Oxfordshire Supporting People:

Programme Delivery Report 2008-2011

April 2011

Contents

1.   <u>Introduction</u>

This report accompanies the Oxfordshire Supporting People Strategy 2011-16 as the key supporting evidence document.

It sets out the Supporting People programme's achievements and performance in delivering individual strategies for specific groups of vulnerable people in 2008-11.

It also describes key priorities for delivery in 2011-12.

Most of supporting evidence used in this report is drawn from the "Oxfordshire Supporting People Annual Report 2009-10", which is available from the Oxfordshire Supporting People team on request.

2.   Key Fact

Key Fact
Housing related support has a critical role in giving people with learning disabilities independence, choice and control in line with the vision in Valuing People and Transforming Adult Social Care.

Key Statistic

By 2016 the number of adults with learning disabilities in Oxfordshire is expected to increase to 4,263[1] compared with 3,900 at the time of the last census in 2001. This figure is based on those people with mild and severe learning disabilities who are considered to be vulnerable and eligible to receive a support service.

Oxfordshire Context:

- Oxfordshire LD Pool Budget is £74.2m in 2010-11. It is made up of contributions from Adult Social Care, Health Care and Supporting People.

- The Supporting People contribution is £4.58m. This funds the housing related support element of supported living. Currently over 550 people are in receipt of housing related support at any one time

- Supported living opportunities are available across the county, in both urban and rural areas

- Supported living is tailored to meet people's needs and to help people lived independent and valued lives. People often live in shared houses, although there is a range of accommodation from one bed flats to larger houses of 4 or 5 people

- Care and support are available during the day, in the evenings and at night depending on individual's need and circumstances. These are assessed by care mangers and a person budget is derived from the level of need

- All block contracts with service providers are open to competition. Service users, family members and carers now have the ability to choose which provider they want. All providers are subject to quality and price control at the competition phase.

How did we get here?

- We have transferred the funding for Supporting People services to people with learning disabilities into the Learning Disability Pooled Budget
- In doing so we have created one commissioning framework covering people's health, social care and housing related support needs
- We have achieved a reduction in the amount paid to the LD Pooled Budget from £5.14m in 2008-09 to £4.58m in 2010-11
- At the same time we have increased the number of adults with learning disabilities supported to live at home, including those who have taken a Direct Payment or Personal Budget

- We have increased the availability and use of assistive technology to help keep people safe and to allow them to live at home more independently
- We have reduced administrative burden on service providers by making sure they have just one contract if they meet all the needs of service users, rather than separate contracts for different funding sources.

Impact

- We have made it easier for clients, carers and providers to access supported living services by pooling funding and managing services under one contract
- People are able to choose whether to use services commissioned for them by professionals or whether to buy services themselves using direct payments, self-directed support and similar arrangements.
- Referral routes into learning disability services are clear, well communicated, and give priority to those with the greatest need.
- Service users are fully and meaningfully involved in decisions. Consultation will be organised around people and their carers, not fragmented according to funding boundaries.

Key Measures of Success or Failure

- We have achieved very high performance with increasing number of people with learning disabilities supported to maintain independent living and wish to maintain this success – The NI 142 scores from 2007-08 onwards have all been above 99.5%[2]
- We have maintained a high level of performance with increasing number of people with learning disabilities in settled accommodation and are significantly ahead with regards to regional and national achievement. The Oxfordshire scores are 92.3% and 80.8%, the England scores are 64.5% and 61.0%[3]
- Although numbers of people with learning disabilities in employment has dipped slightly, our performance has been in line with regional performance indicators. The Oxfordshire scores are 10.8% and 9.6%, the England scores 6.8% and 6.4% (2008-09 to 2009-10)[4]

Key Issues[5]

- There is a significant pressure on the availability of suitable supported living available to those who need it
- Service users should be offered more control and be more involved in choosing how and by whom their support is provided
- There are an increasing number of older carers with adult children with a learning disability living at home
- There are an increasing number of older people with learning disabilities who have dementia and other health problems

Key Actions

Between April 20011 and March 2016 we will

- Make Supporting People funding for housing related support available to all people with learning disabilities in supported living.
- Continue to increase the number of people with learning disabilities helped by the programme to over 600, whilst managing a reducing budget

- Move more people onto Personal Budgets and continue to facilitate the choosing and purchasing of support services by the service users themselves
- Monitor the quality of services in order to provide the best quality possible within the budget available and to keep people safe

What service users, carers, agencies and stakeholders have told us about the services we fund:

Case Study 1

JB has long standing mental health needs and institutional behaviours as well as having learning disabilities.

He has significant experience of living in in-patient (hospital) services.

By choosing a support provider with the suitable skills and expertise a service was designed to meet JB's specific support needs.

The support provider chosen was Real Life Options who were new to working for Oxfordshire County Council.

The support to JB has now enabled him to live independently in settled accommodation for nearly three years without relapse and the need for specialist residential in-patient care.

Not only has this allowed JB to live a more fulfilled and valued life, it has also saved the Learning Disability Pooled Budget around £3000 per week or over £400k to date

We have also built up local expertise in providing this type of service which has allowed us to expand this service for up to 12 people. This has likewise brought about significant savings.

Case Study 2

RN was finding it difficult to find suitable accommodation that met his needs and that would allow him to live independently on his own.

Working with his support provider, The Ridgeway Partnership, we were able to identify a suitable area attached to a current service. This involved converting a space previously used as an office into an independent flat.

Working closely with the landlord and specialist architects, the support team helped to design an apartment which contained a range of assistive technology.

The technology installed can monitor and alert the support team. They can respond to alerts triggered by, for example extreme heat, smoke, epileptic seizure etc. They can also monitor and respond to unusual activity around the front door. RN is also able to summon support when needed.

This remote and un-intrusive support allows RN to live independently and enjoy time alone in his flat. The staff team have confidence that all is well and that they can intervene if required rather than have to continually visit to assess RN's wellbeing.

It is unlikely that RN would have tolerated sharing a property with another tenant or intense staff support in his flat. The Assistive Technology gives the balance of safety and independence.

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3. <u>Older People</u>

<u>Key Fact</u>
Low level preventative support combined with good quality housing conditions enables older people to sustain independence and continue to live at home.

<u>Key Statistic</u>
The Joint Strategic Needs Assessment predicts that there will be a large increase in the older population over the next few years particularly in the over 85's age group and especially in rural districts. It is estimated that in 2010 there will be nearly 15000 people aged over 85 and over 24000 by 2028[6].

