London Borough of Waltham Forest

Supporting People
Strategy
2010-15

Our vision for Supporting People is

Working together for high quality support:

We will ensure Waltham Forest's Supporting People services provide high quality housing-related support to improve quality of life, independence, choice and safety for service users in the community
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Foreword

Supporting People services play a key role in promoting choice and independence for our most vulnerable residents in Waltham Forest. This is in line with the commitment in our Sustainable Communities Strategy “to support and empower our most vulnerable residents to live independent, active and enjoyable lives”.

From its very beginning in 2003, Supporting People’s main aim was to help end social exclusion by preventing crisis and more costly service intervention and enabling vulnerable people to live independently both in their own homes and within their community through the provision of vital housing-related support services.

Through offering housing-related support including support into employment and training, support to access benefits and links to health and community activities, Supporting People helps to transform peoples’ lives and helps to build sustainable communities.

Supporting People services are part of our vision for integrated services reflecting the values of London Borough of Waltham Forest and NHS Waltham Forest through offering preventative services promoting healthy lifestyles, connecting people with community services and reducing the need for higher level interventions. This improves the quality of life and social inclusion of Waltham Forest residents.

We aim to offer high quality housing-related support services, which are focussed on achieving the best outcomes for service users, and personalised services, which are shaped around the needs of our citizens.

We are proud of what our Supporting People services have achieved and we are committed to building on this over the next 5 years through sustaining our services and increasing extra care for older people and supported living for people with learning disabilities including young people in transition.

Angie Bean
Councillor Angie Bean
Portfolio Member for Health, Adults and Older People
1. **EXECUTIVE SUMMARY**

**National context**

Funded by the Department for Communities and Local Government (CLG) since 2003, Supporting People (SP) provides housing-related support for vulnerable people with the aim of establishing and maintaining independence.

The national Supporting People programme of £1.66bn in 2009-10 helps over a million vulnerable people each year to live independently including older people, people with learning disabilities, people with mental health problems, homeless families, single homeless people, young people, ex-offenders, people recovering from substance misuse and people fleeing domestic violence. Supporting People has led to significant savings in the cost of other services: nationally the £1.6 billion invested in Supporting People has saved other services £3.41 billion through reduced costs in homelessness, tenancy failure, crime, health and residential packages and for every £1 spent on SP services, £1.78 in benefit is gained.

**Local context**

In Waltham Forest, Supporting People funding of £8.8m in 2009-10 provides support to over 2,800 vulnerable people each year, working with 36 support providers. The programme establishes, sustains and promotes independent living by providing housing-related support in a range of accommodation based and floating support provision.

**Waltham Forest's Supporting People grant funds a total of 2676 units in 226 services covered through 67 contracts with 36 providers. 650 units are support-only services and 2026 are accommodation based with support.**

The largest supply of SP services in Waltham Forest supports older people and the largest proportions of funding commission services for people with learning disabilities, people with mental health problems and homeless people. The share of funding in local provision is 22% for older people, 39% complex needs e.g. mental health, learning disabilities and 39% socially excluded groups e.g. homeless people. Significant changes in Waltham Forest’s SP sector since 2003 include the growth in extra care provision for older people, learning disabilities and mental health provision and specialist provision for 16-17 year olds and street homeless.

Waltham Forest SP participated in CLG’s national work to develop an outcomes monitoring system for all local authorities and has its own strategic outcomes framework which co-ordinates with the national system. This monitoring ensures the local programme is outcomes-driven, demonstrates the contribution of SP services to transforming the lives of vulnerable people and links with the priorities and indicators in the Borough’s Sustainable Communities Strategy and Local Area Agreement, in particular the commitment.
to support and empower our most vulnerable residents to live independent, active and enjoyable lives

Through reporting of outcomes we can monitor the impact of support services in Waltham Forest. In 2009-10, SP funded support in the borough resulted in:

- 309 people supported into employment
- 2782 people supported to access correct benefits
- 931 people supported into education and training
- 2825 people supported to access health services and health promotion activities
- 2641 people supported into managing their physical health better
- 2682 people supported to access faith, leisure and cultural activities
- 582 people safeguarded from harm
- 270 people sustained in drug treatment

The authority is performing well on the key national indicators NI 141 and 142 – % people maintaining and establishing independence – 2008-9 performance was:

- NI 141 performance 99% against target of 90%
- NI 142 performance 94% against target of 80%

Waltham Forest SP has ensured value for money and achieved over £648,000 savings since 2003 through service review.

**Waltham Forest Supporting People Strategy 2010-15**

**Key drivers**

The key drivers for the Waltham Forest’s Supporting People Strategy are:-

**Transformation agenda:** The commitment to personalised services and self-directed support.

**Financial change:** The lifting of the ring fence from Supporting People grant which from 2011 will be paid as part of Area Based grant offers flexibility in our delivery of housing related support services e.g. through individual budgets. Waltham Forest needs to ensure the funding continues to be targeted at meeting the support needs of our most vulnerable residents.

**Strategic Context:** Supporting People’s contribution to local strategies including the SCS, LAA, Housing Strategy, Safe and Sustainable Partnership Plan, the Children and Young People Plan and Child Poverty Strategy in particular through providing support to employment, support into education and training, promotion of health and well being and in addressing demographic change and changes in need e.g. increased demand from older people with high care needs and young people including people with learning
disabilities. SP links with 19 of the 35 indicators in the Waltham Forest Local Area Agreement.

**Vision and Values**

The vision of LBWF Adult Health and Social Care Services links directly to the wider vision of Waltham Forest and to the LBWF Transformation Programme.

**The seven planks of the vision**

1. To develop a modern and strategically strong service
2. Personalisation
3. Prevention
4. Health and social care integration
5. Partnerships
6. Community-Based Healthcare
7. Quality and value for money

Supporting People is a key element in the Prevention Strategy.

The vision of Waltham Forest’s Supporting People Strategy 2010-15 is working together for high quality support: we will ensure Waltham Forest’s Supporting People services provide high quality housing-related support to improve quality of life, independence, safety and choice for service users in the community.

The key principles of the Waltham Forest Supporting People Strategy are to: -

- Tackle social exclusion from a housing-related support perspective
- Promote independence through support, enabling people to live in their own homes with the right level of support
- Provide alternatives to residential care
- Provide support to vulnerable homeless households as part of the strategy to prevent homelessness
- Give users a voice and choice in the planning and delivery of services
- Reduce crime and the risk of harm
- Develop and implement Supporting People in partnership with stakeholders: providers, users and carers, health, Probation and community services
- Provide fair, appropriate and accessible quality services to meet the needs of the diverse communities of Waltham Forest, promoting equality of opportunities

**Commissioning Priorities**

The Supporting People key commissioning priorities for 2010-15 are: -
• Maintain funding in the region of £8.9m for baseline Supporting People services in Waltham Forest subject to Government funding, service review and procurement

• Maintain a balance in relation to need in Supporting People provision in Waltham Forest to support older people, people with complex needs e.g. mental health problems and people with learning disabilities and the socially excluded e.g. homeless people and vulnerable young people

• Increasing learning disabilities high support including provision for young people in transition: target increase 6-8 units by 2014

• Increasing mental health high support: target increase 20 units by 2015

• Increasing Extra care and floating support for older people: target additional 75 units by 2012 and increase % of users with high care needs in current provision to 30% by 2015 with a target of 30 allocations per year to extra care

• Increasing flexible provision through Individual Budgets: expand pilot IB service to SP base budget by 2011 supporting 75 users a year through IBS

• Commission Home Improvement Agency: target establish HIA and commission SP funding of £200k per year for 3 years 2010-13

• Homelessness provision to improve services for socially excluded adults including specialist needs such as 16/17s: target support specialist 16/17s homeless assessment team through SP commissioning by 2011 and rough sleepers: target support redevelopment of Nightshelter through Places of Change

• Expand SP service directory to promote access and user involvement in line with transformation of Service Directory

• Service targets: achieve service targets in outcomes, performance indicators and service review. Build on quality assurance e.g. Quality Assessment Framework benchmarking and quality assurance work with services

The Strategy includes an action plan which will be updated annually and performance will be reviewed quarterly by Supporting People Commissioning Body.

The Strategy includes planning and delivery of Supporting People and Personalisation in the areas of access to services, service delivery, service review, procurement and Individual Budgets.
2. NATIONAL CONTEXT AND BACKGROUND

BACKGROUND

What is Supporting People?

Funded by the Department for Communities and Local Government (CLG) since 2003, Supporting People (SP) provides housing-related support for vulnerable people with the aim of establishing and maintaining independence.

The national Supporting People programme of £1.66bn in 2009-10 helps over a million vulnerable people each year to live independently including older people, people with learning disabilities, people with mental health problems, homeless families, single homeless people, young people, ex-offenders, people recovering from substance misuse and people fleeing domestic violence.

The programme supports the transformation and ‘Putting People First’ agenda aiming to keep people in their own tenancies whilst increasing their level of choice and independence. It is critical in helping to build sustainable communities through offering support to increase access to employment and training, assists in social cohesion and contributes to the preventative agenda with promotion of health and well being activities. It contributes to the strategic priorities of reducing residential admissions and helping to prevent hospital admission/re-admission. Supporting People reduces the risk of social exclusion, increases educational chances of children and improves the quality of life for vulnerable people.

The million people supported nationally by Supporting People include 800,000 older people; 40,000 single homeless people; 36,000 people with mental health problems and 8,000 women at risk of domestic violence.

The delivery of successful housing related support is monitored through 2 indicators in the national set (NIs 141 and 142) based on establishing and maintaining independence and research has shown that the programme is more than paying for itself through reduced costs in health services, tenancy failure, crime and residential care – for every £1 spent on SP services, £1.78 in benefit is gained.

What is housing support?

Housing support has been defined as:-

“Support services which are provided to any person for the purpose of developing that person’s capacity to live independently or sustaining capacity to do so”

Grant Conditions (issued under section 93 Local Government Act 2000)
Housing related support includes:-

- Advice and information
- Understanding documents
- Advocacy
- Help to get other services you need;
- Developing life skills (such as advising you how to manage your money better e.g. budgeting skills, paying bills, reducing debt, completing forms, healthy eating, well-being, how to clean and look after your home, who to contact when things go wrong, personal safety);
- Developing social skills,
- Support to be employed, to be trained to be a volunteer,
- Taking up activities,
- Meeting new people making friends and keeping links with family
- Reducing isolation,
- Learning domestic, life or social skills in order to become more independent
- Assistance in applying for benefits, budgeting and managing debts
- Finding somewhere to live and setting up home
- Gaining access to other support or community services
- Finding out about work or training
- Dealing with other professionals, family and neighbours and advocating on your behalf
- Improving your health and well-being
- Providing alarm systems to enable people to call for help in an emergency

The key benefits of Supporting People vary between client groups but can be summarized as:-

- Improved mental and physical health
- Improved quality of life
- Greater choice in options of how and where to live
- Increased participation in the community and decreased isolation
- Decreased fear of crime
- Increase ease of access to appropriate services including primary care services
- Improved involvement in the community
- Increased stability, and in particular greater housing stability, allowing people to deal with issues in their lives
- Improved education and health outcomes for children
- Reduced anti-social behaviour
- Acquisition of life skills such as cooking, shopping and management of finances
- Reduced risk of death (through being a victim of crime)
- Improved health and mobility
- Reducing admissions to hospital
- Reducing length of stay and delayed discharge from hospital
- Reducing visits to Accident & Emergency
Increasing use of treatment services, for example drug treatment and mental health services
Promoting stability in lives, reducing psychological distress

NATIONAL CONTEXT

The national strategy for Supporting People Independence & Opportunity (2007) sets out the contribution of SP to the CLG’s vision of prosperous and cohesive communities offering a safe, healthy and sustainable environment for all. SP provides the means through which the Government ensures that some of society’s most vulnerable people receive help and support to live independently, making an important contribution to the objective of promoting equality of opportunity and enabling vulnerable people to participate fully in the social and economic life of their communities.

By helping to reduce re-offending, reduce homelessness and rough sleeping and anti-social behaviour, SP helps the most vulnerable and excluded contribute to wider society. The national strategy places the programme in the new local government landscape outlined in the White Paper Strong and Prosperous Communities and has 4 key themes:

• Keeping people that need services at the heart of the programme
• Enhancing Partnership with the Third Sector
• Delivering in the new local Government landscape including relating SP to Local Area Agreement
• Increasing efficiency and reducing bureaucracy

The Supporting People programme contributes to the seven outcomes for adults identified within Our Health, Our Care, Our Say (2006) improved health and wellbeing, improved quality of life, making a positive contribution, increased choice and control, freedom from discrimination, economic wellbeing and maintaining personal dignity and respect. SP relates to the Government’s definition in the Green Paper Shaping the Future of Care Together (July 2009) that “care and support describe the activities, services and relationships that help people to be independent, active and well throughout their lives and participate in and contribute to society. At its best care and support can transform peoples’ lives”.

The national and local outcomes framework for SP is based on the five Every Child Matters (2003) outcomes for children, young people and their families: be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic

Supporting People is in line with the The Commissioning Framework for Health and Wellbeing (2007) which was produced by the Department of Health to advise commissioners about providing personalised services, promoting health and well-being, proactively preventing ill health and work in partnership to reduce health inequalities by focusing on outcomes for children and adults.
Supporting People helps to address the needs of socially excluded adults and through services for homeless people and ex-offenders contributes to Homelessness Prevention Strategies and PSA (Public Service Agreement) 16 *Increase the proportion of socially excluded adults in settled accommodation and employment, education or training.*

An independent report by Cap Gemini published in July 2009 found that Supporting People has led to significant savings in the cost of other services: nationally the £1.6 billion invested in Supporting People has saved other services £3.41 billion through reduced costs in homelessness, tenancy failure, crime, health and residential packages.

**STRATEGIC DRIVERS: Supporting People; Supporting Change**

2010 marks a significant transitional period for Supporting People:-

**Strategy**

The need to refresh the Supporting People Strategy at the end of the period of the first 5-year strategy 2005-10 and place SP services in the context of Waltham Forest Sustainable Communities Strategy and Local Area Agreement. The SP Strategy is developed in the context of Waltham Forest’s Transformation Programme including the “best provider” workstream and the vision for integrated services, reflecting the values of London Borough of Waltham Forest and NHS Waltham Forest.

