



Oxfordshire Supporting People Strategy 2011-2016

**How we will increase and sustain
positive impact made by
Oxfordshire's housing related
support services**

Final draft

June 2011

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1. Introduction

Key facts

Oxfordshire Supporting People programme commissions essential preventative services for 11,500 vulnerable people who need support to secure and sustain a stable home and lead independent lives for as long as possible.

It funds more than 100 services and nearly 1,000 direct payments for older people, with a budget of just over £16 million.

It is being overseen by the Commissioning Body, members of which represent six local authorities, local Primary Care Trust and the Thames Valley Probation service and benefits from a strong and mature partnership between these organisations. In 2010-11 it started to formally report on its business to the Oxfordshire Health and Well Being Board.

The programme is administered by a team of 8 officers, employed by the county council as the administering authority, who among other duties lead on service user involvement, purchase services on behalf of the partnership and manage 40 contracts with 30 provider organisations.

At the point of writing, the programme is about to enter its ninth year of existence which gives us a great opportunity to look back, reflect on key achievements to date and, most of all, plan for the future.

Role of housing related support

In 2008 the Oxfordshire Partnership published a Sustainable Community Strategy which contained a set of pledges which the Oxfordshire Partnership made to deliver the things the people of Oxfordshire wanted.

The Supporting People partnership's work relates to the pledge "Improve support and opportunities for independent living"¹.

The focus of the Supporting People partnership remains on delivering housing related support services, which help people to live independently either by helping them to sustain their independence if it is under threat or to recover it if they have lost their home for one of many reasons.

Housing related support is a distinct set of activities, different from health care and social care, different too from routine housing management carried out by social landlords for their tenants.

But housing related support is important in many ways: it helps to meet health, housing, social care and community safety goals.

For this very reason the work of the Supporting People partnership overlaps with other partnerships such as the Oxfordshire Health and Wellbeing Partnership and assists local housing authorities in meeting their statutory housing and prevention of homelessness duties.

In the current fast changing social policy landscape, it remains more important than ever that our plans for the future are closely linked to the new emerging strategic and commissioning structures, such as statutory Health and Wellbeing Boards and GP consortia.

More specifically, Oxfordshire Supporting People programme contributes to the successful delivery of strategic priorities set out in the Oxfordshire 2030:

- breaking the cycle of deprivation and reducing inequalities
- improving physical and mental health outcomes
- improving social mobility and economic outcomes

Access to a stable home and support to sustain it has been proven to enable vulnerable people to:

- reduce homelessness
- achieve better educational outcomes
- reduce rates of teenage pregnancy
- improve mental health
- reduce rates of offending behaviour

These services are preventative at their heart and assist people to regain their independence and become active contributors to society. In doing so, they avoid significant costs to statutory health and social care services, associated with greater dependency.

Key achievements since 2008

The record of the Oxfordshire Supporting People partnership to date has been a good one.

- The partnership has re-commissioned all of its original services, apart from a small group of services for people with physical disabilities, in what has proved to be an ambitious and demanding programme of work for everyone involved.
- We have done so in close consultation with service users, carers, service providers and a wider range of stakeholders, ensuring that their voice has been heard and informed the shape of future services.
- We have made sure that service users have been involved at all stages of each procurement project we have carried out over the last four years.
- The partnership has worked remarkably well to cope with big cuts in central government funding for housing related support services in Oxfordshire and has found savings while in most cases retaining and even improving services.
- We have commissioned new innovative services in key areas of the programme and in doing so put Oxfordshire on the national map, in terms of being recognised for our innovation, joint working and ability to manage our resources well.

Financial context

The financial and governance arrangements for commissioning Oxfordshire's housing related support services have changed significantly during the last three years, as was expected when we produced the 2008-11 strategy.

The money which Oxfordshire received from central government to pay for local housing related support services has transferred from central government to the Public Services Board, which could be described as the Executive of the Oxfordshire Partnership, and then most recently to Oxfordshire County Council as part of its general funding.

This funding also moved from being ring fenced for a specific named programme (i.e. Supporting People) to being first un-ring fenced and then ultimately not linked to a specific programme.

Comprehensive spending review announced that national allocation for the programme would be relatively protected for the next four years (2011-15). This is good news for the programme, the people and communities it supports, and the provider sector.

At local level the change in funding allocation described above means that some local authorities are getting more funding, whilst others are getting less.

The latter is the case in Oxfordshire, with central government formula giving the county a budget of £9 million, which represents a 44% cut from £16 million.

Under the previous government we have been planning for a reduction of 5% per year, which is a 20% cut over four years. New government's settlement was £4 million short of this allocation.

Oxfordshire County Council has decided to pick up the shortfall and set the destination budget at £13 million in 2014-15. This keeps the reduction to the planned level and allows the programme to proceed with implementing its commissioning priorities.

It is a testament to the programme's strong status and track record to date that Oxfordshire plans to retain its investment into the programme over the next four years.

Key challenges

The financial context and fast-shifting policy environment present significant challenge for us all. Nationally it is predicted that the economic downturn, planned changes to housing benefit and the homelessness duty would affect socially excluded people the most and may lead to growing local demand for housing related support².

Key challenges for the programme locally are:

- We need to meet priority need in the context of increasing demand and less money
- We need to continue to commission housing related support together with other and often new partners, while not losing focus on its key purpose
- We need to deliver effective early intervention and prevention measures that make most impact

- We need to bring services closer to service users and local communities they live in
- We need to shift focus to delivering sustainable outcomes which would help vulnerable people to become more independent and self-resilient

What is this document about?

In the last strategy we set out our plans for the programme for 2008-11: what we planned to do, when we planned to do it and how we will show we were delivering our plans.

In this document and the accompanying reference documents we report back on how well we have done against these objectives.

We are also discussing key issues and challenges facing the programme in 2011-12 onwards and how we plan to address these challenges to make sure that the programme's contribution is sustained in the future.