<u>Oxfordshire Context:</u>
- In 2010-11 we spent £2.5 million on services for older people
- This funding is used to provide three types of service:
    - The Alert service that offers social alarm, telecare, planned support and 24/7 emergency response
    - Home Improvement Agency services that provide minor and major adaptations to people's homes, handy person services, and offer advice on health and safety and benefits
    - Direct Payments to older people living in sheltered housing schemes to assist them with paying for social alarm and low level support provided by their landlord
- These preventative services are commissioned together by Adult Social Care, Supporting People and local housing authorities and are key to our commitment to enabling older people to sustain independence and live at home for as long as possible
- The number of people supported at any one time is 9000
- The first two of these services are available to people living in all types of tenure; support to tenants of sheltered housing is linked to accommodation they are occupying
- All of these services are now available across all parts of the county

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<u>How Did We Get Here?</u>

Between April 2008 and March 2011 we have
- Properly consulted older people about the way services are being delivered
- Designed, advertised and implemented new round-the-clock housing related support services for older people throughout Oxfordshire starting in April 2010
- Offered and administered direct payments to 800 people to enable them to continue to receive support services from their preferred provider
- Supported the delivery of the Oxfordshire Extra Care Housing Strategy, increasing the number of extra care sheltered housing services we fund from the previous level of just one to two
- Reviewed all Home Improvement Agency services and agreed to extend current arrangements for another two years

Impact

- Housing related support and telecare services are now available to older people who require support to live independently - regardless of the accommodation they are occupying.
- Timely and effective support is now available at any time of day or night when it is needed. This includes regular planned contact with support staff and quick response in emergencies.
- Referral routes into services are now better integrated with existing housing, social care and health referral routes and minimise the requirement for further assessments.
- Combined these services offer innovative and flexible solutions to meeting priority need such as ensuring safe and timely discharge from hospital and ongoing support for carers.

Key Measures of Success or Failure

- The proportion of older people supported to maintain independent living continues to be high - the scores from 2007-08 onwards have all been above 99.2%[7]
- There has been a decrease in the number of black and ethnic minority older people receiving financial help from Supporting People with their support charges from August 2008 to September 2009[8]
- We are not yet able to assess in a systematic way whether these services contribute to reduced numbers of non-emergency calls to ambulance service about older people. We are planning to consider this issue in 2011-12.

Key Issues

- Demand for low level support and telecare services is increasing across the county. We therefore need to find ways to meet priority need within available resources.
- Existing direct payment arrangements need to be reviewed to ensure that they are aligned to best practice frameworks.
- We need to seek solutions to funding the element of housing related support in extra care housing without having to take money away from existing services.

Key Actions

Between April 2011 and March 2012 we will

- Evaluate the performance of new services to ensure they deliver the expected outcomes for older people
- Support the delivery of prevention and early intervention services by continuing to fund direct payments and extra-care housing services
- Agree our medium to longer term contribution to older people services

What service users, carers, agencies and stakeholders have told us about the services we fund:

How the alarm and support have changed people's lives

Mr P was discharged from hospital with a terminal illness. Due to his domestic home arrangements he was living in a converted garage. It was not possible to fit a BT landline. In order for the discharge Mr P's alarm was set up using mobile technology and he used the service successfully until his death.

Mrs C aged 92 lived in a small village with good family support. She wanted to remain independent. She had an alarm, falls detector, and door exit sensor fitted to which she is happy for her family to respond.

Mrs A lived a distance from her family although they visit regularly. She moved from a lower level of the service to a more intensive level and now receives planned support visits. This has enabled her to remain independent, have her health and well being monitored on a regular basis and provide relief to her family. She was also sign posted on for a benefit check.

"At the age of 90 I don't exactly have 'goals' except to keep as well as possible – and to remain reasonably sociable. The support I have helps me with hospital visits etc and I am really grateful for it – particularly as I have no living relatives."

Impact made by Home Improvement Agency services

"I am very grateful to have the lift as I am no longer "marooned" upstairs for a good part of the day!"

A is an 85 year old with a long term chronic health condition and a history of non-engagement with services and of personal neglect. She was referred by her case manager to the Home Improvement Agency in West Oxfordshire as she was living in squalid conditions which meant that support staff were unable to assist her with such tasks as cooking and cleaning. The agency installed a new kitchen and following this support staff were able to provide the help which **A** required. Without this intervention the view of the case manager is that **A** would almost certainly have had to enter permanent residential care.

Response sent out to you as appropriate

You press the button

or the sensor raises an alert

The monitoring centre answers your call and speaks to you through the Lifeline

Lifeline unit is activated and via the telephone line alerts the monitoring centre

4.   Homeless People

Key Fact
Homeless Link states[9] that a bed alone will not solve homelessness, but access to stimulating activity can give the most chronically excluded service user a reason to get out of bed. Structured programmes of activity help service users to develop confidence, raise their expectations, and gain skills for life and work.

Key Statistic
The average rough sleeping street count figure in Oxford from 2008-11 is 11 however figures vary during the period from a low of 5 to the highest count of 22[10].

Oxfordshire Context:

- In 2010-11 we spent £2.5 million on services for homeless people
- The number of people supported at any one time is under 350
- Services provide support linked to specific accommodation and are based mainly in Oxford
- Vale of White Horse and West Oxfordshire have one service each, while Cherwell and South Oxfordshire have no services of this type
- In Oxford we are commissioning a pathway for homeless people, together with Oxford City Council
- The pathway provides a structured range of services from direct access night shelter and day service to a choice of hostels depending on support needs followed by second stage accommodation with support to move onto independent living
- In other parts of the county we build support for homeless people around different types of accommodation they are living in. This often takes the form of floating support that can be delivered in service users' homes or on a drop-in basis, for example at a local community centre

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How Did We Get Here?

- We have completed a tender exercise for new accommodation based services for homeless people in Oxford City using the pathway for homeless services established with stakeholders. The services started in 2009-10.
- In late 2010 we made use of a new build property in Littlemore, Oxford, for part of a second stage move on service with affordable rent for homeless people who are ready to start work.
- We have designed, advertised and implemented a new hybrid service in West Oxfordshire for single homeless people and young people. This service started in October 2010.
- We have regularly monitored and audited the performance of the new services and there has been a large improvement in the number of homeless people achieving independent living.