**Finance**

Since its inception in 2003 SP grant has been issued to local authorities by CLG as a ring-fenced grant. In 2009/10 it is being paid as a named grant under Section 31 and from April 2011 SP funding will be unringfenced and paid to local authorities as part of the Area Based Grant. The indicative allocations for 2009/10 and 2010/11 are £8.8m per annum. Due to the benefits of the programme, it is recommended that this funding continues to be used at this level for contracted SP services in Waltham Forest over the period 2010-15 and we will also develop new and innovative ways to support vulnerable people in a range of different situations. This will include Individual budgets, with funding for housing support being paid directly to service users.

Indicative grant is known only until 2010/11 and major financial risks to Supporting People services are:-

- decrease in funding from CLG as part of public expenditure changes
- local policy changes

**Personalisation and self directed support**
Supporting People is well placed to be a key driver of change in the transformation of local authority services through “Putting People First” in promoting choice and independence. Users have always been at the centre of the delivery of housing related support with personalised support plans and user input into service delivery, procurement and review. Waltham Forest SP has been identified as a model of good practice by CLG and the Audit Commission in its model of user led service reviews which have been conducted across SP services for older people, homeless people and people with mental health problems. From 2009, SP funding could be used more flexibly and instead of only being paid to SP support providers can be an element in individual budgets. From a pilot in 2009-10 Waltham Forest is seeking to promote individual budgets with an element of SP funding expanding choice for users.
3. CURRENT PROVISION & RESOURCES

SUPPORTING PEOPLE IN WALTHAM FOREST

In Waltham Forest, Supporting People funding of £8.8m in 2009-10 provides support to over 2,800 vulnerable people each year, working with 36 support providers. The programme establishes, sustains and promotes independent living by providing housing-related support in a range of accommodation based and floating support provision.

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CURRENT SUPPLY

Contracted SP spend in 2009-10 is £9,004,155.26 based on maximum contract value (actual spend will be lower due to variation in payments for long term (subsidy) schemes.

The breakdown of current supply is shown below.

<table>
<thead>
<tr>
<th>Primary Client Group</th>
<th>SP Spend 2009-10</th>
<th>Total Units</th>
<th>Ave. Wkly Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frail/Elderly</td>
<td>£538,388.60</td>
<td>252</td>
<td>49.49</td>
</tr>
<tr>
<td>Generic</td>
<td>£368,889.39</td>
<td>220</td>
<td>37.69</td>
</tr>
<tr>
<td>Homeless Families with Support Needs</td>
<td>£384,568.29</td>
<td>418</td>
<td>44.74</td>
</tr>
<tr>
<td>Offenders or people at risk of Offending</td>
<td>£418,376.45</td>
<td>61</td>
<td>142.34</td>
</tr>
<tr>
<td>Older people with support needs</td>
<td>£1,485,751.27</td>
<td>1005</td>
<td>24.62</td>
</tr>
<tr>
<td>People with Physical or Sensory Disability</td>
<td>£23,837.22</td>
<td>6</td>
<td>37.33</td>
</tr>
<tr>
<td>People with Drug/Alcohol problems</td>
<td>£37,427.46</td>
<td>20</td>
<td>37.08</td>
</tr>
<tr>
<td>People with Learning Disabilities</td>
<td>£1,980,641.24</td>
<td>147</td>
<td>205.37</td>
</tr>
<tr>
<td>People with Mental Health Problems</td>
<td>£1,442,294.33</td>
<td>183</td>
<td>125.62</td>
</tr>
<tr>
<td>Refugees</td>
<td>£36,135.68</td>
<td>12</td>
<td>57.75</td>
</tr>
<tr>
<td>Rough Sleeper</td>
<td>£329,457.53</td>
<td>45</td>
<td>172.02</td>
</tr>
</tbody>
</table>
### Single Homeless with Support Needs

<table>
<thead>
<tr>
<th>Client Group</th>
<th>Funding</th>
<th>Number</th>
<th>Fee per Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teenage Parents</td>
<td>£2,697.69</td>
<td>5</td>
<td>10.35</td>
</tr>
<tr>
<td>Travellers</td>
<td>£50,580.95</td>
<td>20</td>
<td>48.50</td>
</tr>
<tr>
<td>Women at Risk of Domestic Violence</td>
<td>£301,258.40</td>
<td>38</td>
<td>124.10</td>
</tr>
<tr>
<td>Young People at Risk</td>
<td>£303,508.74</td>
<td>48</td>
<td>115.66</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£9,003,500.62</strong></td>
<td><strong>2,676</strong></td>
<td><strong>£84.95</strong></td>
</tr>
</tbody>
</table>

### Client Group Share of funding

- Frail Elderly: 0%
- Generic: 4%
- Homeless Families: 3%
- Offenders: 3%
- Older people with support needs: 6%
- People with a Physical or Sensory Disability: 4%
- People with Drug Problems: 4%
- People with Learning Disabilities: 5%
- People with Mental Health Problems: 17%
- Refugees: 0%
- Rough Sleeper: 23%
- Single Homeless: 0%
- Teenage Parents: 14%
- Traveller: 16%
- Women at Risk of Domestic Violence: 0%
- Young People at Risk: 0%

### Client Group share of supply
Supported housing for older people forms the majority of the current supply – 38% is sheltered housing and 9% extra care (frail elderly).

Provision for homeless people forms 24% of the supply – 16% homeless families and 8% single homeless people.

The next largest sectors are learning disabilities and mental health provision which have a lower supply but higher share of the funding. Learning disabilities provision has the largest share of the funding - 23% with the next highest shares older peoples provision (17%) and mental health (16%).

This data indicates a relative balance between the three sectors of older peoples provision, complex needs and social exclusion in the local funding of the local SP programme. Older peoples provision and homeless support covers the highest proportion of units but at lower unit cost and mental health and learning disability provision has a significantly high share of the programme grant:

**Waltham Forest Supporting People – Resource profile by sector**

<table>
<thead>
<tr>
<th>Sector</th>
<th>Units</th>
<th>SP Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older people</td>
<td>1257</td>
<td>£2,024,139</td>
</tr>
<tr>
<td>Complex Needs</td>
<td>356</td>
<td>£3,484,200</td>
</tr>
<tr>
<td>Social Exclusion</td>
<td>1063</td>
<td>£3,495,160</td>
</tr>
<tr>
<td>Total</td>
<td>2676</td>
<td>£9,003,500</td>
</tr>
</tbody>
</table>
Share of funding by client sector

- Social Exclusion: 39%
- Complex needs: 39%
- Older People: 22%

Share of units by client sector

- Social Exclusion: 40%
- Complex needs: 13%
- Older People: 47%
Compared to the supply provision in 2003 at the start of the SP programme there has been: -

- An increase in extra care by over 200 units
- An increase in learning disabilities provision by over 30 units
- An increase in generic floating support by 200 units
- An increase in mental health provision by over 20 units
- An increase in specialist provision for young single homeless people including 16/17s, young women fleeing forced marriage and gypsy and traveller floating support
- An increase in street homeless provision and support to homeless people in the private sector
- A decrease in lower quality sheltered housing by over 100 units
- An increase in the proportion of floating support services – from 18% of the supply in 2003 to 24% of the supply in 2009

A benchmarking comparison with sample London boroughs made in November 2009 suggests Waltham Forest has a higher proportion of older peoples provision and homelessness provision.

<table>
<thead>
<tr>
<th>Client Group</th>
<th>Hackney</th>
<th>Camden</th>
<th>Waltham Forest</th>
<th>Newham</th>
<th>Havering</th>
<th>LB of Brent</th>
<th>Kensington &amp; Chelsea</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Violence</td>
<td>3.7</td>
<td>1.58</td>
<td>3</td>
<td>3.5</td>
<td>9.0</td>
<td>2.21</td>
<td>3</td>
</tr>
<tr>
<td>Generic</td>
<td>13.8</td>
<td>5.16</td>
<td>4</td>
<td>0.3</td>
<td>6.1</td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>Hia</td>
<td>1.4</td>
<td>0.54</td>
<td>1</td>
<td>1.9</td>
<td>0.43</td>
<td>0.71</td>
<td></td>
</tr>
<tr>
<td>HIV</td>
<td>0.25</td>
<td>0</td>
<td>1</td>
<td>1.1</td>
<td>0.43</td>
<td>1.21</td>
<td></td>
</tr>
<tr>
<td>Homeless Families</td>
<td>4.6</td>
<td>8.99</td>
<td>5</td>
<td>0.3</td>
<td>5.9</td>
<td>4.84</td>
<td>6.5</td>
</tr>
<tr>
<td>Learning Disabilities</td>
<td>11.15</td>
<td>3.15</td>
<td>23</td>
<td>20.5</td>
<td>27.5</td>
<td>8.51</td>
<td>8</td>
</tr>
<tr>
<td>Mental Health</td>
<td>16.2</td>
<td>17.85</td>
<td>16</td>
<td>26</td>
<td>5.7</td>
<td>18.76</td>
<td>22</td>
</tr>
<tr>
<td>Offenders</td>
<td>3.8</td>
<td>2.48</td>
<td>5</td>
<td>1.2</td>
<td>4.0</td>
<td>4.02</td>
<td>0.8</td>
</tr>
<tr>
<td>Older People inc C alarm</td>
<td>19.2</td>
<td>12.14</td>
<td>17</td>
<td>20.4</td>
<td>29.6</td>
<td>14.73</td>
<td>13</td>
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<tr>
<td>Physical Disabilities</td>
<td>0.24</td>
<td>0.48</td>
<td>1</td>
<td>0</td>
<td>0.25</td>
<td>2.81</td>
<td></td>
</tr>
<tr>
<td>Refugees</td>
<td>0.26</td>
<td>0.1</td>
<td>1</td>
<td>1.2</td>
<td>0.37</td>
<td>0.37</td>
<td>0.6</td>
</tr>
<tr>
<td>Rent Deposit</td>
<td>0.31</td>
<td>0.37</td>
<td>1</td>
<td>0.9</td>
<td>0.42</td>
<td>0.9</td>
<td></td>
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<tr>
<td>Rough Sleepers</td>
<td>2.9</td>
<td>0</td>
<td>4</td>
<td>0.1</td>
<td>0.37</td>
<td>2.9</td>
<td></td>
</tr>
<tr>
<td>Single Homeless</td>
<td>9.3</td>
<td>24.13</td>
<td>14</td>
<td>12.2</td>
<td>4.3</td>
<td>32.24</td>
<td>28</td>
</tr>
<tr>
<td>Substance Misuse</td>
<td>1.8</td>
<td>8.58</td>
<td>1</td>
<td>0.5</td>
<td>2.6</td>
<td>2.32</td>
<td>1.28</td>
</tr>
<tr>
<td>Teen Parents/Young People</td>
<td>9.8</td>
<td>14.26</td>
<td>4</td>
<td>11.7</td>
<td>2.6</td>
<td>8.79</td>
<td>9.4</td>
</tr>
<tr>
<td>Travellers</td>
<td>0.52</td>
<td>0</td>
<td>1</td>
<td></td>
<td>0.1</td>
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LBWF Supporting People Strategy 2010-15 Final 201000308  17
**Supporting People Funding 2003-11**

Over the life of the SP programme, Waltham Forest’s SP allocations can be summarised as:

<table>
<thead>
<tr>
<th>Initial SP allocation 2003/04</th>
<th>£ 7,934,650</th>
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<tbody>
<tr>
<td>Grant paid in 2004/05</td>
<td>£ 7,967,877</td>
</tr>
<tr>
<td>Allocation in 2005/06</td>
<td>£ 7,666,158</td>
</tr>
<tr>
<td>Allocation 2006/7</td>
<td>£ 7,566,490</td>
</tr>
<tr>
<td>Final 2007-8 Figure</td>
<td>£ 7,882,823</td>
</tr>
<tr>
<td>Final 2008/9 Figure</td>
<td>£ 8,434,621</td>
</tr>
<tr>
<td>Final 2009/10 Figure</td>
<td>£ 8,859,269</td>
</tr>
<tr>
<td>Final 2010/11 Figure</td>
<td>£ 8,888,332</td>
</tr>
</tbody>
</table>

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**Delivering support; delivering outcomes**

In Waltham Forest Supporting People delivers outcomes critical to the Local Area Agreement and Sustainable Communities Strategy including improving access to employment and training.

Outcome focused support is provided and monitored through a strategic outcomes framework at national and local level. Waltham Forest participated in the CLG’s national working party which developed the SP outcomes system for all local authorities and has a local level framework co-ordinated with the national system to provide enhanced outcome monitoring linked to the local strategies. The Waltham Forest SP outcomes framework cross references 19 of the 35 National Indicator targets in the Waltham Forest Local Area Agreement and has a range of outcomes under the 5 domains:

- Economic well being
- Enjoying and achieving
- Being healthy
- Staying safe
- Making a positive contribution

In 2009-10, SP funded support in the borough resulted in:
- 309 people supported into employment
- 2782 people supported to access correct benefits
- 931 people supported into education and training
- 2825 people supported to access health services and health promotion activities
- 2641 people supported into managing their physical health better
- 2682 people supported to access faith, leisure and cultural activities
- 582 people safeguarded from harm
- 270 people sustained in drug treatment

The authority is performing well on the key national indicators NI 141 and 142 – % people maintaining and establishing independence – 2009-10 performance was:

- NI141 Supporting People – % vulnerable people achieving independent living (ranked 5th best performing borough compared to 2008/9 data) **99% against target of 90%**
- NI142 Supporting People - % vulnerable people supported to maintain independent living (ranked 4th best performing borough compared to 08/09 data) **94% against target of 80%**

Key findings from national outcomes data submitted in 2008-9 for long-term suggest: -

- Over 43,463 outcomes forms were returned nationally
- Of these 51% clients were in sheltered housing, 29% on supported housing and 16% in floating support
- The majority of clients – 60% were older people
- Most frequently identified needs were for support to maximise income (54%), use of assistive technology and adaptations to maintain independence (54%) and better management of physical health (53%)
- Met need include 98% maintaining accommodation and avoiding eviction, 90% participating in leisure, cultural or faith activities, 93% managing physical health better, 91% managing mental health, 96% minimising risk/ harm from others, 95% developing confidence and ability to have greater choice, control and involvement, 71% participating in education and 22% obtaining work
Delivering support; transforming lives

Service users have given feedback on the positive impact of housing related support on their lives.