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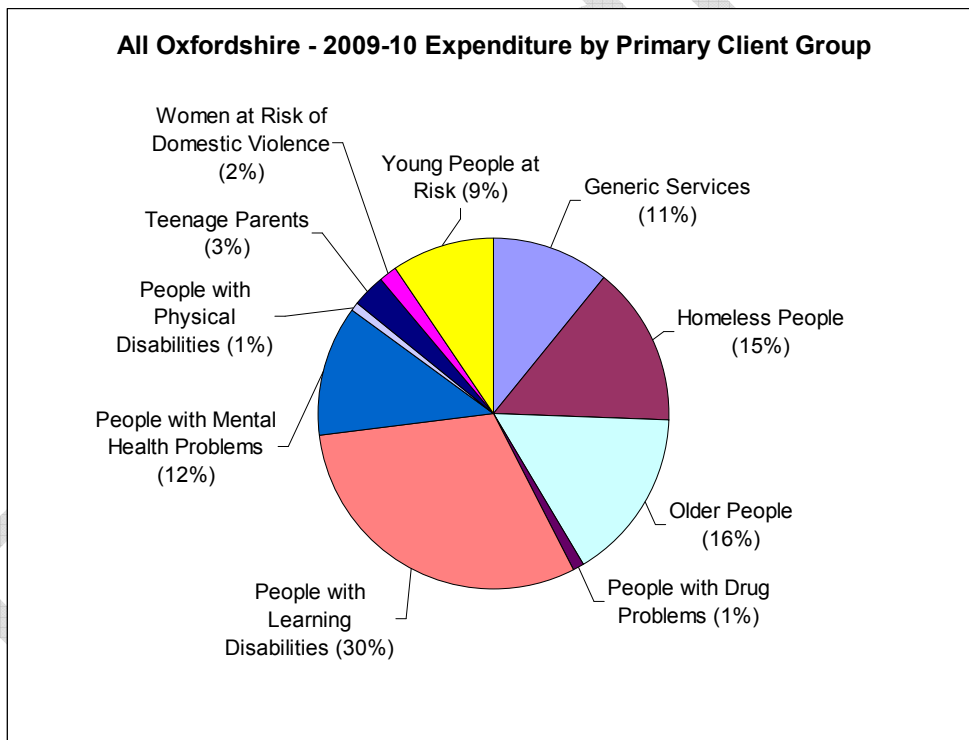
2. Oxfordshire context

In this section we present key facts and figures about the programme’s achievements in 2008-11. Further information is contained in a separate document titled ‘Oxfordshire Supporting People - Programme delivery report 2008-11’, which accompanies this strategy.

2.1. Key facts and figures

How we spend Supporting People funding

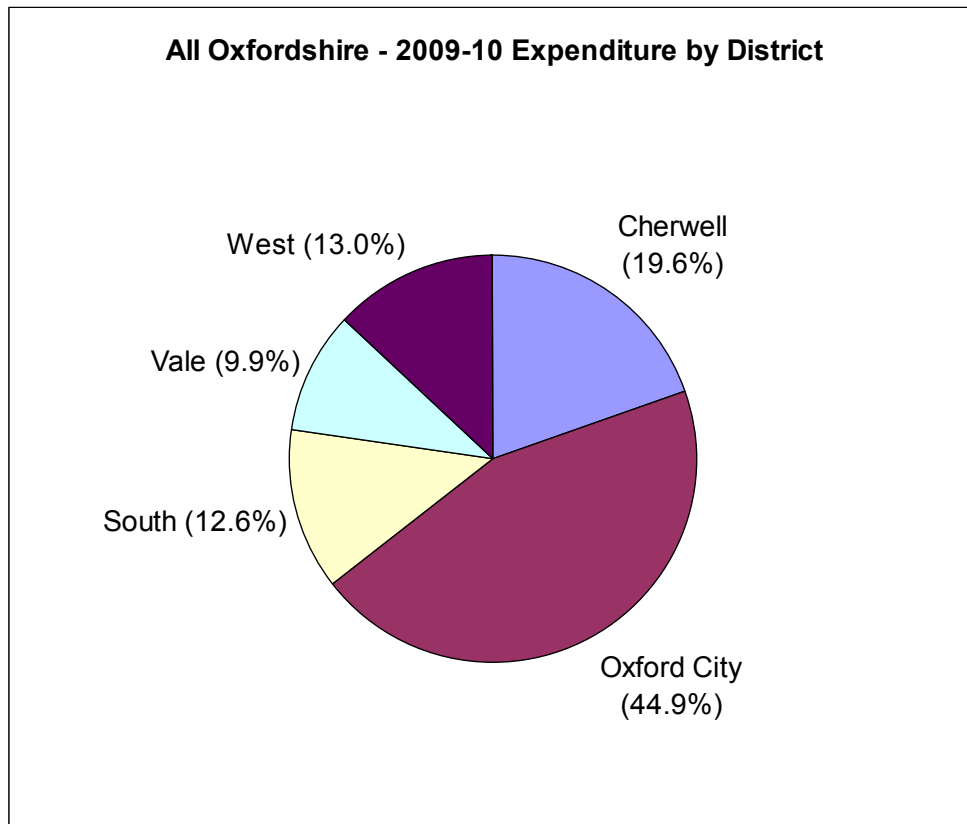
- In 2009-10 the programme’s expenditure reached £17.6 million.
- The programme supported over 11,400 people; with the majority of service users being older people.
- The biggest proportion of expenditure is on people with learning disabilities followed by older people and homeless people.
- Compared to similar areas Oxfordshire has a higher proportion of spend on people with learning disabilities and teenage parents. Oxfordshire has a lower proportion of spend on older people and women at risk of domestic violence.



- By geographical area, Oxford City continues to have the largest proportion of Supporting People spend followed by Cherwell, West Oxfordshire, South Oxfordshire and Vale of White Horse district.
- Compared to other districts:
 - Cherwell has a higher proportion of spend on teenage parents, women at risk of domestic violence and people with physical disabilities
 - Oxford has a higher proportion of spend on homeless people, people with mental health problems and people with drug problems

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- South has a higher proportion of spend on people with learning disabilities
- Vale has a higher proportion spent on older people.



Achievements in key performance areas

Performance in 2009-10

Performance of Supporting People funded services is measured against the following two key national targets:

National Indicator 141 which measures the number of people moving on in a planned way from short term services. In 2009-10 our Local Area Agreement target was to reach 60%. We have surpassed this target by achieving 66.5%.

To achieve this target we worked together with service users, providers and partners to improve the number of planned moves from Oxford based services for single homeless people, who make up the largest group of people considered under this indicator. We are pleased with this joint achievement.

We also remain confident that local services have great potential to improve their performance even further in this area, especially if we are to join other better performing areas of the country.

National Indicator 142 which measures the number of service users who are supported to establish and maintain independent living. This indicator measures performance of long term and floating support services. In 2009-10 our target was to reach 98.9%, which we have done. There is little variation in performance in this area

nationally, which raises questions about whether this is the most robust performance measure to use in the future.

Outcomes for service users in 2007-10

We collect data about individuals who are supported by the programme at the point they enter support services (i.e. client records data) and when they leave these services (i.e. outcomes data). This data is now available over the last three years.