Impact

- The pathway has enabled more service users to move through services in a planned way, building skills which lead to living independently
- Access to services has been improved with a system of assessment and prioritisation
- The addition of a new build property with affordable rent to a second stage service is an extra incentive to service users completing their pathway and gaining employment whilst still engaging with support

Key Measures of Success or Failure

- The major success over the last 3 years has been the vast improvement in the proportion of homeless people achieving independent living, below 50% for 2007-08 and above 60% for 2009-10 and 2010-11[11]
- There has been an increased number of homeless people helped to manage their physical health over the last 3 years from 58 to 139 to 154 (2007-08 to 2009-10 data)[12]
- The number of people assessed as ready to move on is monitored through number of successful departures via audit work. The number here over the last 3 years has moved upwards from 454 (2007-08) to 484 (2009-10)[13]

Key Issues

- Despite increasing opportunities, many homeless people are not accessing employment, training or education[14]
- Oxfordshire still experiences rough sleeping and the government focus is to end this by 2012[15].
- 2010-11 has seen a sharp increase in the number of people sleeping rough from the A10 countries who do not have recourse to public funds and therefore cannot be supported by the programme[16]
- A national driver around mental health and the needs of homeless people is the need to meet the psychological and emotional needs of homeless people, particularly where this derives from complex trauma in childhood[17].

Key Actions

Between April 2011 and March 2012 we will:

- Continue to work with providers to improve outcomes for service users particularly around tackling worklessness and increasing participation in positive activities such as education and training.
- Sustain the current level or continue to increase the number of homeless people achieving independent living.
- Work together with districts to help eliminate rough sleeping across Oxfordshire
- Continue to work with providers and service users to encourage client involvement in the wider community
- Build on close links with the new mental health services around complex trauma to provide advice and expertise

What service users, carers, agencies and stakeholders have told us about the services we fund:

Comments from service users from O'Hanlon House and Julian Housing:

"To tell you what Julian Housing has done for me I would need much more space than this. So, to put it as simply as possible, I feel that Julian Housing have given me my life back and a chance to maybe be happy again."

"I have never been to school in my life, and I thought I would never get a job, but I have at the post office and that's because the staff here helped me. But I still think they get us up too early, especially at weekends!"

"I gradually came to believe I could get back into work and started to apply to employers with new-found confidence. I got a job as a bricklayer and am about to leave O'Hanlon House. I never could have achieved it without the help I received from the resettlement team."

Case Study from Street Services Team

JMF is a 40 year old male with a history of homelessness and rough sleeping dating back over 25 years. JMF has a history of drug and alcohol abuse and has not settled anywhere for longer than a few months over the last 2 years. JMF is 19 months clean. In 2009 JMF was diagnosed with dystonia, a physical disability affecting the brain and the way it communicates messages to your muscles. This disability can be brought on by stress or drug use.

JMF came to the attention of homeless services in 2010 when seen sleeping rough by the Street Services Team. JMF engaged with the team and was able to access day services at O'Hanlon House. JMF was supported into O'Hanlon House by the SST and progressed very quickly through to the resettlement floor. JMF remained at O'Hanlon House for 6 weeks before being referred on to Simon House.

JMF has been at Simon House for 6 months and has progressed through the first stage accommodation in to their move-on flat. This flat is self catered and offers an insight into independent accommodation. Whilst working with the Street Services Team, JMF became involved in our service user forum and has helped the team during 2 rounds of recruitment to interview candidates. JMF has been instrumental in the selection of staff for the team.

JMF is part of the Simon House resident management committee and provides a voice to the residents when going to regular management meetings.   JMF credits his progress and development to his key-workers from both O'Hanlon House and Simon House. JMF has long terms plans to work within the homeless field and is in the process of applying to become a volunteer at O'Hanlon House. In addition to this, JMF has applied for a college course relating to work with drug and alcohol users.

JMF has been supported by Simon House to apply for the Oxford City general housing register and hopes to move in to his own independent accommodation within the next 12 months.

5.   Generic Services

Key Fact
Floating support services are flexible and can respond rapidly to crises and prevent tenancy breakdown[18]

Key Statistic
Outcomes data collected by providers shows that over 75% of identified needs are being met and that 90% of people with a need for greater confidence, control and involvement have been supported to achieve this[19].

Oxfordshire Context:
- In 2010-11 we spent just over £2 million on floating support services
- The two services have a combined capacity of 277 units of support
- Services are delivered on a county-wide basis and providers have bases in most of the districts which enables each provider to reflect the local priorities in each District/City area
- Service provision in Oxfordshire is characterised by innovation, imaginative use of resources and quality evidenced by both providers achieving Level B in the Quality and Assessment Framework
- In addition to contractual requirements providers have introduced drop in services and a specialist mental health service, both of which represent "added value".

How Did We Get Here?
- Following a strategic review of existing floating support services in Oxfordshire services were procured under a new service specification that sought to create widely accessible flexible multiple needs floating support services. As a result two generic floating support services were commissioned from Connection and Stonham in 2008
- Both providers have worked constructively and engaged with partners and stakeholders to address issues and challenges with service provision.
- In 2010 the Supporting People team undertook a strategic review of floating support services. The headline findings of this review were that the services are still strategically relevant, providing a client focused personalised and responsive service which is good value for money.

Impact
- The service has made a significant contribution to the reduction in homelessness in Oxfordshire and is regarded as an essential aspect of homelessness prevention work
- The service enables vulnerable people to draw on other forms of support and access other services and opportunities in the community
- The service has had a considerable impact on establishing stable and cohesive communities through reducing the risk of harm; supporting chaotic clients to become more stable, and support with employment, training, leisure and voluntary work activities.

Key Measures of Success or Failure

- The percentage of clients enabled to maintain independent living has exceeded both the South East and the National average for generic services[20].
- Outcomes data for 2009-10 show that 70% of service users needed support to maximise their income and this was achieved in over 90% of these cases[21]
- Evidence from service users demonstrates that they have been supported to get into employment and training and develop and maintain supportive relationships with others[22].

Key Issues

- There is a need for a more assertive outreach model[23]
- Young people can be reluctant to engage with floating support[24].
- There is a need for a more targeted service for substance misusers and offenders[25].

Key Actions

Between April 2011 and March 2012 we will:

- Ensure that there continues to be a similar level of service whilst also achieving efficiencies
- Continue to work with providers to develop a more targeted, assertive approach to engage young people, offenders and people with substance misuse issues.