User profile Y Stop: SP provider Ashiana/ Forest YMCA

One service user at Y Stop has indicated in an interview:- I have been in Ashiana project Ystop since 9 January 2007. It’s my home so I think that really summarises what it means to me. I have been homeless since beginning of 2001, I left without any knowledge of outside world never been on a bus or tube and no one knew about this. I didn’t have many friends at school too because of my parents. My grandmother was in care and she use to look after me and I had no one to talk to. My stepmother was horrible and was use to black mail me emotionally and used to abuse me physically and my dad was use to be too drunk to see anything happening in front of him. They wanted me to get married to my cousin that was the time that I decided that I will make my own life no matter how I will happen.

I left with nothing - not even my passport and identification my school was not familiar with these types of situations because there were only four Asian girls at my school. When they sent me to a refuge in Victoria they said they couldn’t help me because I don’t have my passport which is very important to get support like allowances from jobcentre. I went everywhere and nobody seemed to understand what type of help I needed but after 5 years I found out about Ashiana Project from my doctor when I went to my G.P because of depression. So from that day on my life is never been better then now. Since I have moved to Y stop I am physically and mentally strong the support Ashiana provides is great and helping me in everyday life if I am really down I can call the emergency number and some one is always there to help out and I am never alone in each and every step I take. When I first found out about Ashiana I was afraid of being judged by Asian people working but I feel so bad that why didn’t call earlier on as its totally opposite to what I imagine. Everyone was really cool and very motivating. I love everyone at Ashiana. Hopefully when I am strongly standing own my own feet. I will be able to help Ashiana somehow because it’s a home that my parents and family could not provide and for many girls like me.

User profiles Mental Health supported housing: SP provider East Living

Mrs D came to live at Greg Close following an admission at Stonelea acute mental health service. She had been given a diagnosis of bi-polar, schizoaffective disorder and a-typical autism. In her words, she had been ‘diagnosed with everything’. Mrs D had previous history of violence, both within the community and whilst in hospital. Her husband had recently left her as he could not cope with her behaviour. Mrs D suffered from low self-
esteem, depression and anxiety attacks. Mrs D was initially very de-motivated when she moved into Greg Close and did not want to involve herself in activities. We worked with Mrs D at building up her confidence and encouraging her to focus on the positive things in her life and build on these for example her love of animals – looked into voluntary work on a farm, her friends and family – getting in touch with old friends and making new ones. C.D was encouraged to look at her own social responsibility – actions and consequences. She had emotional support to help her get through her divorce and sense of loss and anger. We also supported Mrs D to focus on her health; she joined a walking group and attended a smoking cessation service.

Mrs D now lives independently, she is studying to work as a Teacher Assistant with autistic children, she belongs to a social group which is outside of the mental health service and gives her the opportunity to try new things and meet new people. Mrs D is very much still in touch with us and attends events we put on. She looks back on her time at Greg Close and says how much she has changed and that she couldn’t imagine needing to live here again.

Mr. G was referred following detention in Pentonville Prison, Camelot Lodge and Nasebury court with a mental health diagnosis of paranoid schizophrenia. He had very little insight into his illness. Partnership working with CMHT and the Home Office enabled smooth transition and enabled risks to be minimised with professional support. Mr. G was supported with understanding social responsibility, understanding his mental health diagnosis, emotional support from his own concerns from the crime he committed, medication monitoring, increasing confidence, budgeting skills, living a healthy lifestyle, building up social circle, support into college and voluntary work. Mr G has maintained his tenancy, has a better insight into his diagnosis, manages his own medication, has avoided reoffending, made new friendships, attended college, participates in voluntary work, attends the gym and cycling sessions, has moved on into independent accommodation, keeps in touch with staff and attends some of the social events & was given 3 months outreach from Greg close staff to enable a smooth transition into independence living.

**User profiles: Homeless 16/17 year olds assessed by the 16/17 team in Assessment and Options and placed in Edward House (supported housing from Single Homeless Project)**

**J.**

When she came for her initial interview in Sep 2008, she was extremely shy and uncommunicative. She had not finished her studies and did not take any GCSE exams. She refused to attend college and she had never lived away from her parental home. She moved into Edward House from Bulwer Road hostel. She had a career goal of becoming a hairdresser but didn't know how to go about achieving it without going to college. Through regular support meetings where we worked on her confidence by empowering her to make
choices about how the scheme is managed (through house meetings and guest speakers eg the Safer Neighbourhood Team) and in her life (Connexions website to investigate her career options), J. has become a very confident and motivated young woman.

Through her Connexions PA being stationed at the scheme 1 day a week, J. has looked at her career aspirations. She initially refused to attend any formal training scheme but for the past 9 weeks J. is now nearing completion of a Training course to give her work skills. Through this course J. will receive a qualification in Numeracy and Literacy and she has worked on her CV and interviewing skills. J. has requested a similar course for next term if she is unsuccessful in obtaining paid employment or a hairdressing apprentice course. J. has learnt the skill of paying her primary bills and she is currently paying her rent consistently and regularly.

J’s feedback: “I got to see what it’s like to live independently. I’ve gained new friendships, independence, confidence, money handling, communication skills. SHP have really helped me with colleges, training courses, benefits and all sorts. I’m very grateful.”

E.

E. became homeless and was living in temporary housing in North London from May 2008 until she moved to Edward House in September 2008. She had very little contact with her family as she said she had alienated them all. She also had no formal qualifications. During E.’s first few weeks living at the scheme her behaviour was extremely erratic and aggressive. This was especially towards staff as she felt they had 'no right in telling her how to live her life'. Through regular meetings and the facility to access support from staff when she needs it, she has become much calmer in how she expresses her anger or confusion. She no longer shouts at staff or slams doors when she doesn’t get her own way but instead sits with staff and discusses the issues. She comes back from her college course and informs us how she has dealt with difficult situations where she would have previously shouted aggressively or even got into physical fights; she now either laughs and walks away or tries to calm a situation down. She has grown into a young woman who has a very caring personality and she understands the facets of her personality that she needs to think about, particularly when talking to others.

E. has a career goal of working in the care industry and she works closely with the Connexions PA who is stationed at the scheme. She is on a training course to achieve her numeracy and literacy qualification. She is investigating an apprenticeship course in the care industry with her Connexions worker.

E. is very aware of her responsibilities with paying her primary bills and achieving consistent payments of rent. She deals with the benefits system well with the background support of staff if she becomes too angry and she needs to walk away from the situation. E. is
coping very well with her benefits and she takes control of her claims.

E.’s feedback: “The service that has been provided is really good, whenever you need help with anything you will get it. I have gained being really independent”.

User Profiles : Learning Disability SP Provider – Outward

In 2009 Outward responded to feedback from service users with learning disabilities in supported housing, that they want more opportunities to gain employment.

This prompted an employment pilot to address the issue of unemployment in learning disability services in our supported housing provision in Waltham Forest. A series of information workshops were held and service users were supported through a recruited process to identify those service users with a real desire to work.

Five Service Users were chosen to take part in the pilot and attended training workshops covering areas such as timekeeping, personal hygiene, developing C.V.’s and the impact of a salary and benefits. Assessments were undertaken with service users to identify their skills and chosen areas of interests. Additionally contact was made with potential employers and through liaising and offering support to employers a number of placements were found. Volunteers were recruited to support the service users in their new employment roles and to provide mentoring and companionship until each person built up the confidence and skills to continue with the employment independently.

KH had a life long love of horses and had always dreamed of working in a stable setting. KH is currently doing work experience in stables in east London. His placement is for two days a week and is going well, it is expected that his volunteer will no longer be needed soon and his employer hopes to provide a paid position to KH in six months.

KH States:
‘It’s hard work but I love it and I’m learning new things every day’

ML is a mother of three young children and wished to work with children in a nursery setting. Initially ML was found a work experience placement in a nursery. However, with increased confidence from this experience and with support in completing a CV and interview skills, ML was supported to apply for a classroom assistant post at her daughters school. This application was successful and ML is now working one day a week and is undertaking an NVQ to increase her knowledge.

ML states:
‘Thanks for all your help. I was able to do my CV and got a job at my daughters school. I love it here and am very happy. I am also getting training too’
PH is a man with autism, who knew he had the skills to gain employment but lacked confidence. Through assessing PH interests and skills it came apparent that PH had excellent computer skills. After training and coaching PH was offered a post within Outward for 10 hours paid work a week assisting in administration and Human Resources. It has been a really successful placement for PH and he feels that this will give him experience and confidence and in future he will be able to reduce his dependency on benefits, boost his self-esteem and hopefully gain full-time employment. He states: ‘**this is the first job I’ve ever had, and its great being paid too**’.

RW has also secured a work placement in a children’s nursery for two days a week through the employment pilot support. Once her CRB check is complete RW will start work and although the placement is not paid employment, the nursery have agreed to fund RW’s NVQ 2 in childcare to enable her to take up a permanent position in the future. RW states: **’It's exciting to think one day I will be properly qualified to work with children’**

**User profile Extra Care housing for older people – SP provider East Living**

Mrs. C is a 71 year old lady and has lived at Dames House for six years. Mrs. C previously lived in one of the bungalows with her husband, however unfortunately he died in 2008 and Mrs C requested a transfer to one of the flats.

Mrs. C is a very pleasant lady with slight learning disabilities, is partially sighted and hard of hearing, needs to wear glasses and hearing aid to help correct these disabilities.

Whilst living in the bungalow with her husband Mrs C received a Care Package to help her care for her wheelchair bound husband whom was suffering from Alzheimer’s. Mrs C’s late husband’s family managed their money and all aspects of their finances, shopping etc and gave Mrs. C a personal allowance weekly. Mrs C was very happy with this arrangement. However when Mrs C’s husband passed away, the family decided that they would withdraw from the level of support they were giving and set up bank account in order that Mrs. C could manage her finances. This came as a great shock to Mrs. C as she had always relied on the family for support and staff needed to intervene to help set up direct debits for Mrs. C had never managed her own finances before. Mrs. C then requested that she would like to transfer to one of the flats as it would be easier to keep clean and she felt she would not be so isolated. This was arranged. Staff also arranged Bereavement Counselling which Mrs. C attended and can now look back on the good memories. Staff now Support Mrs C when she receives hospital appointments, finances, also arrange bookings for Computer Cabs. Mrs. C has been encouraged to join in all the activities at Dames, Mrs. C regularly attends coffee mornings, meetings etc. Mrs. C has become more independent since the withdrawal of the family support, will always bring letters to the attention of staff, attends day centre weekly, Tuesday afternoon club and
recently Monday evening Meeting for the Blind Association. Mrs. C has a
good network of friends outside the Scheme and this is always encouraged
and supported. Mrs. C likes to become involved in Scheme Activities and has
recently submitted to the Manager some Artwork for the Association’s
Exhibition. Mrs. C expressed a wish to contact her brother which was carried
out with the help of Staff, unfortunately this proved unsuccessful as when the
brother arrived at Scheme was drunk and abusive, Mrs. C was happy for him
to leave and no further contact has been made. Mrs. C continues to live very
happily in her flat with the support from staff and has many friends within the
scheme and was escorted earlier this year to the Cemetery to pay her
respects to her late husband which pleased her immensely.

When asked what Mrs. C liked about living at Dames, “I am very happy in
my flat, I have nice friends and the Staff are very kind to me and help me.

Administration and Governance

In Waltham Forest Supporting People programme is managed by the
Supporting People Team in the Supported Housing & Disabilities division of
Adult Social Care & Health within the Adult & Community Services directorate.
The team is responsible for:-

- Planning and implementing the LBWF Supporting People Strategy
- Management of Supporting People grant programme and administration
grant, budget and payments system
- Monitoring, review and clienting of Supporting People services
- Delivery of the Supporting People programme through a working
partnership with stakeholders including providers, service users, London
Probation Service, health and social care partners and voluntary agencies

The Supporting People Commissioning Body is responsible for:-

- Oversight of the delivery of the Supporting People programme including
budgetary control and strategic forward planning
- Oversight of the monitoring and service review process including making
decisions on service review outcomes involving decommissioning, re-
commissioning and remodelling services and undertaking appeals on
service review outcomes

Governance and Consultation Structure

The governance and consultation structure for Supporting People is shown
below:-
User Consultation

The consultation strategy for service users and carers in Supporting People services involves:

- **Supporting People Core Strategy Group:**
  - develops strategy
  - oversees implementation

- **Supporting People Commissioning Body:**
  - agrees strategy
  - agrees service review outcomes
  - Commissioning decisions
  - membership includes local authority, Health and Probation officers

- **Joint Planning Structures:**
  - Service Planning Groups
  - DAT/LITs, Learning Disability Partnership Board
  - Local Strategic Partnership

- **Provider Groups:**
  - SP Forum
  - EROSH

- **Additional user consultation:**
  - Events
  - Conferences
  - User-led reviews
  - Service reviews

- **Joint Planning Structures:**
  - Service Planning Groups
  - DAT/LITs, Learning Disability Partnership Board
  - Local Strategic Partnership

- **Council/ Cabinet/ Health Adults & Older People Scrutiny/Joint Partnership Board:**
User and carer input into SP service reviews through questionnaires to all tenants, group and one to one meetings and focus groups
Feedback to users on service review outcomes
User led reviews of services by sector supported by the Service User Involvement project: users are trained, paid and facilitated to conduct service reviews
SP providers are rated for their user involvement and consultation policies and procedures as part of the SP Quality Assessment Framework
User and carer participation in procurement
SP funding training for user participation for people with learning disabilities
User and carer participation in joint planning mechanisms such at the Learning Disability Partnership Board and Local Implementation Teams
Quarterly Supporting People newsletters on the Council’s website
SP Outcomes data evidences positive outcomes for individuals in each of the domains including improvement in health and well being, economic well being, employment and training and increased security