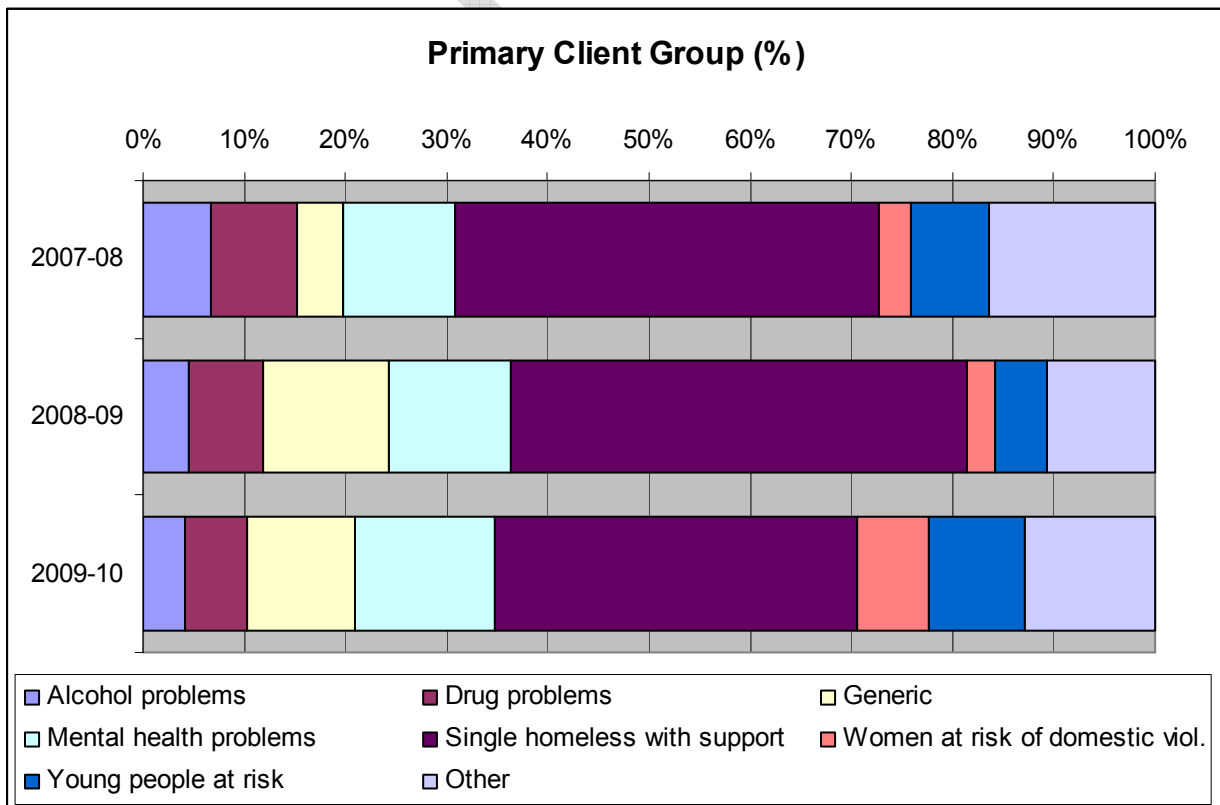
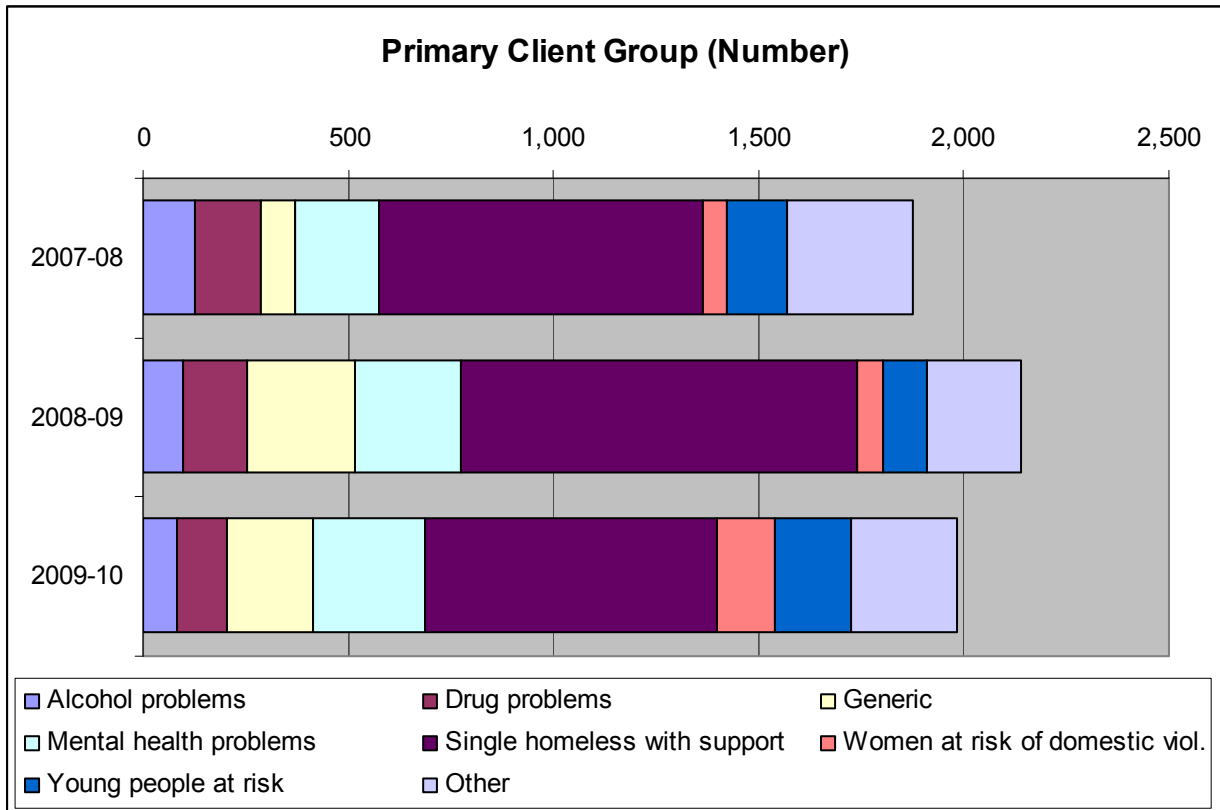
Client record data shows that support services work with a high proportion of males, although the proportion of females has increased over the last three years, a high proportion of single homeless people and a high proportion of people from Oxford City district. This data is presented in the tables below:

Table 1: The proportion of females / males using Supporting People services in 2007-10

Gender %	2007-08	2008-09	2009-10
Female	33.1%	33.9%	41.8%
Male	66.9%	66.1%	58.2%
Total	100.0%	100.0%	100.0%

The main client groups are single homeless, mental health and generic. Oxfordshire trends in this area of the programme are similar to those reported nationally.³ The number of people within the mental health and women at risk of domestic violence primary client groups have increased over the last 3 years.

