



Supporting People Strategy

2003 – 2008



FOREWORD

April 2003 saw the introduction of the Government's Supporting People initiative throughout Scotland, England and Wales. With this new initiative comes additional responsibilities and challenges for all local authorities as they have been tasked with the administration and funding of the housing support provided within their areas.

Supporting People is designed to provide housing support to vulnerable people within the community. The legislative power for local authorities to receive funding for housing support services is within the Housing (Scotland) Act 2001; Section 91.

This Strategy allows us to consider whether or not the services we currently provide meet the needs of service users. It has been developed using guidance from the Scottish Executive and Communities Scotland. It includes a profile of current housing support services, a "desktop" needs analysis and considerable information gathered, from consultation.

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SECTION 1: STRATEGIC CONTEXT

The Supporting People Strategy sets out the major priorities for the provision and funding of housing support services within the Stirling Council area for the next three years. It will be an independent document with links to other local strategies within Stirling including the Homelessness Strategy, Joint Implementation Plan and Local Housing Strategy.

AIM

The overall aim of the Supporting People strategy is:

“To ensure that quality, flexible housing support services are available to people with identified needs living in Stirling, improving their quality of life through greater independence and choice”.

It is recognised that no one strategy can stand-alone and the importance of joint working has been seen as crucial. That is why it is very important for the Supporting People Strategy to complement existing plans and to ensure that our aims are reflected in any future plans that are developed. (Links to other plans and strategies are set out in Appendix 3) We must continue to support and encourage measures that will enhance the quality of life for those who live in Stirling and to ensure that these aims are developed through joint working with all our partners.

OBJECTIVES

The strategic objectives have been identified for the Stirling area in relation to the expenditure of the Supporting People grant. They are to ensure that:

1. A range of sustainable housing support services within Stirling and are provided.
2. Those people currently receiving Housing Support Services funded prior to 1/4/03 from previous funding streams will continue to receive funding until their need for such services ends or reduces;
3. We identify the ‘gaps’ in identified needs for housing support services and develop options to ensure ‘gaps’ in service provision can be reduced.
4. The quality and effectiveness of all housing support services is monitored in a structured way through integration of the Best Value principles in partnership with the Care Commission.
5. Housing support services will promote good practice and social inclusion .
6. The Supporting People management process is open, transparent, accountable and cost effective;

NATIONAL PRIORITIES

Local authorities will be responsible for the administering of any grant payable to them under the Housing (Scotland) Act 2001. The grant payable can only be used to purchase specific and defined Housing Support Services, under The Housing (Scotland) Act 2001 (Housing Support Services) Regulations 2002, Statutory Instrument No. 444. These services can be viewed in Appendix 1 of this document.

The Scottish Executive has tasked local authorities with the provision of the Supporting People policy and funding for housing support services the main aims of which include the following;

- to enable strategic planning.
- to support vulnerable service users;
- to promote the principle of social inclusion;
- to support people in their own communities;
- to encourage Best Value;

To achieve these aims all local authorities eligible for grant funding under the Housing (Scotland) Act 2001 are required to implement a strategy that will highlight areas that require improvement. Authorities are also expected to develop action plans to aid them and regularly monitor whether or not they, and their partners, are meeting the objectives set within the Strategic Plan to ensure the housing support needs of those living within Stirling are being met.

A full list of local priorities and plans is set out at Appendix 3.

CARE STANDARDS

At the same time as Local Authorities are to receive grant funding for the purchasing of Housing Support Services under the aforementioned Act, the Regulation of Care (Scotland) Act 2001 was enacted. This Act establishes a new system of care regulation covering the registration and inspection of care services, based upon a set of national care standards. All providers of housing support services must now meet these standards. Under the terms of this Act, an independent body was established:

- *The Scottish Commission for the Regulation of Care*

The Regulation of Care (Scotland) Act 2001 places a duty upon the Scottish Commission for the Regulation of Care (the Care Commission) to ensure care providers register with them, and is responsible for the inspection of these registered services. This includes those service providers that provide housing support services. Housing Support Service providers will be measured and inspected against the National Care Standards issued by Scottish Ministers.

The main principles behind the National Care Standards are Dignity, Privacy, Choice, Safety, Realising Potential, and Equality and Diversity. At all times, housing support providers must adopt and meet these principles whilst delivering housing support services and meet the minimum standards laid out in the National Care Standards for Housing Support Services. These are set out in Appendix 2 of this document.

OVERVIEW

Demographics

- Stirling Council has a population of 86,200 and has 37,063 houses, and 35,508 households. There are 36 settlements in total. The four largest settlements by population are Stirling (30,000), Dunblane (7,500), Bannockburn (6,500) and Bridge of Allan (5,000) with around 24,000 throughout the rural area. (Stirling Local Housing Strategy 2004)
- The population in the area is increasing (9.4% since 1991) but households are increasing faster (15.4%). This is because households are getting smaller. Stirling's population is projected to increase to over 95,000 by 2016, an increase of 12% compared to a projected 2% decrease in the population of Scotland. (Stirling Local Housing Strategy 2004)

Tenure

- There has been a consistent shift in the tenure balance toward owner occupation. Around 68% of housing is owner occupied, 24% social rented and 9% private rented. The distribution changes within certain communities, such as in rural Stirling where owner occupation levels are over 80%. Since 1991 there has been a 42% increase in owner occupation, compared with an 18% decline in social rented housing. This can be partly attributed to Right to Buy Sales of Council housing which have seen the Council sell 42% of its stock since 1980. (Stirling Local Housing Strategy 2004)

Health

- In general the census data reveals a picture of health in Stirling in line with the Scottish average. It highlights that 8.5% of our citizens endure ill health and just under 16,000 will suffer a limiting long-term illness, slightly below the national average. Just over 9% of residents will provide unpaid care to relatives, mostly less than 19 hours per week. There are 8,129 carers in the Stirling area and 60% are female, most are already employed, 20% are pensioners and the average age of a carer is 58 years old. (Stirling Housing Needs Study 2003)

In order to plan for future housing support services it is important to recognise these findings. Stirling will have rising numbers of people wishing to access services, As with current housing support services many of the claimants will be older people. Older people will be one of the fastest growing sectors of our population as can be seen below.

The majority of our stock is now in owner occupation. This is a pattern set to continue to grow. Now that owner-occupiers can access the Supporting People budget we will have to plan for how we will meet the potential demand from the sector.

The majority of people with community care or support needs will live in a community setting. As outlined in earlier Sections the broad thrust of community care and health policy is about jointly planning and investing in the type of support which will support people in a community setting and avoid the need for more expensive models of care or institutional care. Another key theme in coming years will be ensuring that consistent standards of care are applied regardless of how your support is delivered.

SECTION 2: ANALYSIS OF SUPPORTING PEOPLE PAYMENTS

This Section seeks to present a picture of the spread of housing support services in the Stirling Council area. From the information supplied in returns to the Scottish Executive in returns we can establish how services compare across community care client groups, across different types of provider and whether support services are mostly accommodation based or on an outreach basis to peoples homes.

BACKGROUND

It is worth reminding ourselves that housing support services have evolved from those services funded under the transitional Housing Benefit payments system prior to March 2003 and as such there are no services to owner occupiers from this budget until now. However, we can try to establish which other sources of funding are available to each client group and try to compare how these compliment each other.

Table 1: Development of THB

THB	VALUE	GROWTH
APRIL 2000	£0.3M	£300,000
APRIL 2001	£0.4M	£100,000
APRIL 2002	£1.5M	£1,100,000
APRIL 2003	£2.9M	£1,800,000

Table 1 above shows that when it was first established the Housing Benefit system in Stirling supported services to a value of only £300,000. The slow growth in take up in the early years in Stirling is indicative of a number of factors; but mainly an initial lack of awareness among providers and statutory authorities of what the benefit might cover. Even by April 2002 in spite of a massive growth of 275%, the budget development remained an organic one driven mostly by providers themselves assisting clients to make claims. The growth in the budget during these years would have been further influenced by the closure of the RSNH long stay hospital for adults with learning disabilities. A core national and local policy during the previous “Family of Plans 1998- 2001” period. This hospital closure programme overall has had the greatest influence upon the budget growth for a single client group as will be explored further below.

Once specific staffing resources had been applied during 2002/2003 in the form of a Supporting People Core Group the process of raising awareness among clients and providers broadened out, enabling many services to access the benefit in a more strategic fashion. In the final year of its availability the budget grew by a further 87% across a much broader range of client groups.

VOLUME OF SERVICE

Table 2 below shows the spread of housing support services in the Stirling area. The following points are worthy of highlighting;

- There are 21 different providers working across 8 client groups.
- These providers supply 33 different services though almost half are for older people.
- There are 821 housing support spaces available in the area, again 58% of these are available to older people with the remaining spaces dominated by services to homeless people, adults with learning disabilities, physical disability and mental health. Of these 489 spaces are accommodation based, with 332 spaces reflected in floating support.
- It is worth noting how few specialised housing support services have developed around this budget for service users with needs such as; substance abuse, dementia, acquired brain injury or HIV. Services of these types have been more traditionally supplied under other health and community care budgets.
- Housing Support services are divided in favour of accommodation based services at 63%, a consequence of the many sheltered type housing services for older people, with 37% floating services mostly for older people, learning disability or mental health.
- We note how few providers operate in the Stirling area providing floating support of a specialist nature.

Table 2: Supporting People Services Core Data 2003/2004

Client Group	Number of Services	Number of Spaces	Number of Providers	Support Type						Direct Payments
				Floating			Accommodation based			
				Services	Spaces	Providers	Services	Spaces	Providers	
People with physical disabilities	4	59	2	1	3	1	3	56	1	0
People having mental health problems	4	54	3	3	46	3	1	8	1	0
People with learning disabilities	5	99	4	4	61	4	1	38	1	0
People who use alcohol	0	0	0	0	0	0	0	0	0	0
People who use drugs	0	0	0	0	0	0	0	0	0	0
People with HIV/AIDS	0	0	0	0	0	0	0	0	0	0
Older People	14	469	6	1	129	1	13	340	5	0
Vulnerable due to young age	1	13	1	0	0	0	1	13	1	0
People at risk of offending / reoffending or leaving prison	0	0	0	0	0	0	0	0	0	0
Women at risk of domestic violence	2	34	2	0	0	0	2	34	2	0
Refugees	0	0	0	0	0	0	0	0	0	0
Single homeless	1	50	1	1	50	1	0	0	0	0
Homeless families	0	0	0	0	0	0	0	0	0	0
People with sensory impairment	1	1	1	1	1	1	0	0	0	0
People with dementia	0	0	0	0	0	0	0	0	0	0
People with an acquired brain injury	0	0	0	0	0	0	0	0	0	0
People experiencing psychological trauma	0	0	0	0	0	0	0	0	0	0
People with poor social skills or disruptive behaviour	0	0	0	0	0	0	0	0	0	0
Gypsies / travellers	0	0	0	0	0	0	0	0	0	0
Other vulnerable groups	1	42	1	1	42	1	0	0	0	0
TOTAL	33	821	21	12	332	12	21	489	11	0

CLIENT FOCUS

Table 3 begins to compare how the budget has evolved across client groups.

- Service users with a physical disability make up 8% of the claimants and 4% of the budget. Average annual support costs are relatively low, at average cost of £2,264. With a weekly cost of £43.54.
- People with mental health problems have an identical % share of the budget, of 8% per service user and a similar relative cost at £2,593
- People with learning disabilities have seen the greatest change to service provision in recent years, partly as a consequence of “The same as You” with an emphasis on moving away from institutional care and group living, toward community based and individualised services. The availability of the THB budget helped with this process with 15% of claimants. The cost of Services to adults with learning disabilities in a community setting reflect the higher level of need for these services experienced by this service user group this is shown in the allocation at 56% and £19,683 per service user. The Supporting People budget funds housing support services only which make a service users total package of community care. The figure of £19,683 is a mean average figure affected by those upper and lower need clients. Removing the upper and lower 10% produces a median more accurately of £17,716 for this client group. The majority of clients (or mode) are closer to £15,000 annually.
- While the numbers of older people receiving services are high the percentage of grant spend reflects the fact that sheltered housing support costs are relatively low but does mask the fact that older people will also require a wide range of community care and health care services to help them sustain their lives within their local community and their own home. It is important to mention at this point that the table only reveals Supporting People funding. Additional Home Support funding is as follows;

Home Support Service 2003/04	£4,400,000
Estimated older people share (@81%)	£3,564,000
Non personal element of this (@50%)	£1,782,000
Housing support element (est. 34%)	£605,880

This figure shows that potentially a further £605,880 of Home Support is supplied to older people outwith the Supporting People funding and much of this, or at least a high proportion will be to owner-occupiers.

