

Socially Excluded Needs Analysis for Somerset Summary

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Commissioned by: Somerset Drug & Alcohol Partnership on behalf of:

- NHS Somerset
- Somerset County Council
- Avon & Somerset Probation Trust
- Avon & Somerset Constabulary
- South Somerset District Council
- Mendip District Council
- Sedgemoor District Council
- Taunton Deane Borough Council
- West Somerset District Council

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1.0 Introduction

- 1.1. This paper is a summary of the needs analysis of the socially excluded in Somerset. It has been commissioned by Somerset Drug & Alcohol Partnership (SDAP) from Nicholas Day Associates. SDAP is a member of the Somerset Housing Related Support Advisory Group (HRSAG) and as part of this has been involved in the socially excluded thematic group that was tasked with developing a way forward for commissioning housing related support across Somerset in relation to the socially excluded¹. The initial paper considered by HRSAG on 6th June 2011 set out a pathway framework and a set of tasks for further work to inform a commissioning strategy for the socially excluded.
- 1.2. To progress the work a Socially Excluded Commissioning Group was established and SDAP agreed to fund the required work to enable a commissioning strategy to be developed.

2.0 The Purpose of the Needs Analysis

- 2.1 The purpose of this paper is to:
 - Summarise the available needs data and provide an estimate of the size of the cohort;
 - Inform the development of a strategic overview and commissioning plan for the socially excluded within Somerset. It is an ambition of the partner agencies involved, that this plan will weave together the commissioning of the available housing related support funds with other funding streams of commissioning for this client group.

3.0 Underpinning Values Statement

- 3.1 Creating a sustainable commissioning plan for the socially excluded will require a 'whole-of-life' philosophy² to planning services, and the active involvement of service users and providers in creating the Plan up until the point of procurement.
- 3.2 It is therefore about the need to work in partnership within a changed financial climate in which significant financial savings are required while still ensuring the delivery of the best quality services for some of the most vulnerable people in the community.
- 3.3 It is also about a direction of travel, not a destination. It is acknowledged that the current pattern of services will need to look very different in the future. There is also

¹ Throughout this paper the phrase 'SP services' is used as shorthand to describe the supported housing services commissioned by Somerset County Council under what was formerly referred to as Supporting People.

² - A 'whole-of-life' philosophy has 7 commissioning strands: housing management, housing related support, social care, personal care, health and well-being care, meaningful occupation, and social networks. Adapted from Nicholas Day Associates for Brighton & Hove City Council (3 May 2011) "*A Personalised Model of Care and Support at Vernon Gardens, Brighton – Maximising Potential for Self-Directed Support*"

an emerging language to describe this complexity, and this too will need to change over time.

4.0 Governance

- 4.1 Social Exclusion is the subject of one of the 4 thematic groups set up by the HRSAG in response to the changing financial climate and the need to work more collaboratively to achieve the best outcomes for people. This needs analysis is being generated and developed through SDAP which has created a Socially Excluded Commissioning Group on a temporary basis on behalf of the HRSAG to ensure this piece of work is completed. Nicholas Day Associates has been commissioned by SDAP to offer specialist input.
- 4.2 Ultimately two levels of governance will be required to hold together the partnership of endeavour and ensure the success of this new commissioning approach: at a *strategic level* there will be a need for a Partnership Board, and a Conferencing Board at the *operational level*.
- 4.3 Creating an effective and efficient commissioning strategy for social exclusion in Somerset will require all the relevant agencies – local authorities, police, probation, statutory and voluntary drug, alcohol and mental health treatment agencies³ – to form a Partnership Board that has a jointly agreed and combined focus on a pathway from prevention, through gate-keeping, to assessment, and into resettlement/rehabilitation/reablement interventions.
- 4.4 To embed the pathway model in practice the Partnership Board will need to ensure the joint commissioning of a range of interventions that have the primary focus of reducing exclusion and maximising well-being. Joint commissioning will include a range of measures from joining budgets to purchasing together, agreeing the joint deployment of existing staff resources into new roles or structures (such as Integrated Offender Management Teams or joint housing options assessment teams), or seeking external funding for new projects.
- 4.5 Measuring effective outcomes and benefits, both in cash and in kind, across the complexity of partnering arrangements is extremely difficult and problematic. However, the Partnership Board will need to explore and set up mechanisms to measure the social and financial result of this integrated approach in order to demonstrate gains to the public purse.
- 4.6 The Social Exclusion thematic group has already begun to map what this pathway might look like in practice. In its final form this integrated pathway will represent the key operational framework to integrate jointly commissioned social exclusion services. The case/care management that begins at one of the 3 entry points (custody/treatment units, district council housing options teams, and direct access housing) will be the critical mechanism for co-ordinating and monitoring the necessary responses from each partner agency associated with any individual.

³ - There is an acknowledgment that structural changes the NHS are undergoing is significant at the current time, so that other groups e.g. GP commissioners, will need to be involved in this work at some point.

4.7 The Conferencing Board will co-ordinate and manage complex cases that are not part of any other structured partnership (such as MAPPA or MARAC). This Board would seek to identify a key worker from among the professionals currently known to the individual in question and ensure a multi-agency plan was put into place for effective case management. It would also require a level of administrative support comparable to the way MARACs are currently structured.

5.0 The Client Group – Toward a Working Definition

5.1 The socially excluded client group can be defined both by *the extent of need* for 'basic' goods (such as access to housing, employment and health care services), by *sets of behaviours* (such as the commission of crime, being anti-social in actions, or by exhibiting psychological problems), or by *type of lifestyle* (such as living in a travellers community).

5.2 Many people can be theoretically defined as socially excluded at different points in their lives on a temporary basis. Most people can deal with these situations through their own resilience and resources, perhaps supported by family or friends, or through access to everyday universal public services e.g. general practitioners, front-line advice services.

5.3 It is those people who do not have the resilience or resources, either through self, family or the community to overcome problems of exclusion, and who need to fall back on the use of more specialist public services, that form the client group for which the commissioning plan is being created. Defining this group is both complex and complicated.

5.4 Some commentators have used the term 'deep exclusion' to define those who present the most difficult and entrenched problems to public services and that have often proved immensely tricky to resolve, creating the 'revolving door' syndrome at great cost to themselves, their communities and the public purse. It is important to identify this group in order to ensure resources are prioritised.

5.5 This needs analysis seeks to measure and make a distinction between two socially excluded cohorts: the '*outer cohort*' which includes all those people who could be determined as socially excluded in Somerset; and an '*inner cohort*' of the most socially excluded who have the most difficult and entrenched problems.

5.6 While a person does not have to be homeless, or have an entrenched history of homelessness, to be defined as socially excluded a recent Joseph Rowntree Foundation (JRF) study (September 2011) has shown that: "*homelessness was a particularly prevalent form of exclusion, being widespread among those recruited to the study from services aimed at other dimensions of deep exclusion, such as drug misuse...Whichever service they were using at the time of the survey, almost everyone (98%) had experienced homelessness at some point*". It is thus possible to argue that homelessness is probably the primary indicator of exclusion, and a useful starting point for any needs analysis.

