodation, and 94 per cent of this need was met. Of this need met 4,833 clients came from the homeless group, who without support may have presented as homeless to the council.

Across the six cluster groups over 90 per cent of the support needs were met. In particular the homeless/domestic violence group achieved 98 per cent. Table nine shows the achievement across the groups.

**Table nine**

<b>Cluster group</b>	<b>% need met</b>
Mental health	92%
Disabilities	95%
Homeless/DV	98%
Vulnerable adults	93%
Vulnerable young people	95%
Older people	92%

Of the 15 individual client groups all but three met over 90% of the support needs. Of note are the following:

- Substance misuse – met nearly 100 per cent of support need for managing substance misuse and registering with a GP;
- Domestic violence - met 100 per cent of the support need;
- Learning disabilities - achieved 98 per cent;
- Refugees – met 87 per cent of support need, with the lowest, 66 per cent, met for ESOL training;
- Physical and sensory disabilities – 67 per cent of support need was met, with the lowest level for achieve/sustain accommodation; and
- Gypsies and travellers – 50 per cent of the support need was met with the lowest levels met for accessing community and volunteering opportunities (25 per cent) and ESOL training (35 per cent).

## Cost benefits

There are a range of outcomes that can be used to illustrate the potential cost benefits of the programme that were developed during the year. The first is local outcome 'Achieving/sustaining appropriate accommodation'. The cost benefits for this outcome are calculated taking the average costs for BCC to process homeless cases, including officer time and the provision of temporary accommodation and the average cost of housing related support. Currently we can calculate the benefits for this support need met for the homeless client group. Table ten illustrates the potential savings to be gained over a six month period from meeting 484 support needs.

Table ten

	Potential saving
Families	£1,387,996.00
Young people	£301,300.00
<b>Totals</b>	<b>£1,689,296.00</b>

The national outcome 'Support to obtain paid work' enables cost benefits to be illustrated taking the potential reduction in JSA and deducting the housing related support costs. The potential savings are £841,981.92, which is a fairly conservative estimate as it does not take into account the potential savings in benefit payments. Table 11 shows the number of clients supported to obtain paid work alongside costings.

Table 11

Obtain paid work	Support need met	JSA total	Avg SP cost total	Potential saving
Under 25	60	£175,500.00	£47,517.60	£127,982.40
Over 25	258	£952,536.00	£238,536.48	£713,999.52
<b>Total</b>	<b>318</b>	<b>£1,128,036.00</b>	<b>£286,054.08</b>	<b>£841,981.92</b>

The local outcome 'Domestic abuse not been experienced during service' enables cost benefits to be illustrated deducting the average housing related support costs from the cost per incident to others such as the police. The potential savings are £7,189,263.28. Table 12 illustrates this.

**Table 12**

<b>Support/other</b>	<b>Total costs</b>
Accommodation	£2,033,545.92
Floating	£1,228,304.48
<b>Total</b>	<b>£3,261,850.40</b>
Health	£759,990.80
Police	£265,264.00
Social services	£124,136.00
Society	£9,301,722.88
<b>Total</b>	<b>£10,451,113.68</b>
<b>Potential savings</b>	<b>£7,189,263.28</b>

The local outcome 'Managing substance misuse issues' enables cost benefits to be identified by deducting the housing related support costs and treatment costs for the number of clients who accessed a programme from the average costs for incidents such as arrests or admission to hospital. Table 13 shows the cost per incident and the potential savings to be made.

**Table 13**

<b>Incident</b>	<b>Total cost</b>
Arrest	£150,547.02
Average A&E visits	£143,880.00
Average hospital admissions	£579,444.00
Average hospital stays	£1,955,460.00
Average ambulance callouts	£237,663.60
Average ambulance journeys	£309,996.00
<b>Total</b>	<b>£3,376,990.62</b>
SP support	£911,231.28
Treatment programme	£1,144,584.00
<b>Total</b>	<b>£2,055,815.28</b>
<b>Potential savings</b>	<b>£1,321,175.34</b>

By carrying out financial modelling on four of the outcomes a potential saving of £11,041,716.54 can be identified and is illustrated in Table 14. Note, any costs such as housing related support and treatment programmes have been deducted from the overall saving.