- Homeless Services have grown in recent years as a consequence of the recommendations of the Homelessness Task Force and new legislation aimed at preventing and addressing homelessness across Scotland. Locally, this has resulted in a

review of hostel type services (in keeping with recommendations of the Homelessness Task Force), resulting in the closure of large scale hostel type provision. A new small scale 10 unit accommodation and support service has been developed, and the housing support service aspect of this development has been funded through the allocation of Supporting People grant funding, in the form of a Pipeline funding award. The Supporting People grant award for this service represents 15% of the total Supporting People budget and this allocation facilitates the delivery of housing support services to a total of 2% of the housing support service. Stirling now has a highly specialised, small scale service aimed at young people at risk of homelessness with high levels of housing support required for all users of the service.

Currently in addition to Supporting People funding the Council during 2003/04 received Rough Sleepers funding of £26,000 per annum. There is funding allocated to both Homelessness casework and accommodation from General Fund and HRA respectively. The Council has in addition to this received central government funding in respect of the Housing Act and Homelessness Task force. This has been used to implement the Homelessness Action Plan which includes the appointment of a mediation service, homemaker service and a social work assessment officer among other new initiatives. It is also being used to fund the new young persons housing support service at Lower Bridge Street for which Pipeline funding is approved.

- Stirling has for some time supplied through the voluntary sector, a hostel for victims of domestic violence. This refuge is soon due to be replaced by a more individualised and better equipped refuge in partnership with a local Housing Association and Stirling Women's Aid.
- Single homeless people make up the majority of both priority and non priority applicants to the Council, however it is important to note that not all those that are accommodated within temporary accommodation receive Supporting people funded housing support. There is 5% of the Supporting People budget for service users who are single homeless people, and the expenditure on the service user group of service users in relation to the Supporting People grant is 9% of budget.

• Table 3: Service Users and Grant Allocation Comparison

Client Group	Total Number of Service Users	% of Total Supporting People Service Users	Grant Allocation	% of Grant Spend	Grant Allocation per Service User
People with physical disabilities	53	8%	£0.12m	4%	£2,264
People having mental health problems	54	8%	£0.14m	4%	£2,593
People with learning disabilities	99	15%	£1.91m	56%	£19,293
People who use alcohol	0	0%	£0.00m	0%	£0
People who use drugs	0	0%	£0.00m	0%	£0
People with HIV/AIDS	0	0%	£0.00m	0%	£0
Older People	336	51%	£0.26m	8%	£774
Vulnerable due to young age	10	2%	£0.50m	15%	£50,000
People at risk of offending / reoffending or leaving prison	0	0%	£0.00m	0%	£0
Women at risk of domestic violence	32	5%	£0.14m	4%	£4,375
Refugees	0	0%	£0.00m	0%	£0
Single homeless	29	4%	£0.30m	8%	£10,345
Homeless families	0	0%	£0.00m	0%	£0
People with sensory impairment	1	0%	£0.00m	0%	£0
People with dementia	0	0%	£0.00m	0%	£0
People with an acquired brain injury	0	0%	£0.00m	0%	£0
People experiencing psychological trauma	0	0%	£0.00m	0%	£0
People with poor social skills or disruptive behaviour	0	0%	£0.00m	0%	£0
Gypsies / travellers	0	0%	£0.00m	0%	£0
Other vulnerable groups	42	7%	£0.03m	1%	£714
TOTAL	656	100%	3,397,613	100%	£5,179

BUDGET SPEND

Table 4 below shows how the budget is allocated across different types of provider. It reveals that a quarter of the service providers are registered Housing Associations. The Housing Association movement has grown since the late 1970's as significant providers of accommodation based services to older people in the form of sheltered housing and as specialist providers of housing for disabled people.

The overwhelming majority of the budget at 42% is allocated to voluntary organisations who traditionally provide a very wide range of services from refuge accommodation for victims of domestic violence and mental health support services. However, once again this element of the budget will include services to adults with learning disabilities who may formerly have been in institutional care.

The remainder of the budget is spread between Local Authority Housing Services which will include some homeless services and services to tenants, Local Authority Children's Services and Community Care Services.

The table further reveals that the Community Care budget, for the same client group whom receive SP grant also funds non-housing support services. In particular this further support funding appears in learning disability and older peoples' services. There are some additional services supplied to homeless clients and to people with physical disabilities.

Table 4: Supporting People Finance Core Data

Client Group	Supporting People Grant Allocation	Community Care	Expected Charging Income	Supporting People Grant Allocation by Sector Provider Type							Support type		Direct Payments
				RSL	LA Social Work	LA Housing	Voluntary Organisation	Health	Private Company	Private Individual	Floating	Accommodation based	
People with physical disabilities	£0.12m	£0.21m	0	£0.06m	£0.00m	£0.00m	£0.00m	£0.00m	£0.06m	£0.00m	£60,074	£60,492	£0
People having mental health problems	£0.14m	£0.01m	0	£0.00m	£0.00m	£0.00m	£0.14m	£0.00m	£0.00m	£0.00m	£127,286	£13,446	£0
People with learning disabilities	£2.00m	£2.82m	0	£0.70m	£0.00m	£0.00m	£0.67m	£0.34m	£0.29m	£0.00m	£958,410	£1,037,247	£0
People who use alcohol	£0.00m	£0	0	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0	£0	£0
People who use drugs	£0.00m	0	0	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0	£0	£0
People with HIV/AIDS	£0.00m	0	0	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0	£0	£0
Older People	£0.26m	£0.71m	£0.08m	£0.15m	£0.11m	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£109,288	£148,859	£0
Vulnerable due to young age	£0.50m	0	0	£0.00m	£0.00m	£0.00m	£0.50m	£0.00m	£0.00m	£0.00m	£0	£0.50m	£0
People at risk of offending / reoffending or leaving prison	£0.00m	0	0	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0	£0	£0
Women at risk of domestic violence	£0.08m	0	0	£0.01m	£0.00m	£0.00m	£0.07m	£0.00m	£0.00m	£0.00m	£0	£77,297	£0
Refugees	£0.00m	0	0	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0	£0	£0
Single homeless	£0.30m	0	0	£0.00m	£0.00m	£0.30m	£0.00m	£0.00m	£0.00m	£0.00m	£301,039	£0	£0
Homeless families	£0.00m	£0.01m	0	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0	£0	£0
People with sensory impairment	£0.00m	0	0	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£4,175	£0	£0
People with dementia	£0.00m	0	0	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0	£0	£0
People with an acquired brain injury	£0.00m	0	0	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0	£0	£0
People experiencing psychological trauma	£0.00m	0	0	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0	£0	£0
People with poor social skills or disruptive behaviour	£0.00m	0	0	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0	£0	£0
Gypsies / travellers	£0.00m	0	0	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0	£0	£0
Other vulnerable groups	£0.00m	0	0	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0.00m	£0	£0	£0
TOTAL	£3,397,613	£3,764,876	£82,888	£920,000	£111,288	£292,821	£1,380,000	£339,246	£354,263	£0	£1,560,272	£1,837,341	£0

SUPPORTING PEOPLE RESOURCING AND MANAGEMENT

The Supporting People Management Team has taken the decision to resource the future Management of the Supporting People budget and workplan from within existing structures. This decision involved moving from a dedicated team employed for the implementation of Supporting People from THB, toward a “Virtual Team” made up of staff from within Finance and Information Services, Service Design, Advice Services, Housing Services, Income maximisation and Strategic Support.

This teams tasks are represented in part by the Supporting People Action Plan itself but generally will be responsible for;

- Processing payments to new and existing clients
- Managing and reporting the budget to the Supporting People Management Team
- Redirecting resources according to need and priority
- Managing the contracting process
- Service review and standards compliance
- The development of information and data storage
- IT systems for Supporting People
- Liaison with central government agencies and service providers
- Ensuring appropriate registrations with the Scottish Commission for the Regulation of Care: The Care Commission

The assessment process for Supporting People rests separately but closely linked through the Service Manager Tenancy Services, Service Manager Community Care, Homeless Casework Manager with representation from Children’s Services. The development of the assessment process is being driven by the development of Homelessness legislation, the development of a Common Housing Register, but mainly through the Single Shared Assessment process.

The infrastructure table below reflects the emphasis upon IT systems development and the retention of key staff to ensure the transition from THB is relatively seamless. Any sums currently listed as uncommitted should be viewed in relation to the expected response from the Scottish Executive regarding “pipeline funding” for new housing support services. If Stirling Council finds itself with a net budget shortfall on committed projects it may consider seeking advice on the transfer of Infrastructure funding to this purpose.

Table 5: Use of Infrastructure Funding

Supporting People Infrastructure Funding Allocation 2003/04 Breakdown		
Employee Costs		61,100
Systems Development It		62,500
Residual Budget		£6,910
	Total	£130,510

ACTIONS ARISING

- There is an apparent shortage of low level specialist housing support provision in Stirling for such client groups as HIV, sensory impairment, brain injury and substance abuse.
- Requirement to deliver a more appropriate balance between accommodation and floating support services to reflect the fact that the majority of need may well arise in ordinary community settings across client groups.
- Continue to track the impact of community care and homelessness legislation upon the direction and pace at which services develop.
- Ensure that awarded Pipeline funding is utilised appropriately. Monitor the impact of the pipeline funding debate still ongoing at this time see Appendix 4.

SECTION 3: ASSESSMENT OF NEED FOR HOUSING SUPPORT SERVICES

The majority of people with community care or support needs will live in a community setting. A key focus of Community Care and Health policy is about jointly planning and investing in the type of assistance which will support people in a community setting and avoid the need for institutional care. Another key theme in coming years will be ensuring that consistent standards of care are applied regardless of how support is delivered.

The fundamental aim of the Scottish Executives document “Modernising Community Care” is to enable people with community care needs to live in their own home wherever practicable and through choice. The Council’s role is one of assessment, planning and commissioning to meet these ends.

Stirling Council has carried out an initial Supporting People needs assessment that has gathered information from:

- the Supporting People mapping exercise
- contact with service providers and other staff
- Supporting People Funding from April 2003
- Stirling’s Housing Needs Assessment
- Stirling’s Homelessness Strategy
- Input from focus groups and key staff
- Specific Consultations with individual care groups.

NEEDS ANALYSIS BY CLIENT GROUP

OLDER PEOPLE’S SERVICE PROFILE KEY FINDINGS

- The housing and support needs of older people is a growing concern for statutory and voluntary agencies. At mid 2001 there were around 13,460 over 65’s in the Stirling Council population and this population is likely to increase by 22% by 2016 (above the national average of 15.7%).
- Increase will be numerically highest amongst the 65- 74’s (1700) but proportionately higher in the over 85’s (+29.5%).
- Around 18% of the population is over 60 and the distribution between tenures shows 8% of owner occupier households over 60 compared with only 1.6% of social renters. This has implications particularly in those communities with very high levels of owner occupation including the following which have over 20% of its population over 65;
 - Cambusbarron, Kings Park, St. Ninians and Whins of Milton in the urban area.
 - Killin, Lochearnhead, Drymen, Callander and Buchlyvie in the rural area.
- This will put increasing pressure upon services for older people. In spite of the provision of extra care/very sheltered being above the national average at 3.7 places per 1000, there is still a shortfall of 220 places against guidance. There are 6 extra care developments in

the area providing 50 places including 2 in the rural area. This provision is owned either by specialist Housing Associations or local Abbeyfield societies. (Local Housing Strategy 2004)

- Stirling has a shortfall of 200 units of sheltered accommodation, most of this is in the rural area where it is difficult to provide. The urban shortfall is 15% or 70 units. The Council had a waiting list of 168 for sheltered housing in 2002 although these indicators of demand must be read with some caution as there can often be problems filling vacancies in complexes in both urban and rural areas as the style of accommodation is no longer what is required e.g. bedsits. (Local Housing Strategy 2004)
- There are 15 sheltered complexes (415 places); 10 for rent (258 places) and 5 for owners (130 places). The Council has only one such complex, recently refurbished. (Stirling Housing Needs Study 2003)
- Considering those with medium care needs against guidance, taking account of aids, adaptations and alarms there is unlikely to be a shortfall of amenity housing. We currently have 397 amenity houses in the social rented sector. (Stirling Housing Needs Study 2003)
- The Council's community alarm system (MECS) has 1450 connections on top of which 1504 people were in receipt of aids or equipment in their own home. The Care and Repair service to over 65's has 500 clients per year supplying minor improvements averaging £235 each. In addition to this during 200/04 a further 110 people received more significant grants well above the £500 threshold. It is clear from consultation with health and care professionals that this low level of adaptation, improvement and security can greatly increase a person's capacity to remain in their own home without high levels of care. (Stirling Housing Needs Study 2003)
- There are 21 single care homes, 9 nursing homes and 12 residential including 3 in Council ownership. These provide 658 places where older people feature as 58% of the target supply in nursing homes and 42% in residential. This does not include 2 small extra care homes (20 places). Some of these accommodate people from outwith our area or younger clients. There has been a decline of 33% in nursing homes in recent years and many of the remaining homes are in large older properties where condition, design and shared facilities are an issue. (Stirling Housing Needs Study 2003)
- The condition of our sheltered housing is similarly a growing concern where many large sheltered units are now over 20 years old and in need of remodelling or refurbishment. Many for example were constructed with an upper floor but without a lift making higher mobility needs difficult to accommodate. (Stirling Housing Needs Study 2003)
- In 2001/2002 over 4000 people had contacted Community Services for an assessment. Of these 1750 were over 65 and required a support service, 814 people over 65's now receive home care (May 2002). Over 65's account for 82% of the adults receiving this service. Stirling has higher numbers receiving 10 hours plus than nationally and has been successful in shifting the profile toward those with higher needs. (Stirling Housing Needs Study 2003)

- In addition to homecare services a further 6 voluntary agencies including Alzheimer's Scotland supply 866 clients with floating support not linked to specialist accommodation. The majority but not all relate to older people.
- Finally, there is concern that only 1 in 8 people with dementia are known to services and over half will still live in mainstream accommodation making it difficult to project the pressure on future services.