Provider Consultation

Provider consultation strategy involves:-

- Supporting People Forum – open to providers and stakeholders
- 3 nominated provider representatives on Supporting People Core Strategy Group covering the areas of older people, people with complex needs and social exclusion
- Quarterly local and regional Supporting People newsletters
- Training and development: 2009 training included the update on Safeguarding and the new Quality Assessment Framework

Key achievements and changes since 2003-4

Supporting People in Waltham Forest has improved services for vulnerable people since 2003. Key achievements include:-

Improving our SP resources

- Commissioning and successfully tendering new services for people with learning disabilities and people with mental health problems
- Commissioning and expanding extra care provision for older people by over 200 units
- Commissioning award winning innovative services such as the Y Stop and Saranaya project for young women fleeing forced marriage
- Commissioning and establishing services on homeless prevention for 16/17s and mentoring for 14/15 year olds
• Commissioning a generic floating support service to assist homeless prevention in the private rented sector
• Commissioning cross authority floating support for prolific and priority offenders
• Expanding provision for young people supported by the Youth Offending Team
• Commissioning projects to improve assessment of supported accommodation need and user involvement for people with learning disabilities and people with mental health problems

Improving outcomes for service users/clients

• Conducting user led reviews by sector for older people, people with mental health problems and homeless families – identified by CLG as a model of good practice
• Implementing the outcome measurement framework pilot for SP services
• Achieving positive outcomes for SP clients in access to benefits, employment, education and training, safety, health and well being and making a positive contribution :see outcomes section . This includes 338 people supported into work in 2008/9

Improving access to services

• Improving communication and access to services through SPOCCnet, directories of services and a Supporting People newsletter
• Improved access to services in assessment processes and electronic and written information on services
• Introduction of Choice Based Lettings to sheltered housing applicants
• Holding events to promote housing choices including for people with learning disabilities and older people

Improving our service delivery

• Meeting Supporting People Strategy 2005-10 Action Plan targets
• Completing all service reviews on all Supporting People contracts in accordance with service review timetable
• Improving procedures to promote timely submission of performance data and performance indicator reporting functions
• Quality Assessment Framework for support implemented and shows continuous service improvement
• Producing and implementing the action plan from Audit Inspection report
• Review of business processes to ISO standards
**Improving value for money**

- Increased Supporting People Grant for Waltham Forest from £7.9m in 2003 to £8.8m in 2009-10
- Achieving savings of over £648,000 through service reviews
- Reducing lower quality, lower demand services by over 100 units
- Benchmarking regional weekly unit costs and support hour costs
- Management of *Supporting People* grant payments within budget
4. NEEDS ANALYSIS

Waltham Forest - A Summary Profile

Population

Waltham Forest is an outer North-East London borough with a total population of 224,800 in 2008 (GLA2008 Round Population projections – low scenario, GLA 2009). Our borough is diverse: 44% of our residents are from an ethnic minority background. 35.5% of borough residents are from black and Asian communities of which the largest communities are Black Caribbean 8.2%, Pakistani 7.9%, and Black African 5.8%. These communities are particularly at risk from heart disease, strokes, cancer, sickle cell and diabetes. They are also disproportionately affected by poverty, higher unemployment rates, discrimination and difficulties accessing services due to discrimination and cultural barriers. More than 100 languages are spoken locally, with English as a first language in the school age population less than 50% in 2009/10. The Simpson Diversity Index ranked Waltham Forest as the 13th most diverse authority in England and Wales in 2005.

11% of the Waltham Forest population are older people (25,015) are over 65 years). 26% of people are aged over 50 (57,900). The borough has a youthful population with the proportion of people aged under 20 just over 26%. This is higher than the average for Outer London Boroughs and is slowly increasing. Half the under 25s are from black and minority ethnic communities. In the 2001 census Waltham Forest was ranked 19th of the 376 districts in England and Wales for overcrowded housing, 29th for unemployment and 17th for the number of single parent households.

Our Sustainable Communities Strategy notes that we know our population is set to grow over the next 20 years by up to 14,000. We also know that in the recent past, our population has grown, but without a corresponding growth in prosperity – in fact our population has become poorer, and this is not sustainable. It places pressures on individuals and families, and on public services, and means that there is insufficient money in the locality to sustain local infrastructure and businesses. We need to ensure that future growth in Waltham Forest is both economically and environmentally sustainable, and that people with choice will want to come here and stay. Amongst other things, this means having the right type of housing options to attract people to the borough, and encourage them to stay as their family grows and prosperity increases. Housing pressures are already intense. At present, we have nearly 10,000 households on our social housing waiting list, mostly needing family-sized housing. On top of this, we need to plan for a population that is more diverse and living longer. 44% of our residents were from an ethnic minority background in 2001, and by 2011, this will have risen to more than 60% in most of the centre and south of the borough. The Waltham Forest of the future will need strong communities, and supportive, empowering services, to enable all people to live active and independent lives.
The demographic projections to 2031 project the highest growth in the age group 50+, increasing by 37%. The number of young people (under 24) is expected to grow only by 7.5%. These projections should be treated with caution as they do not take into account short-term population movements and the migration in of new minority groups.

**Housing**

There are over 96,500 properties in the borough of which 78% are privately owned, 11% are managed by Registered Social Landlords (RSLs) and 11% are owned by the Council and managed by Ascham Homes. It is estimated that 30.6% of homes in the borough – 21,000 – are considered non-decent and of these 7,000 are believed to contain vulnerable households. Over 10,000 households are on the waiting list for social housing. From the GLA’s Urban Capacity Study (2004) Waltham Forest has a target of 665 additional homes per year from 2007-8 to 2016-17 of which 50% should be affordable. The London Plan recommended 70% of the affordable housing should be for social renting and 30% sold as intermediate or shared equity housing. In 2008, the Mayor of London produced recommendations for consultation with local authorities to adjust the proportion of social housing. It is anticipated that the Thames Gateway – a priority area for regeneration area stretching 40 miles from East London – will provide some limited benefits for Waltham Forest. However, building new homes is not sufficient in itself to meet all the different housing needs in the borough. Co-ordinated action to improve and make better use of existing homes is necessary to build economically balanced communities.

**Education**

Qualifications and skills levels in Waltham Forest are low with the borough ranking 377th out of 408 local areas in Great Britain on overall skills and qualifications scores. Primary school education in Waltham Forest as reflected in the 2008 SATs results is comparable to inner London and only marginally behind the national and London levels. Based on 2007 GCSE results Secondary education in Waltham Forest is also similar to inner London performance and behind the national results. The Building Schools for the Future programme aims to transform secondary education in the borough.

**Employment and Benefits Claims**

The employment rate for 2007 in Waltham Forest –67.8% is lower than the London average and the rate for Great Britain (74.4%). Only 36% of residents live and work in the borough. It is essential to retain the knowledge and skills of our local population to improve the local economy. The borough has a higher percentage of total benefit claimants – 16.7% - than the average in London and Great Britain. In 2009, there were 3,952 benefit claims from working age people (claimant and partner aged under 60) that are earning in
Waltham Forest. Of these, 1,175 are council tenants and 2,777 live in privately rented accommodation. A disproportionate number of higher income earners are choosing to leave the borough (Renaisi Place Shaping Waltham Forest: Integrated Report 2008).

Crime

Waltham Forest has a relatively high level of crime compared to the rest of London and Great Britain with 71.2 British Crime Survey offences per 1,000 people in 2007-8. Vehicle crime and violent crime rates were significantly higher than the national averages. On average Waltham Forest has a relatively low level of sexual offences per 1000 head of population compared with its moist similar group of local authorities. (MSG) In the 2008 Waltham Forest Residents Survey, “being sexually assaulted” was one of the lowest crime concerns of the residents surveyed – 33% were fairly of very concerned compared with the greatest concern - having your home burgled (71% fairly or very concerned). In 2007-8 we have performed significantly better in reducing crime than London and East London averages. Fewer young people are entering the youth justice system – 23% fewer in 2007-8 than in 2006-7. In a local survey, 29% of people expressed concerns about Anti-Social behaviour and 57% people reported they felt safe outside in their local neighbourhood at night.

Social deprivation, child poverty and fuel poverty

In 2008-9 the Index of Multiple Deprivation showed Waltham Forest has very high levels of deprivation ranking 25th in England out of 354 local authorities and worsening of 47th since 2004. 39% of children in Waltham Forest are affected by deprivation.

The child poverty trends over the last ten years show improvements at national level. However these have not been evident in London and London’s relative position on child poverty appears to have worsened. London poverty rates are higher than the rest of the UK, families are more likely to be in deeper poverty, more likely to be without a job, have fewer housing choices and face multiple disadvantage.

Between 2004/05 – 2006/07 data showed that 30% of children in England fell into low income groups after housing costs were taken into account. This compared with 41% for London, and 37% in outer London. In August 2006, the borough had 57,415 children, living in 31,395 families. In April 2007, Waltham Forest had 15,965 (30.6%) children living in families in receipt of out of work benefits. More recent data from the DWP from July 2008, shows that the percentage of children in families on key benefits figure has risen from the April 2007 figures to 33.4%.

Evidence shows that Waltham Forest is not alone in identifying and experiencing child poverty. There are significant child poverty problems in
east London with a concentration in areas such as Tower Hamlets, Hackney and Newham. The benefits trap, prohibitively high housing costs and insecure housing limits a parent’s chances of entering work. The London-wide pattern of higher levels of urban deprivation is reflected in Waltham Forest, where again, we have concentrations of take-up of free schools meals, BME communities, poor housing conditions and people experiencing worklessness living in the south of the borough in Cann Hall, Cathall, Leyton and Higham Hill wards.

Fuel poverty – defined as the need to spend more than 10% of the household’s income on fuel – is an indicator of deprivation particularly for households with older people and disabled people. Fuel poverty mainly affects the south of the borough.

Health and Healthy Living

The Joint Strategic Needs Assessment (2009-11) indicates that people living in Waltham Forest experience relatively poor health. The population density, age profile, and high proportion of the population coming from black and minority ethnic groups (BME), along with many indicators of marked deprivation (premature death, childhood poverty, poor education attainment, unemployment, poor housing etc), means that Waltham Forest shares many of the challenges faced by its neighbouring inner London boroughs. Life expectancy at birth has continued to increase for Waltham Forest men and women, but the rate of increase has remained less than the average for London, England and Wales (female life expectancy of 81.2 years and male life expectancy of 76.5 years in 2006-8). Furthermore, life expectancy continued to show geographical variation within Waltham Forest with lower life expectancy in the south and higher in the north of the borough. From the differences in life expectancy by geographic distribution, it can be seen that certain wards in Waltham Forest require additional resources to close the gap in health inequalities and improve health outcomes. Five Neighbourhood Management Areas (NMAs) were identified from overall health and social economic data as having the highest levels of deprivation in the borough. These five NMA areas are Cann Hall/Cathall, Valley/Higham Hill, Hoe Street/Wood Street, Leyton, Lea Bridge/Markhouse. The average number of live births has increased from 3527 in 1999-2001 to 4042 in 2004-6. The trend in the infant mortality rate over the past 10 years is downward but remains higher than the national rate. The rate for 2005-7 was 5.3/1000 live births. The strongly associated factors include deprivation, ethnicity and maternal age (less than 18 years).

Morbidity and mortality from circulatory disease (coronary heart disease, stroke, hypertensive disease) in Waltham Forest has continued to decline. Cancers contribute to around 24% of causes of death locally. Waltham Forest has the 8th highest percentage of deaths attributable to diabetes in London. 25.5% of children at reception and 33.2% of year 6 children are obese or overweight and obesity levels are a particular target for the PCT. Teenage pregnancies have a major impact on the health and future life opportunities of
young mothers and the health and well being of their babies. Although the teenage conception rate increased from 48.4 to 53.0 per 1,000 girls between 2006-2007, the overall rate declined from 1998 to 2007 while remaining above that for London and England.

The prevalence of deaths requires collective effort to promote health, early detection and effective treatment of diseases. Our local people need to be empowered to take control of their own health. This means changing the health related behaviours in a highly diverse, mobile and growing population as well as tackling the inequalities. This includes the need to promote smoking cessation and tackle obesity. In access to a healthy diet Waltham Forest ranks 7th worst of the 33 London boroughs with only 27% of local adults eating the recommended minimum of 5 potions of fruit and vegetables a day. There is also a need to promote physical activity. In the 2005-6 Active People Survey, 19% of Waltham Forest adults reported that they participate in at least 3 days a week x 30 minutes of moderate activity which is lower than the London (21.3%) and national average (21%). A particular concern for Waltham Forest is the lack of activity reported by older residents and this increases by age (64.3% of 45-54 year olds, 74% of 55-64 year olds, 79.8% of 65-74 year olds and 81.9% of 75-84 year olds). This compares poorly to the London averages for these age groups, which equals 53.7%, 61.4%, 70.1%, and 84.5% respectively.

**CLIENT GROUP NEEDS**

**Older people**

There were around 25,015 people aged 65 and over in Waltham Forest: 11% of the population compared with 16% for England as a whole. The numbers of very elderly with complex needs is increasing. After 2010, the 65-74 age group is expected to increase. The number of older people from black and Asian communities is predicted to increase: in 2004, 1 in 10 older people in Waltham Forest were of minority ethnic origin but this ratio is likely to change to 1 in 5 by 2011. These trends need careful interpretation. It is likely that as people live longer they may need more complex health and social care packages. Service providers also need to ensure their services are culturally sensitive. It should be noted that older people are included in a range of the Supporting People client groups including people with disabilities, homeless people and people with mental health and substance misuse problems.

In 2008-9, Waltham Forest’s Sheltered Housing Panel assessed 317 applications for sheltered housing and 45 applications for extra care and this reflects changing expectations and choices for instance preferences for larger flats and better facilities. 58 applications were assessed as the highest level of priority, indicting increased need from applicants with high care needs.
This suggests the need to increase the amount of extra care to ensure that provision meets the needs of frail older people and consider specialist support input for "younger" older people with more complex needs including mental health and substance misuse problems.

It is estimated that 10% of the over 65 population – between 2400 and 3500 - suffer from depression. Approximately 25% would have severe depression but for many people, depression may go untreated with changes being put down to age or being explicable, for example due to bereavement or loneliness. In 2006 the local authority estimated about 7.5% of the population (1,803 people) over 65 suffered from dementia, much higher than the actual registrations. Early diagnosis and early intervention are important aspects of care for these conditions.