**Table 14**

<b>Outcome</b>	<b>Potential saving</b>
Achieving/sustaining appropriate accommodation	£1,689,296.00
Support to obtain paid work	£841,981.92
Domestic abuse not experienced during service	£7,189,263.28
Managing substance misuse issues	£1,321,175.34
<b>Total</b>	<b>£11,041,716.54</b>

The largest potential savings are to society in general, with the next largest potential saving to health. There is potential to provide significant savings to health relating to reduction in A&E attendances, admissions to hospital and the use of ambulances. The savings to BCC are in relation to the cost benefits gained from supporting people to avoid repeat homelessness. Table 15 illustrates the potential savings to individual organisations. Note, the savings for BCC and government are actual potential savings, whilst for the remainder they are an illustration.

**Table 15**

<b>Organisation</b>	<b>Potential saving</b>
BCC	£5,808,000.00
Government	£1,128,036.00
Health	£3,986,434.40
Judiciary service	£150,547.02
Police	£265,264.00
Social services	£124,136.00
Society	£9,301,722.88
<b>Total</b>	<b>£20,764,140.30</b>
SP support	£5,335,039.76
Treatment programme	£1,144,584.00
<b>Total savings</b>	<b>£14,284,516.54</b>

## Operational

Having mobilised the social exclusion and disability contract during 2010/11 there were three key tasks for this year.

- Mobilise the new older person's contract from 1/4/11;
- Begin the review cycle for the social exclusion and disabilities portfolio contracts; and
- Continue, on a targeted basis, to monitor hours being claimed for both eligibility and validity.

### Quality Assessment framework (QAF) reviews

The reviews were split into two parts, with two standards being reviewed in the second year of the contract and the remaining three standards in the third year.

2011/12 saw the following standards tested in the social exclusion and disability portfolios:

C1.1- Assessment and Support Planning; and  
C1.5 - Client Involvement and Empowerment.

During the year a total of 38 reviews were carried out and moderated by Supporting People review officers. All these reviews were carried out in line with the agreed programme and completed on time. A summary of the results is outlined in table 16 below.

**Table 16**

<b>Provider achievement</b>	<b>Number</b>	<b>Percentage</b>
Received A in both standards	8	21%
Received an A and B	4	10.5%
Met overall B standard	16	42%
Did not reach overall B standard (C)	4	10.5%
Below minimum standard	6	16%

*Note: an overall grading cannot be given or claimed until the remaining three standards have been tested in 2012/13.*

It is positive that 31.5 per cent of commissioned providers achieved an A in one or more of the standards and overall 73.5 per cent are operating at the required B level for these two standards. 10.5 per cent of commissioned providers received a C grading for Client Involvement and Empowerment and they have action plans in place to bring them up to the required B. But, encouragingly they achieved a B grade in Assessment and Support Planning, which means that the service users are still receiving a good service from these providers.

Of slightly more concern is the 16 per cent of commissioned providers who were graded, on at least one standard, as "below minimum standard". Two failed to reach the required standard for Assessment and Support Planning and four in respect of

Client Involvement and Empowerment. All these commissioned providers have action plans in place which are being reviewed and validated. It is worth noting that the four providers below minimum standard for Client Involvement are actually operating at a B level for Assessment and Support Planning. This means that the overall service is good and there are no concerns for the service users.

The two commissioned providers below minimum for Assessment and Support Planning have had positive meetings with the supporting people team and are committed to improving in the areas identified as weak.

### **Summary**

*Overall, the reviews to date have shown that in the key standard around Assessment and Support Planning, 95 per cent of commissioned providers have reached the required B standard. In Client Involvement and Empowerment the figure is 74 per cent.*

### **Safeguarding matters**

Robust strategies, multi agency partnerships and mechanisms for identifying, reporting and addressing safeguarding issues are essential to our work with vulnerable people. Supporting People is a stakeholder partner on the Birmingham Adult Safeguarding Board for the City. Additionally the Supporting People team have undertaken Adult Safeguarding training, Mental Capacity Act and Deprivation of Liberties Safeguarding training and continue to provide input into the various working groups established within the Local Authority.

### **Community alarms**

The last year has seen the completion of a strategic review of community alarm services funded by the Supporting People programme in Birmingham.