OPTIONS

- To build in an estimated growth in demand for older people services of between 20- 30% to reflect demographic trends.
- Work with the Commission for the Regulation of Care to support a process to implement consistent standards across all forms of support provision, including those funded by Supporting People.
- Support the development of floating support to maintain people in their own homes and avoid the need for accommodation based support.
- Continue to profile Homecare and Supporting People funded support services so that both people with higher and lower support needs are appropriately accommodated.
- Work with Housing Associations and care providers to review sheltered and very sheltered housing provision, to establish demand and supply factors more accurately, future client needs profiles and agree the level of unmet need.
- Carry out a stock appraisal of the design and condition of older peoples housing including nursing, sheltered and residential. This would lead to an estimate of upgrade costs.
- Plan for the provision of additional new build sheltered and very sheltered housing alongside barrier free standards in mainstream housing in partnership with Communities Scotland and the voluntary sector.
- Work with employment agencies to tackle the skills and labour shortage in care housing provision.
- Investigate the full potential of SMART technology possibly through a pilot study for older people or within a particular community.
- Continue to value and support the provision of equipment, alarms, aids and adaptations.

SERVICE PROFILE- PEOPLE WITH A LEARNING DISABILITY

KEY FINDINGS

- Prevalence rates would appear to indicate that there are between 1960 and 2140 people with a learning disability living in the Stirling Council area. Between 260 and 440 people have complex needs and will require a high level of support. In 2002 there were an estimated 93 places being provided for complex support needs. From this information it would appear that there could be a potential shortfall of 73% or 240 placements providing specialist support. (Stirling Housing Needs Study 2003)
- Based on prevalence there is an estimated shortfall of 218 higher needs places in Stirling.
- The Supporting People mapping Supply data base lists a total of 99 people receiving budget funded support and the supply of specialist service includes;

Torbex House 12 places
Key HA 39 places
Care Homes 19 places
Richmond Fellowship 9 places

Camphill Trust 30 residential places
Enable 13 places
Homecare 36 places

- The focus of this plan may be about identifying those people, including young people and children, already living within the community and providing tenancies and support services which are able to provide the range of services required to meet individual needs.
- The review of services for people with a learning disability, The Same as You? underpinned by local Partnership in Practice agreements recommended the development of community based services which are person centred to meet an individuals needs and aspirations. Locally, we have re-designed day service provision developing 'without walls' services to enable and support people to access the range of leisure and education services within the local area, with a purpose built new community resource centre and in conjunction with European funding via the Equal programme developed a supported employment service for people with a disability.
- In addition, we have established an integrated community based learning disability service in partnership with Forth Valley Primary Care Trust and worked in partnership with a range of key stakeholders to ensure a smooth and a successful re-provisioning of the Royal Scottish national Hospital (R.S.N.H) the development agreements, has encouraged the development of person centred services such as "Streets Ahead". In addition, the Council has undertaken, in partnership with Forth Valley Primary Care Trust, a successful re-provisioning programme for the Royal Scottish National Hospital (RSNH).
- The re-provisioning and closure process in relation to R.S.N.H is now complete in relation to Stirling residents. There will continue to be a focus on identifying the needs of people with a learning disability and upon commissioning the appropriate range of accommodation and support provision to meet future needs and aspirations.
- In addition, the recent hospital closure report recommends that local authorities should now review and make plans for all people still living in long stay hospitals.
- Any future increases in need within this client group are likely to come from within the local community, perhaps from people living with their families presently, whom in the future may have a need or desire to live more independently. The Same as You? Recommends that planning for the future accommodation and support needs for those individuals is given a high priority.
- Those individuals who require accommodation and support services are identified with Children's Services, Health and Community Care Services. The cross service transition planning process ensures that a smooth transfer of services and clear identification of needs, wishes and aspirations of the young person takes place.
- While we have developed a range of new service provisions throughout the Stirling area, it is important that in the future we identify and address the level of unmet need. In particular there is a concern at the potential numbers of adults who are living with ageing

carers/parents or other relatives. There is a recognised need for Stirling as a Local Authority to develop a range of further services to provide adequate support to young people with autistic spectrum disorder.

OPTIONS

- The use of prevalence figures alone will not present an accurate picture of need and a full learning disability needs assessment is to be undertaken with our partners.
- Use the review process to once again establish, consistency, best value and address quality standards among providers of housing support services.
- Investigate the possibilities for addressing the shortfall of specialist accommodation for adults with learning disabilities.
- Establish growth in community based outreach services which support independence and as with other client groups consider how this growth might be accommodated within budget.

PEOPLE WITH MENTAL HEALTH PROBLEMS SERVICE PROFILE

KEY FINDINGS

- Latest NHS figures suggest that admissions to hospital in relation to mental health were 420 per year (all ages) or 4.9 per 1000 of the population. (compared with 6 per 1000 nationally). Approximately, 95% of mental health difficulties live in the community. 25 clients with mental health difficulties were reported as receiving home care from the Council, 14 of whom were under 65. This is also below the Scottish average. (Stirling Housing Needs Study 2003)
- National studies suggest that mental health problems will as a minimum affect 1 in 4 of the population and 1 in 50 will experience more severe, long term issues; this for Stirling is equivalent to 17,600 and 350 people respectively. (Stirling Housing Needs Study 2003)
- There are an estimated 21 supported accommodation places in 3 locations in Stirling for those with mental health difficulties and more severe needs, and an additional 8 adults under 65 placed within care homes. Compared with prevalence rates this suggests a shortfall of 15- 25 units in specialist support for those with the highest needs, but against 1997 guidelines this shortfall is more substantial. (Stirling Housing Needs Study 2003)
- Prevalence rates suggest that there is a shortfall of up to 25 residential or sheltered units. The shortfall for floating support is 62 units. In reality 95% of mental health sufferers will live in mainstream accommodation with support or may not be known to services. A total of 25 clients with mental health issues were reported receiving Homecare in March 2001 although only 14 were under 65. (Stirling Housing Needs Study 2003)
- Care Programme Approach (CPA) is in place to help jointly plan and manage the health and social care needs for individuals who have complex needs.
- The Forth Valley Framework Implementation and the local Stirling group have identified a number of key areas for service development which reflect the changing needs of the local population and the impact of legislative change. In addition, we are jointly in the process

of carrying out a full review of needs for people who have severe and enduring mental illness and have been receiving long term NHS care within a hospital setting.

- As we have already seen in learning disability there is an increasing emphasis on people living in their own homes or in their local community with a high standard of support provision.
- The local framework implementation group identified a need to quantify and address the needs of local people using services and their family/carers in relation to support, accommodation, short breaks. An extensive questionnaire survey is being undertaken of service users, family, carers and the range of organisations providing accommodation, support and short breaks services to ascertain their views and opinions – and to inform the future direction of service provision and design.
- The survey is nearing completion but some initial review of the findings would suggest that people currently living in supported accommodation are happy with both their accommodation and support. There is some indication that people would like more specialist ‘floating’ support services which could be accessed when they need and for many to live in their own tenancies. Social isolation is a feature of many of the responses and a development of befriender services locally seems to be indicated. In relation to short breaks it would appear that a range of locally based short breaks provision and assistance to access other types of holidays would be beneficial.

OPTIONS

- According to staff within both the statutory and voluntary sectors, there is a large unmet need. A particular shortfall exists in support at times of crisis and out of hours. There is a shortfall stated for particular services such as budgeting, debt and benefit advice, advocacy and life skills.
- Need to develop outreach support networks. The discrepancy between the provision and the estimated need seems to represent the feelings of those working within this field. The belief is that hospital admissions and re-admissions are too frequent due to lack of supported provision.
- There is a need to identify the amount of housing support currently provided from Health Services and for primary data gathering to create more reliable projections.
- There is also a need to assess the amount of and type of support that is missing and what would begin to address the needs of this group.
- There is a need for the Local Implementation Group to investigate the potential increase required in specialist accommodation.

PEOPLE WITH PHYSICAL DISABILITIES SERVICE PROFILE

- In Stirling between 8900 and 9800 people may have a physical disability, of whom between 2650 and 4300 are estimated to have a long term or severe disability. From this

total around 2900 people may have a physical disability which prevails upon their housing circumstances and 320 of these people may have high needs. (Stirling Housing Needs Study 2003)

- Guidelines recommend that 1% of the total housing stock should be wheelchair accessible and 10% for mobility impairment. Considering Housing Association provision and likely Council supply the social rented sector will come close to this guide. Figures are unknown for the private sector but is likely to fall well below guidelines.
- In 2001 1750 properties are estimated to be adapted for a disabled user, which is around 5% of the total supply compared to 11% in the guidance. There is a recognised need to promote higher accessibility standards in the private sector and to create a register of housing suitable for disabled people. (Stirling Housing Needs Study 2003)
- People with physical disabilities have a wide range of needs from minor aids to daily living and adaptations to their accommodation through to 24 hour care and support.
- Within the Council area, Margaret Blackwood Housing Association is the main provider of specialist and supported accommodation and short breaks (respite).
- A review of the range of specialist services provided locally for people with a physical disability has taken place in partnership with Margaret Blackwood. Margaret Blackwood Housing Association are currently seeking to re design the supported accommodation with a view to establishing self contained flats with a person centred range of support provision. In addition it is likely that there will be some further development of the existing short break provision and the introduction of a specialist floating support service.

OPTIONS

- There is a need to investigate by way of a Community Care Housing Needs Assessment the exact supply and demand pattern for both specialist and floating support for non elderly physically impaired.
- We also need to know whether an increased level of floating support will decrease the need for residential and sheltered accommodation.
- As with older people SMART technology will play an influential role in allowing people to remain at home without the need for institutional care or high support costs.
- There is an ongoing need to support the work of the Joint Loan Equipment Service, the Care and Repair programme and those other private sector grants all of which assist a large number of physically impaired to enjoy the facilities of their home without high levels of support.
- There is a further ongoing need to record those houses which have been adapted in a database .

- The number registered as blind is believed to be only a portion of those eligible to do so. It also does not tell us how many are in need of housing support. There was a similar issue with the figure for profound hearing loss.
- Sensory impairment needs to be recorded separately to physical disability and it needs to be established how many people from this group, require housing support.

PEOPLE DIAGNOSED WITH HIV/AIDS SERVICE PROFILE

KEY FINDINGS

- Stirling Joint Implementation Plan allocates responsibility for the implementation of the action plan to Forth Valley NHS Public Health Department. The tasks relate to issues around prevention and awareness.
- Information from 13th International AIDS Conference gave the figure of 1 in 1,000 people between the ages of 15 and 49 were HIV positive in the U.K. This would give the figure in Stirling as 35 in the 16-44 age group. This does not indicate how many, in this population, would require support. (CC SWIFT data)

OPTIONS

- There are issues about willingness to register and confidentiality within this group. Again it may be that needs would be met within another client group. At present, no people were registered within this group and receiving a support service.
- It has so far proved difficult to account for, or estimate, the need in this group. Prevalence rate figures state that this group is too small, and there are wide differences in rates between the large cities and the smaller communities, that any national rate would be unhelpful.

PEOPLE WITH SUBSTANCE USE AND ADDICTION PROBLEMS

- The strategic group “Forth Valley Substance Abuse Team” are implementing the “Improving the Quality of Life in Forth Valley” strategy.
- This group may be provided for within other care groups such as mental health. Even with this being taken into account, there appears to be a large unmet need.
- 18 people were receiving a Community Care service. No additional housing support needs were identified.

OPTIONS

- We need to know if there is a need for sheltered or supported accommodation, for this group, or whether the support should be concentrated as a floating service and, if so, the level and type of requirement.

WOMEN IN FEAR OF DOMESTIC VIOLENCE SERVICE PROFILE

KEY FINDINGS

- A major change has taken place regarding the type and suitability of the housing provided for women and families fleeing domestic violence. Many existing refuges, including the

one in Stirling, are situated in large houses where each entire family is housed in one bedroom with shared facilities. As part of the commitment by the Scottish Executive to implement the recommendations of the National Strategy to address domestic abuse, funding to provide more suitable accommodation was made available. Stirling Council made a successful bid to fund a purpose built refuge of 8 self contained 2 bedroom flats (including 1 wheelchair) which we anticipate completing in 2005.