Tables 2 and 3: The number of people using Supporting People services by primary client group (number and proportion)



Outcomes data shows that for people using support services provided on a short term basis (i.e. for less than two years) across all areas in which outcomes are measured the need was met in two out of every three cases.

Table 4 data shows that over three years the five highest needs met are income welfare (2,307), confidence (2,208), contact with external services (1,864), maintain accommodation (1,704) and mental health (1,352). Oxfordshire trends on the top two types of need are similar to those reported nationally.⁴

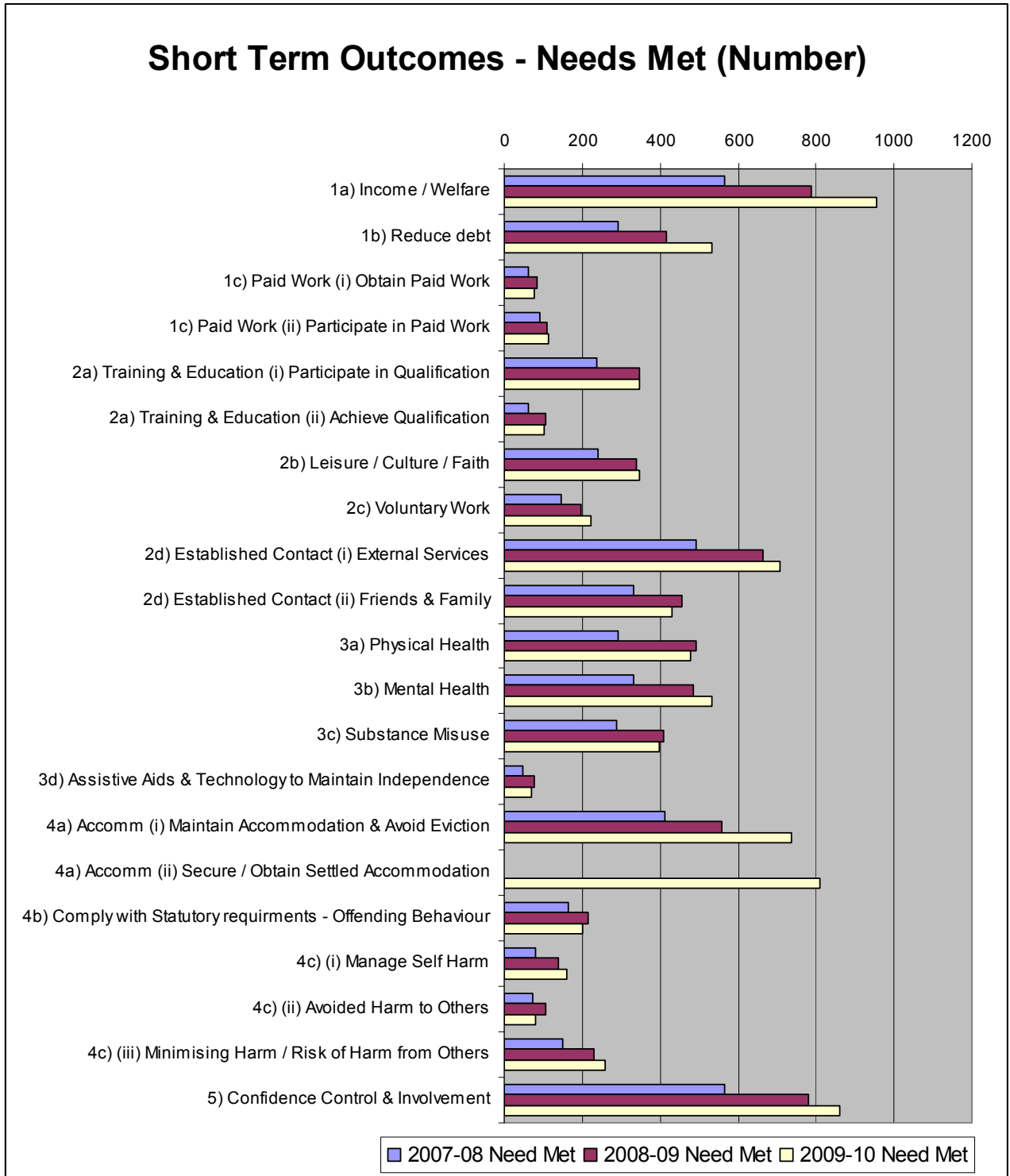
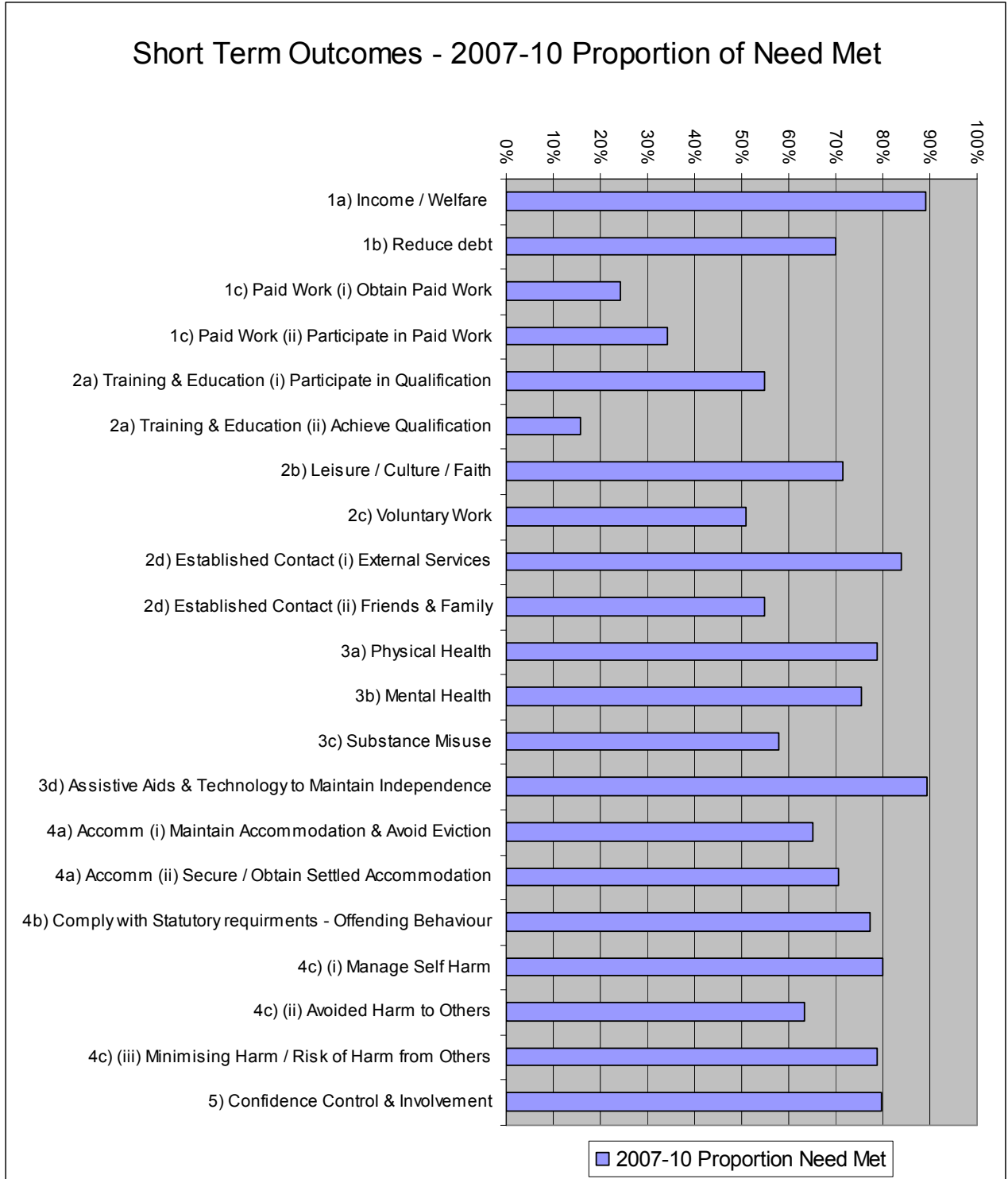