The review looked at existing contract arrangements and recommended options for future contracting. Key components of the review were the mapping of services in Birmingham; an extensive consultation exercise with service users/providers and stakeholders, and also a recommendation on the introduction of mandatory minimum standards for alarm services. The review concluded that there was strong evidence of the preventative benefits of community alarms and in facilitating the development of telehealth and telemedicine services.

In addition to the strategic review completed by Supporting People, 2011/12 has also seen the introduction of the citywide Telecare service commissioned and funded by Adults and Communities.

## **Community Based Hubs**

The review of older people services aimed to place service user choice and accessibility to services at the heart of any commissioning plans.

The review highlighted some areas for consideration about who should provide certain types of services for older people. In particular services that can be described as the provision of practical support, where there were gaps such as supporting people to get out and about to do their shopping, collect their pensions, buy their clothes, purchase Christmas gifts and so on. This is where people want and need to be part of the community to maintain their independence but need physical support to achieve this and do not necessarily have friends or family with the capacity to help or where carers also need respite to sustain their role as carer. This can be described as supporting people to maintain their independence in the community, but does not fit neatly into the criteria for housing related support. Nevertheless services that are flexible enough to incorporate this type of support enhance the quality of life for individuals and prevent people from becoming unnecessarily isolated and support the outcome for older people to remain independent in a home of their own.

The intent therefore was to commission housing related support services that respond to the type of support that people require at any given point in time and irrespective of where they live.

Running parallel to this was the legal advice following the Portsmouth and Barnet Judgement which resulted in the procurement process for the older peoples commissioning being suspended.

From this position, the concept of a community based hub model was born.

An integrated model of supported accommodation was established for those service users requiring housing related support. The use of a community based hub concept has facilitated a range of stakeholder funded well-being resources to be co-located within schemes and also being open to older people living within the local areas. Equally the framework also encourages sheltered and extra care housing schemes within localities to work with each other to offer a wide range of well-being resources to older people. Over 24 Older Persons services commenced support service contracts based upon the revised framework from the 1 April 2011.

## **General achievements**

- Targeted monitoring of the eligibility and validity of support hours being claimed has led to a subsequent reduction in the number of such hours being claimed;
- Spot purchase of additional emergency accommodation from two existing providers to help the temporary accommodation team reduce the number of young people being placed in bed and breakfast accommodation;
- Integrated the rough sleepers service into the wider homelessness spoke service;

- Supported the winter cold weather provision;
- Worked with providers and other stakeholders to manage issues around capacity in this sector;
- Worked with providers and other stakeholders to maintain the accommodation available to ex-offenders;
- Began work on revamping, streamlining and integrating the quality assessment, contract management and performance management systems; and
- Began work on introducing “Payment by Results” for all future contracts.

## Challenges for 2012/13

Although 2011/12 proved to be very challenging the next year, 2012/13 will present its own challenges:

### ***Contractual***

Many of our contracts will come to an end during 2012/13 and decisions will need to be made relating to potential extensions and timescales.

Although the current budget cuts were met by the Strategic Review there is potential for further reductions to be announced throughout the year.

### ***Administration***

In May 2012 there will be two elections; whether to have a directly elected major and local government elections. Both of these have the potential to change how BCC services are delivered in the future and internal structures.

### ***Payment by Result (PbR)***

Payment by Result is a Treasury driven policy area linked to public sector reform and efficiencies, whilst incorporating improving outcomes. To date the Payment by Results initiatives have largely been driven by health commissioning. The Department of Communities and Local Government (DCLG) have indicated that local authorities should also consider Supporting People services for payment by results.

Clearly there are advantages to an outcomes based payment methodology; however, the outcomes to be achieved, particularly for people with more complex and chaotic lifestyles, must be clearly defined.

Birmingham is part of the Department Communities and Local Government (CLG) working group piloting various models for payment by results which will start to report its findings from 2012.

## ***Welfare Reform Act***

### ***Supported accommodation***

The Department for Work and Pensions (DWP) consulted on proposals for changes in Housing Benefit (HB) for people living in supported housing during 2011. The government is committed to supporting vulnerable people to exercise choice and lead independent lives, but feels the current scheme is complex and needs to be revised. Currently any HB service decisions on the level of eligible rent for supported accommodation are based on:

- The levels of rent being charged locally for similar homes
- Input from Rent Officer
- Whether it would be reasonable to expect the tenant to move.