- We have established that 13% of all homeless presentations seeking emergency accommodation were fleeing from abuse/violence or were at risk of abuse/violence.(Stirling Housing Needs Study 2003)
- Those women who present through either the Homeless route or self refer to refuge accommodation provided by Women's Aid, receive a high level of support including HSS and personalised counselling services. It is also of note that the children of these women also receive support by way of Core Grant funded specialist children's support workers who deliver counselling and befriending to these vulnerable young people.

OPTIONS

- Women's Aid staff stated that there is a need for double the amount of floating support that they are currently able to provide. There is a need to quantify and qualify the information on this client group.
- There is also the need to assess whether a floating support that met the need would reduce the requirement for supported accommodation.

HOMELESS PEOPLE SERVICE PROFILE

CONTEXT

Having somewhere safe and secure to stay is fundamental to someone's health and the link between homelessness and poor health is clear. The problem of homelessness is not just about housing – people find themselves homeless for many reasons. Not everyone needs a lot of help to sort things out, but many people do need assistance and support from a wide range of supporting agencies and groups. For some, particularly younger people, the issue is about getting support to help them stay in their homes.

The way homelessness is to be regarded is now undergoing change. The Scottish Executive has set increasing expectations in terms of service delivery and this demands a change in culture for many organisations dealing with homelessness. A number of recommendations from the Homelessness Task Force (established to draw up proposals to prevent and alleviate homelessness) concerned improvements required in the way health and support services are delivered to homeless people. This includes closer integration of the various organisations involved in identifying the need for, and delivery of, health and support services to homeless households.

A number of changes to homelessness legislation have already been made and more are planned for the future. These changes have significant resource implications for the Council since it seems likely that, in the long term, numbers will increase significantly, leading to a requirement for further additional temporary and permanent accommodation in the area. There will also be an increase in the requirement for housing-related support services. The resources to achieve services to meet this growing need must be identified.

The Council has established a multi-agency Homelessness Partnership to develop and implement a Homelessness Strategy, focusing on the prevention and alleviation of homelessness in the area. The Strategy includes key priorities for action by the Council and its partners, based on an assessment of need which was carried out by an independent consultant and taking into account the changes in legislation.

The recent changes to legislation, along with proposed changes for the future, mean that it is very likely that more people will be applying to the Council over the foreseeable future. We would expect the numbers to start reducing however once measures identified in the Homelessness Strategy to prevent homelessness start taking effect (in particular, improved information and advice).

KEY FINDINGS

- 878 households presented as homeless in one year. 297 of these were classed as 'vulnerable with a 'priority need'. (HACAS 2002)
- Stirling has reviewed its accommodation and hostel based services in its Homelessness Strategy and the core assessment centre at Springkerse House has been extended to provide 18 units. This will compliment the opening of 10 units for young people at Lower Bridge Street, along with outreach support to 12 young people, and the service at 84 Glasgow Road for children leaving care. There are also 47 units of temporary housing and 19 homeless flats. (Total 84). (HACAS 2002)
- All homeless tenants receive support from Housing staff.
- The need is estimated as 104 supported units, an increase of 20 units on present provision. (HACAS 2002)
- 14 rough sleepers are receiving support from the rough sleepers initiative but the aim is to eradicate rough sleeping within the next year. (HACAS 2002)

Over the three years studied for the homelessness assessment, the following pattern emerged (figures for 2001/02 are shown in brackets but figures shown with * require to be monitored over a longer period to establish a clear trend):

- single people are the biggest group of applicants for homelessness services, making up between 1/2 and 2/3 of all homeless applications (513);
- single parents account for around 1/4 of all applications (175);
- couples with dependants has been falling steadily to only 7% (54);
- around 1/3 of all applications are classed as vulnerable, with a priority need - within this group:
 - the proportion of single people has risen to over 1/2 (144);
 - single parent applications have reduced slightly to around 1/3 (86);
 - applications from couples with dependants fell significantly to only 1 in 20 (13)*;
 - despite almost 1/2 being single, the main reason for the priority need status was having dependant children (although this has reduced substantially to 37% (94);
 - mental illness / disability accounted for 14% (35);

- young people (16 and 17 year olds, leaving care or other vulnerable young people) remain fairly constant at around 19%, but a significant number nevertheless (47); and
- domestic violence has increased significantly, from just over 5% to 13% (33). (HACAS 2002)

There are many reasons why people become homeless:

- by far the greatest reason recorded for all applications is that friends / relatives cannot accommodate people, accounting for around 1/3 of all applications (256);
- non violent disputes with spouse has reduced considerably to 5% (39)*;
- disputes with spouse involving violence – although the numbers are fairly constant (94), the proportion is increasing.

HEALTH AND HOMELESSNESS

In addition to the Homelessness Strategy, health authorities have been working to improve health services to homeless people, and the Health and Homelessness Action Plan for the Forth Valley area has been developed by NHS Forth Valley in partnership with a wide range of organisations throughout the Stirling, Falkirk and Clackmannanshire council areas. The Plan identifies a number of key issues to be addressed including:-

- homeless people with mental health problems are not being supported adequately by mental health services;
- the approach to homeless people on the ground is inconsistent;
- the voluntary sector needs more support from core NHS services, including primary care;
- homeless people with mental health and alcohol problems suffer from poor access to many services, including health services;
- a need for better information about homeless people;
- a need for more joint working between Councils, NHS, voluntary sector and homeless people;
- providing information sessions to staff in schools and youth clubs on the impact of homelessness on health;
- developing a variety of approaches to improve the independent living skills of young people;
- investigating the need for access to a Forth Valley-wide mediation service to help prevent relationship breakdowns;
- setting up a multi-agency health and homelessness group to link with existing groups to help raise the profile of vulnerable young people.

HOMELESSNESS AND CARE

The perception from staff providing a front line service is that increasingly people are presenting as homeless with either mental health or substance abuse problems. As part of the independent research carried out, a sample of 111 cases from 2001/02 was looked at with a view to establishing the extent of these issues. This found that:

- 65 experienced mental illness, most were under 40, two thirds were male;
- 37 experienced drug related problems, most under 30, two thirds male;
- 23 experienced alcohol related problems, most under 20, split male/female;
- 28 received support from social services;
- 9 received support from Community Psychiatric Nurse services;
- 18 were supported by probation services;
- 28 received ongoing support from voluntary organisations; and
- 37 were supported from other sources.

As a minimum, the Council can expect to see 40 applications with alcohol and/or drug related problems annually, and a further 60 with mental health problems. (Homelessness Strategy 2003)

OPTIONS

- Provide an enhanced income maximisation service to assist in homelessness prevention and to assist homeless people in maximising housing choices
- Target the provision of household management skills at the most vulnerable applicants through more effective joint working
- Increase the network of flexible support for the most vulnerable tenants through improved joint assessments at the point of application
- Introduce a mediation resource to reduce crisis homelessness
- Consider attaching a Befriending Service to the Rent Deposit Scheme, to help sustain tenancies
- Provide additional places of temporary accommodation with advice and support for non priority homeless
- Maximise the use of Supporting People funding for Homeless Services
- Commit to the development of pipeline projects in line with approved grant funding
- Improve understanding of Supporting People funding mechanism and assessment for individual packages through joint training of corporate operational and management staff
- Increase the range and supply of accommodation for vulnerable people
- Jointly evaluate the Children's Services supported accommodation providers project to establish if it could be successfully extended to other vulnerable client groups and how that might be supported corporately

- Review the operation of the Compass for Life project and examine funding options to mainstream the work of the Compass funded housing support worker
- Develop a new, integrated accommodation and advice service for young people
- Jointly develop with partners proposals for a befriending and housing advice scheme, including a needs assessment
- Consider the secondment of a social worker into the homeless team to improve the liaison between services and access to services for homeless applicants
- Develop joint training and more effective liaison arrangements for homeless applicants with mental health and learning disability issues
- Through Community Care, review the supply of medium to long term accommodation for people with mental health issues, including access to flexible support
- Review joint protocol to prevent homelessness of families with children
- With the increased provision by a total of 20 units, there will be the need for an increased level of housing support by this amount. There is a concern over the funding of an expanding service within a fixed budget.

YOUNG PEOPLE INCLUDING AFTERCARE PROVISION SERVICES PROFILE KEY FINDINGS

Statistics for young homeless people are contained above in the needs section on Homelessness.

It has always been the intention of Stirling Council “to ensure all young people in Stirling have genuine opportunities to become full and active citizens, to contribute toward and benefit from, living in a healthy community”.

The Council's young people's housing strategy is addressing the situation and within it a number of projects including a supported accommodation scheme.

Young ex “looked after” children receive support from social work teams and other sources. There is a requirement, within new legislation, to increase this support and resources are being increased.

Compass for Life provides housing support on a floating basis to young people. Provision for this group is part of the Youth Housing and Aftercare Strategy and their needs are included within the homelessness strategic plan. 10 places within the Lower Bridge Street provision (above) are specifically designated for young people.

The Youth Housing and Aftercare strategy with links to the Homelessness strategy were addressing the accommodation needs of this client group

OPTIONS

- Floating support comes from various sources including social work teams and Compass for Life but need is unknown.
- 1 young person receives a support package provided through previous funding sources.

ACTIONS

- There appears to be a need to complete a needs assessment in regard to floating housing support for all young people, to prevent homelessness and other crises.
- A specific study of rural homelessness and its effects are required.
- This will include the need for aftercare services.

SUMMARY OF INFORMATION

The information available is limited by the following factors:

- lack of local information held particularly on unmet need
- no local study of need
- variances in different sets of figures gathered
- no consistency in categorising level of need and what it represents
- variance in, and limitations of, different prevalence rates
- no information on overlap; i.e. double counting
- gaps in information and prevalence figures

GEOGRAPHICAL ANALYSIS

Further analysis of the THB data has revealed that 78% of THB recipients were living in urban Stirling. This contrasts with the respective population proportion of 53%, thereby indicating a possible disproportion in the support provision.

SECTION 4: CONSULTATION

WHO IS THE SUPPORTING PEOPLE STRATEGY FOR?

Stakeholders affected by the implementation of Supporting People can be a group or an individual and examples include:

- individual members of the public who receive a housing support service;
- groups of residents/tenants (such as sheltered housing tenants or those living in a supported group home setting);
- representatives from housing support providers;
- voluntary agencies;
- private sector landlords who provide a housing support service;
- registered social landlords (such as housing associations);
- other statutory agencies;
- Councillors; and
- Council Officers who provide or who commission housing support services.

The term 'partnership working' or 'partner' is used throughout the document and we are referring to organisations or colleagues who will be asked to work alongside Stirling Council to help us achieve our aims. It is therefore essential that all those who will be affected by the introduction of Supporting People agree on the strategic objectives that we adopt and how we reach these goals.

In future all housing support providers must meet the objectives set down in the Stirling Supporting People Strategy.

The Supporting People Strategy is intended to be a tool for the on-going and future commissioning and purchasing of housing support services. It will enable a more focused provision of housing support and will be used by not only the local authority but also local stakeholders who may either currently provide housing support services or wish to be considered by the Local Authority as providers in the future. It is also hoped that the plan will be of value to those who require housing support giving information about the current service provision and the Local Authority's aims for the future provision of such housing support services in the Stirling area.

Within the different Community Care Strategy groups, there has been significant activity in relation to both service user involvement and consultation. Some examples of these are listed below.

OLDER PEOPLE

- A survey of over 70 mainly older people was carried out to consult about housing design and care delivery, in preparation for the potential new build of 30 special needs houses. This has been developed from a small working group which has also been researching different models of housing, care delivery and technology. The survey has been delivered on a face to face interview, or telephone interview, or as a focus group, depending upon the participants choice. As part of this exercise we are pleased to be able to consult with

the Better Government for Older People Group who undertook focus group sessions with us.

Key findings are as follows;

- 44% were 75+, with 22% 50 to 64 years and 33% 65 to 74 years.
- 72% were female.
- 72% were white, 22% Chinese, 7% Asian.
- 59% had a recorded disability or health problem.
- 52% had mobility problems.
- 26% said they had a caring role.
- 57% lived in flats, 39% in a house.
- 44% lived alone with 30% living as a couple.
- 83% found access no problem and 91% were happy with the size of their house.
- 26% had problems with their gardens.
- 22% had problems accessing the bath or shower.
- 63% would like to live in a bungalow with level access.
- All liked their own kitchen and 91% preferred their own washing machine.
- 76% wanted option of shower or bath. 96% want help with housework.
- 89% want help doing shopping.
- 78% want help with the garden.
- 87% would accept personal care if needed.
- 80% would accept help cooking.
- 87% would like help organising social activities.
- 80% help with health checks, 87% with getting doctors appointments.
- 76% needed help with forms and benefits.