Table 5 data shows that the three areas with the highest proportion of short term needs met are assistive aids (89.3%), income welfare (89.1%) and contact with external services (83.9%).



For people using long term support (i.e. for more than two years) across all areas in which outcomes are measured the need was met in six out of every seven cases.

Table 6 data shows that over three years the five highest needs met are maintain accommodation (743), income welfare (689), physical health (665), contact with external services (544) and contact with friends and family (532).

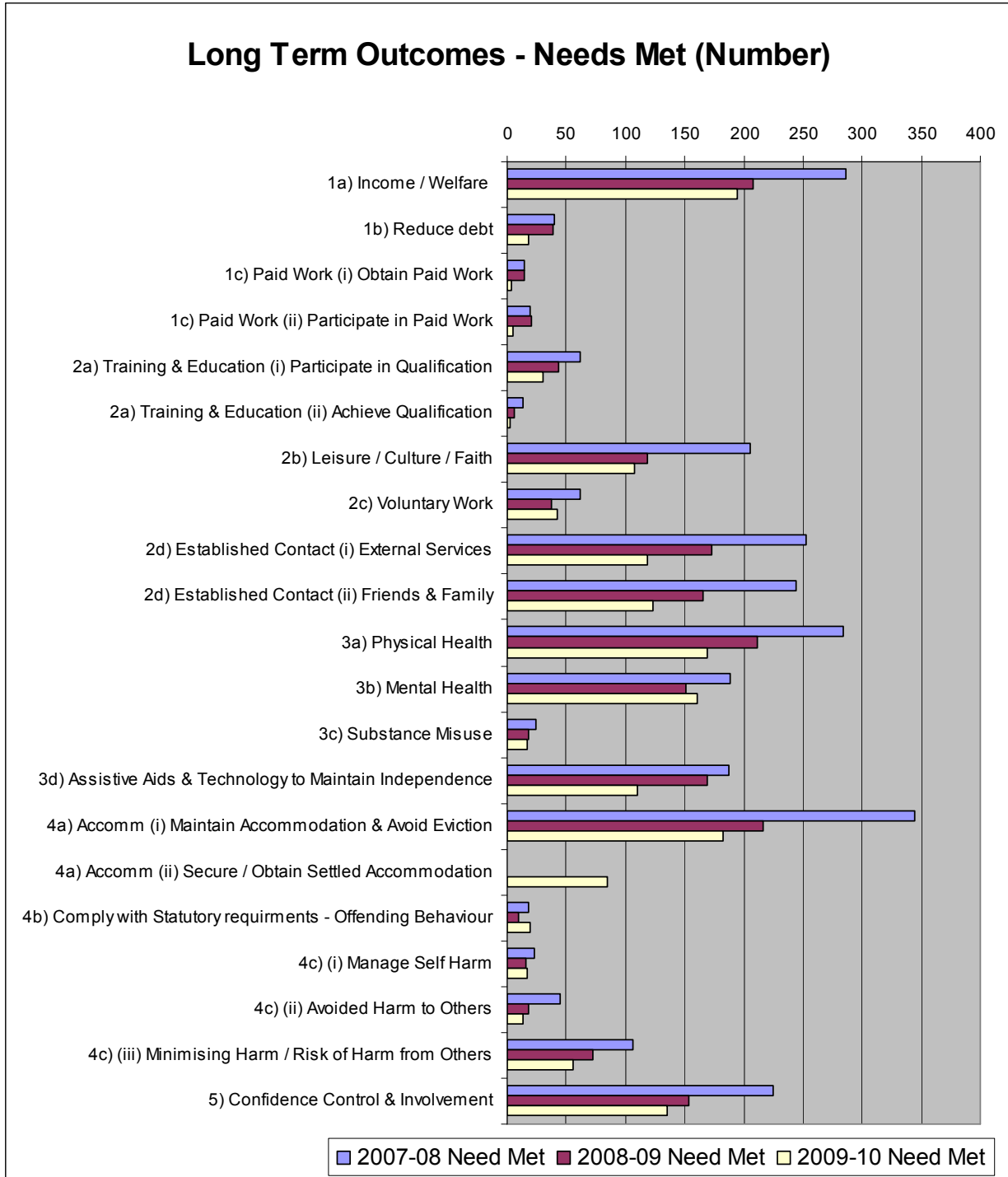
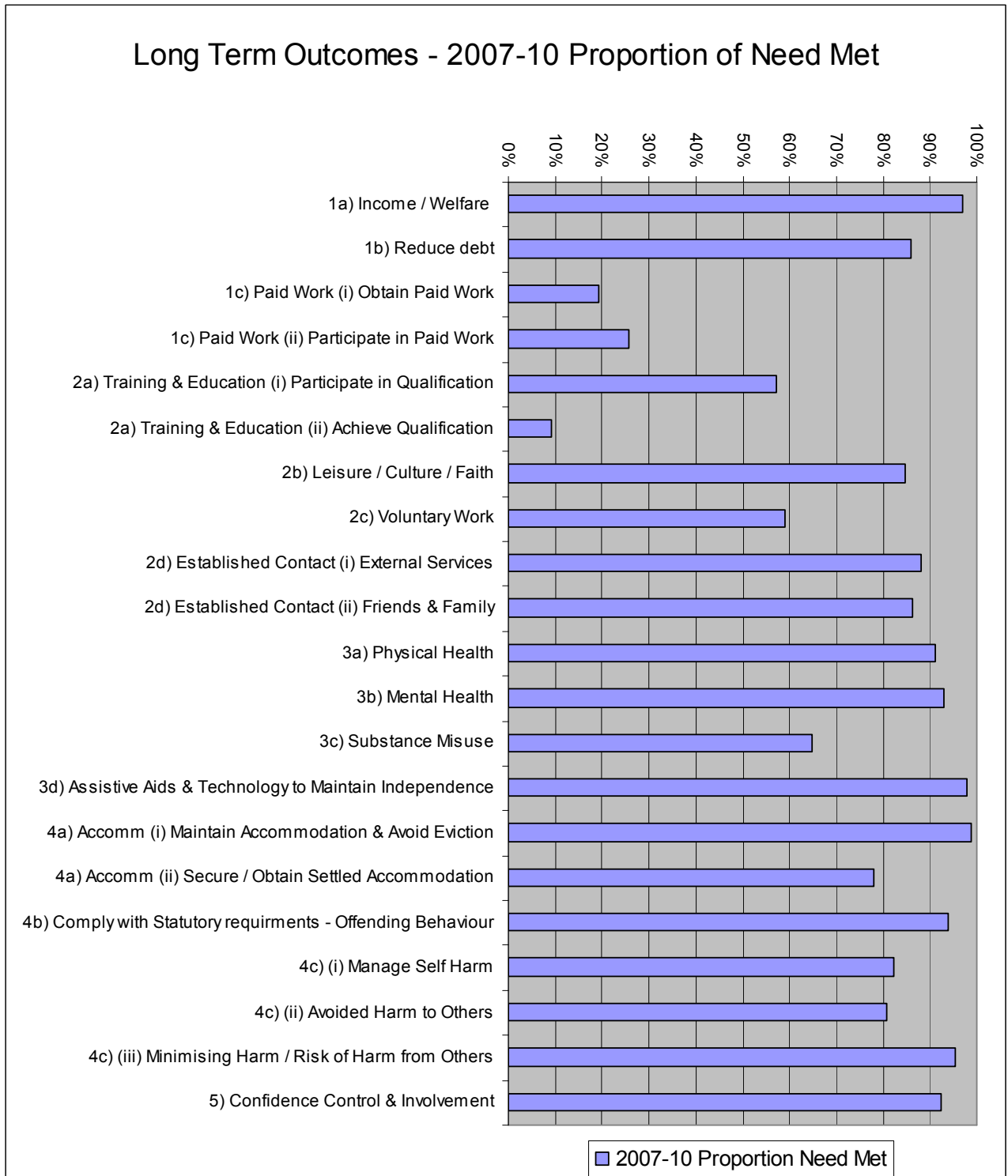