The 2001 Census indicates the proportion of people in good health decreases rapidly with age, down to one quarter of the population aged 75 years and over. The number of people aged 65 and over with a limiting long term illness is 13,025 (over half of older people 51%). The number of over 75’s with a limiting long-term illness rises to 62% (7308). The General Household Survey suggests that 1 in 3 people aged 65 and over report difficulty in carrying out day to day living tasks such as dressing, washing and eating. Older people living alone are sometimes described as being “at risk” in terms of higher levels of morbidity and higher formal service use. The 2001 Census shows that 12.3% of households contain one pensioner living alone (11,051 pensioners). The incidence of potentially disabling illnesses such as diabetes and stroke is higher in some black and minority ethnic groups and this needs to be taken into account in service planning.

It is estimated that 2,600 people aged 65+ years are living with severe disability and will need a higher level of care. Transforming social care policy will lead to increasing numbers of these adults receiving direct payments to plan their own care.

Of the 263 applications for sheltered housing assessed by Waltham Forest’s Sheltered Panel in 2008-9 35 were in the highest priority band, suggesting higher levels of risk and frailty.

**People with learning disabilities**

Based on the Office for Population, Census and Surveys 1998 prevalence rate for learning disabilities of 2% for the general population, there would be up to 4,400 people in Waltham Forest with mild, moderate and severe learning disabilities. The Department of Health estimates that in a typical population of 250,000 you would expect to see 750-1,000 people with severe learning disabilities. These people would be very likely to need help from health and local authority services.
824 adults with a learning disability are currently known to the Learning Disability Partnership, with 706 of those currently receiving a service. Some 124 people with learning disabilities live in residential care home places purchased by Waltham Forest, including May Road, a care home managed by the Learning Disability Partnership.

There are in addition 78 people living in residential/nursing care who were formerly resident in long stay hospitals. When people left the hospitals in the 60's, they were placed in residential care funded by the PCT, the assumption being that these were the best type of placements, and that they would be 'homes for life'. However the needs of many of this group have changed over the years, with some becoming significantly more dependent due to increasing age or ill health. Since the advent of 'Valuing People', the principal of giving people more choice and control over where and with whom they live has been implemented for this group by a strategic review of PCT funded residential care homes. A Person centred approach was used to identify the future needs of this group, taking account of their prolonged experience of institutional care and how this impacted upon their needs. As a result some residents have moved to other homes, where their needs can be better met, with compatibility being matched carefully. Others, including 5 people with autism and challenging needs, have successfully moved on to supported living, enabling them to have more choice and control over their lives.

The transfer of the PCT funding for this group was passed to the local authority in April 2009. The Partnership implements a programme of annual reassessments and reviews under the NHS & Community Care Act to ensure that people are living how they choose to live, and in ways that best meet their needs.

There are 175 young people with learning disabilities aged 13-17. 21% per cent of clients are aged between 18 and 29, and 42% per cent are aged 30-49, 24 percent are aged 50-64 with 13 % being 65 or over. There will be a wide variation of needs and aspirations, both between and within these age groups and both needs and aspirations may well change over time. Available information suggests a yearly average in Waltham Forest of around 25 -30 young people with a learning disability reaching their 18th birthday with between 10 and 12 of these having very complex needs. In 2008/9 29 school leavers are joining adult services. Some 27 are projected to transfer in 2009/10. Current projections suggest that meeting the needs of this group of young adults will cost in excess of £800,000 a year (full year effect). Some of these young people continue their education in residential colleges out of borough and only return to live with their families when in their early 20's.

The demographic profile of needs of the learning disabled population of Waltham Forest has been changing over the years. Medical advances, including lower mortality rates in very premature babies, mean that a growing number of young people with severe and profound disabilities and complex needs are surviving into adulthood and needing long term support. This includes people with complex health care needs, and physical and sensory
disabilities. Similarly, increased life expectancy has led to a higher prevalence of early onset dementia among people with Down Syndrome.

There has been a rise in the numbers of (particularly young) people, diagnosed with autistic spectrum disorders, including Aspergers Syndrome who need tailored individualised services. A disproportionate number of people with learning disabilities experience mental ill health. There are also a small number of people with learning disabilities in forensic services, including people involved with the criminal justice system, who will require “step down”

The development of more supported living, together with the implementation of the personalisation agenda, is the strategic direction, giving people more independence, choice and control. To facilitate this, Supporting People have funded a resettlement post to identify people in residential care who could benefit from a move to supported living and help them to move. This includes older people who may benefit from moving to extra care sheltered housing. Supporting People have also funded a project for young people in transition to work with them to identify housing options.

The Partnership is also promoting access to shared ownership and funding for 4 units have been allocated to 2 RSL’s for people with learning disabilities. The Learning Disability Partnership holds an annual Housing Fair to showcase to users and carers the range of housing options available.

Available information indicates that the majority of people with a learning disability in Waltham Forest claim welfare benefits and this is the only source of income for many people. Low income clearly impacts upon people’s lifestyles and patterns of health, and upon the range of choices and opportunities available to them. Low levels of paid employment among people with learning disabilities compound the problem, although several projects are funded by the borough and the learning disability development fund (LDDF) are working to address the issue.

It is estimated that the number of people with learning disabilities will increase by 1.1 per cent per year for the next 15 years. This is partly because of increased life expectancy, and partly because of improved survival rates of babies born with complex health needs.

Waltham Forest’s large Asian community has a higher than average prevalence rate of learning disability. Around 40% of those with severe learning disabilities – around 400 people - are from black and ethnic minority communities.

The ethnicity of current service users is: Asian/Asian British 18%, Black/Black British 17%, mixed 2% other ethnic groups 2% and white 60%, 1% are not stated. The gender balance is 52% female and 48% male.

A further major issue is that of a growing number of middle-aged and older people with learning disabilities being cared for by carers over 65. There are over 50 people with learning disabilities are known to be living with carers.
aged 65 or over in Waltham Forest. As life expectancy increases for people with learning disabilities they are going to need appropriate supported living arrangements when their elderly carers can no longer continue support.

There is a significant growth in the number of young people with learning disabilities in transition: in June 2009 it was projected that 27 young people would be transferring to Adults services in Waltham Forest over the next year with a further 35 in 2010-11.

It has been projected that there will need to be an increase of at least 6 – 8 high support units for people with learning disabilities between 2010-14, particularly for young people in transition. There is also a need for more short stay accommodation to enable people to develop life skills before moving on to more independent accommodation and for floating support so that people can be better supported wherever they live in the community.

**Mental health**

Mental illness is estimated to affect about one in six of the adult population. The estimated numbers of people with Mental Illness in Waltham Forest at any one time and are given in Figure 5.15.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number</th>
<th>%age of adult population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety, depression phobias and other common mental health problems</td>
<td>32,312</td>
<td>18.6</td>
</tr>
<tr>
<td>Psychotic illness e.g. schizophrenia</td>
<td>1161</td>
<td>0.7</td>
</tr>
<tr>
<td>Alcohol dependence</td>
<td>15233</td>
<td>8.7</td>
</tr>
<tr>
<td>Dementia</td>
<td>2516</td>
<td>1.4</td>
</tr>
</tbody>
</table>

(Source: Dr Pui-Ling Li, CSP 2008)

Needs are particularly high in the south of the borough, with some wards estimated to have nearly twice the average national rates of mental illness. The majority of patients with mental illness are seen and treated in primary care. There has been an increase in the number of patients with severe mental illness recorded on GP registers, and the provisional 2007-2008 prevalence was higher than the England QoF prevalence, which suggests general practices in Waltham Forest were detecting more severe mental
illness compared to England. Furthermore, 90% (provisional 2007-2008) of these patients were reviewed in the preceding 15 months which would suggest active management by GPs. The ability of the primary care team to detect and support these patients will have significantly impact on the health and well being of our local people.

- **People with sensory/ Physical disability**

Approximately 13% of Waltham Forest residents aged over 16 have moderate disability and 5% have severe disability. The level of disability is about the same for males and females and the prevalence increases with age.

There are 34,863 (16.5% of the population) people of all ages in Waltham Forest with a limiting long-term illness, this covers any long-term illness, health problem or disability that limits daily activities or work. The proportion of the population reporting a LLTI has grown over the decade since 1991. 32% of households contain at least one person with a LLTI in 2001. Around 5,600 adults aged 16+ have severe disabilities and will be at high risk of needing help and support from health and social services.

The 2001 Census tells us that there are 11,823 people (1 in 12 of the population) that provide unpaid care to members of the family, neighbours and friends. 35% of these give over 20 hours, and of these over 4,000 give more than 50 hours of care per week (22% of all carers).

In 2008/9, Waltham Forest’s Housing Disability Panel assessed applications from 1,266 people, 718 of whom were approaching as priority homeless and of these 21% were assessed as vulnerable. In June 2009, 35 people needing wheelchair housing accessible housing were on Waltham Forest’s housing register.

- **People with alcohol problems**

Data for structured treatment for alcohol misuse has been collected using the NDTMS (National Drug Treatment Monitoring System) indicates that for the year from April 2008 to March 2009:-

430 people in Waltham Forest received structured treatment for alcohol misuse.
270 of these were new presentations to treatment services.
58% were male, 42% female
5.3% (23) were aged 18 or under
80% were White British, White Irish or White other.
5% were Other Black, 4% Caribbean, 2% Indian
The majority of the new presentations were seen at CDAT (135), followed by Turning Point day programme (46), Turning Point open access service (29) and Ravenswood Road (25).

The 722 project is a specialist service that provides treatment to young people using both alcohol and/or drugs. In 2008/9 in total 19 Young People 19 and under, received structured treatment for alcohol misuse. 6 of these young people were new to treatment. The ethnic demographic of young people using treatment services is quite different from the adult treatment services:-

63% White British or white Other,
11% other mixed
11% Pakistani & Other Asian
5% Other Black

Alcohol related ambulance callouts in Waltham Forest have increased from 1169 in 2005-6 to 1605 in 2008-9 and the wards with the highest level of call outs are Higham Hill, Leytonstone and Wood Street. Alcohol related hospital admissions in 2009-10 are around 6,000. In 2008-9, 31 patients were identified as “frequent fliers” who had been admitted for alcohol related health issues between 2 and 7 times in 1 year. The cost of these health inputs has been calculated as:-

<table>
<thead>
<tr>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>£716 - average cost of a hospital admission</td>
</tr>
<tr>
<td>£188 - average cost of an ambulance trip</td>
</tr>
<tr>
<td>£75 - average costs of an A&amp;E attendance</td>
</tr>
</tbody>
</table>

- **People with drug problems**

The needs assessment undertaken for the Adult Drug Treatment Plan 2010-11 suggests that there are slightly more heroin users than crack users in Waltham Forest, and that a significant proportion (27%) of PDUs (primary drug users) uses both drugs. Our treatment data for 2008-09 indicates that heroin users comprised 52% of the PDU cohort, and that 36% of PDUs used both heroin and crack. On the basis of the Glasgow smoothed prevalence rate of 1887 PDUs, and a proportionate reduction in the Glasgow 0607 estimates for heroin and crack users, we estimate that 30% of heroin users and 32% of crack users in the borough were in treatment in 2008-09.

An interrogation of the data regarding those assessed by DIP in 2008/09 indicates 305 individuals resident in Waltham Forest. Analysis of daily heroin
and crack users indicates that although primary heroin users outnumbered primary crack users by more than two to one, crack was used by 48% of the cohort, and 36% of the cohort had used both drugs.

Further analysis of the DIP cohort indicates that just over one in three heroin users was white British, but that those classed as white other were more than twice as likely to use heroin than white Britons. The same is true when looking at the cohort of those using heroin on a daily basis. However, of those declaring expenditure of over £500 weekly (55 users), a significant minority of them (37%) are black or of mixed race (white/black Caribbean), slightly higher than their proportion (30%) of all Waltham Forest residents assessed by DIP, indicating a need to be mindful of smaller cohorts of highly vulnerable users.

Black crack users were the largest group (41%) within the cohort of crack users; both black and mixed race people were twice as likely to be a primary crack user as their white counterparts.

A significant proportion (23%) of the Waltham Forest DIP cohort used powder cocaine. Slightly more than a fifth of those described themselves as a daily user; the remainder described their pattern of use as either weekly (almost a third) or monthly (almost half). These weekly/monthly users were: much less likely to have ever injected drugs or shared paraphernalia; much more likely to be living in settled accommodation; and much more likely to be in regular employment than daily users.

Almost a fifth (19%) of the Waltham Forest DIP cohort was a primary cannabis user, with almost two thirds (64%) disclosing a daily pattern of use.

According to prevalence data, young people under 25 comprise 24% of our estimated cohort of PDUs. Young people under 25, however, comprised only 11% of those in treatment in 2008/09.

Our target for 2010/11 is to increase the number of PDUs in effective treatment by 12% and to do this we estimate that we will need to increase the number of new treatment journeys by 14%.

The pattern of drug use of our DIP cohort of PDUs indicates that 61% of the cohort comprises primary heroin users, 39% are primary crack users and 36% use both heroin and crack. Based upon this, we estimate that our treatment naïve cohort (n= 602) is likely to comprise 367 primary heroin users, 231 of whom also use crack, and 234 primary crack users, 60 of whom also use heroin. Furthermore, those known to DIP but not to treatment (n=418) are likely to comprise 255 primary heroin users, 108 of are also like to be using crack, and 163 primary crack users, 42 of whom are also likely to be using heroin.

**Harm Reduction Services**

Prevalence data indicate that there are slightly more than 200 drug injectors in the borough. Treatment data for 2008/09 indicate that about one in ten service
users in treatment was a current drug injector and that about three in four had never injected. DIP data indicate that three in ten of those assessed disclosed a history of injecting, slightly greater than the proportion of those presenting to treatment. Mapping by postcode of DIP and treatment cohorts indicates areas in the borough without needle exchange or supervised consumption outlets. Furthermore, based upon DIP data, daily crack users that also use heroin are two-thirds more likely than daily heroin users to have shared equipment in the last month; almost one in four crack users identified by DIP was a daily crack user who also used heroin. Young people were significantly less likely to report risky drug taking behaviour, although this is not taken to imply that they should not be targeted for intervention when the opportunity presents.