- 5.7 This study⁴ was not available to a consultation workshop run by Nicholas Day Associates for commissioners and providers on 14th September 2011 where it was agreed to use the definition created by the *Making Every Adult Matter (MEAM)* coalition⁵ as the basis for the Somerset definition of the *inner core* of the most socially excluded: “*Those people who have experienced a combination of issues in addition to homelessness⁶ that have impacted adversely on their lives, such as offending, substance misuse and mental health problems; who have been routinely excluded from effective contact with the services they needed; and have tended to lead chaotic lives that are costly to society*”.
- 5.8 This list of issues linked to homelessness that might qualify someone as being excluded is not limited to major ones such as offending, substance misuse or mental health problems. For example, people with learning difficulties or literacy problems, or ex-servicemen, may well be included in this group. However, what will define the group is the combination of a number of disabling issues, the routine exclusion from services, or the chaotic nature of their lives.
- 5.9 It is also recognised that young people, or those experiencing domestic abuse, can in particular find themselves struggling with a multiplicity of issues, excluded from services and thus caught up in significant chaos. HRSAG created specialist groups in Somerset to deal with their needs and commission services. This needs analysis has therefore not focused on these group, but it is acknowledged that there is a crossover in the issues, for example drug and alcohol misuse amongst people experiencing domestic abuse.
- 5.10 While the above definition does not strictly cover the gypsy and travelling community e.g. their itinerant lifestyle is one of choice, and it would be difficult to argue they were chaotic, it has been agreed that the responsibility for commissioning services for this group will fall to the social exclusion group. This decision will need to be kept under review.

6.0 Limitations of the Needs Analysis

- 6.1 Needs analysis is, by definition, always a work in progress. However, as there is no generally agreed definition of the term ‘social exclusion’ or as yet a formally agreed commissioning framework for social exclusion in Somerset, the data currently available for analysis is collected is to be found in a very wide range of places and in many differing formats.

⁴ - McDonough, T (September 2011) “*Tackling homelessness and exclusion: Understanding complex lives*”, Round-up – Reviewing the evidence from 4 projects involved in the Multiple Exclusion Homelessness Research Programme, Joseph Rowntree Foundation.

⁵ - Representing CLINKS, DrugScope, Homeless Link and MIND

⁶ - The term ‘homelessness’ is used in the wide sense of its meaning to include those who frequently find themselves at risk of homelessness, or have significant housing problems such as rent arrears or neighbour disputes. It is not used in a statutory sense, except where defined as such in the text.

- 6.2 For these reasons it is important to recognise that the available data is very likely to include duplication because of the way data systems are currently set up and that there is no information sharing protocol as yet to allow personalised data to be shared used for research purposes. This will need to be explored as part of any forward commissioning plan.
- 6.3 This needs analysis is based on the quantitative and qualitative information that was accessible before the 30th October 2011.

7.0 Defining Needs

- 7.1 There are a number of ways of looking at needs. This review and mapping exercise has used quantitative data provided by commissioners and providers, looking at 'statements of need' produced by commissioners, and - to a lesser extent - at life stories of service users supplied by service providers. Taken together they can be used as a kaleidoscope to provide a picture from a range of sources about needs and aspirations as the basis for a commissioning plan.
- 7.2 Needs are both elastic and endless. In the final analysis the total available budgets will determine the financial parameters for a discussion about what needs might be satisfied, but values and priorities will determine on what the money is spent. Therefore as part of this exercise a summary of the resources currently available for commissioning services to this group, in particular those related to providing supported housing is set out in section 16. This financial resource mapping will need further work depending on the commissioning approach adopted by partners.

8.0 Summarising the Needs - Homelessness in Somerset

8.1 If homelessness is a key indicator of exclusion, then it is worth setting out the basic statistics on homelessness for Somerset. These are set out for the year 1st April 2010 to 31st March 2011 in Table 1 below; while Tables 2, 3 and 4 show the trends in homelessness by different criteria for the previous 3 years.

Table 1: Local Authorities' action under the homelessness provisions of the 1985 and 1996 Housing Acts, by Local Authority 1st April 2010 to 31st March 2011⁷

Geographic Area	No. Accepted as Homeless and in Priority Need	Eligible but Intentionally homeless, or not in priority need	Eligible but not Homeless	Total Decisions	Total in Temporary Housing	Duty owed but no housing secured
- Mendip	111	22	20	153	44	1
- Sedgemoor	46	13	34	93	18	0
- South Somerset	280	20	75	375	75	23
- Taunton Deane	154	17	40	211	49	12
- West Somerset	31	84	57	172	6	0
All Somerset	622	156	226	1,004	192	36
South West	3,270	1,210	1,830	6,300	2,040	310
England	44,160	27,360	30,680	102,200	48,240	4,770

Table 2: Local Authorities' action under the homelessness provisions of the 1985 and 1996 Housing Acts, numbers accepted as Homeless and Priority Need and total in Temporary Housing, trends by Local Authority between 2007 and 2010⁸

Geographic Area	No. Accepted as Homeless and in Priority Need 09/10	Total in Temporary Housing 09/10	No. Accepted as Homeless and in Priority Need 08/09	Total in Temporary Housing 08/09	No. Accepted as Homeless and in Priority Need 07/08	Total in Temporary Housing 07/08
- Mendip	96	35	102	50	94	54
- Sedgemoor	55	18	53	19	98	50
- South Somerset	243	110	179	174	169	153
- Taunton Deane	136	45	108	43	94	48
- West Somerset	34	7	18	19	43	39
All Somerset	564	215	460	305	498	344
South West	2,980	2,130	3,650	2,980	4,520	4,180
England	40,020	51,310	53,430	64,000	63,170	77,510

⁷ - <http://www.communities.gov.uk/housing/housingresearch/housingstatistics/housingstatisticsby/homelessnessstatistics/livetables/>. Table 784

⁸ - <http://www.communities.gov.uk/housing/housingresearch/housingstatistics/housingstatisticsby/homelessnessstatistics/livetables/> Table 784

Table 3: Local Authorities' action under the homelessness provisions of the 1985 and 1996 Housing Acts, number accepted as Homeless and in Priority Need per 1,000 households, trends by Local Authority between 2007 and 2011⁹

Geographic Area	2010/11	2009/10	2008/09	2007/08
- Mendip	2.4	2.1	2.2	2.1
- Sedgemoor	1.0	1.1	1.1	2.1
- South Somerset	4.1	3.6	2.6	2.5
- Taunton Deane	3.2	2.9	2.3	2.0
- West Somerset	1.9	2.1	1.1	2.7
All Somerset	2.8	2.5	2.0	2.2
South West	1.5	1.3	1.7	2.1
England	2.0	1.9	2.5	3.0

Table 4: Local Authorities' action under the homelessness provisions of the 1985 and 1996 Housing Acts, number in Priority Need and Intentionally Homeless, or Eligible Homeless but not in Priority Need, trends by Local Authority between 2007 and 2011¹⁰

Geographic Area	2010/11	2009/10	2008/09	2007/08
- Mendip	22	19	17	16
- Sedgemoor	13	18	12	24
- South Somerset	20	26	5	21
- Taunton Deane	17	30	19	24
- West Somerset	84	72	79	125
All Somerset	156	165	132	210
South West	1,210	970	1,290	2,770
England	27,360	22,400	26,120	31,360