The proposals place supported accommodation into 2 categories:

- Conventional supported housing
- Specialist individual housing/people with more specific housing needs.

For conventional supported housing the proposals are:

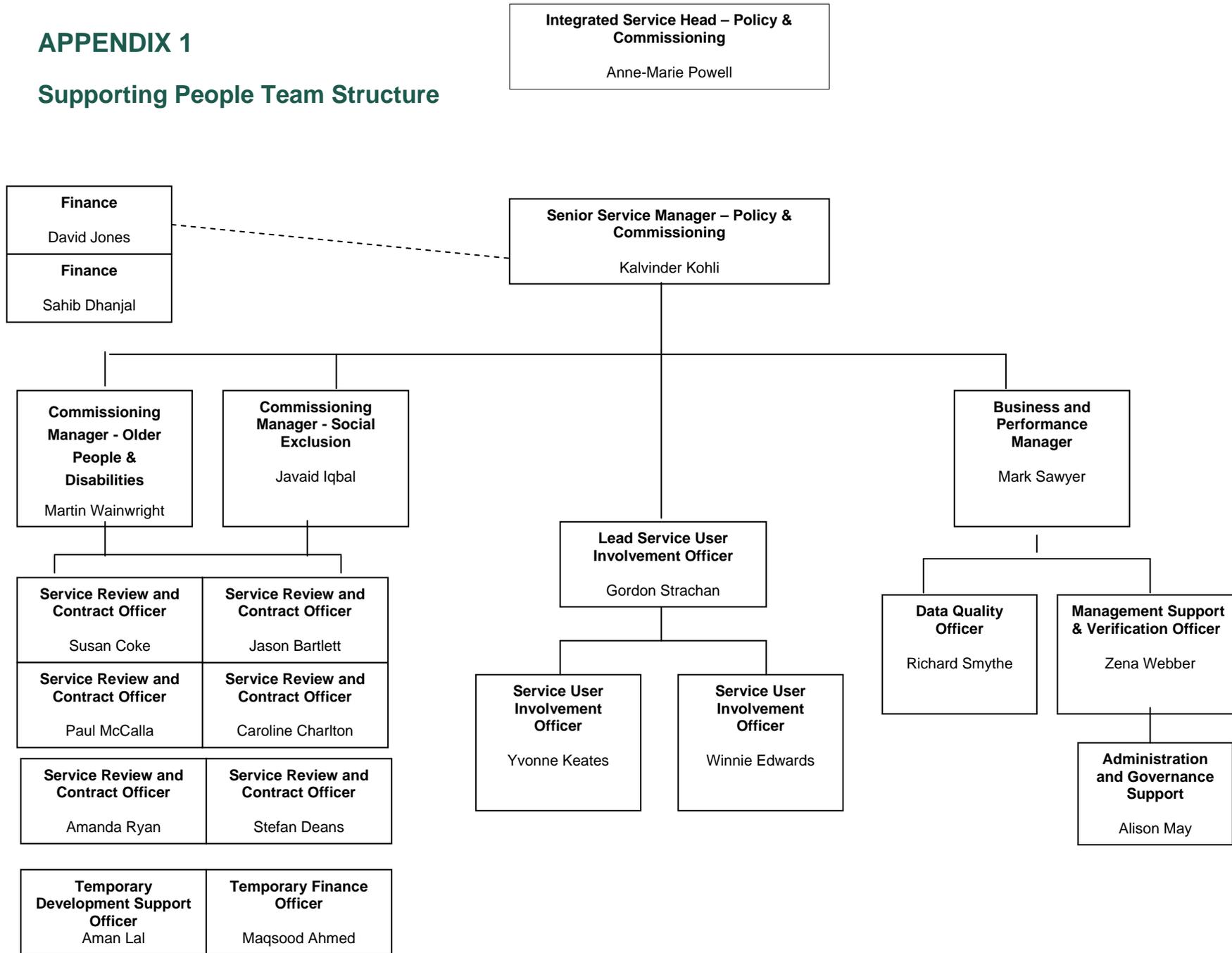
- Base HB on Local Housing Allowance (LHA) rate with an addition that recognises the higher housing costs appropriate to this type of accommodation.
- Providing help with full eligible rent up to the above.
- Include private rented housing to target help by type of accommodation rather than landlord.
- Exclude hostels where support is not provided and temporary homeless accommodation.