**Open Access Services**

Our stand-alone open access provision is contacted to work with 400 service users a year and that demand is likely to be from demand from crack and cocaine users. A robust pathway to substitute prescribing services will need to be in place for the one in four crack users that also uses heroin.

Our statutory drug service is contracted to work with 300 service users a year via their drop-in facilities. These are most likely to be primary heroin users, including those that use crack.

**Structured Treatment**

There is capacity for 870 PDUs to undertake community-based treatment over the year: 320 in specialist prescribing; 60 in shared care; 100 in abstinence based day programme; 390 in psycho-social/structured other treatment.

We anticipate that the demand from primary heroin users will be maintained at the level seen over recent years. We anticipate that the demand from primary crack users will increase should we be successful in developing our gateway open access hub.

There will be a demand too from daily cocaine and cannabis users that we will seek to meet through psycho-social/structured other treatment, which is also where most under 25s are likely to present. Our priority will be to ensure that crack and heroin users are fast-tracked, should the question of capacity arise.

**Housing Provision**

The demand for housing intervention will fluctuate depending upon the patterns of drug use of those in treatment. We would anticipate that as a minimum there will be 70 users with an urgent housing need in the treatment system at any one time.

**Worklessness Provision**

The demand for interventions to get service users nearer and into the world of work will be high. Based upon our experience in delivering the *Going the
Distance Project, one specialist caseworker can work with up to one hundred service users a year, depending upon the extent to which their input is supported by delivery partners in the field.

Access

The profile of new presentations has changed somewhat over the course the last 4 years. Compared to new presentations in the 3 years 2005-08, the 2008/09 cohort was:

- Almost a fifth more likely to be male;
- An eighth less likely to be white, and almost a third more likely to be black or of mixed race; and
- Almost a third more likely to be a primary stimulant user.

The most recent data\(^1\) concerning access to effective treatment for crack users indicate that we are reaching a slightly smaller proportion (33%) of the estimated number of users in the borough than is the London average (34%).

Those data also indicate that access to effective treatment for BAME groups in Waltham Forest is good, with BAME users in Waltham Forest more than a third more likely to be in effective treatment than the London average.

Access to effective treatment for parents matches the London average, but parents appear to be under-represented in effective treatment. Whilst one in four of those in effective treatment were parents, in 2008/09 almost half (48%) of those identified as drug users by DIP and who were Waltham Forest residents were also parents. Although DIP identified a considerable proportion of drug users who would not benefit from treatment, 62% of those identified disclosed daily use of illegal drugs and just under half (46%) of those were parents; 45% of those who disclosed daily heroin and/or crack use were also parents.

Engagement

Engagement with BAME groups\(^2\), as with access, is generally good and our system performs above both the regional and national averages. A similar narrative appears to be the case for crack users as is engagement with crack users.

A key area of concern for the partnership continues to be the system’s ability to engage with younger users\(^3\). Plans to improve performance in 2009/10 were not fully realised and this area of work will be the subject of specific focus in this year’s treatment plan. Young people appear however significantly less likely to present as a PDU than other age groups and so meaningful data on their needs and treatment experience is scarce. That said, those few young people identified by DIP as primary heroin or crack users were much

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\(^1\) Drug Strategy Priorities Supplementary Data, Q2 Report, NDTMS
\(^2\) Drug Strategy Priorities report (ibid)
\(^3\) Drug Strategy Priorities report (ibid)
more likely than other young drug users to have a significant housing need, and slightly more likely to be unemployed.

Reintegration

Treatment data have consistently indicated that approximately one in ten of those in treatment have an urgent housing need. However on examining the needs of the 305 Waltham Forest individuals assessed by DIP in 2008/09 a different picture emerges. Whilst one in ten of those individuals had an urgent housing need, that proportion rose to: one in eight of all daily users of any drug; one in six of all heroin users; almost one in five daily heroin/crack users; and more than one in five daily crack users.

Two in three of those assessed by DIP in 2008/09 reported that they lived in settled accommodation. White British drug users were slightly less likely to live in settled accommodation than their Asian, black, or white other counterparts; they were also slightly more likely to experience urgent housing need than those counterparts.

An examination of DIP data concerning those assessed in 2008/09 indicates that of the 305 individuals identified as resident in Waltham Forest, slightly more than one in five was in regular employment, six in ten were unemployed and one in ten was economically inactive. Again, though, proportions differ according to primary drug use and frequency. The proportion in regular employment declines from slightly more than one in five of all users to: one in six of all heroin users; one in seven of all daily users; one in seven daily heroin users; one in ten crack users; one in twelve daily crack users.

Marked differences also appear in the likelihood of unemployment when considered from the perspective of ethnicity. Black users are twice as likely to be unemployed as those classified as white other; their likelihood of unemployment is greater than their white British counterparts by more than a quarter and their likelihood of unemployment is greater than that of their Asian counterparts by more than a fifth.

Offenders/ Ex-offenders

In March 2010, London Probation was responsible for supervising around 44,824 offenders and the caseload for Waltham Forest was 1038 comprising of a mixture of offenders on community supervision and ex-prisoners on licence.

It is important to note the “cross-over” of the needs of offenders and ex-offenders with other client groups including single homeless and mental health needs.

The Borough profile for offenders with assessments completed between January 2009 and December 2009 showed983 offenders of whom: -
- 89% were male and 11% female
- 26% were aged under 25
- 42% were white and 50% were BAME (Black and ethnic minority)
- The most common offences were violence against the person (27%), drugs offences (14%) and theft/handling (12%)
- 13 were prolific and priority offenders
- Support needs identified included education, training and employment – 35%; finance management – 46%; drugs misuse-35%; alcohol abuse –31%; attitudes –54% and emotional well being- 32%
- Tier: 16% Tier 4, 47% Tier 3, 28% Tier 2 and 1% Tier 1
- Risk of harm: 13% were assessed as high risk, 58% medium risk and 10% low risk
- Risk of reconviction: 51% were assessed as low risk, 42% medium risk and 7% high risk of reconviction
- 47% had identified mental health issues

• Young people at risk

There are clear aspirations in the *Children Leaving Care Act* 2000 to ensure the stability of young care leavers through the provision of suitable accommodation. These aspirations are monitored through a number of targets set by the Department of Health and within the Quality Protects agenda. There is a clear expectation for Social Services departments to work with housing agencies to provide decent and suitable accommodation for young care leavers to enable them to develop the skills needed for independent living. Social Services departments also need to ensure that young people are able to maintain their accommodation after their 19th birthday.

In view of these aspirations and changes in legislation, it is projected that more young people will need ongoing housing support from the local authority over the next few years.

In Waltham Forest Social Services’ 16+ Services/Care Leavers Service is currently responsible for supporting around 180 young people. About 27 young people leave the care of the local authority at the age of 18 annually and these young people need move-on accommodation. In 2001-2, Waltham Forest worked with Centrepoint and local agencies to review care leavers’ strategy. 45 care leavers have been housed into secure housing during 2009-10 and the Tenant Support & Resettlement Team are developing improved models of working with care leavers around providing pre-tenancy information and working closely with the Looked after Children team to support the young people’s successful transition into independent living.

The need to provide better support and preparation for employment emerged as a theme in the consultation for the Children and Young People’s Plan 2009-10, particularly with groups such as children in care, disabled children and young people and young offenders

Waltham Forest has developed joint assessment procedures between Social Services and Housing Services for 16-17 year olds non-care leavers who are threatened with homelessness through the Young Person’s homeless
prevention team. The focus of this service is mediation to enable young people to remain in or return to their family home. Where this is not possible, young people are provided with temporary housing accommodation. Over 225 homeless young people a year are seen by the team and the team's focus is on prevention and mediation between the young person and their extended family, which can involve home visits and liaison with other agencies such as Connexions. Although the aim is always family reconciliation, where this is not possible or desirable young people are placed in specialised accommodation to meet their support needs. The team has been successful in reconciliation and there has been a 23% reduction in young people needing accommodation since the team was established.

The needs of young people are also addressed by the Youth Offending Team, who link with single homeless work through the Connexions programme and specific schemes such as the 16-17s Safer Communities project at Forest YMCA and 16-17s provision at Edward House.

- **People experiencing domestic violence**

The definition of domestic violence is a local definition. It encompasses the diversity of the local community mix and reflects culture and practices in Waltham Forest.

Domestic violence is any violence, or threat of violence, that takes place in or outside the home between family and household members or partners in existing or previous relationships. It can include mental, emotional, sexual and physical violence. It can lead to miscarriage, broken bones, internal injuries, mental breakdown and death caused by murder, manslaughter or suicide.

- Domestic Violence occurs across all age groups, in all social classes, cultures and amongst people with added vulnerability such as disabled people and older people.
- Once it has started, it often becomes more frequent and more violent.
- In some communities, domestic abuse can extend to ‘honour’ crime.
- It can severely affect children and young people emotionally and physically.
- It also occurs in lesbian, gay, bisexual and transgender relationships.

Domestic violence has the highest rate of repeat victimisation, with 42 per cent of victims being victimised more than once.

SafetyNet sets the strategic direction of crime reduction efforts in the borough in consultation with local residents. Work to tackle domestic violence and sexual violence is overseen by the Domestic Violence and Sexual Violence project board.

An analysis, produced for SafetyNet which is the Waltham Forest Crime & Disorder Reduction Partnership, by the Partnership Analyst (Orla Kennedy, 2007/08) noted that there were less domestic violence offences in Waltham
Forest than the average total for similar boroughs across the 3 year review period – 5% less in 2005/06, 6% less in 2006/07 and 15% less in 2007-8.

In relation to the metropolitan area, Waltham Forest's position has remained relatively unchanged holding the 11th or 12th position for the number of domestic violence offences between 2005 and 2008 and was 13th over July-September 2009.

This crime affects all parts of the borough with “hotspot” areas presenting in the south of the borough. Lea Bridge ward experienced the highest number of incidents in 2006/07 and 2007/08. The number of African Caribbean victims and suspects of domestic violence is disproportionately high in the borough.

The 26-45 age group is the primary age for being a victim of, or being a suspect for, domestic violence. Offences of Violence against the Person make up over 75% of domestic violence offences in the borough and the second most common category of offences is criminal damage. This has remained consistent across 2005/08 review period. In 2007/08, 80% of victims of domestic violence in the borough were female. The borough’s sanctioned detection rate for domestic violence offences in 2007/08 was 46.5%. 83% of suspects in 2007/08 were male. In July-September 2009, 77% victims of this crime were female and 22% were male.

Multi agency risk assessment conferences (MARAC) started in 2009. The main aim of the MARAC is to reduce the risk of serious harm or homicide for a victim and to increase the safety, health and well being of victims – adults and any children. In a MARAC, local agencies meet to discuss the highest risk victims of domestic abuse in their area. Information about the risks faced by those victims, the actions needed to ensure safety, and the resources available locally are shared and used to create a risk management plan involving all agencies. Since January 2009, 29 cases have been dealt with in the borough. The MARAC will monitor and measure repeat victimisation rates. In addition, repeat victimisation is a key national indicator (NI 32) and forms part of PSA23 (the key PSA for Community Safety).

Although Police data provides part of the Domestic Violence picture, other agencies hold key information for individuals who do not report to the Police
directly. In Waltham Forest, these are the Domestic Violence partner agencies such as Report It, the Council and other voluntary organisations.

One specialist refuge provider in Waltham Forest, Ashiana Network, received 457 referrals and accepted 45 residents in 2008/09, with 297 referrals made for outreach services. Of these, 100 were Waltham Forest residents; 43% Pakistani, 12% White British, 9% Bangladeshi. The project supports South Asian, Turkish and Iranian women aged 16-30 who are at risk of domestic violence, including forced marriage and honour-based violence. In the past year, 108 referrals were made to Ashiana from women at risk of forced marriage. There are particular concerns regarding people experiencing domestic violence with higher support or additional needs such as mental health problems. A staggering 67% of referrals reported depression as a presenting issue.

- **People with HIV/Aids**

The incidence of HIV and AIDS is increasing in Waltham Forest as well as in the rest of London and England. The rates in Waltham forest remain lower than the rest of London but higher than England. The prevalence of HIV in Waltham forest has been increasing between 2001 and 2007. In 2001 the all age crude rate per 100,000 was 179.3 and this rose to 309.9 by 2007, compared with the London rate 332.5 and the England average of 102 in 2007 (SOPHID 2008).

In 2007, there were 52,138 HIV diagnoses in England and of these 1% 9689) were Waltham forest residents. The majority of new diagnoses in Waltham Forest (87%) were for people aged 25-54 with the highest rate being the 35-44 age group. Black Africans are the most affected group in Waltham Forest with Black African women more affected than Black African men.

In 2008-9, Waltham Forest’s Housing Disability Panel assessed 18 applications from people living with HIV/Aids. Of these, the majority – 11 – were applying as homeless and services are linked to the support and resettlement service for homeless households.

- **Homelessness**

**Homelessness Strategy**

The Homelessness Act 2002 introduced the requirement for local authorities to formulate and publish a Homelessness Strategy every five years based on the results of a Homelessness Review. LBWF’s first strategy was published in 2003, and this confirmed a shift in focus towards working to prevent homelessness and to provide housing options and support with a view to tenancy sustainment, rather than concentrating on the assessment process. Considerable progress has been made in the intervening period in tackling the problem of homelessness. The focus on prevention, options and support has resulted in a significant reduction in acceptances, from 1025 in 2003/4 to just
419 in 2008/9. We published our new strategy document at the end of 2007, and the principal aims are:

- To prevent homelessness wherever possible
- To develop and promote alternative housing options
- To maintain and develop partnerships in pursuit of homelessness prevention
- To promote tenancy sustainment
- To maximise the existing supply of settled accommodation
- To provide support for vulnerable groups of people

The strategy document is available on the Council’s website.

**Single Homeless People with support needs**

In 2008-9 1350 single people approached Waltham Forest’s Assessment and Options Unit as homeless. Of these, 40 single people were agreed as homeless and in priority need in this period, and their priority need reasons were as follows:

- 27 were 16/17 year olds
- 2 were vulnerable because they were elderly
- 2 were vulnerable because they had previously been in care
- 5 were vulnerable because of physical health problems
- 4 were vulnerable because of mental health problems

These figures do not include pregnant women. 599 people were found to be eligible and homeless but not in priority need. In 2003/4, 202 single people were agreed as homeless, and this vast reduction in numbers is due to the borough’s effective prevention work and its focus on assisting single people in accessing housing via the Housing Register to avoid the homelessness route, which can result in long periods in temporary accommodation.