What service users, carers, agencies and stakeholders have told us about the services we fund:

Case Study

One woman who went to a Connection service user event described how the service had transformed her life and in fact saved her life. She described how for many years she had suffered with agoraphobia making it impossible for her to work, socialize or engage in many normal activities. She had experienced the threat of homelessness and the stress of having debt and benefit problems but was unable to address these due to her condition. Until being referred to Connection she received almost no support and was unable even to go to GP appointments despite being unwell.

Since Connection has been working with her she says her life has been transformed. She has sorted her housing, her income and is addressing her agoraphobia. She now regularly goes to support groups, is beginning to have a social life and has been successfully treated for a cancer that had gone undiagnosed until her support worker had supported her to receive the medical care that she required for diagnosis and treatment. She reports being given a new life and regards the support she received as a life saver.

Case study

"In Oct 2008 my husband Ron died and I didn't know which way to turn as he did all the money matters. Then I was put on to Stonham, they have helped me so much with my rent and other money matters. They have also helped me get some confidence back in myself. Anyone who gets help from this group is very lucky."[26]

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6. People with mental health problems

Key Fact
Recovery based support services achieve improved outcomes for people with mental health issues.

Key Statistic
Mental health problems affect one in four of us at some time in our lives.
- They are a major cause of distress for individuals and their families.
- They cost society an estimated £105 billion every year though lost. productivity and avoidable costs for the criminal justice system as well as the costs of care and support.[27]

Oxfordshire Context:

- We have a countywide approach and commitment to achieving recovery signed up to by a range of organisations and stakeholders.
- We have a pathway of services in place that are focussed on helping people achieve independence and sustain ordinary lives in the community with the right support. These services began on 7th March 2011.
- We are providing £1.85 million a year funding to mental health housing and support services.

How Did We Get Here?
- We developed a 3 year mental health housing and support strategy-*From Supported to Independent Living*. Developed in partnership with Oxfordshire County Council Adult Social Care and Oxfordshire Primary Care Trust and has involved service users, carers, providers and the mental health Trust.
- We developed a framework agreement setting out the principles, aims and objectives our approach to housing and support for people with mental health problems, with a clear emphasis on recovery. This approach has been endorsed by:
  - The District, City and County councils of Oxfordshire
  - Oxfordshire Primary Care Trust
  - Oxfordshire and Buckinghamshire Mental Health Foundation Trust
  - Agencies funded by these organisations to provide mental health services
- We bought a range of new mental health housing and support services replacing the services delivered within Oxfordshire. These have been bought jointly with Oxfordshire Primary Care Trust and Oxfordshire Adult Social Care. These services will work as a pathway, helping people to progressively achieve greater independence and autonomy through recovery.

Key Measures of Success or Failure
- We bought more places of support than were previously available (increase of 10%) at a lower cost (20% saving).

- We increased our commitment to floating support ensuring that individuals are able to be supported regardless of tenure, and that resources are used in the most cost effective way.
- Our integrated commissioning team (including the Primary Care Trust) have won an award from the Strategic Health Authority for innovation for the way in which these services were commissioned.
- This work is recognised and was published nationally.[28]
- The numbers of people with mental health problems supported to gain independent living has increased rapidly over the last 3 years from 43 to 69 to 106 (2007-08 to 2009-10)[29]
- There have been an increased number of people supported to manage their mental health better (mental health client group for short term services). This number in 2007-08 was 126, in 2008-09 it increased to 176 and in 2009-10 it was 168[30]
- The data for adults in contact with secondary mental health services who are in employment is only available for one year. The data shows Oxfordshire with a score of 10.8% for 2009-10 compared to the England score of 6.7%[31]

Key Issues
- Access needs to be improved via a single referral pathway for all new mental health housing and support services.
- New services will need to work more creatively with individuals with complex needs and with those with personality disorder diagnoses.
- Support needs to be flexible, personalised and targeted to those who need it, when they need it.

Key Actions
Between April 2011 and March 2012 we will:
- Ensure new services work effectively with each other as a pathway to independence.
- Work closely with Community Mental Health Teams, District Councils and Housing providers to ensure availability of move on options for people with mental health issues.
- Work with service users and carers to ensure that they continue to be involved in shaping and personalising services to best meet their needs.

What service users, carers, agencies and stakeholders have told us about the services we fund:

"I am really glad I had the opportunity to take part in the process as it gave me a great sense of achievement in being able to help by using my own past experiences and being able to have help shape things for the better in the future of the mental health services here in Oxfordshire".

Response and **Oxfordshire Mind** Housing Pathway Project, funded by NHS South Central Innovation Fund, is a new project that will work with people with mental health conditions in Oxfordshire. It aims to support 50 users to make applications to Choice Based Lettings (CBL) and Rent Deposit Schemes throughout the county. They will do this by providing choice for clients and challenging mental health workers to consider more independent housing options. This project includes partners from local authorities (SP and Housing) and health. It aims to provide sustainable change by introducing new housing pathways, a Pathway Information Pack and on-going peer group support.[32]

7.   Young people and teenage parents

Key Fact
Research shows that the transition from youth to adulthood can be a difficult and uncertain time for many young people. Housing related support is important to assist these young people through this transition, enable them to achieve their potential and enter training and paid employment. In addition, if teenage parents receive the right support at the right time most are able to live independently in the community.

Key Statistic
At the end of February 2008 thirty young people aged 16 to 18 were in unsuitable temporary accommodation in Oxford City. At the end of January 2011 three young people aged 16 to 18 were in unsuitable accommodation in Oxford City[33].

Oxfordshire Context:

- We commission together with our colleagues in the Children Education and Families Directorate and the District Councils a pathway of services for young people and teenage parents across the county
- The services are focused on prevention and early intervention as well as supporting young people to independence
- In 2010-11 we spent £1.7 million on these services.

How Did We Get Here?
- We have jointly commissioned housing and support services. As a result our work has received recognition nationally from Communities and Local Government (CLG).
- In addition, the Pathway of Services is cited by the Commissioning Support Programme as an example of good practice http://www.commissioningsupport.org.uk/resource-bank/children-and-families/looked-after-children-best-pr.aspx
- We commissioned these services on time and within budget, achieving savings of 24% for Supporting People commissioned services.
- We changed all accommodation based services to make sure they support people with high level of need.
- We created partnership arrangements with Children's Services and the District Councils to ensure that we accommodate only those young people with the highest level of need and wherever possible young people remain in the family home.