- 8.2 The data from Table 3 shows that the incidence of homelessness across Somerset as measured per thousand households appears to have risen in the last couple years, while the trend in the South West and England has fallen. The table also shows that the problems of homelessness as measured by those in priority need in Somerset are proportionally greater than elsewhere; and the problems are particularly acute in Taunton Deane and South Somerset and, to a lesser extent, in Mendip.
- 8.3 However, Tables 1 and 2 show that the use of temporary accommodation to house those that are homeless and for whom the local authority have a duty has fallen consistently over the last 4 years both in Somerset and elsewhere. The proportion of those in temporary housing as a percentage of all those accepted as homeless in 2010/11 is 31% in Somerset, but 65% for the South West, and 109% for England as a whole. As Table 2 indicates, the figures for Somerset show a continuous

⁹ - <http://www.communities.gov.uk/housing/housingresearch/housingstatistics/housingstatisticsby/homelessnessstatistics/livetables/ Table 784>

¹⁰ - <http://www.communities.gov.uk/housing/housingresearch/housingstatistics/housingstatisticsby/homelessnessstatistics/livetables/ Table 784>

improvement on previous years, from 2009/10 when the figure was 38%, 2008/09 when the figure was 66%, and 2007/08 when the figure was 69%.

- 8.4 The data in Table 1 shows that 16% of all decisions in 2010/11 in Somerset resulted in a person being assessed as in priority need but intentionally homeless or eligible homeless but not in priority need. This is a lower number of decisions than for the South West (19%) and England (27%) as a whole. However the figure of 48% for West Somerset is hard to explain and interpret, but is consistent over time (table 4).
- 8.5 It is difficult to assess just how much can be concluded from the above data that is a useful baseline for social inclusion commissioning. However Table 1 indicates that in 2010/11 1,004 decisions¹¹ were made under the homelessness legislation: but just how many of these were from the wider cohort defined as socially excluded in 5.5 (let alone the inner cohort) would be impossible to assess without some much deeper analysis of data from a combined number of sources.
- 8.6 The last major analysis of the homelessness data was done for the Somerset Homelessness Review & Prevention Strategy 2008-2011 *Making Homes, Helping People, Changing Lives*. From an analysis of the data available at that time this strategy set a number of priorities, the relevant ones for the socially excluded group being to:
- Review the support offered to households moving from supported housing to mainstream accommodation and to ensure that Service Users are able to re-engage with support services (that resulted in the development and specification of the generic floating support strategy awarded to NOVAS);
 - Through prevention initiatives take steps to achieve the Government target of ending rough sleeping by 2012 and improved support for intentionally homeless households;
 - Improve access to the private sector by improving relations and support to private sector Landlords across the County and to explore the potential of Private Sector Leasing to secure accommodation as settled rather than temporary;
 - Improve access to appropriate housing by maximising the provision of “move on” accommodation (an issue on which there has not been much progress in the last 4 years), addressing the needs of Gypsies and Travellers, and those with high level support needs (including the Use of Multi-Agency Assessment Panels);
 - Improved engagement with the Health Service to ensure early identification of patients likely to be homeless upon discharge (again a lack of progress on this issue); and the creation of adequate referrals and protocols between partner agencies to avoid homeless households being passed from agency to agency without their problem being resolved (likely to be key objective in the commissioning plan for the socially excluded client group).

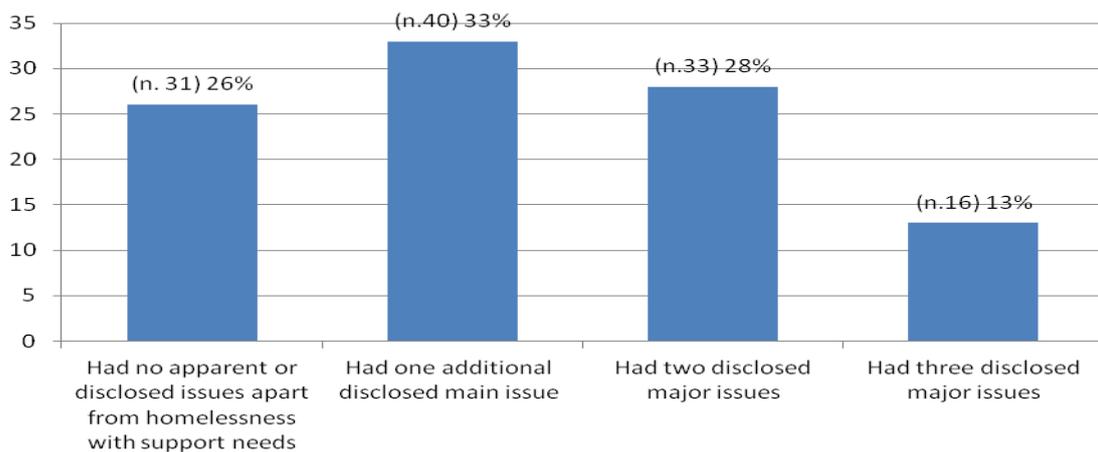
¹¹ - The term ‘decisions’ can be treated as accepted or completed applications under the 1985 and 1996 Housing Acts. How many people who did not complete an application an application is impossible to assess.

9.0 Summarising the Needs – Rough Sleepers/Entrenched Homelessness

9.1 One way of beginning to study the entrenched homelessness problem is to look at the population of the two organisations who are commissioned to provide direct access services in the County. These services can act as a ‘magnet’ for the socially excluded, being a possible first point of contact for someone seeking to begin a journey of recovery. Each service was asked to breakdown their resident support needs¹² by the three main social exclusion factors (in addition to homelessness) by substance misuse, offending and poor mental health.

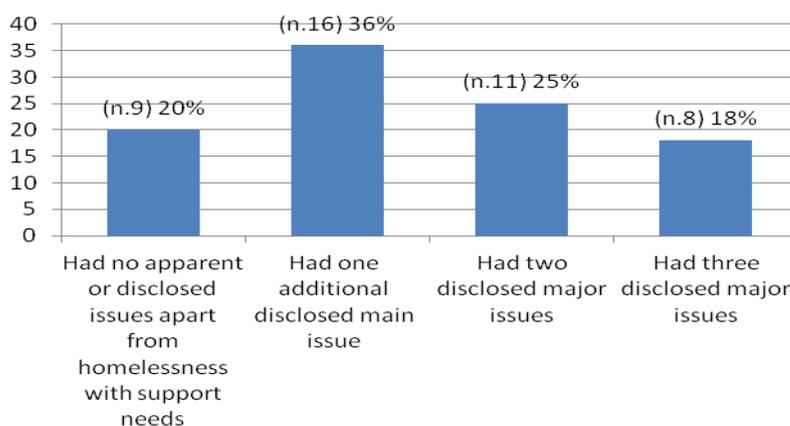
9.2 Figure 1 shows that at 31st August 2011 the Taunton project had a total of **120** residents, of which:

Figure 1: Resident support needs for TAH client base 31st August 2011



9.3 Figure 2 shows that at 31st August 2011 the Yeovil project had a total of **44** residents, of which:

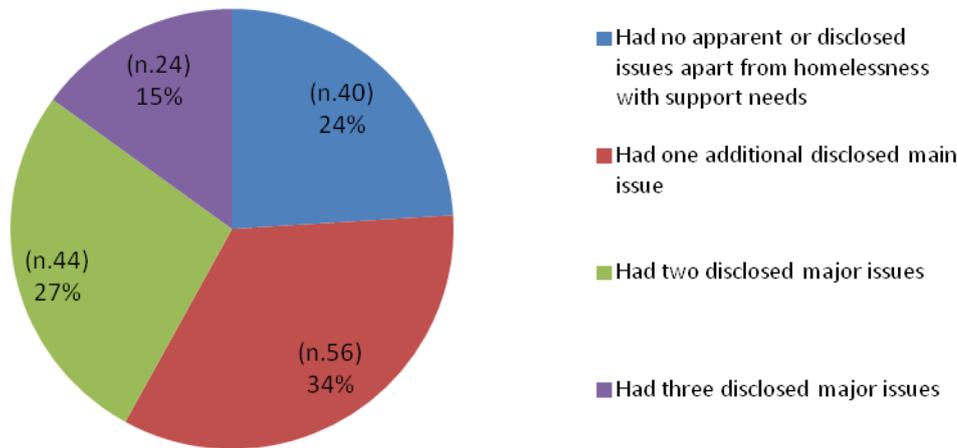
Figure 2: Resident support needs for BHA client base 31st August 2011



¹² - Taunton Association for the Homeless (TAH) and Barnabas Housing Association (BHA) have a number of schemes for homeless people, including both direct access and satellite/move-on schemes, but they are all defined as a ‘single service’ as people do not need to enter through the direct access hostel. For the purposes of this exercise the number of TAH bedspaces in scope is 127, and the number of BHA bedspaces in scope is 50. The data is for all adults aged 18 and over.

- 9.4 Taken together to create a Somerset wide picture, Figure 3 shows the resident support needs of the total of **164** residents:

Figure 3: Resident support needs for both TAH & BHA client base 31st August 2011



- 9.5 It is also important to factor in the many socially excluded people who do not, or rarely, seek help through direct access hostels. Research has shown that some homeless people regard such places as unsafe or unhelpful. Data available in the Taunton area via the Rough Sleepers Co-ordinator and the direct access hostel showed that of those clients who had attended the Open Door Day Centre in Taunton between October 2010 and March 2011 **38%** were not known to Taunton Association for the Homeless (this figure increased to 50% for females).
- 9.6 On the day the data was being collected at the direct access hostels Taunton had a further 22 people on the waiting list, and in Yeovil a further 21, making a total of 43 people seeking a place (or 24% of available capacity). At the same time Taunton had 70 people ready to move on but with no suitable accommodation to move into without undermining the achievements of their period at the hostel, while Yeovil had 14 people ready to move on, making a total of 84 people ready to move on (or 47% of available capacity).
- 9.7 One of the difficulties for direct access hostels is the need to manage a number of 'sub-populations' with different needs and requirements: homeless people are not a homogeneous group. The data in the Figure 3 does confirm the wide range of needs that such projects are required to handle. Broadly the staff in the two Somerset schemes identified the following sub-populations:
- Travellers/transient people who very occasionally (if at all, and usually in winter), escape the streets for a temporary period but are very likely to return to the transient lifestyle.
 - Those with both substance misuse and mental health problems, but who have not received any formal assessment regarding a dual diagnosis. This sub-

population can easily default on rent (money used to purchase drugs or alcohol) and/or be involved in anti-social behaviour. Direct access hostels and others (such as Turning Point) have argued for a greater range of sub-projects with different tolerance levels from wet to dry would be useful. In addition a mechanism would be useful for projects to access additional funding/support via SP when a client requires more support than allocated.

- Homeless people who wish to escape the street, and who have single/less chaotic presenting problems. Providers probably have most success with this group.
- Young homeless people present specific sets of problems, but who generally receive good support from social services.

9.8 The above picture of the hostel population is a 'static' one i.e. it represents a number of different sub-populations that the hostels are required to manage at any one time. The JRF study referred to in 5.6, however, has mapped out 'dynamic' pathways into multiple exclusion homelessness (MEH). Interestingly, their study measures 'experiences' instead of 'needs'. Thus 'institutional experiences' is measured rather than offending, and street culture activity (such as begging, sex work or shoplifting) measured rather than rough sleeping. The MEH pathways are set out in Figure 4.

Figure 4: The 4 Stages of the Multiple Exclusion Homelessness Pathways [as defined by the JRF Study “*Tackling homelessness and exclusion: Understanding complex lives*” - see footnote 4]

Stage	Descriptor
<p>Stage 1 – <u>Substance misuse</u></p> <p>The experiences that tend to happen earliest</p>	<ul style="list-style-type: none"> • Abusing solvents, glue or gas; • Leaving home or care; • Using hard drugs¹³; • Developing a problematic relationship with alcohol and/or street drinking.
<p>Stage 2 – <u>Transition to street lifestyles</u></p> <p>Experiences that tend to be early to middle part of individual MEH sequences, indicative of deepening problems bringing people closer to extreme exclusion and street lifestyles.</p>	<ul style="list-style-type: none"> • Becoming anxious or depressed; • Survival shoplifting; • Engagement in survival sex work; • Being the victim of a violent crime; • Sofa-surfing; • Spending time in prison; • Adverse Life Event: being made redundant.
<p>Stage 3 – <u>Confirmed street lifestyle</u></p> <p>Experiences that typically occurred in the middle–late phase of individual MEH sequences, and seemed to confirm a transition to street lifestyles</p>	<ul style="list-style-type: none"> • Sleeping rough; • Begging; • Intravenous drug use; • Being admitted to hospital with a mental health issue; • Adverse life events: becoming bankrupt and getting divorced
<p>Stage 4 – <u>‘Official’ homelessness</u></p> <p>Experiences that tended to happen late in individual MEH sequences</p>	<ul style="list-style-type: none"> • The more ‘official’ forms of homelessness (applying to the council as homeless and staying in hostels or other temporary accommodation) • Adverse life events of being evicted or repossessed and the death of a partner.