The above is a wide spread of feedback, though recent it highlights that the majority of older people value the type of low level assistance offered by the Supporting people criteria. Stirling Council will analyse these findings and ensure that future service design incorporates these desires.

The Stirling Older People Implementation and Development Group has agreed a model of facilitated user and carer participation in the decision making process of older peoples services. Funding for this is awaited.

LEARNING DISABILITY

:

Service user led group "Quality Action Group" is part of local Implementation Group which feeds into the Forth Valley Partnership in Practice (PiP) group. User and carer consultation day addressed many issues including day activities, housing and support. Further consultation will take place in early 2004 to review the progress to date in relation to the Forth Valley PiP and the recommendations from the Same As You?

The 'Smoothing the Transitions Project' examined the health care needs of young people moving through the transition from children's to adult health services and was led by Forth Valley Primary Care Trust. This involved extensive service user and carer consultation. On

the basis of the recommendation of the pilot we have developed a local service wide Transition Policy which has also involved carer/parent and user consultation.

MENTAL HEALTH.

A survey is near completion to examine service users;' views about accommodation, support, short breaks in the Stirling area. A survey targeting over 100 people recovering from mental illness (18 – 64 years) around 30 carers, a variety of service providers and a range of mental health professionals.

By far the largest consultation is with service users, and the Stirling Users Network (STUN) have been part of the working group since its inception in April 2003. STUN are trained and will be running focus groups with service users. One to one interviews can also be facilitated if required. This has been developed from a small working group which was commissioned by the Stirling Framework Implementation Group for Mental Health. Findings are due to be reported early in 2004. The working group have been researching areas of good practice in the 3 core areas of its work and will make recommendations to influence future development of services.

PHYSICAL DISABILITY AND SENSORY IMPAIRMENT

- A consultation event has taken place that focussed on providing information on services consulting staff and engaging service users and their carers.
- The strategic planning process also consulted widely, over several months, followed by a period of public consultation. This focussed on a range of issues including housing and support needs.

SUPPORTING PEOPLE PROCESS

- A facilitated event has taken place involving a range of staff from the local authority and Service providers.
- Inputs and consultation took place with a variety of strategic planning and implementation groups within the area.
- Staff consultation in staff meetings across the Authority.
- Regular meetings and contacts with service providers.
- Contacts with key organisations, most of which represented the views of the service users.

SERVICE USER INVOLVEMENT

Stirling Council is committed to involving service users in all aspects of service development including strategies and policies. We will work together with partner agencies to ensure that service user involvement is promoted and an integral part of any future service development.

ACTIONS ARISING

- Develop Advice and Information services for older and vulnerable people as part of the Housing Advice and Information Strategy. A consultation process to look at Homepoint Standards published by Communities Scotland is due to conclude December 2003.
- Continue to fund and to value the impact of Care and Repair as well as aids, adaptations and equipment.
- Consider the potential growth in demand for low level support services such as cooking, shopping, gardening and helping with appointments, allied to demographic change.

SECTION 5: MONITORING AND EVALUATION

Stirling Council has established a Management Group beyond April 2003 as the primary management group for both running the Supporting People process and for developing, monitoring and evaluating of the strategy itself.

The group is made up of representatives from:

- Community Care Services (Chair)
- Housing Services
- Children's Services
- Corporate Services (Resource management)
- Community Services
- Forth Valley NHS

The remit of this group is:

- budget Management: ensuring that the Supporting People budget is properly aligned within existing auditing processes and in line with Scottish Executive directives;
- standards: commissioning and evaluating qualitative assessments of housing support services;
- process management: receiving reports on the implementation and operation of the contracts process, the commissioning and purchasing process and the review process;
- resourcing: the application of the Supporting People resources budget and monitoring its effectiveness;
- strategic Planning: responsibility for the ongoing development and implementation of the Supporting People Strategy;
- consultation: commissioning specific consultation with service users and providers.

This will enable us to produce and update within 1 year with specific inclusion of the following;

- a Community Care Needs Assessment including housing support needs will present its findings by April 2004 and hopefully fill some of the gaps in our understanding;
- a comprehensive consultation exercise involving a broad range of stakeholders has begun and will also report its findings by April 2004;
- Stirling Council will benefit from seeing through the transition period and learning from the process of change;
- at the end of its first full year we will review and evaluate the effectiveness of the decision making process and the degree to which we can anticipate beginning to meet the demand for housing support;
- outputs from the first year of the service review process and inclusion of new or proposed pipeline projects.

The Joint Implementation Plan process offers a unique opportunity to engage with a wide range of agencies and service users across all community care client groups. It has a local and a Forth Valley wide structure which also brings us into contact with our neighbouring authorities and cross boundary services.

The structure brings together service providers, service user and carer and statutory agencies to plan services for the following care groups:

- Older Peoples Services Implementation Group;
- Learning Disability Services Implementation Group;
- Mental health Services Implementation Group;
- Substance Misuse;
- Physical Disability Services.

SERVICE REVIEW PROCESS

It is the responsibility of the local authority to administer and carry out reviews of services funded through Supporting People grant. Service reviews are part of the condition of the grant allocation from the Scottish Executive.

The Scottish Executive have issued guidance as to how service reviews should be carried out. The review implementation process must take place in consultation with service providers.

All providers must be reviewed by April 2006 and subsequently all services must be reviewed at least every 5 years. The Executives guidance suggests that the order in which services are reviewed is on a priority basis with those considered to be at higher risk to reviewed early within the review programme.

It is also recommended that SP service reviews should be held alongside any other review process, such as a review of the care provision, to minimise potential duplications within concurrent processes for providers. The Review timetable/programme must be made available to all stakeholders and the dates of first reviews written into the interim contract.

The Scottish Executive have cited within the Review guidance that the Review process must be one of openness, honesty, partnership and objectiveness. In order for this to be achieved this Local Authority is aware that lines of communication between the authority and service providers, the Care Commission, service users, carers and advocates is an essential element of the process.

Providers, particularly small or specialist providers may require, and should be given, assistance to meet the review criteria.

Open, clear and various lines of communications must be set up and publicised as ongoing means of expressing views, issues and concerns about service provision. Proactive consultation must also take place particularly with service users and their carers.

As stated the whole process must be open, objective and fair. The local authority's own service provision will be reviewed as well as those from outside providers. Decisions taken about the future of services will be open to scrutiny.

The process is also an ongoing one, with information being collected continually and in a number of ways such as:

- visits to services;

- consultation with service users and carers;
- links with the Care Commission;
- views of care managers and
- ongoing communication with service providers.

The criteria, on which services are reviewed, is that services must:

- operate in accordance with the local Supporting People Strategy;
- meet identified current and future demands for services;
- provide a quality service which effectively meets the National Care Standards for Housing Support Services and the needs/preferences of service users and potential users;
- be cost beneficial
- be provided by an organisation which can demonstrate competent financial management for the foreseeable future; and
- be deemed to be registered or from April 2004 be registered with the Care Commission.

The Executive has recommended a three staged approach in relation to the Service Review process. A brief summary of this staged approach is documented below:

First Stage

The first stage is largely a desktop review by the local authority, using existing information sources, where possible, such as local performance information. However, this does not preclude direct contact with housing support service providers and service users. The purpose of the first stage is to identify areas of strength and weakness in a provider's performance. If a full contract / SLA is to be entered into with no substantial changes to the terms of the interim contract / SLA the review process is complete. If, however, the first stage identifies the need to make changes to the contract /SLA, where these might be beneficial to the service user or provider, the second stage of the review should be invoked.

Second Stage

As noted above under the First Stage information there may be a need for a Local Authority to invoke the second stage in the Review process where the Local Authority may have either concerns or strategic aims in relation to the current service providers' service delivery.

The following are examples of circumstances where a second stage review may be Beneficial:

- decommissioning or re-provisioning of services;
- areas of concern which could result in changes being made to the contract / SLA or to the funding arrangements;
- a service no longer meets the local authority's strategic priorities.

The second stage is a more in depth review involving dialogue between the local authority, service users and providers. It's aim is to identify and agree the actions necessary to achieve changes or improvements to services. This second stage will require greater input from the local authority, service users and providers. Discretion should be used to

determine when a service should proceed to a second stage review. The authority will be expected to demonstrate that this has been done consistently across a number of services.

Third Stage

A third stage review to explore alternative options is invoked only when there is evidence of breach of contract / SLA or when it is necessary to consider withdrawing funding. If a third stage review has been invoked then the Local Authorities should advise the Care Commission of its concerns.

The decision to cease funding is a serious one and will impact on service users and other stakeholders as well as the provider. All possible alternatives must be considered before withdrawing funding. Where there is no alternative, action must be taken to minimise the impact on service users. Normally, there will be a lead-in time of one year where a new service is commissioned or an existing service is to be remodelled.

There must be an agreed process on how the decision to discontinue funding is made and who is involved. The decision should be ratified either by elected members or an officer designated by the authority.

Stirling Councils Approach to Housing Support Service Reviews

Within Stirling Council there was a decision agreed and taken by the Supporting People management Group, to ensure that a service review tool and process was further developed. The decision to develop such a tool was in order to ensure that Housing Support Service provision within the Stirling area is of the highest quality and represents value for money/best value.

The Supporting Management recognised that a large majority of service users within Stirling who received housing support services funded by Supporting People grant funding also received other related services as part of a package of care/support.

Therefore, it was recognised that housing support services were rarely delivered in isolation from other care/support services, such as Personal Care and non- Personal Care. It was also recognised that many of the service users who received their housing support services from supporting people funded providers, also received their other care/support services from the same provider.

As a consequence the Supporting People management group decided that the service review process should take cognisance of the dual nature of service delivery, and review service providers in relation to the complete range of services that they provide to service users within Stirling. By reviewing service providers on all aspects of their service provision it allows the local authority to reduce the resource burden on providers in relation to the review process, it avoids duplication of review functions and it allows the Local Authority to achieve a 'holistic' view of each providers care/support provision.

Stirling council has a fully developed review tool and details of the review process were delivered to providers via a Providers Forum in September 2003. Rather than reviewing service providers on the recommendations laid down by the Scottish Executive, Stirling have

decided that the first round of Supporting People funded services should be subject to a more comprehensive review process.

The comprehensive review tool combines the initial first stage self-assessment and desktop elements of the review process as outlined by the Executive, with a second stage being approach adopted for all providers. The second stage review tool has been developed around 6 key objectives and these are as follows:

- OBJECTIVE 1: Individual rights and empowerment
- OBJECTIVE 2: Individual Support
- OBJECTIVE 3: Services provided
- OBJECTIVE 4: The Living Environment (Accom. Schemes only)
- OBJECTIVE 5: Organisation and Management
- OBJECTIVE 6: Managing and Developing People (delivering support services)
- OBJECTIVE 7: Financial control

Within each of these objectives are a number of standards, and too each of these standards evidence is looked for.

The overall objectives of this comprehensive review are to ensure that services provided within Stirling are:

- Of a high quality
- Effective
- cost beneficial
- Able to meet specific standards: the appropriate national Care Standards and the Local Authorities standards
- Able to meet the needs of the service users
- Aid the service providers develop/refine/expand or alter their service deliver

The current Local Government in Scotland Bill proposes the establishment of statutory duties in relation to Best Value, Community Planning and Public Performance Reporting. Local authorities will require to make arrangements which secure Best Value, defined as *“continuous improvement in the performance of the authority’s functions”*, and play a leading role in Community Planning. As a local authority will be subject to the legislative requirements as a whole, all of its support and service delivery activities, including those for Supporting People, will be subject to the new statutory duties.

It is essential that the local authority have enough information to justify decisions taken and to measure whether both the reviewing process, and the overall aims of Supporting People, are meeting their objectives. The SP strategy must be reviewed annually to ensure that targets have been met.

It would also be useful, in the consultation process with service users, carers, providers, care managers etc. to seek views that would evaluate the provision to gauge that provision is continually improving. Ideally, it would be beneficial to establish a list of performance indicators to establish whether Supporting People is having the desired affect on issues such

as social inclusion, quality of life and maintaining people in the community measurements could include:

- reduction of number of people requiring residential provision;
- decrease in hospital discharge waiting times for those people returning to the community;
- reduction in admissions to hospital e.g. mental health admissions, frail elderly people living alone;
- drop in repeat homelessness;
- increase in amount of support provision and independent living;
- reduction in complaints about support provision.

Further Information

More detailed information is available in the Scottish Executive SP guidance on:

- service reviews
- sheltered housing reviews
- community alarms
- quality and monitoring

SECTION 7: EQUAL OPPORTUNITIES

This encompasses both the encouragement of equal opportunities and a commitment of any existing equal opportunities legislative requirements. In terms of housing support, this could include issues of equity for accessing services if the principles of determination outlined in Section 6 were applied. Also included could be how much the service user is charged for the service and the extent to which the Council as purchaser could rebate the cost.