Table 7 data shows that the three areas with the highest proportion of long term needs met for 2007-10 are maintain accommodation (98.7%), assistive aids (97.9%) and income welfare (97.0%).



2.2. Progress with delivering strategic objectives

In delivering our vision, values and strategic objectives we have fully met most of the following main objectives of the Supporting People programme in Oxfordshire in 2008-11.

Joint commissioning and value for money

We have commissioned new services across all areas of the programme, apart from a small set of services for people with physical disabilities⁵. We have done so well and on time in most cases.

We have created and utilised exciting new opportunities to commission services together with other partners in order to deliver joint objectives and maximise use of limited resources. In doing so we are leading the sector in bringing together housing and support with health and social care objectives.

Overall seventy percent of Supporting People funding in Oxfordshire is spent on services we have commissioned jointly and in an integrated way with other agencies⁶. Benchmarking information for the sector indicates that this represents a significantly larger proportion of spend than in other areas of the country⁷.

Our strategic approach to joint commissioning not only brought additional resources to the table but also provided better opportunities to increase our collective buying power and secure better value for money through procurement. This approach has been fundamental to our ability to manage the reducing budget without having to reduce front line services on a large scale. We were also able to attract innovative and forward looking bids from a range of local and national organisations services and commissioned better quality services for local people.

We have also improved value for money by working with providers to improve the performance of local services and by encouraging them to continuously look at new ways of delivering better outcomes for service users. This is illustrated by a number of key services achieving higher, level A and B ratings under the Quality Assessment Framework (i.e. floating support services) or achieving significant improvements in their performance against priority targets (i.e. services for homeless people).

Our work on joint commissioning to date is illustrated further in the *Programme delivery report: section 2) Learning disability, section 3) Older people, section 6) Mental health, and section 7) Young people and teenage parents.*

Meeting priority need and delivering positive outcomes

We have strengthened our focus on commissioning services based on clearly evidenced support need for all vulnerable people living in Oxfordshire's diverse communities. We have done so by involving service users, carers and a wide range of partners in bringing together their knowledge and expertise in identifying unmet and priority need before deciding which services to commission.

For example, in 2008-09 together with local housing authorities we have identified the need to increase our investment in outreach support for men and women at risk of domestic abuse in Cherwell and West Oxfordshire and have done so by commissioning a new service aimed at this population group⁸.

Oxfordshire new housing and support pathway for young people and teenage parents is another example of our improved ability to commission services for people with the highest need.

We have also worked on improving the targeting of all support services to ensure funded services are delivered to people who have identified needs for those services. For example, we have identified the need for older people living across all types of tenure to have access to telecare equipment to enable them to remain independent in the community. We designed and commissioned a new preventative service that combined telecare with low level support and last resort personal care in an emergency, which is now being equally taken up by older people living in a variety of accommodation, such as privately owned or rented dwellings, and a caravan park.

Overall we have taken further steps to refocus existing accommodation based services to either cater for those with high support needs who require long term support to live independently, as in the case of supported living schemes for people with learning disability. Or to provide short term rehabilitative support to enable people to move into accommodation in the normal housing stock, as in the case of young people, single homeless people or those being supported by floating support.