¹³ - The JRF report uses the phrase ‘hard drugs’ which is understood as referring to Class A substances

10.0 Summarising the Needs – Offenders in Somerset

- 10.1 Of the 1,101 offenders under supervision in Somerset assessed in the 4 months from 1st November 2010 to 28th February 2011 **243 (or 22%)** were identified as being in housing need linked to their offending (OASys data). Of the small number of 21 'priority & prolific offenders' under supervision (those who commit the most offences) the number in housing need rose to 9 or 43%.
- 10.2 Of the 243 offenders the largest number in housing need was in Sedgemoor (85 offenders or 31% of all those housing need). While West Somerset had the lowest number (7 or 18%), Mendip had the lowest overall percentage (38 or 17%). There were 53 offenders in need in South Somerset, and 60 in Taunton Deane.
- 10.3 More specifically housing needs data on the group of repeat offenders who have high social needs including those who have achieved the status of 'priority and prolific' was analysed as it is this group of offenders who are likely to be within the core group of excluded people (see 5.5) and which the Joseph Rowntree Foundation describes as 'multiple exclusion homelessness' (see 9.8). These offenders are now supervised as part of an integrated offender management team (known as IMPACT) that includes the Police working jointly with other agencies such as the adult drug and alcohol treatment service, Turning Point.
- 10.4 The data obtained on this group of offenders is for a different time period (1st April 2011 to 21st October 2011) to the more general data quoted in 10.1 and 10.2 above, but the data is instructive¹⁴. Of the 93 offenders during this period who were subject to OASys assessment (of a caseload of approximately 160 across Somerset) 41% had accommodation issues that could be linked to their offending behaviour. This figure is very similar to the smaller group of priority and prolific offenders referred to in 10.1 and double the offender population as a whole. The data for IMPACT offenders also continues to confirm that housing problems appear greatest for those on the Sedgemoor team caseload, where they are more likely to be NFA or in transient accommodation. Table 5 details the housing situation of these offenders by team.

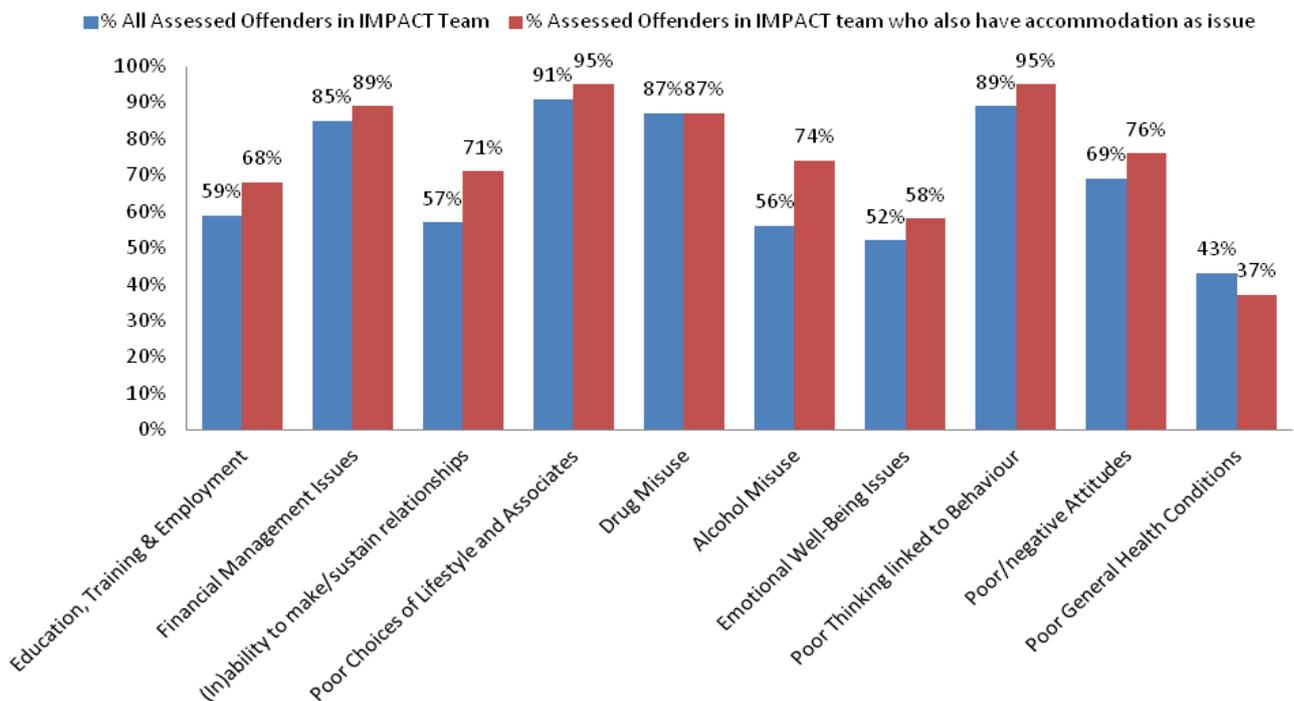
Table 5: A summary of housing issues facing 93 offenders on the Somerset IMPACT caseload 1st April 2011 to 21st October 2011

Team Location	% housing linked to offending	% NFA or transient housing	% in unsuitable housing	% with problems securing permanent housing	% with problems over location of housing	Total number of offenders
Bridgwater	65%	29%	71%	53%	71%	17
Taunton	26%	11%	45%	66%	58%	38
Yeovil	45%	18%	61%	53%	61%	38
SOMERSET	41%	17%	56%	58%	61%	93

¹⁴ - Data prepared by the Business Development Unit, Avon & Somerset Probation Trust, 4.11.11

10.5 551 (50%) and 286 (26%) of the 1,101 offenders under supervision assessed in the four month period to February 2011 were identified as having alcohol and drug problems respectively. The data on the IMPACT offender group suggests that not only are they more socially excluded when viewed by a wide range of experiences than the offender group as a whole: but that where in addition they have housing problems it further compounds almost every other issue with the exception of poor general health conditions. This needs further work to understand why poor general health conditions is the exception. Moreover of particular interest is the two areas which show the most marked difference between the cohorts - (in)ability to make/sustain relationships and alcohol misuse - this again needs context to understand further but does begin to indicate the other service areas that need to be working with this client group as part of a multi-disciplinary approach. This is demonstrated in Figure 6 below, and indicates that this offender cohort is a useful barometer for multiple exclusion issues.

Figure 5: A summary of exclusion issues facing 93 offenders in the IMPACT team in Somerset for the period 1 April 2011 to 21 October 2011, and the affect that housing issues have in compounding these problems of exclusion.

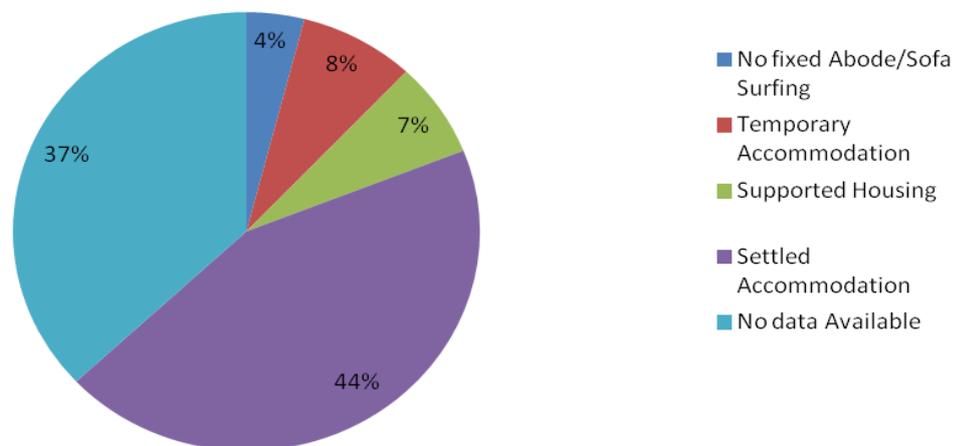


10.6 The major need identified by SP services working with offenders was to maximise income and to help secure settled accommodation. It was very successful with the former, but not so successful with the latter, only 58% securing settled accommodation. The main area of 'poor performance' was that only 21% of offenders managed to gain paid work (only rough sleepers were below this percentage figure).