The cost of housing support is included in the terms of a contract that Stirling Council will use in order to purchase service provision for the service user. This could mean that the service user is not subject to the equivalent charge. If that were to occur, the assessment of a need for housing support may be the only involvement in what otherwise would be a private arrangement whereby the service user would pay the service provider for their support needs. This would exclude those service users whose support provision was formerly met as a result of THB. It would also include tenants, in the case of Stirling Council, where the support cost has effectively been collected as part of the rent.

Stirling Council commits to initially protecting those tenants who have been in receipt of THB by not charging for their service provision. The same principle will also apply to Stirling Council tenants who have not been subject to a charge as a result of the support cost being collected as part of the rent. There will be no initial need for a specific service charge as a result.

The Council already has a charging policy for home-based care services; this policy will be applied where there is the authority to do so. Likewise, if the financial circumstances of THB protected tenants changes, the charging policy will also be applied where there is the authority to do so.

Stirling Council commits to keeping the charging policy under review in light of any factors that may arise in terms of the application of the equal opportunities principle.

SECTION 8: ACTION PLAN

Detailed below are the strategic objectives for the Supporting People Strategy and the tasks that the Council has to carry out to meet these identified objectives, the time-scale for their achievement and the service with lead responsibility for ensuring that it is carried out. The Action Plan is divided into broad task areas;

PROVIDERS

STRATEGIC OBJECTIVE	ACTIONS	TIMESCALES	LEAD	OUTCOMES
Obj 1: standards and good practice Obj 6: decision making and administration Obj 4: monitoring and best value	<ul style="list-style-type: none"> ● Provide Service Specifications for Providers. ● Provide full contracts for HSS providers ● Establish a Contract Compliance Framework. ● Develop and implement the Authorised Providers List. And Process for HSS provision ● Develop and implement Contract Monitoring Arrangements. ● Establish performance indicators, and reporting arrangements. ● Work with the Scottish Commission for the Regulation of Care to support the process of the National Care Standards for HSS delivery within the local area and at the national level. 	<p style="text-align: center;">Ongoing</p> <p style="text-align: center;">Ongoing</p> <p style="text-align: center;">2004/05</p> <p style="text-align: center;">Ongoing</p> <p style="text-align: center;">2004/05</p> <p style="text-align: center;">2005/06</p> <p style="text-align: center;">Ongoing</p>	Strategic Support Service: Community Services	<ul style="list-style-type: none"> ● Clarity of volume and nature of each individual service. ● Clear control route for funding of services. ● Established route for new provision. ● Clear Monitoring roles. ● Benchmarks for success established. ● Established standards and consistent monitoring arrangements.

SERVICE DESIGN

SERVICE OBJECTIVE	ACTIONS	TIMESCALES	LEAD	OUTCOMES
Obj 1 standards and good practice Obj 6: decision making and administration Obj 4: monitoring and best value	<ul style="list-style-type: none"> • Ensure Service Reviews are carried out within appropriate timescales. • Continue to profile Care at home and Supporting People funded support services • Use the review process to establish, consistency, best value and address quality standards among providers of housing support services. 	2004/2006 Ongoing Ongoing	Service Redesign Manager/ Housing Service	<ul style="list-style-type: none"> • Established process for reviewing services • Consistent approach to evaluation of services. • Clear criteria for success.
Obj 3: gaps in service Obj 6: decision making and administration Obj 6: social inclusion and social justice	<ul style="list-style-type: none"> • Commission a full Community Care Housing and support needs assessment. (Strategic Needs Analysis). • Incorporate issues from full Learning Disability needs assessment being undertaken with local partners. 	2004/2005 Complete	Service Redesign Manager/ Housing Service	<ul style="list-style-type: none"> • Clear understanding of CC and housing support issues. • Established clarity of priorities and issues. • Clearer sense of trends and of demands.
Obj 3: gaps in service Obj 6: social inclusion and social justice	<ul style="list-style-type: none"> • Identify gaps in housing support service delivery. • Consider the potential growth in demand for low level HSS support services allied to demographic change, particularly recognition of an ageing population 	Ongoing Ongoing	Service Redesign Manager / Housing Service	<ul style="list-style-type: none"> • Develop HSS provision for under- represented service user groups within the area • Develop specialised HSS provision, taking due cognisance of the ever changing needs of the service users
Obj 3: gaps in service Obj 1 standards and good practice Obj 6: decision making and administration Obj 6: social inclusion and social justice	<ul style="list-style-type: none"> • To build in an estimated growth in demand for older people services of between 20- 30% to reflect demographic trends. 	2004/2006	Service Redesign Manager/ Housing Service	<ul style="list-style-type: none"> • Growth is factored into assumptions for future service demands and future service development

ACCOUNTABILITY AND GOVERNANCE

SERVICE OBJECTIVES	ACTIONS	TIMESCALES	LEAD	OUTCOMES
Obj 6: decision making and administration Obj 6: social inclusion and social justice	<ul style="list-style-type: none"> Establish Supporting People Management Group (with direct link to Homelessness Strategy Group) Budget decisions will be mainstreamed nearest to service users needs. Strategic overview and re-alignment decisions co-ordinated via SP Management Group 	Complete On-going On –going	Service Manager Community Care	<ul style="list-style-type: none"> Clear management responsibility. Clear decision making route/ensures equal opportunities to HSS provision
Obj 1: standards and good practice Obj 6: social inclusion and social justice	<ul style="list-style-type: none"> Align assessment processes with current service structures, <p>Single Shared Assessment processes will progress this aspect across services and relevant agencies.</p>	On-going	Supporting People Management Group	<ul style="list-style-type: none"> Clarity of decision making. Consistency of assessment across full spectrum of service users or potential service users for HSS within the Stirling area .
Obj 6: decision making and administration Obj 4: monitoring and best value Obj 6: social inclusion and social justice	<ul style="list-style-type: none"> Deliver programme of awareness raising, training and Information for staff and service users. Ensure that service users are appropriately financially assessed in relation to any charges for their HSS provision, utilising the Council’s Charging Policy and Procedures and Financial assessment policies 	2004/2006	Strategic Support Service: Community Services	<ul style="list-style-type: none"> Better understanding among staff of SP. Ensures that Best Value and represents ‘Good Practice’ <p>Quality information and Advice for service users.</p>
Obj 1: standards and good practice Obj 6: decision making and administration Obj 4: monitoring and best value	<ul style="list-style-type: none"> Conduct strategic liaison with Providers. Conduct strategic Liaison with Scottish Executive Officers 	Ongoing	Supporting People Management Group	<ul style="list-style-type: none"> Established strategic links locally and nationally.

FINANCE AND RESOURCES

SERVICE OBJECTIVES	ACTIONS	TIMESCALE S	LEAD	OUTCOMES
Obj. 2: continued funding Obj 1: standards and good practice Obj 4: monitoring and best value	<ul style="list-style-type: none"> Establish financial procedures for financial monitoring of SP Grant. 	Complete	Corporate Services Finance Manager	<ul style="list-style-type: none"> Clear audit route for payments.
Obj. 1: continued funding	<ul style="list-style-type: none"> Produce regular Financial reconciliation and returns for Scottish Executive. Development and maintenance of spreadsheet and payment schedules. 	Ongoing Ongoing	Corporate Services Finance Man/ Service Manager Advice and Assistance	<ul style="list-style-type: none"> Establish appropriate links with central government for grant payments.
Obj. 2: continued funding	<ul style="list-style-type: none"> Need to identify individuals where there are cross border implications (Personal Care & Housing Support) and take appropriate actions as necessary. 	2004/05	Corporate Services Finance Man/Service Manager Advice and Assistance	<ul style="list-style-type: none"> Clarity of broader payment commitments.
Obj. 2: continued funding Obj 6: decision making and administration	<ul style="list-style-type: none"> Ensure that appropriate administration and payment procedures are in place. with clients and providers. 	Complete	Service Manager Advice and Assistance	<ul style="list-style-type: none"> All invoicing and payment schedules appropriately accounted.
Obj. 2: continued funding Obj 6: decision making and administration Obj 6: social inclusion and social justice	<ul style="list-style-type: none"> Development, implementation and maintenance of integrated housing support charging system. Integration of Supporting People processes into Direct Payments framework Arrange payments to Housing only Services via SLA. 	Complete Ongoing Ongoing	Service Manager Advice and Assistance	<ul style="list-style-type: none"> Equity in charging across clients. Provision of choice in payments routes. Consistency of approach across providers.

HOUSING

SERVICE OBJECTIVES	ACTIONS	TIMESCALE	LEAD	OUTCOMES
Obj 1: standards and good practice Obj 6: decision making and administration	<ul style="list-style-type: none"> Agree SLA for housing Services. 	Immediate	Housing Services/Strategy & Resources	<ul style="list-style-type: none"> Separation of function between purchaser and provider.
Obj 3: gaps in service Obj 1: standards and good practice Obj 6: decision making and administration Obj 4: monitoring and best value Obj 6: social inclusion and social justice	<ul style="list-style-type: none"> Prioritise the development of new housing support services to areas where there is a clear identified unmet need. Work with Housing Associations and care providers to review sheltered and very sheltered housing provision, to establish demand and supply factors more accurately, future client needs profiles and agree the level of unmet need. Carry out a stock appraisal of the design and condition of older peoples housing including nursing, sheltered and residential. Plan for the provision of additional new build sheltered and very sheltered housing alongside barrier free standards in mainstream housing in partnership with Communities Scotland and the voluntary sector. Identify the required level and types of HSS provision that will be required within any such new developments. 	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing (2x complete)</p> <p>2004/2009</p>	Housing Services	<ul style="list-style-type: none"> Clear prioritisation of needs. Joined up planning and delivery of services. Establish capital requirements. Establish process for delivering new accommodation based services.
Obj 3: gaps in service Obj 6: social inclusion and social justice	<ul style="list-style-type: none"> Carry out a Community Care Housing Needs Assessment Requirement to deliver a more appropriate balance between accommodation and floating support services. Support the development of floating support to maintain people in their own homes. Define need for sheltered or supported substance abuse accommodation. Assess whether a floating support that met the need would reduce the requirement for supported accommodation. 	<p>2004/2005</p> <p>2004/2006</p> <p>Ongoing</p> <p>2004/2006</p> <p>2004/2006</p>	Housing Services /Service Design Team	<ul style="list-style-type: none"> Better understanding of CC housing support needs. More people are maintained in their own homes. Wider range of targeted services. Reduced homeless presentations.

<p>Obj 3: gaps in service Obj 6: social inclusion and social justice</p>	<ul style="list-style-type: none"> • Develop preventative housing support service provision for those at risk of homelessness. • Develop support services to tenants from Housing staff. 	<p>Ongoing</p> <p>Ongoing</p>	<p>Housing Services /Homeless task group</p>	<ul style="list-style-type: none"> • Reduction in failed tenancies.
<p>Obj 3: gaps in service Obj 4: monitoring and best value Obj 6: social inclusion and social justice</p>	<ul style="list-style-type: none"> • Identify where there are gaps in service provision consulting with and taking into account the views of the service user. • Increase supported units, estimated increase of 20 units on present provision. With the increased provision by a total of 20 units, there will be the need for an increased level of housing support by this amount. • Support the need to eradicate rough sleeping within the next year. • Develop Advice and Information services for older and vulnerable people as part of the Housing Advice and Information Strategy.. 	<p>Ongoing</p> <p>Ongoing</p> <p>2004/2005</p> <p>2004/2009</p>	<p>Housing Services /Service Redesign Man</p>	<ul style="list-style-type: none"> • Support the Stirling Council Homelessness Strategy. • Increase in appropriate support units. • End to the need to sleep rough. • More effective advice services.
<p>Obj 1: standards and good practice Obj 6: decision making and administration Obj 4: monitoring and best value</p>	<ul style="list-style-type: none"> • Monitor and evaluate SP Strategy • Establish a process for monitoring and evaluation of outcomes of the SP strategy 	<p>2004/05</p>	<p>Housing Services</p>	<ul style="list-style-type: none"> • Clear sense of Strategic Planning of HSS

Appendix 1

Prescribed Housing Support Services

Please note that the services listed here are eligible for Supporting People funding under the terms of The Housing (Scotland) Act 2001 (Housing Support Services) Regulations 2002.

It is only the services that are listed here that will attract SP funding – any other services provided will not attract SP funds and therefore if these are to be provided by the Provider these will have to be funded from other funding streams/budgets

The Provider will provide the following aspects of service in relation to Housing Support:

1. General counselling/emotional support

The service provider will provide general counselling and support for their service users; this may include befriending, encouraging social intercourse etc. General counselling can also include helping the service user develop confidence and self-esteem, where this does not overlap with similar services provided as part of personal care or personal support.

The housing support provider will also provide the service user with general elements of social intercourse such as talking to the user, showing an interest in the user's general welfare. However, the housing support provider will also respect the privacy of service users.

The support provider will provide the service user with 'befriending' services where it is appropriate and beneficial for the service user. These services should be those that allow for the service user to gain confidence, access social events and to generally enable the service user enjoy a full and independent life as is possible with the support provided.