For specialist individual housing the proposals are:

- Treated as mainstream accommodation based on LHA with residents able to apply to a separate (supported housing) fund to meet additional housing costs.
- Decisions on level of extra help to be made at a local level.
- DWP recognises funding needs to be flexible to be able to respond to changes in caseload. Will need to be controlled perhaps by limits on individuals or Rent Officer assessment.
- Funding will need to cope with ongoing as well as new cases.
- Overall responsibility for additional housing costs is likely to remain with the DWP.

# APPENDIX 1

## Supporting People Team Structure



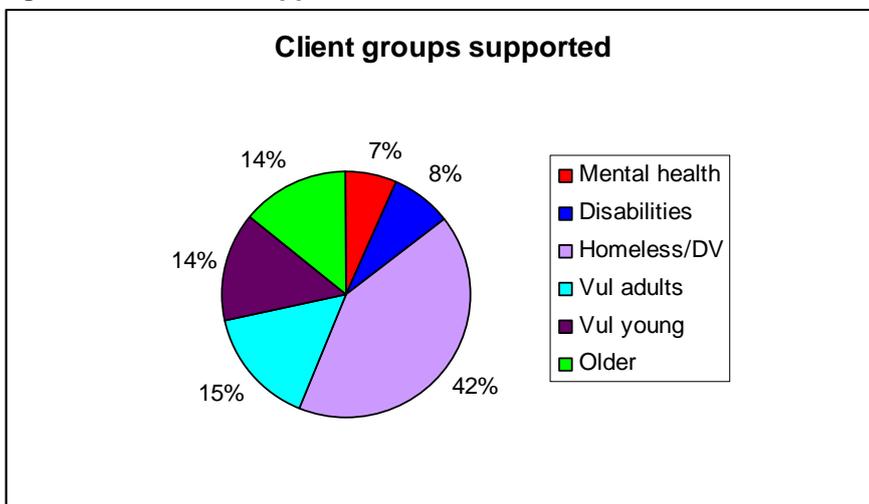
## APPENDIX 2

### Client profiles

#### Survey data

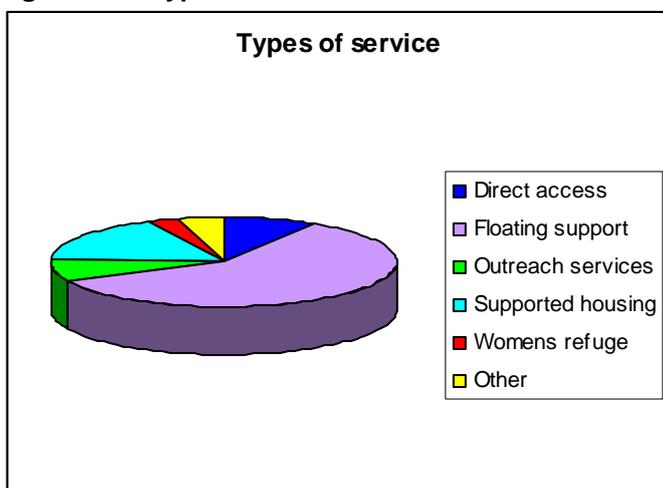
In June 2011 a survey of all providers was carried out to establish the range of clients the programme was currently supporting. It asked questions about type of support received, ethnicity, age and in what ward the service users lived. The results are shown below and are representative of the returned data. It should be noted that the survey covered all service users whereas the St Andrews data, used in other sections only represents new clients.