11.0 Summarising the Needs – Drugs Misuse

- 11.1 There were **1,331** people in contact with Turning Point on 29th July 2011. Illicit heroin use constituted the biggest problem, with **922** reporting this as their major issue. **20% (or 184 people)** stated that housing was major problem. Given the findings from the Joseph Rowntree study these 184 people are likely to be part of the ‘inner circle’ of the people with the most complex needs (see 5.6). With the exception of West Somerset where less people reported a problem, there was little difference in the problem across the other 4 districts.
- 11.2 However, no housing status data was recorded for **339** of the 922 heroin users. When this is taken into account in calculating housing problems, it shows that **40%** of all those in Mendip and **36%** of those in South Somerset are likely to report a housing problem (**32%** overall). If this percentage was applied to the whole population of illicit heroin users the numbers in housing need in Somerset are likely to be around 300 people.
- 11.3 Figure 6 below shows the housing status of those in treatment for primary heroin use problems. The data made available by Turning Point shows that a person with heroin problems is much more likely to be NFA in Taunton Deane or Mendip, and unlikely to be in supported housing in Sedgemoor or West Somerset (where they were more likely to be in settled accommodation). The number of heroin users in temporary accommodation in Mendip (**22%**) was double that of the other Districts.

Figure 6: Housing status of people in treatment with Turning Point for primary heroin use on 29th July 2011



- 11.4 SDAP/PIU 2010¹⁵ indicated that resolving throughput and increasing the number of planned exists from treatment is the most direct issue facing the Somerset

¹⁵ - Somerset Drug & Alcohol Partnership & Partnership Intelligence Unit (March 2010) Adult Drugs Needs Assessment 2010.

treatment system. Ensuring the availability of move-on housing (with support) will therefore be an important part of delivering treatment outcomes.

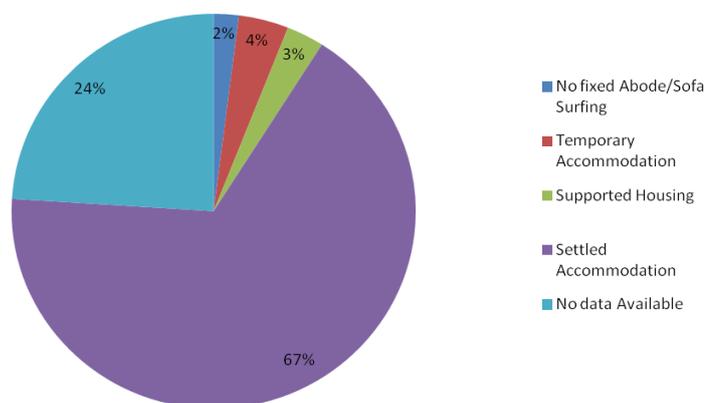
- 11.5 Retaining people in treatment will require particular targeted support for the 18 to 24 year age group who are more likely to have complex needs, more likely to be arrested and more likely to have acute housing problems¹⁶. Data held by Turning Point shows that **32%** of all 18 to 24 year old males with a heroin problem at 29th July 2011 reported having a housing problem, compared to **20%** for males over 25. The figures for young males in treatment who have both a heroin problem and a housing problem show a marked increase from a snapshot taken the previous year. Although the numbers are smaller, the problems appear more marked for young females with an illicit heroin problem.
- 11.6 Those dropping out of treatment frequently re-engage at a later stage. The challenge is how to permanently change the behaviour of those complex individuals who cause the greatest harm to themselves and the community. The role of supported housing providers could have a key role to play in contributing to behaviour change.
- 11.7 The major need identified by SP services working with drug misusers were to help secure settled accommodation and deal with alcohol and drug misuse issues. It was reasonably successful on both issues (**66%** secured settled accommodation and **72%** had a satisfactory outcome in dealing with substance misuse issues). This latter success rate shows how, with training and specialist support, this figure could be increased in supporting behaviour change (see 9.8).

¹⁶ As reference 15

12.0 Summarising the Needs – Alcohol Misuse

- 12.1 Applying a range of national and regional prevalence estimates to Somerset's 16-64 population reveals that there are approximately 29,000 to 48,000 abstinent, 87,000 to 155,000 lower risk drinkers, 60,000 to 83,000 increasing-risk drinkers; **13,000 to 17,000 higher-risk drinkers**; 50,000 to 60,000 binge drinkers and **13,000 to 19,000 dependent drinkers** in Somerset. The higher risk and dependent drinker's categories are where those with multiple needs are most likely to be identified i.e. a population between 26,000 and 36,000. National guidance recommends that local areas ensure there is capacity for evidence based specialist alcohol treatment for between 6.9% and 15% of the estimated dependent drinker's population - for Somerset this could mean capacity for anything between 897 and 2850 people to access services at any one time.¹⁷
- 12.2 Developing capacity in services is therefore a key strategic priority for Somerset. It is a balance of promoting the use of alcohol brief interventions across the general workforce and specific settings such as custody and accident and emergency department, to be able to work with those at increasing and higher risk whilst ensuring that only appropriate referrals to specialist alcohol treatment are made.
- 12.3 The number of people currently in treatment for primary alcohol misuse with Turning Point as at 29th July 2011 was 147, or 11% of those in treatment. Figure 7 below shows the housing status of those in treatment for alcohol misuse. **13%** of this group reported a housing problem. There appears to be little variation across Districts (with the exception of West Somerset, where there was currently no one in treatment for primary alcohol misuse with the service). However the data available only indicated the main drug of choice. It is quite likely that alcohol misuse was also a problem to a number of drug misusers, so that the figure of **147** is an under reporting of the number in treatment.

Figure 7: Housing status of people currently in treatment with Turning Point for primary alcohol misuse on 29th July 2011



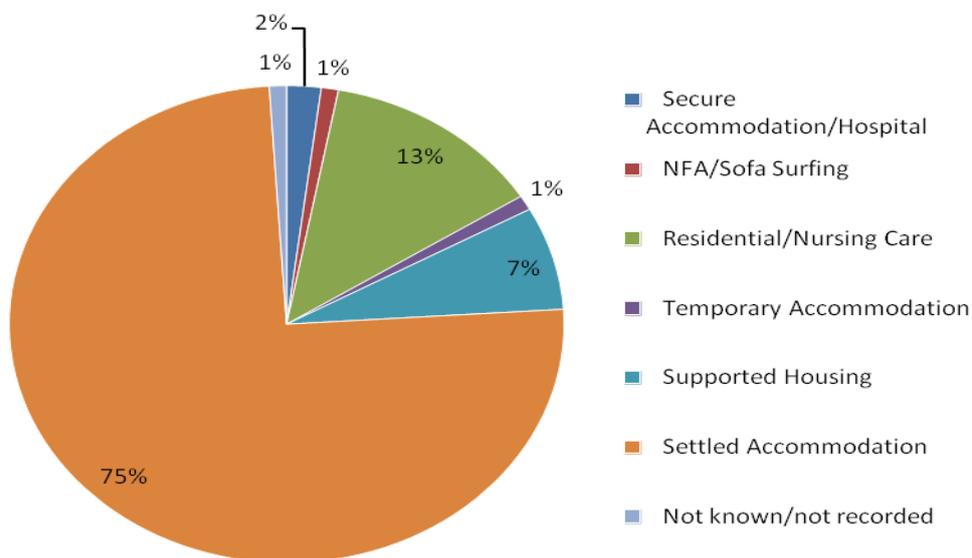
¹⁷ - Somerset Drug & Alcohol Partnership and Partnership Intelligence (March 2011) Draft Adult Alcohol Needs Assessment