The Authority aims to address the needs of single homeless people through a range of homelessness prevention initiatives and housing options and by co-ordinating support services as part of the Homelessness Strategy. Housing services has introduced a number of initiatives for vulnerable people, including:

- A Homelessness Prevention (Mental Health) Worker who focuses on preventing homelessness for people with mental health problems who are at risk of losing accommodation due to a deterioration in their condition or due to a hospital admission
- A Homelessness Prevention (Custody Support) Worker who works with offenders before they go into custody in order to prevent homelessness
- Participation in the MAPPA and strategic and operational PPO groups to address the housing needs of ex-offenders
• A multi-disciplinary team working with 16 and 17 year olds who are homeless or threatened with homelessness, made up of social workers and a dedicated homelessness officer. The focus is on prevention and mediation, working with the young people and their families to effect reconciliation within the family unit wherever possible, or facilitating a referral to suitable supported accommodation where necessary.

• A co-ordinated approach to enable vulnerable single homeless people to access settled accommodation without going down the homelessness route

**Rough Sleepers**

The official rough sleepers count in November 2008 indicated that there were 11 people sleeping rough in the borough, which included a significant proportion of people from A10 European countries. The official count in May 2009 recorded 2 people sleeping rough.

LBWF participates in the East London Rough Sleeping Action Group which aims to improve sub-regional partnership working to reduce rough sleeping. We are also committed to the implementation of the Pan London Reconnections Protocol and government initiatives to address the problem of rough sleeping. We continue to support the Branches night shelter and day centre in the borough, and are working with them to develop the option of private sector move-on accommodation. Branches have recently been successful in obtaining Places of Change funding which will enable it to re-open as a newly built hostel.

**Homeless families with support needs**

In 2008/9, 419 households (379 with children or pregnancy) were accepted for re-housing out of a total of 2045 approaches. In addition to accepted applications, a further 85 households were found homeless but intentionally so, and 599 were homeless but not in priority need.

The reduction in the number of acceptances as against approaches (shown in the chart below) is an indication of the success of our prevention initiatives and the development of alternative housing options.

All households placed in temporary accommodation receive a needs assessment and are offered support by our Tenancy Support & Resettlement Team. This team supports people with health, employment and educational needs, as well as undertaking specific initiatives such as setting up a CV writing workshop for younger residents and working with young people excluded from schools. They also work with vulnerable council tenants, creating needs based support plans to enable them to sustain their tenancies and to prevent repeat homelessness.

We have also recently commissioned a floating support service primarily for clients rehoused into the private sector through the Rent Deposit Schemes, which will also take nominations from Branches Night Shelter/Day Centre for
some of their resettled client group.

### Trend in homelessness acceptances in Waltham Forest

#### Homelessness acceptances 2003 - 2009

<table>
<thead>
<tr>
<th>Year</th>
<th>Acceptances</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003-4</td>
<td>1025</td>
</tr>
<tr>
<td>2004-5</td>
<td>870</td>
</tr>
<tr>
<td>2005-6</td>
<td>769</td>
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<td>2006-7</td>
<td>696</td>
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<tr>
<td>2007-8</td>
<td>467</td>
</tr>
<tr>
<td>2008-9</td>
<td>419</td>
</tr>
</tbody>
</table>

#### Reasons for homelessness

The chart below sets out the reasons for homelessness for those accepted as homeless in 2008-9
In 2008-9 out of a total of 419 clients accepted as homeless by the Assessment and Options Unit:

- 28% had lost private rented accommodation
- 24% were homeless because friends/relatives were no longer willing to accommodate them
- 24% were homeless because their parents would no longer accommodate them
- 5% had mortgage arrears
- 4% were fleeing domestic violence
- 1% were leaving institutions (including care and hospital)

Diversity

Statistically, people from BME groups are 2-3 times more likely to end up as homeless than white British people and the most recent Housing Needs survey for Waltham Forest indicated that people from BME communities are also 60% more likely to be living in an overcrowded conditions. Detailed analysis of homelessness approaches by reason for approach covering April-Dec 08 revealed that in this borough, people from Black African and Black Caribbean backgrounds are over-represented in homelessness approaches and homelessness acceptances. Our analysis shows that a disproportionately high percentage of people from Black Caribbean backgrounds are being made homeless by family and friends. This research also shows that a disproportionately high percentage of people from Black African and white non-British backgrounds are being made homeless through losing private
rented accommodation, and we will therefore be targeting publicity about housing advice to relevant community groups.

- **Travellers**

Travellers applying for housing as homeless are included in the homelessness statistics in this report. There is 1 travellers’ site in Waltham Forest and data from the SP funded floating support service for gypsies and travellers indicates increasing numbers of clients in private sector accommodation. The *Gypsy Roma and Traveller Briefing Paper* (April 2009) produced by Waltham Forest Traveller Education, Health visitor and supported housing representatives outlines needs of these groups in the Borough. Eastern European Roma are the largest group in Waltham Forest with 345 children known to the Traveller Education Service in March 2009. There have been increased numbers of Roma arrivals in the borough since the enlargement of the EU to include Bulgaria and Romania in January 2007. Romanian Roma are the biggest sub group of Roma and have the shortest average residency time in the Borough, with a 72% turnover and average residency of 14 months. The next largest group is Irish travellers with 74 children known to the service. The report notes the negative impact of poor housing, poverty, discrimination and mobility issues. Social, economic, language and cultural issues are identified and the benefits of joined up support across services to promote education, health and well-being.

- **Teenage Parents**

The figures published by the Office for National Statistics and Teenage Pregnancy Unit shows that Waltham Forest’s teenage pregnancy rate has increased from 48.4 per 1,000 young women under the age of 18 in 2006 to 53 in 2007, an increase of 19 young women conceiving before their 19th birthday (from 191 in 2006 to 210 in 2007). Alongside this increase, the percentage leading to abortions is also up - at 65% from 56% in 2007. Despite these recent trends, since the baseline year in 1998, there has been an overall reduction of under 18 conceptions by 5.4%.
5. **SUPPORTING PEOPLE & PERSONALISATION**

Since its implementation, Supporting People has placed user choice and voice at the heart of service planning and delivery and through its business processes brings innovation, good practice and experience.

**Waltham Forest Supporting People & Personalisation Strategy**

Waltham Forest Supporting People is committed to ensuring SP services in the Borough are user centred and promote choice and flexibility with self-directed support.

**Value:** Clients have a voice and choice in the delivery of SP services which will be delivered flexibly based on individual needs.

John Bolton of the Department of Health has defined personalisation as involving 4 quadrants:

- **Prevention** - Many people may not need social care, or may not need the same level of care, if they are supported to improve their own capacities and skills.
- **Universal Services** - Many people’s needs could be met if other services were better able to respond to and include the individual.
- **Social Capital** - Many people’s needs would be lower if they were able to connect to the community and grow their networks of friends and families.
- **Choice & Control** - Many people who need social care can take a much greater responsibility for managing their own support and making better use of social care funding.

The programme will ensure this through:-
Joint planning

- Joint planning mechanisms involve users, carers and representative groups
- User training to promote involvement in planning and delivery of services funded through SP

Access to services

- Access to promote choice through:-
  - Clear and accessible information on service availability in electronic service directory and service leaflets
  - User ratings on electronic service directory are to be developed and implemented
  - Review of SP provider data to be undertaken 2010/11 for promoting services for purchase through Individual Budgets
- Assessment pathways promote user choice and needs e.g. choice based lettings on sheltered housing and assessment forms including user choices at specialist accommodation panels e.g. mental Health, Learning disabilities and extra care

Service delivery

- Personalised support plans in place in all SP services
- Quality Assessment Framework for the delivery of housing related support includes user involvement and consultation
- Integrated assessment project in sheltered housing co-ordinates support planning and care plan reviews

Service review

- SP Service reviews consult users through questionnaires, group meetings and one to one meetings
- Outcomes of service reviews fed back to users
- User led reviews of SP service areas by client group

Procurement

- Procurement documentation to include facility for individual budgets
- User involvement in procurement e.g. on interview panels
- User training to promote involvement in planning and delivery of services
- SP IB pilot 2009-11: to assist 75 people per year
**Individual budgets**

- Individual budgets to include SP funding: implemented through SP IB pilot in 2009/10 supporting up to 75 users per year
- Development of Waltham Forest Resource Allocation System is to involve SP
6. **STRATEGIC RELEVANCE**

Supporting People is one of the few cross cutting funding streams which straddles and contributes to a wide range of key strategies

- LBWF Sustainable Communities Strategy and Local Area Agreement
- Public Health Report and Health Commissioning Strategy/ Joint Strategic Needs Assessment
- Community Cohesion strategy
- Valuing People – learning disability
- Mental Health Local Implementation Plan
- Drug Action Plan
- Children & Young People Plan
- Child Poverty Strategy
- Housing Strategy and Homelessness Prevention Strategy
- Safe and Sustainable Partnership Plan

**Sustainable Communities Strategy and Local Area Agreement**

Waltham Forest’s Sustainable Communities Strategy (SCS) – *Our Place in London* sets out our vision for the borough over the next 20 years and our ambitions for the people who live, learn and work here. to make the most of London’s opportunities and growing prosperity for all our residents now and in the future.

The commitment in the SCS to support and empower our most vulnerable residents to live independent, active and enjoyable lives is at the core of Supporting People service delivery and the SP key indicators of ensuring vulnerable people are supported to establish and maintain independent living with a range of support based on promoting economic well being, healthy living, enjoying and achieving safety and enabling people to make a positive contribution.

Waltham Forest is part of one of the most dynamic and complex cities in the world. As Londoners we benefit hugely from this: we have access to an unparalleled range of employment and leisure opportunities and to a fantastic diversity of cultures, in which everyone can find something to be part of, and enjoy. In 2012 we will be joint host to the biggest sporting spectacle in the world. The development of the Olympic Park will result in a legacy of thousands of homes and the largest urban park created in Europe for 150 years. The eastward shift of wealth and regeneration could change east London beyond recognition. This is a unique opportunity for us to harness investment to transform the borough and the prospects of its residents. However, it is by no means certain that general prosperity will be shared by the poorest in our community. We must ensure that the huge investments taking place within and close to the borough, are matched by concerted efforts at local level to enable vulnerable people to benefit from the regeneration of east London.
The key principles of the SCS and strategic links with Supporting People are shown below:

<table>
<thead>
<tr>
<th>Sustainable Communities Strategy Key Principle</th>
<th>Supporting People contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manage population growth and change</td>
<td>Services for older people including sheltered and extra care. Young peoples services including specialist provision for 16/17s and teenage parents. Learning disabilities services including funding of supported housing needs assessment of young people in transition.</td>
</tr>
</tbody>
</table>
| Create more wealth and opportunity for all residents | SP services provide:  
- support to education and training  
- support to employment including support for people with mental health problems and learning disabilities  
- support to access health and well being and leisure opportunities  
all evidenced in outcomes data |
| Retain more wealth in the borough | SP services provide  
- support to employment, education  
- safe and accessible housing  
- increase housing choices including alternatives to residential care |

The Supporting People Strategy Action Plan shows actions directly contributing to the priorities of the SCS.

The Waltham Forest Local Area Agreement (LAA) has a strong focus on tackling worklessness, enhancing skill levels, and improving educational attainment. Action in these areas will support our efforts to reduce inequalities and to tackle child poverty. Supporting People contributes to 19 of the 35 indicators in the Waltham Forest Local Areas Agreement including:

- Adult participation in sport and recreation
- Numbers helped into work
- Drug users in effective treatment
- Young offenders engagement in suitable education, training and employment
- Engagement in the arts
- 16 to 18 year olds who are not in education, training or employment (NEET)
Health Outcomes

NHS Waltham Forest’s Commissioning Strategic Plan for 2010 – 2014 sets out its vision, goals and priorities. NHS WF’s vision is to raise the aspirations of the local NHS, its partners and the public, to close the gap in life expectancy by two years and to improve health outcomes comparable to top performers, for this and future generations by 2013 whilst commissioning services that provide value for money. The four goals and associated targets underpinning this agenda are:-

- Reducing inequalities, enhancing aspirations and improving wellbeing adding 2 life years to the population by 2013.
- Increasing access to personalised services and choice improving patient and user satisfaction to at least the national average.
- Secure the highest quality care in the most efficient way and increase productivity of services by 5% by 2013.
- Improving health by identifying and targeting the population most at risk and reduce unmet health need to less than 1%.

To achieve these goals NHS WF has set itself the following priority areas for improvement:-

- Access to healthcare (including GPs and hospitals)
- Care for Older People
- Treatment and prevention of mental ill health
- Treatment and prevention of heart disease and stroke
- Treatment and prevention of cancer (including screening)
- Maternal and child health
- Treatment and prevention of diabetes
- Offering choice in end of life care
- Reducing health inequalities
- Increasing life expectancy

In the promotion of healthy living and access to health services and support for older people, Supporting People services contribute to the NHS Waltham Forest strategic goals.

Health Inequalities

The Supporting People Strategy links to health inequality by providing support to people in their own homes in all parts of the Borough. The development of
extra care and supporting people support allows people to remain in their own homes with the appropriate support to maintain and in some cases, improve their health conditions.

Holistic support is provided to people living at home through the delivery of key health priorities agreed by the Local Strategic Partnership which allows resources and support to be directed at those most in need. Commissioning investment is also focused on prevention priorities that encourage the population to make lifestyle choices that will enhance their long term health and social wellbeing. The independent and voluntary sectors are active partners in this agenda providing accessible support to diverse communities supported by an active engagement agenda through organisations like the health and wellbeing forum and the LINKs.