Impact
- Across Oxfordshire we are housing a higher percentage of the most vulnerable young people aged 16 and 17. In June 2010 in our Supporting People funded accommodation we were accommodating 28 16 and 17 year olds, by November 2010 this number had risen to 45.
- The first two quarters of the newly commissioned services have seen a dramatic increase in the number of young people and young families achieving

independent living. Young people planned departures increased from 68.9% in 2009-10 to 78.2% in 2010-11 (first two quarters)[34]

Key Measures of Success or Failure

- The number of young people achieving independent living has increased from 2007-08 (105) to 2010-11 (105 for the first three quarters). The number of teenage parents achieving independent living has decreased from 2007-08 (40) to 2010-11 (23 for the first three quarters). A high proportion of teenage parents achieve independent living, over 90% for each year[35]
- The proportion of young people participating in positive activities has decreased from 71.2% in 2008-09 to 61.7% in 2009-10[36]
- The proportion of young people misusing substances has not reduced, From 2008-09 to 2009-10 the proportion increased from 8.8% to 10%[37]
- The proportion of 16 to 18 year olds who are in education, training or employment has decreased from 95.8% in 2007 to 93.5% in 2009[38]
- There has been an increase in the proportion of care leavers in suitable accommodation from 85.7% in 2007-08 to 91.8% in 2008-09[39]
- There has been an increase in the proportion of care leavers in employment, education or training from 65.1% in 2007-08 to 77.6% in 2008-09[40]
- The number of teenage parents supported to manage their physical health better has fluctuated over the last 3 years from 3 to 5 to 2 (2007-08 to 2009-10 data)[41]

Key Issues

- Too many young people leaving home.
- Keeping young people at home wherever possible.
- The use of unsuitable temporary accommodation by young people.
- Despite increasing opportunities many young people are not accessing education employment or training (EET).
- Care leavers are insufficiently integrated into all supported accommodation.
- Not enough services meet the need of the whole family, including accommodating couples.
- Services are not spread evenly across the county.

Key Actions

Between April 2011 and March 2012 we will:

- Monitor the performance of services to ensure they deliver the expected outcomes for young people. This will be done using monitoring visits on a quarterly basis to all services and to appraise each service comprehensively by June 2012 using the QAF (Quality Assessment Framework).
- Through the Joint Housing Team we will continue to develop both operational and strategic partnerships with Children's services and our District Council partners.
- We will continue to work more closely with the County Council's Children, Young People and Families services to ensure better outcomes for Looked After Children and Care Leavers including those who are young parents.
- In addition we will continue to build closer links with other Pathways to improve outcomes.

What service users, carers, agencies and stakeholders have told us about the services we fund:

Case Study

The foyer and vTalentYear took a chance on me. They've made me determined to prove that I'm more than a criminal record."

Linval, now 22, was brought up in London until he was 15. He has experienced various difficulties in his life, and has been in prison three times.

'My mum was being beaten up by my sister's dad, and she took us to Oxfordshire, where she came from. She didn't tell me we were moving for good. Now I see she had to get away, but I was really angry then, I'd lost everything I knew.'

Linval was out of school for several months, and then went into year 10, made friends and gained seven GCSEs, including two Cs in science:

"I enjoyed science and got on well with the teacher, but I struggled with the written work. It was only when I went to prison that I found out I was dyslexic. Before that I just thought I was thick."

After school, Linval worked as a labourer and decided he wanted to become a bricklayer. He completed an E2E course and then did an apprenticeship in bricklaying. But things were going wrong in other ways. 'I was mixing with the wrong crowd and drinking and taking drugs. When I drank I'd get into fights, and I ended up in prison.'

He had nearly completed his apprenticeship when he went to prison for the third time.

"It was my fault but it was for something really pathetic. But I'd breached my tag, so I went back to prison, and spent my 21st birthday there. I realised I could spend the rest of my life in and out of prison."

By this time Linval's mother had died and he was homeless. He knew he needed to change and gained a place at Abingdon Foyer.

"Abingdon Foyer took a risk and offered me a place on a final warning – if I messed up I'd be out. It had rules about friends, so this helped me break away from my old friends. I made new friends, people who wanted to do something with their lives. The foyer feels like a family."

Once living at the foyer, Linval took part in a range of activities, based the action plan he developed with his support worker.

"They help me work out what I want and what I need to do. They make me want to learn and change. I've had courses to help me manage my anger and my drinking, and I can now have a drink without getting into fights."

His support worker encouraged him to go to an open day for the vTalentYear programme, and he is now working as a full-time volunteer at Abingdon Youth Centre.

"It was awkward at first, because I used to come here and make trouble so I had a reputation. But the staff have accepted me, and I feel like one of the team. Andy [the youth worker] realised that I wanted to change."

"I do different activities with young people, but can also use my experiences to help them. When I talk about prison I'll stress how boring it is, not that it's scary, so they don't think they'll get kudos for being hard. I'm not here as a mate, but as a worker. I'll challenge them if I have to. I'm mixed heritage and you get racism here, it's ignorance, so I'll help them think about things like language. I had to split up a fight and was proud of how I did it. Being given responsibility builds up my confidence step by step."

Linval has already gained various qualifications through the foyer and E2E programme, and will gain a level 2 qualification in community volunteering through vTalent. When he completes the programme, he aims to get a job as a youth support worker:

"*I'm well known in Abingdon, but now I'm known for the right things. If I can help someone not go down the same path, then my experiences haven't been wasted.***"**

Linval is now employed as a sessional support worker at the Foyer having successfully moved into his own social housing.

8.   Women and men at risk of domestic abuse

Key Fact
Oxfordshire has a nationally recognised integrated multi agency domestic abuse strategy[42] incorporating prevention, early intervention, risk management and ongoing support and encompassing adult victims, children and perpetrators. Housing related support plays a key role in the strategy and in reducing the risk of domestic abuse.

Key Statistic
The Home Office estimates that 12,500 women will have experienced domestic abuse in Oxfordshire last year[43]. This figure excludes men and people aged over 60 and under 16.