- 12.4 With the caveat about the way the data is recorded, comparisons with the problems faced by illicit heroin users is instructive. While data on the housing status of people with alcohol problems is more readily available (only 24% of the data compared to 37% of data for illicit heroin users) it does suggest they are more likely to be in settled accommodation than people with heroin problems (67% of those with alcohol misuse problems compared to 44% of illicit heroin users). There could be a number of reasons to explain this variation, but the data made available does not enable this to be determined.
- 12.5 The major need identified by SP services working with alcohol misusers were to help secure settled accommodation and deal with alcohol and drug misuse issues. As with drug misuse, it was reasonably successful on both issues (**78%** secured settled accommodation and **78%** had a satisfactory outcome in dealing with substance misuse issues).
- 12.6 The SP numbers-in-need data showed that services paid least attention to work on reducing the harm tenants with alcohol problems cause to others, and supporting tenants to adhere to the terms of any statutory orders. The data does not of course indicate the reasons for these findings: but anecdotal data from the case studies suggests this may have something to do with how staff in supported housing projects view their role (*"I'm not an expert on alcohol problems"*) and what time they have available (*"Dealing with simple housing management issues can take a lot of time"*). There were no real areas of 'poor performance', although only 50% of those seeking paid work were successful.

13.0 Summarising the Needs – Mental Health

- 13.1 The Mental Health Minimum Dataset shows that of those subject to the Care Programme Approach (CPA) and receiving secondary mental health services in 2009/10, **753** were in settled accommodation and **114** non-settled accommodation¹⁸ (13%). However there was no housing data recorded for a further **600** people.
- 13.2 Somerset Partnership NHS Foundation Trust reported in December 2010 that **88%** of their clients live in ‘settled accommodation’. Discussion at the consultation events for this piece of work suggested this figure of **12% in non-settled accommodation is an under-estimate**. This was followed up with a request for further data from the Trust. However, of the 10,309 clients with open referrals on 5th October 2011, only a sub-section of 471 clients had their accommodation status and settled accommodation indicator fields completed¹⁹. Figure 8 sets out an analysis of this small sub-population.

Figure 8: Housing status of a sub-section of people currently in treatment with Somerset Partnership NHS Foundation Trust for mental health issues on 5th October 2011



¹⁸ - Derived from the NHS Somerset Draft Mental Health Needs Assessment, 16 June 2011. The definition of non-settled accommodation is similar to that used by Turning Point, meaning people who are NFA, sofa surfing, and living in various forms of temporary accommodation.

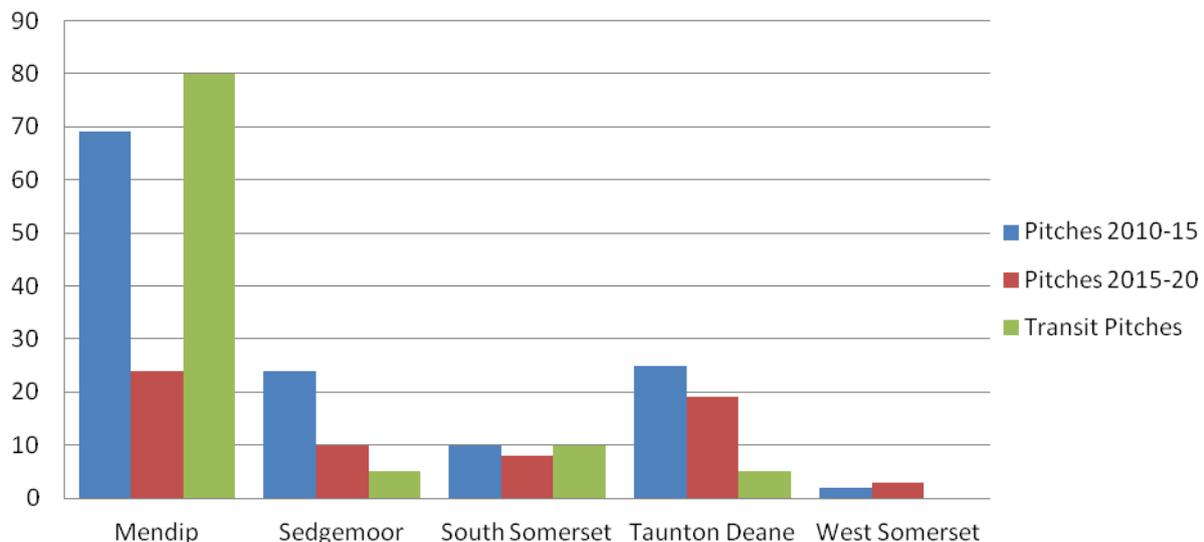
¹⁹ - Those who have the accommodation status and settled accommodation indicator fields completed are primarily (86%) those on CPA Level One or Two and the majority (65%) are aged 18-69. The housing status is rarely recorded on most mental health patients.

- 13.3 Figure 8 shows that, if people living in residential and nursing care are treated as being in 'settled accommodation' (i.e. for many residents it is seen as a permanent home) the result of this data snapshot produces an almost identical finding to the previous year, with only 12% in non-settled accommodation. Thus when we focus on the prism of multiple exclusion homelessness pathways, what is a significant problem for criminal justice, housing or treatment agencies - where far less people are in settled accommodation - appears less of an obvious problem for mental health services. Yet case studies collected as part of this piece of work indicated that many homeless people with mental health problems turning up at voluntary or statutory housing, substance misuse and criminal justice agencies are experiencing difficulties in accessing mental health treatment until they have achieved some stability in managing their housing, substance misuse and offending behaviour issues. This requires further exploration.
- 13.4 **32%** of all people in the SP social exclusion services report mental health as their primary presenting need. In the focus groups that were held in Taunton as part of the consultation on needs, health professionals considered that there were people currently in hospital unable to be discharged due to an absence of suitable accommodation in the community.
- 13.5 The major needs identified by SP services working with people with mental health problems were to maximise income and to help secure settled accommodation. They were successful with tackling both issues, with 80% securing settled accommodation.
- 13.6 The main area of 'poor performance' in SP services was that only **44%** of people looking for paid work managed to gain employment. However, the Somerset Partnership NHS Foundation Trust does have a dedicated Employment Support Service which offers a bridge to local employers and other agencies such as Job Centre Plus for people with mental health difficulties, or if necessary to protect existing employment. It may be that SP services focusing on people with mental health problems assume residents receive their employment support from this or other sources.