Your rights, Your future: Our Children and Young People Plan 2010-13

Waltham Forest’s Children and Young People Plan is founded on our children trust – holding trust with and on behalf of young people in Waltham Forest. The plan has priorities derived from its rights framework – setting out the right of every child and young person in Waltham Forest to:-

i) Feel safe wherever they are
ii) Access to good quality education, health and welfare services
iii) Shape their own future
iv) Be supported to fulfil their potential and become resilient

Supporting People contributes to several of the priorities identified under these rights through support planning in services for young single homeless people and families including:-

• Help children and young people to achieve their potential at all stages of their education;
• Improve physical and mental health;
• Increase opportunities for young people to take part in and shape their communities;
• Provide young people with skills and confidence to be successful
• Raise aspirations and stay on in learning;
• Support parents and carers to bring up happy and successful children;
• Support young people on the path to success
• Reduce the number of children and young people living in poverty

Child Poverty Strategy

Through support to maximise benefits and support to access education and employment and increasing housing choices, Supporting People contributes to the aim of the Child Poverty Strategy to take 3000 children out of poverty by 2011 and to eradicate it by 2020 and to its priorities:-
i. Reduce the number of children living in worklessness households
ii. Reduce incidence of in work poverty
iii. Getting young people off to the best possible start in their education - raise aspirations and close the educational attainment gap whilst raising standards for all.
iv. Reducing housing related poverty
v. Improving the effectiveness of the Local Strategic Partners to address the causes and effects of child poverty.

**Housing Strategy**

The LBWF Housing Strategy (2008) has 3 priorities:-

i. Building new homes
ii. Making the most of the homes we have
iii. Creating successful communities

Supporting People contributes to the priority to create successful communities which involves:-

- Housing advice, support and preventing homelessness
- Good quality safe public realm
- Facilitating involved and inclusive communities
- Improving the local economy

The Housing Strategy identifies the need to support vulnerable people to stay in their own homes where possible, including improving services to older, disabled and vulnerable residents living in private housing through the procurement of the Home Improvement Agency.
Safe and Sustainable Partnership Plan 2008-11

SafetyNet – the Waltham Forest crime and disorder reduction partnership is committed to cutting crime by working in partnership. Its action plan places an emphasis on early intervention, reducing re-offending and working at a neighbourhood level. Supporting People contributes to interventions such as the focus on managing offenders to reduce re-offending e.g. through increasing access to drug treatment and employment and support to those who have experienced domestic violence. Through the provision of appropriate accommodation and support Supporting People services help to meet key indicators such as:-

- PSA (Public Service Agreement) 16 Increase the proportion of socially excluded adults in settled accommodation and employment, education or training
- NI 143 Offenders under Probation supervision living in settled or suitable accommodation at the end of their order or licence
- NI 144 Offenders under Probation supervision in employment at the end of their order or licence

Local priorities in the Safe and Sustainable Plan include:-

- Reducing serious youth violence
- Improving perceptions of community safety and Anti-Social Behaviour
- Reducing alcohol-related admission rates
- Increasing the number of drug users in effective treatment
- Increasing the number of offenders under probation supervision who are in employment at the end of their order or licence

7. COMMISSIONING PRIORITIES, VISION & VALUES

The vision of Waltham Forest’s Supporting People Strategy 2010-15 is working together for high quality support: we will ensure Waltham Forest’s Supporting People services provide high quality housing-related support to improve quality of life, independence, safety and choice for service users in the community

Waltham Forest’s Values

Supporting People services are delivered in the context of London Borough of Waltham Forest’s Core Values are:-

Continuous Service Improvement
Our People (residents, customers, councillors and staff)
Respecting Diversity and acting with integrity
Ensuring value for money
The vision of Adult Health and Social Care Services links directly to the wider vision for Waltham Forest, and to the LBWF Transformation Programme.

**The seven planks of the vision**
- To develop a modern and strategically strong service
- Personalisation
- Prevention
- Health and social care integration
- Partnerships
- Community-Based Healthcare
- Quality and value for money

**The key principles of the Supporting People Strategy are to:**
- Tackle social exclusion from a housing-related support perspective
- Promote independence through support, enabling people to live in their own homes with the right level of support
- Provide alternatives to residential care
- Provide support to vulnerable homeless households as part of the strategy to prevent homelessness
- Give users a voice and choice in the planning and delivery of services
- Reduce crime and the risk of harm
- Develop and implement *Supporting People* in partnership with stakeholders: providers, users and carers, health, Probation and community services
- Provide fair, appropriate and accessible quality services to meet the needs of the diverse communities of Waltham Forest, promoting equality of opportunities

**COMMISSIONING PRIORITIES**

The Supporting People key commissioning priorities for 2010-15 are:

- Maintain funding in the region of £8.9m for baseline Supporting People services in Waltham Forest subject to Government funding, service review and procurement
- Maintain a balance in relation to need in Supporting People provision in Waltham Forest to support older people, people with complex needs e.g. mental health problems and people with learning disabilities and the socially excluded e.g. homeless people and vulnerable young people
- Increasing learning disabilities high support including provision for young people in transition: target increase 6-8 units by 2014
• Increasing mental health high support: target increase 20 units by 2015

• Increasing Extra care and floating support for older people: target additional 75 units by 2012 and increase % of users with high care needs in current provision to 30% by 2015 with a target of 30 allocations per year to extra care

• Increasing flexible provision through Individual Budgets: expand pilot IB service to SP base budget by 2011 supporting 75 users a year through IBS

• Commission Home Improvement Agency: target establish HIA and commission SP funding of £200k per year for 3 years 2010-13

• Homelessness provision to improve services for socially excluded adults including specialist needs such as 16/17s: target support specialist 16/17s homeless assessment team through SP commissioning by 2011 and rough sleepers: target support redevelopment of Nightshelter through Places of Change

• Expand SP service directory to promote access and user involvement in line with transformation of Service Directory

• Service targets: achieve service targets in outcomes, performance indicators and service review. Build on quality assurance e.g. Quality Assessment Framework benchmarking and quality assurance work with services

Indicative grant is known only until 2010/11 and major financial risks to Supporting People services are:-

- decrease in funding from CLG as part of public expenditure changes
- local policy changes: Supporting People funding will be subject to bid and allocation processes for Area based grant

Any reductions in future funding for Supporting People services would be managed through:-

• seeking efficiency reductions in negotiation with existing providers
• decommissioning services of lower strategic relevance

Learning disabilities

Continued increase in the amount of learning disabilities provision is needed to meet the increased demand in particular from young people in transition. A projected growth of 6 -8 units of young peoples and short-term provision has been included in a new Framework Agreement 2010-4 being developed by
the Redbridge & Waltham Forest Learning Disability Partnership, London Borough of Redbridge and London Borough of Waltham Forest. This should lead to a wider range of providers and more flexible support services like floating support being offered in line with the personalisation agenda. SP temporarily funds a young people in transition project and a resettlement project to promote supported living as an alternative to residential care, maximising opportunities for positive outcomes by working with other funding streams and stakeholders.

**Mental health**

Continued growth is needed in short term provision for people with mental health problems building on the existing resources (Greg Close, Drayton Lodge and Scott Court). This will promote support to people with complex needs and dual diagnosis and help to ensure smooth discharge from acute care.

**Extra Care for older people**

Extra Care Housing provides independence and choice to older people, enabling people to remain in their own homes. Extra Care provision providers 24 hour support and care, domestic help, leisure and social facilities and a genuinely safe environment for clients. It can provide a base for out of hours or outreach services to the local community. Intermediate care facilities to prevent avoidable admission to hospital or to help people return from hospital to their own home more quickly can also be based at Extra Care schemes.

In 2010-15 we will expand on and strengthen our current extra care services in Waltham Forest by:-

- Increasing the supply of extra care in Waltham Forest by an additional 75 units by 2012
- Aim to place 30 clients per year in extra care services
- Aiming clients with high care needs to form 30% of the tenant base in extra care services by 2015
- Establishing intermediate care services within extra care services in the borough: 6 units by 2011
- Establishing outreach support services in extra care by 2011
- Ensuring effective promotion of and assessment pathways to our extra care provision through annual review of publicity and assessment

**Individual Budgets**

Individual budgets are a key component of the personalisation of services. We will mainstream the SP IB pilot by 2011 supporting a target of 75 users per
year with SP IBs subject to satisfactory review of the pilot and the implementation of the Resource Allocation System. The pilot service will promote flexible short term means of addressing housing related support and will include offering the services of an accredited SP provider.

**Home Improvement Agency**

Supporting People will support the commissioning, procurement and implementation of the Waltham Forest Home Improvement Agency, contributing 200k SP funding per year between 2010-13. The Council aims to provide better co-ordination of services for elderly, disabled and vulnerable residents. This will be achieved through a single point of contact and an integrated housing related support service to enable these groups to continue to live independently in their own homes, for the foreseeable future. This aim is central to social care policy agendas, but alongside this new Government agendas are emerging that will both challenge and influence the shape of future HIAs. The Council sees this as an opportunity to develop a HIA service that is capable of meeting current and future need. Our aspiration is to offer residents a ‘user-led’ service that is centred on tailoring services to meet individual need.

The key objectives of the HIA service will be to: -

(i) Provide a single point of contact and co-ordination of services  
(ii) Promote support for choice  
(iii) Provide a flexible and personal support service through key stages in the adaptations process  
(iv) Enable those in need of support to maintain their independence, health and well being, in their chosen home for the foreseeable future. However, if remaining in the current home is no longer feasible, to provide advice on housing options and support to move, if required.  
(v) Streamline and improve the home adaptations process  
(vi) Reduce the number of people admitted to hospital  
(vii) Reduce the number of emergencies amongst people living independently that might result in more intensive services being required, such as admissions to residential / nursing homes  
(viii) Ensure vulnerable groups are receiving benefits to which they are entitled

**Single Homeless provision 16/17s and rough sleepers provision**

We will continue to support specialised advice and assessment and supported housing services for vulnerable 16/17s threatened with homelessness.

The Nightshelter for rough sleepers is being redeveloped through capital funding including resources through the Places of Change programme. We will support the new hostel and ensure it works effectively with regional resources to reduce street homelessness.
Service Directory

Waltham Forest SP services are included on the national directory of SP services developed by the CLG and on a local directory accessed via the Council’s website, drawn from the local SP IT system (SPOCC). Working through the Borough’s Transformation Board we will contribute to the aim to develop a co-ordinated Service Directory and will also seek to upgrade the current system to promote user involvement e.g. through inclusion of a new user rating system.

Service targets

SMART Service targets have been set around key outcomes and performance indicators (see action plan). We will monitor services around these targets in contract management meetings and service review. We will ensure benchmarking is in place around value for money and the Quality Assessment Framework. We will expand on quality assurance work conducted by the team based on needs identified in service review and contract management.

8. ACTION PLAN

The key commissioning priorities and service targets including performance indicators and outcomes are included in the Supporting People Strategy Action Plan. This Action Plan will be reviewed quarterly in reports to the Supporting People Commissioning Body and targets will be updated annually in line with the needs, principles, commissioning priorities set out in this Strategy.
## Manage population growth and change

### Priority: Improve housing quality and choice

- Commission new accommodation based services for people with learning disabilities, mental health: target 6 units ld/ 20 units mh
- Establish Framework Agreement for people with learning disabilities jointly with the Learning Disability Partnership and London Borough of Redbridge
- Support redevelopment of Branches Nightshelter for street homeless through Places of Change funding
- Commission project to support young people with disabilities in transition
- Support development of Home Improvement Agency
- Commission 16/17s homeless assessment service
- Pilot individual budgets with SP funding for 75 users

<table>
<thead>
<tr>
<th>Target</th>
<th>Date</th>
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<tbody>
<tr>
<td>• Commission new accommodation based services for people with learning disabilities, mental health: target 6 units ld/ 20 units mh</td>
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<td>• Commission 16/17s homeless assessment service</td>
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</tr>
<tr>
<td>• Pilot individual budgets with SP funding for 75 users</td>
<td>March 2011</td>
</tr>
</tbody>
</table>

### Priority: Manage the challenges of an increasingly diverse and ageing population

- Expand extra care provision in production of publicity, monitoring and review of assessments and referral process
- Commissioning support to planned new build at the 2 new extra care sites - target 75 additional units of extra care
- Establish floating support service for older people linked to extra care pilot
- Implement project plan for review of service model in Council sheltered service
- Pilot integrated assessment with 2 SP sheltered providers, enabling scheme managers to undertake care plan reviews
- Rehouse 30 older people into extra care including applicants from care homes reprovision

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| Priority: Enable residents to access quality employment opportunities | • Support **200** people into employment through SP services  
• Support **1000** people to access correct benefits through SP services | March 2011 |
| Priority: Ensure residents are fit and healthy for work | • Support **800** people to access GP services and health promotion/healthy living activities through SP services including **80** in LBWF Sheltered Housing  
• Support **1000** people to manage their physical health better including **200** in LBWF Sheltered Housing | March 2011 |

### Retain Wealth in the Borough

| Priority: Create a vibrant culture and leisure offer | Support **900** people to access leisure, cultural, faith activities through SP services including **100** in Council Sheltered Housing | March 2011 |
| Priority: Reduce crime and anti-social behaviour | • Support **50** people to comply with statutory orders through SP services  
• Safeguard **140** people from harm through SP services  
• Sustain **250** people in treatment services and mental health services through SP services | March 2011 |
<table>
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<th>Achieve Excellence</th>
<th>Priority: Deliver Excellence in Priority Services, in particular to vulnerable groups</th>
<th>Priority: Deliver Customer Focussed Services</th>
<th>Priority: Deliver Value for Money Services</th>
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| • NI 141 – Number. of vulnerable people achieving independent living in SP Services  **Target 90%**  
• NI 142 – No. of vulnerable people who are supported to maintain independent living **Target: 98%** | • Ensure user consultation strategy is implemented in SP service delivery  
• Conduct annual satisfaction survey and action plan in Council sheltered housing | • Ensure all SP Services meet LBWF SP value for money criteria in service review and conduct benchmarking of unit cost across East Region  
• Management of *Supporting People* programme grant and Administration grant on budget  
• Complete SP service reviews and quarterly contract meetings to timetable |
| March 2011 | March 2011 | March 2011 |
| | • Introduce benchmarking on the new Quality Assessment Framework  
• Review SP service directory in line with Transformation agenda to include user ratings and marketing information from SP providers for purchase of services through IBs | March 2011 |
| | | March 2011 |