Oxfordshire Context:

- In 2010-11 we spent just under £400k on services for women and men at risk of domestic abuse
- Following commissioning, all the Supporting People funded services are provided by one provider.
- The number of people (or families) who are being supported at any one time is 29 in refuge accommodation and 42 through outreach
- The services for domestic abuse are spread through the county.
- Cherwell district has a refuge service, an access and resettlement service and shares the Outreach service of 24 places with West Oxfordshire
- Oxford city has a refuge service and an access and resettlement service
- South Oxfordshire and Vale of White Horse share a refuge service and an access and resettlement service

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How Did We Get Here?

- We have commissioned new services in Cherwell and Oxford City. Some of these services are supporting women and children in a refuge setting, with others being delivered by outreach staff in all types of accommodation. These services started throughout 2008.
- Oxfordshire has a helpline service and the number is promoted by all agencies as the point of contact for victims seeking advice and help. The helpline acts as a signpost to all services including the Independent Domestic Violence Advisors (IDVA) service for high risk victims as well as Supporting People services. It averages around 300 calls a month.
- In 2009, we have commissioned a new outreach service in Cherwell and West Oxfordshire. This service started on 1 January 2010. It provides support to both men and women.
- In summer 2010 a new build refuge able to support 4 families was opened in South Oxfordshire.

Impact
- The services have enabled people at risk to have control over their lives
- Women accessing the refuge services have been assisted to feel safe and supported
- The services have enabled more women to be able to secure and sustain their independence

Key Measures of Success or Failure
- There is a significant number of women from different Black and Minority Ethnic groups accessing these services. 76 which is 30% of the users from 2007-10 are BME cases[44]
- There has been fluctuation in the number of women at risk of domestic abuse achieving independent living over the 3 years from 50 to 18 to 75 (from 2007-08 to 2009-10)[45]
- There has been an increased number of women at risk of domestic abuse supported to minimise harm / risk of harm from others over the last 3 years from 26 to 50 to 82 (2007-08 to 2009-10 data)[46]
- There has not been an increase in the number of women at risk of domestic abuse supported to access legal advice from 77 (2008-09) to 44 (2009-10)[47]

Key Issues
- Oxfordshire does not have a 24 hour domestic abuse helpline available 7 days a week. The current helpline is only available during office hours and not at the weekend[48].
- Despite the outreach service being available for men in two areas of the county, there has been little if any uptake of this new service[49].

Key Actions
Between April 2011 and March 2012 we will:
- Monitor the performance of services and work with the provider to ensure the services deliver the expected outcomes for men and women at risk of domestic abuse
- Work with other local agencies to make our services easier to access
- Work more closely with the Oxfordshire Domestic Abuse Strategy Group with a view to assessing best value use of resources in the context of service planning and commissioning for the strategy as a whole
- Explore opportunities for increasing the availability of the domestic abuse helpline to 24 hours a day, 7 days a week.

What service users, carers, agencies and stakeholders have told us about the services we fund:

Case Study

A client referred herself to the service following advice from her CPN. Although she had been divorced for 10 years, her ex husband was still being very controlling and abusive. The client was very scared of him and unsure of how to deal with the situation.

Initial work was all around gaining the client's trust so that she could feel confident to disclose information and be believed. This took some months to achieve. Once the client was more relaxed we started to look at the dynamics and tactics that were being used, with a lot of reference to the Freedom Programme models. This helped the client to understand that she was not responsible for the abuse and to be able to make sense of her experiences.

As her confidence increased she engaged a solicitor to write to her ex husband to put child contact arrangements on a more formal basis. Previously he just turned up unannounced and the contact would take place in her home rather than his. Although he did not respond to letters from her solicitor he did stop coming to the house and the children now have regular contact with him in his home. The client now feels that her house is her home as she is not constantly being criticised and undermined by her ex husband.

The client successfully finished her first year in college and she started at university in September 2010.

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9.   People with substance misuse problems

Key Fact
Around 400,000 benefit claimants (around 8% of all working age benefit claimants) in England are dependent on drugs or alcohol and generate benefit expenditure costs of approximately £1.6 billion per year. If these individuals are supported to recover and contribute to society, the change could be huge[50].

Key Statistic
Oxfordshire has an estimated problematic drug using population of 3,182[51].

Oxfordshire Context:

- In 2010-11 we spent £220k on services for people with substance misuse problems
- The number of people supported at any one time is 20
- Services provide support linked to specific accommodation and there are two services based in Oxford city and one in Cherwell district
- Vale of White Horse, West Oxfordshire and South Oxfordshire have no services of this type
- We are working closely with Oxfordshire Drug and Alcohol Action Team to commission services which complement the treatment services funded by the DAAT
- The services are for people who are experiencing problems with drugs and/or alcohol

- In other parts of the county we build support for people with substance misuse issues around different types of accommodation they are living in. This often takes the form of floating support that can be delivered in service users' homes or on a drop-in basis, for example at a local community centre.

How Did We Get Here?
- We have reviewed all substance misuse services and decided what services we wish to provide in the future.
- Together with the Oxfordshire Drug and Alcohol Action Team we have commissioned new accommodation based services in Oxford City and Cherwell. These services started in April 2009.
- We have also jointly commissioned the new, larger residential drug and alcohol detoxification project in Oxford City. This project started in November 2010. This project is already assisting substance misusers to achieve abstinence and positive move on to lead productive substance free lives.
- We have regularly monitored and audited the performance of the new services to ensure an increase in people with substance misuse issues achieving independent living and an improvement in the delivery of expected outcomes for this client group.
- We have facilitated closer working at ground level and have invited substance misuse providers to take part.

Impact

- There has been a year on year increase in the number of problematic drug users receiving effective treatment in Oxfordshire[52].
- Substance misuse provider participation in countywide road shows has promoted their services and made them more accessible.
- Close working with Oxfordshire DAAT and drug treatment services has ensured that appropriate referrals are made to the services.
- The services have enabled service users to maintain the gains they have made through treatment for substance misuse.