2. Security

Assisting the user of the service with the security of dwelling, including advice to the user about the importance of keeping the property secure.

3. Safety

Assisting and helping the user to maintain the safety of the dwelling. This includes a comprehensive range of safety matters including fire safety, electrical/gas appliance safety etc.

The provider will help maintain the safety of the dwelling itself and will help to ensure that the property and all equipment within it are up to safety standards (this is applicable where the accommodation is supported accommodation, a hostel or a 'safe house'. It is also applicable when the accommodation provided is furnished and for short-term use – such as temporary homeless accommodation). However, where the provider of the housing support service is not the provider of the accommodation itself, the provider will still be liable to provide advice and information in relation to aspects of safety in relation to the dwelling and the equipment within the accommodation.

4. Advising and supervising service users utilising domestic equipment

The provider will provide advice to the tenant on the use of domestic equipment provided for the user's own use. For those users that need extra supervision to minimise health and safety risks to the user the provider of the housing support service this will be responsible for making this available.

5. Arranging Minor Repairs

The provider of the service will help to arrange that minor repairs to domestic equipment be carried out for the benefit of the user of the service.

6. Providing life-skills relating to the maintenance of the dwelling

The provider of the housing support service will provide the user of the service with training and advice in relation to the maintenance of the interior of the dwelling. The training and advice may include advising the client on issues such as food hygiene, preservation of the kitchen areas, general hygiene and maintenance of equipment within the property etc.

7. Assisting the service user engage with relevant professionals

The housing support provider will assist the service user to gain access to relevant professionals, and help the service users to arrange for professionals to call. This will, where necessary, include reminding users of the service about appointments and assisting users of the service to access social workers, medical staff and other appropriate professionals. It may also include dealing with telephone calls or other correspondence on behalf of the service user, and if appropriate accompanying the service user to and from appointments and meetings, if these relate to the welfare of the service user.

The housing support provider will where appropriate act as an advocate for the service user with relevant external agencies, bodies and individuals.

8. Aids and adaptations

The housing support provider where appropriate will advise the user of the service on the accessing of aids and adaptations to aid the service user to live independently and safely within their home/accommodation in order to cope with their disability.

9. Personal budgeting and debt counselling

The service provider will assist and advise the service user in relation to personal budgeting and debt counselling. The service provider will provide for the development of domestic and life skills for the service user, these could include advising an individual on food preparation and food hygiene, advising them of issues of household cleanliness etc.

10. Relationships and disputes with neighbours

The provider will help the service user deal with neighbour disputes and neighbour relationships and will help the service user develop skills such as life and interpersonal skills that may benefit and assist the service user in dealing with such disputes.

The service provider should assist the service user in reporting any incidents such as neighbour disputes or harassment to the appropriate authorities/agencies- when this is appropriate and the when the user herself wishes this action to be taken.

11. Help in claiming welfare benefits and dealing with official correspondence

The service provider should offer advice and assistance to the service user in relation to their rights and eligibility for welfare benefits. The housing support provider should aid and assist the service user in applying and completing benefit forms where necessary.

The service provider should where appropriate should assist the service user deal with official correspondence, such as information relating to the service users tenancy, where any such assistance will help the service user to sustain the occupancy of the dwelling.

12. Resettlement and:

13. Aiding the service user to access accommodation where less support is provided

The service provider shall advise the service user about alternative accommodation types as appropriate, this may include advising service users about other accommodation providers within there area, helping the service user complete waiting list applications etc.

If the service user is moving on to a different tenure or moving accommodation and the housing support provider is remaining the same; the housing support provider should help and assist the service user in relation to the process of resettlement. This can be done in the form of general advice and assistance and reassurance. It can also be done before the move with the service provider offering advice in relation to tenure options etc.

The service provider will assist the service user to make practical arrangements in relation to a move to new accommodation, such as helping the service user access phone, gas and electric connections. Aiding (where appropriate) the service to access practical assistance within their home, such as plumbers, care and repair etc. The support provider will also, where necessary, assist the service user in the selection of interior decoration and furnishings, however the costs of any renovating, decorating or furnishing of the new accommodation will not be met in relation to Supporting People grant.

The service provider will assist the service user with activities that are needed in order to set-up a tenancy at a time of resettlement, these activities include, helping the service user access essential utilities, liaising with the service users landlord where appropriate etc.

The service provider will assist the service user in accessing furnishings for their home, where this is an appropriate role and is due to resettlement or due to the service user moving to accommodation where less support is needed. This assistance may include helping the service user access welfare payments to enable the service user to occupy the property. It may also mean arranging for furniture to be delivered or up-lifted, or accompanying the service user to appropriate furnishing retailers for the selection of furnishings. Supporting People grant is not available in order to pay for any service users furnishings

14. General errand running

The service provider may provide the service user assistance with shopping and errands. This could include going to the post office: collecting prescriptions for the user (but not administering the medication), collecting/returning books to the library etc; going shopping with the service user).

15. Provision of Alarms/Call Systems

The service provider will provide and maintain alarm and call systems in accommodation that is either designed or has been adapted for and occupied by older people, sick or disabled people.

16. Responding to Alarm Calls/Call Systems

The provider will be responsible for answering and responding to emergency alarm calls relating and pertaining to housing support services contained within this schedule, in accommodation that has been designed or adapted for and occupied by older people, sick or disabled people.

17. Controlling access to service users' rooms

The provider will where appropriate be responsible for controlling access to individual user's own rooms.

18. Cleaning of service users' rooms

The service provider will where necessary provide cleaning services for service users' own rooms and windows (both internal and external), where this service is appropriate.

19. Providing for the costs of resettlement services

This means the costs relating to the provision of time spent by the service provider in aiding the service user to move on to other accommodation where less intensive support is needed or where another type of accommodation is needed. Costs will include the time spent advising the service user about accommodation options, benefit entitlement, liaising

with relevant professionals concerned with the welfare of the service user. Costs *not* covered are those costs relating to the costs of furnishings, removal costs etc.

20. Social intercourse and welfare checks

The provider will provide the service users with social intercourse and welfare checks where the service user resides within accommodation that is supported by either a resident warden or a non-resident warden with a system for calling that warden.

21. Social Events

If the service user resides within accommodation supported by a warden system either as a resident or a non-resident warden with provision for calling such a warden; the provider shall arrange social events for the service users in said cases.

Appendix 2

The National Care Standards for Housing Support Services

The following Standards have been taken directly from the National Care Standards for Housing Support Services as published by the Care Commission under the Regulation of Care (Scotland) Act 2001.

This section outlines the Standards, which will be applied to the evaluation of services provided to the service user. The Standards included within the following sections are the National Care Standards: Housing Support Services. These Standards have been developed by the Scottish Commission for the Regulation of Care, under the auspices of the Regulation of Care (Scotland) Act 2001.

The Standards are based on a set of principles. The principles themselves are not standards but reflect the recognised rights that an individual should be afforded as a citizen. These principles are holistic and represent the philosophy of Social Inclusion. They recognise that the services must be accessible and suitable for everyone who needs them, including people from black and ethnic minority communities.

The main principles are dignity, privacy, choice, safety, realising potential and equality and diversity.

These principles convey the following rights:

Dignity

An individuals right to:

- Be treated with dignity and respect at all times; and
- To enjoy a full range of social relationships

Privacy

An individuals right to:

- Have their privacy and property respected, and to receive the time, the space and the facilities needed and wanted: and
- Be free from intrusion, as long is it safe for the individual and everyone else

Choice

An individuals right to:

- Make informed choices, whilst recognising the rights of other people to do the same:
- Know about the range of choices; and
- Be given assistance to fully understand all the options and choose the one that is right for the individual

Safety

An individuals right to:

- To feel safe and secure in all aspects of life, including health and well being:
- Enjoy safety but not be over-protected; and
- Be free from exploitation and abuse

Realising Potential

An individuals right to have the opportunity to:

- Achieve all they can
- Make full use of the resources available: and
- Make the most of their life

Equality and Diversity

An individual has the right to:

- Live an independent life, rich in purpose, meaning and personal fulfilment:
- Be valued for their ethnic background, language, culture and faith:
- Be treated equally and live in an environment which is free from bullying, intimidation, harassment and discrimination; and
- Be able to complain effectively without fear of reprisal and/or victimisation.

The Standards themselves seek to ensure that the overall aim of improving and maintaining the Service Users ' quality of life is being met. These standards are grouped under principal service areas. Those areas are;

Before using the Housing Support Service. (Standards 1-4)

1. Informing and deciding
2. Legal rights
3. Management and Staffing arrangements
4. Housing Support Planning

Using the Housing Support Service (Standards 5-8)

5. Lifestyle- social, cultural and religious belief or faith
6. Exercising Rights
7. Choice and communication
8. Expressing Views

Choosing to leave or end the Service (Standard 9)

9. Choosing to leave or end the service

Standard 1

Service Users will have all the information needed to help make a decision about using the service.

1. Service Users will be provided with an introductory pack, which clearly explains how the service works, written in plain English or in a language and format that is suitable for an individual Service User. It should include:
 - the housing support service brochure;
 - how to use the service;
 - any charges for the service, what these are and to whom payment should be made;
 - what is available in the housing support service;
 - how the quality of housing support service is monitored;
 - the complaints procedure;
 - a statement of a Service User's rights and responsibilities as a person who uses the housing support service;
 - policies and procedures for managing risk and recording and reporting accidents and incidents;
 - the relevant policies and procedures of the housing support service;
and
 - the most recent Care Commission inspection report.
2. A Service User's family, carer, friends, staff and managers will be involved in discussions, with the agreement of the Service User.

Standard 2

Service Users will receive a written agreement, which clearly defines the service that will be provided to meet their needs. This will set out the terms and conditions for receiving the service, and arrangements for changing, or ending the agreement.

1. Service Users will receive a copy of this written agreement in a format that they can understand.
2. Service Users will be able to look at the Care Commission's inspection reports that relate to the housing support service.

Standard 3

A Service User experiences good quality housing support. This is provided by management and staff whose professional training and expertise allow them to meet the Service User's needs. The service operates in line with all applicable legal requirements and best-practice guidelines.

1. Service Users can be assured that the provider has policies and procedures, which cover all legal requirements, including:
 - staffing and training;
 - 'whistle-blowing';

- managing risk; and
 - proper record-keeping, including recording incidents and complaints.
2. Service Users can be confident that staff know how to put these policies and procedures into practice. They have regular training to review this and to learn about new guidance.
 3. Service Users can be confident that the staff providing their housing support have the knowledge and skills gained from the experience of working with people whose needs are similar to theirs. If they are new staff, they are being helped to get this experience as part of a planned training programme.
 4. Service Users can be confident that all the staff use methods that reflect up to date knowledge and best practice guidance, and that the management is continuously striving to improve practice.
 5. Service Users know that the provider's staff and managers are all recruited and selected through a process, which includes:
 - taking up references;
 - criminal records checks where required; and
 - cross-reference to the registers of the Scottish Social Services Council, the United Kingdom Central Council for Nurses, Midwives and Health Visitors (UKCC), or other professional organisations, where appropriate.
 6. Service Users can be confident that at all times the number of staff who are trained and who have the necessary skills will be sufficient to meet their housing support needs. The levels are agreed between the Care Commission and the Provider.
 7. Service Users knows that the service has a staff development strategy and an effective yearly training plan for all its staff.
 8. Service Users know that whenever staff are involved in any financial transaction, it will be carefully recorded. This will be done in a way that can be checked by the Care Commission and the Purchaser.

Standard 4

Service Users will be fully involved in developing their personal plan and in any later reviews. Service Users will receive copies of these, that have been signed and dated by the housing support service provider.

1. Service User's personal plans will set out the way the service is shaped to meet their needs.
2. Service User's personal plans will contain information about:
 - what the Service User prefers to be called;
 - who should be involved in reviewing the Service User's care;
 - any special communication needs the Service User may have;
 - what communication arrangements need to be put in place if the Service User's first language is not English;

- any housing support the Service User needs to help with financial or administrative arrangements;
 - when, and in what circumstances, friends, relatives and carers will be contacted;
 - which other services must be contacted if there is an important change in the Service User's health or personal circumstances;
 - an independent person to contact if the Service User wants to make a complaint or raise a concern;
 - who else is contributing to the Service User's support and care; and
 - when the housing support is provided and who provides it
2. Service Users know how to change their personal plan for either planned or unplanned events (for example, going to hospital, or on holiday, or on a day out) or: how to end their housing support service.
 3. Service Users can be confident the housing support service provider will check with them regularly (within three months of the service starting and at least once a year after that), that the service meets their needs that are identified in their personal plans.
 4. Service Users are told about any unexpected changes to their housing support as soon as possible.
 5. Service Users know about any changes to charges and how and when these will happen.
 6. Service Users know how to contact the housing support service provider if their housing support worker does not appear when they are expected.