When new services are in place, we monitor how accessible they are to people they have been designed for by analysing profile of people using these services. This work is further illustrated in client group sections and the annual report that accompanies this strategy.

Over the last two years we have started to shift our focus on measuring outcomes delivered for service users. We have identified outcomes most relevant to users of each service and have analysed this information for the last three years to see how well local services were performing.

This information is considered in more detail in the *Programme delivery report, sections 2-12*.

Choice

We have enabled a larger number of vulnerable people to access appropriate support services that focus on enabling them to achieve their individual goals.

For example, before designing the new preventative service for older people we have extensively consulted with current and future users of the service. We have listened to their views, which indicated that some people would prefer to remain with their existing provider of support and not transfer to the new service. We have also discussed these issues with providers to make sure that they were able to meet this request.

As the result, during 2010-11 we have set up direct payments for more than 800 older people that have chosen to remain with their provider of choice and have supported them throughout the implementation of these changes. For comparison prior to 2010 we operated direct payments for less than 100 people, mainly to older people receiving a community alarm service or living in leasehold accommodation.

In doing so we have enabled people to have choice about the way their housing related support needs are met and to receive and use Supporting People funding for themselves to meet their assessed needs.

Easy access and diversity

We have taken specific steps to enable a larger number of service users and agencies who refer them to say that support services are easy to access. We have done so by continuing to publish at regular intervals up to date information about the services we provide and by linking this information to other sources of information and advice used by local people⁹.

We have prioritised this work despite of diminishing administrative resources, because we recognise that a programme of re-commissioning implies significant change and it is crucial that people have clear information about services on offer at any point in time.

We have also worked with providers of mental health services in Oxfordshire to establish a common referral form. This made it easier for service users and their carers to contact support services on offer and for providers to offer appropriate support more speedily and without unnecessary bureaucracy.

We believe that housing related support should be available to all who need it, regardless of gender, disability or race, while recognising that the Supporting People programme does not fund services for children under the age of 16.

In order to make sure that local services are accessible to a diverse range of people we worked with providers to promote good practice in making services available and effective for all. We have looked at whether this work made any difference by analysing local and national performance trends across key characteristics of service users such as gender, ethnic origin, religion, disability and economic status.

This information tells us the following about people accessing the Supporting People services:

- The majority are male, but the proportion of females is increasing¹⁰
- The majority are White British, but the proportion of BME cases (Asian / Black / Mixed / Other) is increasing.¹¹
- In those cases where people have told us about their religious beliefs, the majority are Christian followed by Muslim¹²
- In those cases where people have told us about their disability, the most common recorded disabilities are “mental” followed by “mobility” and “learning”¹³
- The majority have described themselves as falling into one of the following three economic groups “long-term sick”, “job seeker” and “not seeking work”. These account for just over two thirds of Supporting People client cases over the last 3 years¹⁴

We use this information when we review our services and decide what future services may look like. We plan to make further use of this valuable information in our work on the programme in 2011-12.

Service user involvement

We have enabled service users and carers to have more say about what services we commission and how they are delivered from start to finish.

Starting with the first ever Supporting People tender of floating support services we completed in 2007, service users have been involved in each procurement exercise we have done. They have told us about how current services can be improved, helped us to design new services and select new providers. More recently, for example in the mental health commissioning project, we have improved the way we engage with carers and have plans for taking this work further forward.

We have also created and supported a Supporting People service user group, representatives of which take part in decision making about the programme and have begun to help us to assess the quality of services we provide.

Finally, we have been involved in the development of the Up2Us – an innovative project described in more detail in the *Programme delivery report, section 13) Service user involvement*.

Most of these objectives cut across all sections of the programme and our achievements are illustrated in more detail in the *Programme delivery report, sections 2-12*.

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3. The strategy for 2011-16

3.1. Vision and values

The vision statement for the Supporting People programme in Oxfordshire is:

“Working together to enable people of Oxfordshire to:

- access and sustain a stable home of their choice
- live independent and healthy lives
- make an active contribution to society”.

The following values underpin the Supporting People programme in Oxfordshire:

- **Prevention:** We will commission services that have prevention at their heart and enable an individual’s capacity to live independently in the community and sustain his/her capacity to do so. By intervening early services will aim to enable people not to become in need of statutory provision for as long as is possible in their circumstances.
- **Personalised outcomes:** We will commission services that have strong focus on delivering positive outcomes for people who receive them. We will find out which aspects of their lives are important to people, what goals and aspirations they have and support them in reaching these personal goals.
- **Service Users’ participation:** We will put service users at the centre of the programme by creating opportunities for their meaningful involvement in deciding what support services they receive now and in the future and how they are delivered. We will listen to service user’s views and make their opinions matter by considering their suggestions, addressing concerns and communicating to them the actions we take.
- **Diversity:** We will enhance diversity and social inclusion in local communities and support community wellbeing by commissioning services which address the needs of socially excluded groups whose needs are not met, or not adequately met, by current support provision and which apply principles of equal opportunities.
- **Best value:** We will work together with service users, carers, communities and other local agencies to make best use of resources available to us all for the benefit of people we aim to support.

3.2. Strategic objectives

This section sets out the main strategic objectives of the Supporting People programme in Oxfordshire for the period 2011-2016 in order of priority.

1. Commission services that make best use of resources and funding available across the key partner agencies to deliver better outcomes for service users and carers.
2. Work in partnership with service users to engage them in developing self reliance, respect and social connection.
3. Enable service users and carers to have more say about what services we commission and how they are delivered from start to finish.
4. Create and promote opportunities for self directed support.
5. Commission services that offer people a range of different support options and are able to adapt to changes in future requirements.
6. Invite and support innovation and best practice in service delivery.

3.3. Main task for 2011-12

As a commissioning programme, we have two main methods of achieving improvement:

- We can create specifications for new and improved services, and select organisations to provide them – usually by competitive tender
- We can use contract monitoring and management processes to ensure that service providers deliver services of the highest possible quality.

Although after eight years of delivering the programme this largely remains to be the case, we believe the time is right to fundamentally reconsider our approach and redesign the programme to ensure its positive contribution is sustained in the future.

Our main task for 2011-12 is to review all strategic commitments of the programme and agree future pattern of investment and delivery, taking into account fast-shifting policy environment, evidence of unmet priority need and emerging examples of best practice in joint commissioning, self directed support and localism.

We decided to move away from defining commitments by a single type of vulnerability and re-grouped the programme's commitments into two clusters:

- Cluster 1 – This group contains services for people who are more likely to be in contact with statutory health and social care services and have a range of services available to them depending on their level of need. For this group the programme provides support located on the preventative end of the care and support pathway.