Key Measures of Success or Failure

- There has been fluctuation in the number of people with substance misuse problems achieving independent living over the past 3 years from 12 to 5 to 17 (2007-08 to 2009-10 data)[53].
- There has been an increase in the proportion of service users supported to manage their substance misuse issues better from 50% in 2008-09 to 65% in 2009-10. There has not been an increase in the number of these cases, the numbers are from 146 to 141 to 112 (2007-08 to 2009-10 data)[54].
- There has been an increase in the proportion of service users supported to manage their mental health better from 64% in 2008-09 to 76% in 2009-10. There has been fluctuation in the number of these cases over the past 3 years from 67 to 73 to 60 (2007-08 to 2009-10 data)[55].
- The proportion of service users who achieve training / qualification has increased over the last 3 years from 9% to 13% to 19% (from 2007-08 to 2009-10). There has been fluctuation in the number of service users supported to take part in training and / or education over the past 3 years (from 60 to 67 to 42) and achieve training / qualification (from 11 to 21 to 19)[56].
- There has been a slight decrease in the number of service users supported to get paid work from 10 to 8 to 7 (2007-08 to 2009-10 data)[57].
- Of the estimated problematic drug using population of 3,182 in Oxfordshire, over 2,000 are in structured treatment each year. This is one of the highest penetration levels in the country against the University of Manchester prevalence of problematic drug users[58].

Key Issues

- Despite increasing opportunities, many people with substance misuse issues are not participating in positive activities such as employment, training or education[59].
- Outcomes for service users need to be improved further. Despite the current comprehensive system not enough people are leaving treatment successfully and living drug free, productive lives[60].
- Close links need to be built on with the new mental health services around dual diagnosis and complex needs to provide advice and expertise.

Key Actions

Between April 2011 and March 2012 we will:

- Continue to work closely with Oxfordshire Drug and Alcohol Action team to jointly commission services to increase recovery opportunities for substance misuse users.

- Sustain the current level or continue to increase the number of people with substance misuse issues achieving suitable move on from services into further treatment and/or independent living.
- Work with our substance misuse partners to ensure that supported housing and floating support staff are trained to enable them to effectively support this client group, thus reducing failed tenancies and eviction and improving outcomes and successful exit from the treatment system.
- Continue to work with providers to ensure that more people are enabled to take part in positive activities such as education and training, and take up paid work.
- Continue to promote joint working between substance misuse services and housing providers to increase opportunities for recovery and positive move on.

What service users, carers, agencies and stakeholders have told us about the services we fund:

Case Study

I was using Class A drugs for 20 years until 15 months ago. From the age 15 I spent 20 years in borstal, young offenders and prison. I had a moment of clarity 15 months ago when I realised I was either going to die or do a very long prison sentence. I had just broken up with my partner who was pregnant with my son and I was determined to be a part of his life.

When my son was born I had already been clean of class A drugs for 4 months – I was sofa surfing and spending time in the Night Shelter. My son was on an interim care order as soon as he was born and then fostered with the view of him being adopted in the future.

Fortunately, I moved into Osney Court 2 days after my son was born. I needed to be in a clean environment to help me remain abstinent from Class A's and to get my son out of care.

I have my own flat in Osney Court, I went through 10 months of 'assessment' from Social Services and I was eventually (after a long process) able to start having him stay overnight. The flat is brilliant, it was the ideal environment for me – I had never had my own place before and at 45 I had somewhere I could call my own home. I felt safe and secure for the first time in years.

The best thing about Osney Court is the privacy you get from having your own flat with your own front door but still knowing the support is there. I have key work sessions weekly and pop to the office regularly for a chat and a cup of coffee!

I have learnt some valuable lessons in Osney Court, I have learnt to pay bills, budget properly and (most importantly) have started to understand when and how to ask for help.

I now have full custody of my son, am looking to move into my own flat in the next month and have been clean of Class A drugs for 15 months. I truly believe I wouldn't have been able to achieve all these things if I hadn't moved into Osney Court.

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10. **Offenders**

Key Fact
Homelessness increases the risk of re-offending and having been in prison Increases the risk of homelessness[61]

Key Statistic
At any one time there are likely to be over 200 offenders under statutory supervision in Oxfordshire with an accommodation need. Within this group approximately 50 (25%) are likely to be priority need offenders (Prolific and other priority offenders (PPO's), those subject to Multi Agency Public Protection Arrangements (MAPPA) and substance misusers) who are in unsuitable accommodation and in need of support[62].

Oxfordshire Context:

- There are no Supporting People funded services in Oxfordshire where offenders are the primary client group
- There is a clear pathway within Supporting People funded services for offenders leaving prison and who are in the target group of those subject to MAPPA, PPO's and those whose offending is linked to substance misuse.
- There is a wide range of Supporting People funded accommodation-based services for the single homeless which are accessible to offenders and specialist accommodation based substance misuse services
- There are floating support services which are accessible to offenders
- There is access to the private sector for offenders in all districts (apart from Oxford City) via Rent Deposit schemes

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How did we get here?
- In 2008 the decision was made to decommission services for offenders as these services were not deemed to be strategically relevant
- A review of Supporting People services has been carried out to determine what services are available to offenders, whether these are being accessed by offenders and the outcomes for offenders
- We have consulted widely with key strategic and operational partners in order to establish the level of need for housing related support among offenders
- We have mapped a pathway through services for the priority group of offenders and now are clearer about which offenders access which services. We have identified ways forward which are cost-free to improve the response to offenders in housing need.
- We have identified the need for both a deposit scheme targeted on offenders and a targeted floating support service.

Impact

An analysis[63] of high level outcomes (2009-10) for service users with an offending history reveals the following:

- 79% of those with a need to keep to a statutory order had this need met
- 51% of those with a need to maintain their accommodation had this need met
- 1 in 2 offenders move on in a planned way from accommodation based services for the single homeless
- 76% with a need to establish contact with external services or friends and family had this need met

Key Measures of Success or Failure

- The number of offenders supported to achieve independent living has increased from 1 person in 2007-08 to 9 people in 2008-09[64]
- There has been a reduction in the rate of re-offending in Oxfordshire for adult offenders[65]
- There has also been a reduction in the rate of re-offending in Oxfordshire for prolific and other priority offenders[66]
- The proportion offenders who are in employment at the end of their order have increased from 56.3% in 2007-08 to 57.6% in 2008-09. Both these scores are above the England scores of 48.7% and 46.5%[67]
- There has been an increased number of people with improved compliance with drug treatment orders. For 2007-08 there are 65 successful completions and for 2009-10 there are 122 successful compilations[68]
- The proportion offenders who are in settled and suitable accommodation at the end of their order have decreased slightly from 80.6% in 2007-08 to 80.4% in 2008-09. Both these scores are above the England scores of 77.4% and 78.6%[69]

Key Issues

- There is limited access to the full range of housing options for offenders[70]
- The transition from prison and out of approved premises remains a key area where meeting housing and support needs is crucial in preventing reoffending[71]
- There is a lack of dedicated housing advice and advocacy to challenge decisions, broker accommodation and support, and take responsibility for the housing and support needs of offenders[72]

Key Actions

Between April 2011 and March 2012 we will:

- Take forward actions to address gaps and pressures identified in the Report on Offenders with strategic partners and stakeholders
- We would seek opportunities to make best use of available resources to improve access to the full range of housing options and maximise benefits from existing services.