Standard 5

A Service User's social, cultural and religious belief or faith are respected by the provider in supplying the service. Service Users can live their lives in keeping with these beliefs.

1. Service Users are treated as individuals with unique needs.
2. Staff will know what social, cultural and religious belief, or faith, will mean, for how Service Users live their lives.
3. Where necessary, Service Users will have help to take part in religious, cultural and spiritual activities.
4. Service Users sexuality is accepted and their legitimate sexual needs and preferences are viewed as being important to them.

Standard 6

Service Users can be helped by housing support staff to make choices about the service that is provided and how it links to their personal and social life.

1. Service Users are given good information about the choices that are available to them and the effect they will have on them. If they want, they can ask for an independent representative or for specialist advice.
2. Service Users are free to carry out these choices unless any specific legal provision applies to them.
3. Service Users can be confident that the housing support service provider has clear ways of communicating their wishes to the housing support staff so that a service user does not have to repeat things.

Standard 7

Service Users keep their rights as individuals.

1. Service User's personal plans explain their rights and responsibilities as a user of the service, and they know what is expected of them and what they can expect of housing support staff.
2. Service Users will not suffer any form of abuse from housing support staff.
3. Service Users have the right to confidentiality, unless any specific legal provision applies. Their personal plans explain how information about them will be handled and how their confidentiality will be protected.
4. Service Users do not have to give the housing support provider any information, which is not essential for their housing support services. The housing support provider will tell Service Users why they need information about them.
5. Service Users' personal information will be kept secure and easily available to them and anyone else they want to be able to look at it.
6. Service Users housing support workers will respect their privacy when talking to them and when talking to other people living in, or visiting, their house.
7. Service Users housing support workers will not gossip about them, their home or their family.
8. Service Users will have a housing support worker who will be their usual contact with the housing support service provider.
9. Service Users housing support workers will deal with their requests for help politely and quickly.

Standard 8

Service Users are encouraged and helped to make their views known on any aspects of the housing support service.

1. Service Users know how to make a complaint or comment to the housing support provider about the service. Service Users are also aware of the procedure for making complaints directly to the Care Commission.
2. Service Users do not have to give their name when making a comment or complaint.
3. Service Users will know how the housing support provider monitors the quality of support it offers.
4. Service Users can be confident that the housing support service provider deals with concerns and complaints quickly and sympathetically, and provides full information about what will happen as a result of the complaint.
5. If they want, Service Users are helped and supported to use an independent and confidential advocacy service that can act for them. Staff will have information about any service that would help in this way.
6. she or he has to say on behalf of the Service User, as if it were the views of the Service User .If a Service User has an independent representative (for example, an independent advocate), staff will listen to what she or he has to say on the service users behalf, as if the service user was expressing their own views.
7. Service Users can play a part in the Care Commission's inspection of their service.
8. Service Users know that the manager of the housing support service will make available a copy of each inspection report so that Service Users and their representatives can look through it.

Standard 9

Service Users and the housing support service provider will plan and discuss how to end the service.

1. Service Users will know about any action that is being taken (usually with their agreement) to end a contract, service or housing support arrangement.
2. Service Users will have discussed ending their housing support service at their personal plan reviews.
3. Service Users housing support service provider will help them if Service Users decide to use a different service.
4. Service Users can end their housing support service after talking about this with their housing support provider.
5. Service Users will know what will happen to any records that relate to them when the housing support service ends or changes. If the service users records have to be passed on to a new housing support provider, they will be complete and up to date, and will have been put together with the Service User's involvement and agreement.

APPENDIX 3

EXISTING STRATEGIES AND PLANS

Since the publication of Modernising Community Care in 1998 there have been a large number of documents which will affect context and delivery of housing support services. The emphasis across a raft of legislation is upon caring for more people at home and to sustain peoples lives within their existing community wherever practicable and it is their choice.

Within the body of legislation and guidance notes there is an emphasis upon designing and delivering person centred services which promote inclusiveness and partnership with service users and carers. Partnership working, as perhaps most clearly defined in the report of the Joint Future group (2000) and enabled by the Community Care and Health Act 2002, is at the core of service planning and delivery.

STIRLING'S COMMUNITY PLAN – 'Working Together'

Represents the single over-arching document which sets an agreed vision and strategic direction for all partner agencies and community groups. Social inclusion lies at the heart of many of the key strategic aims, in that basically we aim to secure an equality of opportunity for all citizens to fully participate in the economic, social and cultural activities of this city.

The Community Plan sets the framework for all corporate activity. Within these overarching strategic aims, specific strategies and plans have been developed. Specific links with homelessness are integrated with the following:

HOUSING MANAGEMENT PROCEDURES

Housing Management policies and procedures have been developed to provide pro-active approach to homelessness by adopting preventative action procedures such as; early arrears detection, debt counselling service, links to health and other support agencies, social inclusive Allocations policy, developing a common housing register with other RSLs to increase housing opportunities.

HEALTH AND HOMELESSNESS ACTION PLAN

Forth Valley Health Board in conjunction with partner agencies, are preparing a joint action plan, where appropriate agencies in health and housing can work together to provide support to 'high risk' or 'complex needs' individuals, to limit homelessness or recurring homelessness due to lifestyle.

SINGLE SHARED ASSESSMENTS

As from April 2004, the Council and partners should have in place, a joint protocol for the assessment of service users including those with housing support requirements. This joint approach will help ensure appropriate level of support is provided to suit the needs of the individual in order to sustain independent living.

COMMON HOUSING REGISTER

The Council is currently working in partnership with other housing providers in the area, to realign housing allocations practices. The purpose of this is to simplify access to housing, increase possible housing options by introducing a single waiting list and speed up housing

allocation procedures. The Single Shared Assessment protocol will likely be adopted by local RSLs.

ROUGH SLEEPERS INITIATIVE

Stirling has been part of the Rough Sleepers Initiative since March 1999 and has been allocated Revenue Support Grant funding to 2004. The Council remains committed to meeting the Scottish Executive's Social Justice Target in eliminating rough sleeping by 2003.

The remit of the Rough Sleeper Worker will be an integral component of the Homelessness Strategy, particularly within the areas of prevention and alleviation of homelessness. Since many homeless people do not access health care, the RSI is working with health care agencies to increase access to health care.

LOCAL HOUSING STRATEGY

The Local Housing Strategy sets out how the Government's national priorities and objectives are addressed locally. The Scottish Executive has instructed local authorities to focus on a number of key areas and Homelessness falls within this priority classification. From the Community Planning process, the LHS strategy will set the framework of all housing activity and joint working with planning and community care in the next 5 year period. The objectives and action plans will reflect both national and local priorities and how best issues such as homelessness can be alleviated in this area.

YOUTH HOUSING AND AFTERCARE STRATEGY

A range of programmes set to provide housing and support for young people, particularly for young people who are moving to independent living from a care provision. The various support activities are designed to offer young people, help and advise in life skills to enable them to integrate and participate within the community.

EQUAL OPPORTUNITIES

Social Inclusion is a key feature of the Council's activities. Our Equal Opportunities Position Statement sets out our overarching commitment to ensure we meet the Scottish Executive's Social Justice agenda. All strategies which link with homelessness have set specific action to meet equal opportunities best practice.

HOUSING ADVICE (CORPORATE)

Housing advice overlaps with a number of corporate strategies, including housing options, debt counselling, support to sustain existing tenancies, preventative action for RSL tenants and private sector tenants, including HMOs and homeowners threatened with repossession.

CHILDREN'S COMMUNITY PLANNING PARTNERSHIP

This Partnership has responsibility for the production of the statutory Children's Services Plan which is called 'For Stirling's Children'. The Partnership comprises Stirling Council, NHS Forth Valley, Central Scotland Police, Children's Panel and the Voluntary sector. The Plan is underpinned by the principles of Children First, Inclusion, Partnership and Quality. The key outcomes are to raise achievement, improve health, promote the welfare, safety and protection of children and better integrated working.

MENTAL HEALTH STRATEGY 1999-2005

This Strategy was developed in partnership with Forth Valley Health Board, Forth Valley Primary Care Trust, Clackmannanshire Council, Falkirk Council, Stirling Council, Central Scotland Police and the Voluntary Sector in Forth Valley. The Strategy went out to full public consultation in early 2000. It outlines the action plans for each council area for the duration of the strategy. The Stirling action plan is driven forward through the Stirling Framework Group for Mental Health. Housing and Accommodation is clearly featured in the Strategy, and key actions in relation to housing and accommodation are identified in the strategy for the Stirling area.

Stirling Council acknowledge this clear directive toward inclusive, community based services in their draft Joint Implementation Plans 2001/02 and 2002/3 enshrined in the following strategic objectives;

- **To sustain people in their own homes and communities wherever possible.**
- **To develop a range of flexible forms of new build housing to meet community needs.**
- **To meet the needs required by hospital reprovisioning.**
- **To ensure joint planning and delivery of health, housing and social services.**

FORTH VALLEY PARTNERSHIP IN PRACTICE AGREEMENT

This is a forth valley wide joint health and social services plan for people with learning disabilities. The agreement reflects the priorities set out in The same as you? A review of services for people with a learning disability, Scottish Executive,2000.

TRANSITION POLICY

As part of the priorities for action agreed "Partnership in Practice", we are in the process of developing a transition policy which will apply to all Council services and will ensure that young people with a disability and their family/carers are fully aware of the possible options during the key periods of transition from childhood to adult life and receive an appropriate level of advice and assistance.

DIRECT PAYMENTS

In June 2003 it became a duty for Council's to offer direct payments to people over the age of 16 and who are disabled by;

Physical impairment

Learning disability

Illness

By 2004 the provisions will widen to include the majority of people who are assessed as having community care needs. A direct payment can be used too arrange and buy a range of support services.

Appendix 4

Supporting People Pipeline Projects

Stirling Council Supporting People budget growth figures were submitted to the Scottish Executive in 2002/2003 for projected new services in the years 2003 to 2006.

The Executive initially rejected £545,768 of bids mostly based upon the premise that these projects had not progressed sufficiently to meet the financial criteria or that the level or type of capital commitment was not sufficient. (Table 2)

A further £23,873 of funding was withdrawn because the projects were running before the March 02 THB deadline.(Table 1)

The Executive have approved 16 units within 6 projects (table 3) with a funding input of £395,499 over 3 years, of which £52,292 is for 2003/04.

The Stirling appeal features 24 units within 5 projects with a funding requirement of £564,300. (Table 4) This appeal has been with the DWP since April 2003.

Table 1: Initially Accepted bids

Project	Units	03/04	04/05	05/06
Forth Hope St.	1	£2,684	£3,655	£3,746
Homeless Springkerse Ho.	5	£14,177	£19,304	£19,787
Muirend Rd older people	3	0	£10,904	£22,478
Women's Aid refuge	4	£6,340	£40,091	£41,093
Camphill Deanston	1	£14,626	£29,983	£30,733
Camphill Kippen	2	£14,465	£59,967	£61,466
Total	16	£52,292	£163,904	£179,303

Table 2: Appeal Figures

Project	Units	03/04
Lower Bridge Street	10	£311,480
Springkerse House	5	£18,907
84 Glasgow Rd	3	£57,720
Camphill (combined)	6	£176,193
Total	24	£564,300

Appendix 5

Glossary of Terms

Aftercare	Young people who were previously “looked after” children under the terms of the Children (Scotland) Act 1995.
Domestic Violence	limited to <i>women</i> fleeing domestic violence.
Homeless	people determined as homeless under the relevant sections of the Housing (Scotland) Act 2001 and the Homelessness etc. (Scotland) Bill 2003.
Housing Revenue Account (HRA)	the funding stream that is derived from income from rents to the Local Authority
Learning Disability	includes people with a mild to moderate learning disabilities, as well as those with more severe learning disabilities
Mental Health	includes people with enduring but relatively low level mental illness or disability, as well as those who have been diagnosed as mentally
Older People	includes older people (usually aged over 55) who are physically disabled/frail, older people who are mentally frail or have mental health problems (e.g. depression) and older people who have dementia
Physical Disability	includes people with mobility difficulties and debilitating or long-term illnesses
Registered Social Landlord (RSL)	are usually Housing Associations who are registered with the housing body, Communities Scotland
Self-funders	service users who, due to their personal financial circumstances, are responsible for paying for their housing support service costs.
Single Shared assessments	involve one agency, whether social work, health or housing, undertaking the assessment on behalf of all the agencies involved. This assessment is subsequently shared between, and accepted by, the other agencies in developing the housing, care and support package.
Special Needs Allowance Package (SNAP)	a form of grant funding allocated to Housing Associations from Communities Scotland to pay for ‘Enhanced Housing Management Services’. SNAP ended on the 31 st of March 2003
Supporting People Grant	is the Grant the Local Authority receive from the Scottish Executive for spend on the provision of prescribed housing support services
Transitional Housing Benefit Scheme (THBS)	a demands led benefit that individuals could access in order to pay for the housing support services that they received and that the Landlord charged for through the payment of rent.