- Cluster 2 – This group contains services for people who are usually referred to as ‘socially excluded and disadvantaged groups’ and who are less likely to be in contact with statutory health and social care services. For this group the programme is often the key, if not sole, provider of support.

This review would focus on three key parameters

- Locality based needs
- Lead commissioning agency role
- Centrally controlled commissioning function

and maximize new opportunities for working together on identifying local solutions and giving service users and commissioners greater control over local funding, while retaining benefits of having central strategic oversight of the programme.

4. Delivery plan for 2011-12

4.1 Financial strategy

In writing this strategy, we know what the programme’s funding for the future would be. Oxfordshire County Council has said it is likely to allocate the following amounts to purchase housing related support services:

2011-12	£15,359,116
2012-13	£14,591,160
2013-14	£13,715,690
2014-15	£12,892,749

This represents a 5% per year reduction in investment compared with the 2010-11 figure of £16,167,490.

This means that Oxfordshire’s Supporting People funding will reduce to £12,892,749 in 2014-15. This is almost forty percent less than what Oxfordshire received from government when the programme started in 2003-04 or a reduction of £8.2 million.

Managing financial risks

On the whole the administering authority managed risks associated with this challenging financial situation effectively on the Commissioning Body’s behalf.

Oxfordshire ended almost every year with a surplus which the government permitted Oxfordshire to carry forward except for 2005-06 where we overspent our Supporting People Grant by prior agreement by almost £0.5m as part of handling the first impact of the Supporting People Distribution Formula.

2010-11 is the first time we approach the end of the financial year with a balanced budget and no surplus to carry forward. This means that our approach to managing financial risks should change.

Supporting People contracts are typically issued by the administering authority for three years with an option to extend for a further two years – in effect, five year contracts, as recommended by the government.

This means each time we take a decision to commission services for a group of people after 2010-11, whether through formal contracts or other methods, we need to be commissioning the services we can afford for those people when our funding reaches its final level of £12.9m.

Managing the budget in 2011-12

The partnership adopted a two-pronged approach to managing these financial pressures:

- First, by setting specific saving targets for all commitments that have been subject to a strategic review in 2010-11 – This measure would produce planned savings in the short-term, while retaining strong links to the strategic relevance of these commitments.
- Second, by re-prioritising all programme commitments to align their strategic priority with available funding – This measure would produce planned savings in the medium to long term and would give the partnership time required to complete this complex exercise with due diligence.

As we approach 2011-12 the programme's commitments set out in existing contracts exceed the agreed allocation by about £300,000 or fewer than 2% of the budget. This figure already takes into account planned reductions to commitments for services for people with learning disabilities, generic floating support and mental health services.

It is therefore necessary to ensure further reductions or efficiencies approaching this amount were delivered in 2011-12.

The Commissioning Body set the 2011-12 budget for the programme within the following parameters:

- An additional efficiency saving target of 2% has been allocated across all commitments, as a starting point in order to balance the budget. Relevant negotiations with all providers have started in April and would pursue identification and delivery of genuine efficiencies, i.e. measures that do not result in reduction in service quality or volume.
- Subject to sufficient progress made across the programme, the partnership would look favourably at those commitments where a significant target has already been set.
- It is recognised that in some cases it may prove impossible to implement genuine efficiency savings. For example, direct payments for older people offer little room for manoeuvre due to the nature of these arrangements. Therefore different measures could be considered to achieve better value for money from these arrangements - i.e. revision of benchmarks on unit price or volume.

- It is also recognised that in some cases this work may produce a saving above the set target. If this were to be the case, it is proposed that the saving is realised in full and the remaining savings for the rest of the programme are adjusted proportionately within priority criteria to be set by the commissioners.

4.2 Making this happen – Work plan: 2011-12

In this section we list only the biggest tasks facing the programme in 2011-12:

- Conduct strategic review of the programme and agree future pattern of investment and delivery for 2012-16
- Make improvements to generic floating support services and deliver required financial savings
- Ensure smooth transition to new mental health services and deliver improved outcomes across new pathway of services
- Improve focus on personalisation, customer service and service user engagement
- Deliver our financial strategy for 2011-12

Outcomes of the strategic review mentioned above will inform our work plan and financial strategy for 2012-16, which will be produced and published at a future date.

This strategy will be reviewed annually.

5. References

- ¹ Oxfordshire 2030, A partnership plan for improving quality of life in Oxfordshire, June 2008, page 13.
- ² Supporting People Services 4Facts 4Questions, ADASS 2011
- ³ 'Supporting People Client Records & Outcomes - Annual Report 2009-10', Centre for Housing Research, University of St Andrews, page 7.
- ⁴ 'Supporting People Client Records & Outcomes - Annual Report 2009-10', Centre for Housing Research, University of St Andrews, page 8.
- ⁵ This work has started and would be completed in 2011-12.
- ⁶ Oxfordshire Supporting People programme projected spend for 2011-12.
- ⁷ SITRA survey of local authorities conducted in 2010.
- ⁸ Needs analysis exercise undertaken by Supporting People in 2008.
- ⁹ Oxfordshire Mind on line directory of services
- ¹⁰ Supporting People New Client Record Form data available quarterly and annually, 2007-08 to 2009-10 – Gender data, the proportion of females has increased from 33% in 2007-08 to 42% in 2009-10.
- ¹¹ Supporting People Long Term and Short Term Outcomes Form data available quarterly and annually, 2007-08 to 2009-10 – Ethnic data, White British cases account for 85.8% of the cases over 3 years. The proportion of BME cases has increased from 9.5% to 9.7% to 10.2%. The largest BME groups over the 3 years are Black/Black British: Caribbean (1.9%), Mixed: White & Black Caribbean (1.7%), Asian/Asian British: Indian (0.7%) and Asian/Asian British: Pakistani (0.7%).
- ¹² Supporting People Long Term and Short Term Outcomes Form data available quarterly and annually, 2007-08 to 2009-10 – Religion data, there is a known religion for 30.4% of the outcome returns cases. The majority of known religion is Christian (89.3%) followed by Muslim (6.6%)
- ¹³ Supporting People New Client Record Form data available quarterly and annually, 2008-09 to 2009-10 – Disability data, Over the 2 years “mental” has 315 cases, “mobility” has 122 cases and “learning” has 70 cases. Others are “visual” with 29 cases and “hearing” with 20 cases.
- ¹⁴ Supporting People New Client Record Form data available quarterly and annually, 2008-09 to 2009-10 – Economic status data, The “long term sick” (28.6%), “job seeker” (27.1%) and “not seeking work” (21.1%) account for over two thirds of proportion of client record cases. Note – client record data mainly covers short term cases.