What service users, carers, agencies and stakeholders have told us about the services we fund:

> **A** had a long history of substance misuse and offending and had spent long periods in custody on different sentences.
>
> He was on a methadone script and drinking 5 to 7 litres of cheap white cider daily, and had been diagnosed with schizophrenia and epilepsy.
>
> At the time of his referral to floating support services he was sleeping in a car and had been arrested for driving without insurance.
>
> His support worker arranged a homeless person's interview and temporary accommodation was provided for **A**.
>
> This accommodation and the support provided gave **A** the degree of stability and security he required to address his addictions which were strongly linked to his offending.
>
> His support worker referred **A** for assessment for Rehab and funding was given so that he could start a 12 step recovery based treatment programme.

11. People with physical disabilities, sensory impairment or acquired brain injury

Key Fact
One of Oxfordshire County Council's strategic objectives for adult social care is to assist those with a disability to live independently in the community[73].

Key Statistic
PANSI (Projecting Adults Needs & Service Information System) estimates there will be 40537 people with a serious and moderate physical disability between 18-64 in Oxfordshire by 2015.

Of these 31530 (78%) will have a moderate physical disability, while 9007 (22%) will have a serious physical disability. This figure is endorsed by the 10060 people between 18-64 who receive a Disability Living Allowance in Oxfordshire[74].

Oxfordshire Context:
- In 2010-11 we spent £150,000 on specialist services for people with physical disabilities
- This funding is used to support about 50 people at any one time, including:
  - Supported housing with specialist support - 12 units of accommodation with support in Cherwell
  - Specialist floating support – 25 units of support across Cherwell, West and Oxford
- In addition, large number of people with physical disabilities is successfully accessing support offered by other services funded by the programme, including:

  - Home Improvement Agency services that support older people and those with a disability by providing adaptations to properties[75]

  - Generic floating support that offers advice and interventions to sustain tenancy across all types of vulnerability[76]
  - The Alert service, which provides support and telecare solutions enabling people to remain safe at home.

How Did We Get Here?

Between April 2008 and March 2011 we have
- We have started to review all specialist services for people with physical disabilities which are funded by Supporting People
- We reviewed all Home Improvement Agency services and considered how well they assist people with physical disability to live independently
- We contributed to the production of the Oxfordshire County Council's strategy for people with physical disabilities and to the Joint Housing Plan referenced earlier in this section

Impact
- Low level support combined with home adaptations and telecare services has enabled people with a physical disability to sustain independence and remain living in the community[77]
- We have started working closer together across social care, health, housing and support agendas to consider and address key issues for people with physical disabilities

Key Measures of Success or Failure
- In 2007-10 number of people supported to maintain their independence decreased gradually to below 91%. During the same period supported living services saw lower rates of throughput[78]
- There have been an increased number of physical disability service users having more choice and/or involvement and/or control in their own lives over the past 3 years. The number per year are 18 to 25 to 25 (2007-08 to 2009-10 data)[79]

Key Issues
- Specialist services are not currently available countywide and there continues to be a need for a small amount of accommodation with support for some people. This may serve as the first stage for people towards independent living or provide longer term housing for those with complex needs.
- Further work is required on understanding the level of support and description of these units.
- The provision of supported accommodation will need revenue funding for the support service provided and this will need to be found through existing budgets from re-provision of services or other sources at planning stage.

Key Actions
Between April 2011 and March 2012 we will
- Complete the review of all specialist services for people with physical disabilities we fund
- Consider the need for countywide access to services
- Consider the impact of the personalisation agenda and the use of personal budgets for this client group

12. Gypsies and Travellers

Key Fact
Gypsies and travellers are at greater risk of homelessness than the general population, and less likely to be well linked into available services.

Key Statistic
The prevalence of homelessness amongst gypsies and travellers is 18% compared to just 1% for the general population.

Oxfordshire Context:
- At present we do not fund specialist housing related support for gypsies and travellers.

- We do, however, look at all services we fund to see to what extent they are able to support people from a diverse range of backgrounds and with a variety of needs

How Did We Get Here?

Between April 2008 and March 2011

- We have recognised that there was widespread lack of understanding of gypsies and travellers' need for housing related support.
- To begin to address this issue we have, when an opportunity presented itself, arranged for housing related support needs of gypsies and travellers to be included in a Thames Valley survey of their housing needs.

Impact

- Based on information available to us it is not possible to say to what extent gypsies and travellers find it easy to access information about housing related support and local services on offer.

Key Measures of Success or Failure

- We have seen a small increase in the number of gypsies and travellers accessing housing related support services, from only two people in the five years 2003-08 to 7 people in 2008-10[80]

Key Issues

- Information about gypsies and travellers who received housing related support indicates that they have a range of needs associated with homelessness, history of domestic abuse and mental health illness. They access both accommodation based services and floating support.
- It is suspected that gypsies and travellers chose not to describe themselves under this category when they use services and therefore current data under-represents their numbers. This makes it difficult to adequately assess met and unmet need among this population.

Key Actions

Between April 2011 and March 2012 we will

- Work with other agencies to find another approach to making sure that gypsies and travellers access housing related support services
- Assess what changes to existing services or new specialist services may be required

13. <u>References</u>

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[74] Joint Housing Plan for People with Physical Disabilities 2010-2015 (draft), March 2011

[75] Data from Home Improvement Agencies shows that in 2009-10 people with a physical/sensory disability made up the following proportion of clients: West – 14%, Oxford – 13%, South and Vale – 9%, Cherwell – 3%

[76] Supporting People client record data for 2007-10 shows that 265 people with a physical or sensory disability received support from the programme.

[77] Supporting People client record data for 2007-10 shows that the disability type with the highest proportion is mobility and that most referrals (39%) are made by social care staff

[78] National Indicator 142 measured quarterly, service by service

[79] Supporting People Short Term Outcomes Monitoring Data 5 available quarterly and annually, May 2007 to March 2010

[80] From New Client Record Form data, available quarterly and annually, 2003-04 to 2009-10