Figure one: Clients supported



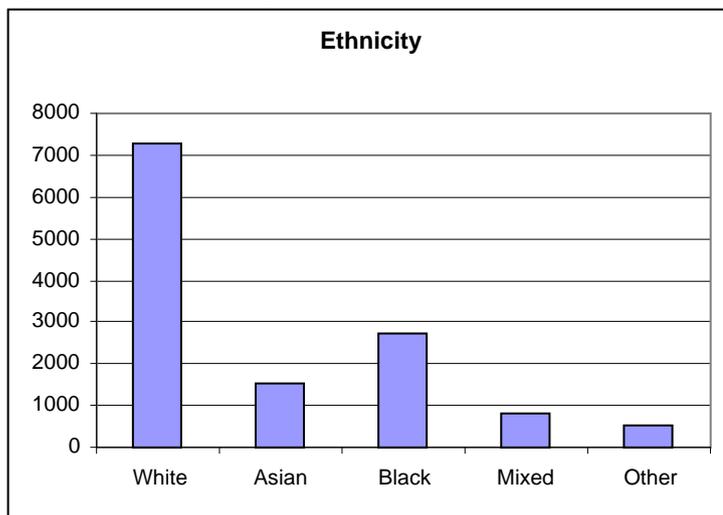
As in previous years the main client group supported is homelessness and domestic violence.

Figure two: Types of service



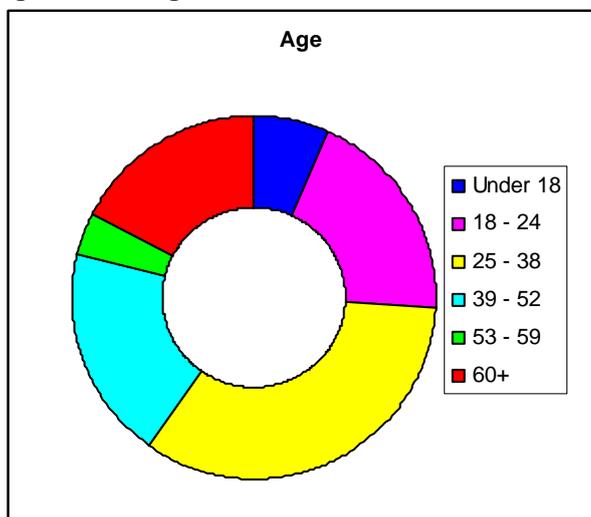
The intention of the commissioning process was to transform the way that services were delivered and figure two clearly shows the transformation with the largest number of services now being delivery via floating support.

**Figure three: Ethnicity**



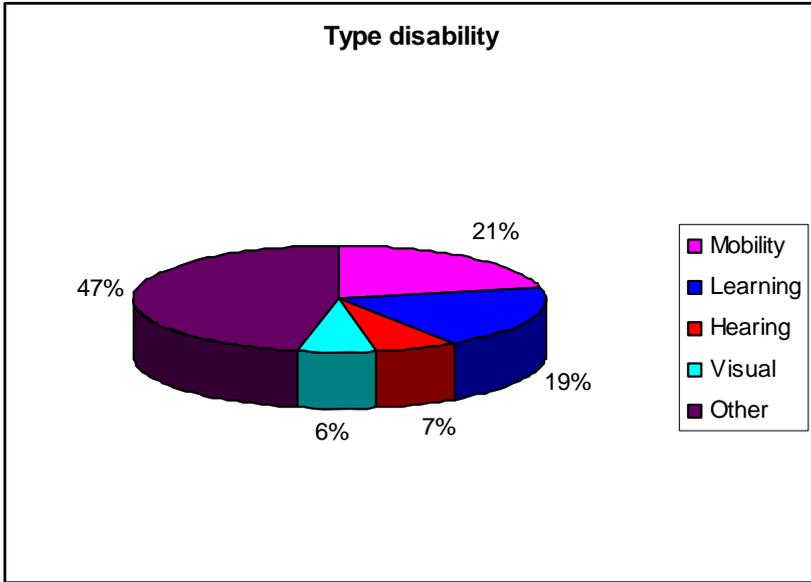
The pattern of ethnicity is similar to that of previous years with White being the predominant group.

**Figure four: Age**



The largest age group is 25 to 38 and the survey data provides an insight into the proportion of older people supported.

Figure five: Type disability



Physical disability is the highest type of disability group, apart from other, with the majority of service users having mobility issues being in the older people's client group.

## APPENDIX 3

### Local strategic outcomes

Local Outcome
Reducing fuel poverty
Access to nursery/school placements
Developing Parenting Skills
Accessing ESOL training courses
Managing substance misuse
Accessing safety measures/fall prevention
Registering with Local GP
Domestic Abuse not experienced during service
Achieving/sustaining appropriate accommodation
Identifying and managing risks within the community
Accessing community/volunteering opportunities