14.0 Summarising the Needs – Gypsies and Travellers

- 14.1 As noted in Section 5 the emerging definitions for social exclusion in Somerset as a basis for a future commissioning strategy do not sit comfortably with any attempt to include gypsies and travellers. They clearly form a distinct social group excluded from wider society, but their itinerant lifestyle – a problem to many of the group we are studying – is paradoxically one of choice and it would be difficult to say that their lifestyle was chaotic. Nevertheless, gypsies and travellers can find themselves homeless when they are unable to secure pitches for their caravans and vehicles, and experience considerable difficulty in accessing health and education services.
- 14.2 A Gypsy and Traveller Accommodation Assessment (GTAA) has recently been prepared for the County and District Councils in Somerset by a project team at De Montfort University²⁰. As part of its methodology, the project team trained members of the Gypsy and Traveller community in Somerset to undertake especially tailored surveys for the project. 157 surveys were achieved in this way and information from these were used in combination with other desk-top research and information provided by the Councils to inform the calculation of pitches required between 2010 and 2015 (and an estimate up to 2020). A transit pitch requirement and a Showmen’s yard requirement were also calculated.
- 14.3 The report outlines a need for 130 additional pitches across the study area between 2010 and 2015. An estimated 64 further pitches will be required by 2020. Transit provision is needed for around 100 caravans by 2015 across Somerset. The detail and stratification by District is shown in Figure 9 below:

Figure 9: A summary of Gypsies and Travellers pitch requirements by Local Authorities



²⁰ - Richardson, Jo; Allen, Dan; Bloxson, John; Brown, Tim; Cemlyn, Sarah; Greenfields, Margaret; and Lishman, Ros; (14th January 2011) "Somerset Gypsy and Traveller Accommodation Assessment", De Montfort University Leicester.

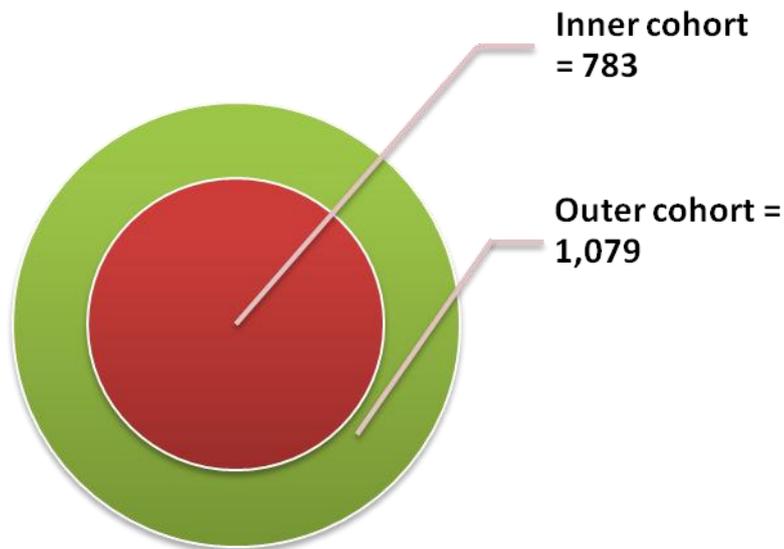
- 14.4 Many respondents to the survey suggested these new pitches should be developed in smaller family sites, while others asked for traditional stopping places to be opened up for transit provision. Most respondents just wanted a settled and secure place somewhere in Somerset. The final report indicated that the gypsy and traveller community struggled to get good access to education, in particular to basic literacy, computer skills and technical training required now that traditional patterns and types of work were changing with modern technology.

15.0 Estimating the size of the client group

- 15.1 A central part of this work was to measure and make a distinction between two 'cohorts of exclusion':
- an *outer cohort* which includes all those people requiring interventions or support whose experience places them into one of the socially excluded categories used in Somerset;
 - and an *inner cohort* of the most socially excluded who have the most difficult and entrenched problems.
- 15.2 As indicated in 8.1 one of the best places to get an idea of the what the numbers might look like is to study the population of the direct access hostels at any one time, as these projects act as one of the service 'magnets' to the deeply excluded group, and then apply this analysis to wider data sets of people with support needs.
- 15.3 We know from the data supplied by the direct access hostels as set out in 8.4 that of the total of 164 residents at 31 August 2011, 42% of residents²¹ had two or more needs in addition to their homelessness history. Applying this percentage to SP's numbers in need within the wider socially excluded client group in 2010-11 (1,149 people – See Appendix 1) resulted in **483** people who could be classed as deeply excluded.
- 15.4 In addition there were 43 people on the waiting list at 31st August, or 24% of the available capacity (paragraph 9.6). If we assume that the same percentage was waiting to access all the wider SP bedspaces for the socially excluded in 2010-11, this would give us an **additional 276 people** on waiting lists, of which **116** might be deemed to be deeply excluded. This would increase the total population of the inner core of socially excluded from **483 to 599**.
- 15.5 An allowance needs to be made for those socially excluded people who would choose never to access supported housing. From 8.5 we know that 38% of clients in the Taunton area were not known to TAH. If we assume for the moment the same proportionate number (42%) are deeply excluded as above, then we **can add a further 184 to the core socially excluded group, giving a total of 783**. This figure represents **0.15% of the whole population of Somerset**.
- 15.6 Figure 10 summarises from the raw data available the size of the 'outer cohort' and the 'inner cohort' of socially excluded people in Somerset.

²¹ - Taken from the data in figure 3. The JRF study found 47% of the population surveyed had the 4 types of experience described in 9.8 as the 'inner cohort': homelessness, substance misuse, experience of institutional settings, and a street culture.

Figure 10 – Estimates of the Inner Core and Outer core of socially excluded people in Somerset based on an analysis of data from TAH and Barnabas Housing, and from Somerset County Council SP services



15.7 An even more difficult exercise is to then breakdown this social exclusion profile by District. This exercise is an essential, if crude, next step in order to move to a more strategic commissioning approach that involves statutory agencies creating what the Joseph Rowntree Trust have called 'multiple exclusion homelessness pathways' (see discussion at 9.8 and representation in Figure 4) in partnership with supported housing and other providers. To calculate a baseline number for these pathways in each District, the inner core figures (see 15.6 above) have been divided 'backwards' across the Districts, weighting them on a range of homelessness, offending behaviour, mental health and substance misuse indicators to reflect a multiple exclusion homelessness pathway. This baseline is summarised in Table 6, with the full analysis set out in Appendix 2.

Table 6: The distribution of the inner cohort of socially excluded people by District based on weighted exclusion indicators and population, and a summary of the need for move on accommodation for the whole socially excluded group by District

	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
	Population Estimate 2007	Pop Est. 2007 (weighted % County Total)	Summary of Weighted Social Exclusion Indicator Scores	Combined Population/ Social Exclusion Indicator Score	Number of Socially Excluded People in the 'inner cohort'	Distribution of Move-on housing (PRS leasing) required for both inner and outer cohort
West Somerset	35,400	0.07	0.05	0.06	47	10
Taunton Deane	108,200	0.21	0.28	0.245	192	58
Sedgemoor	112,200	0.21	0.18	0.195	153	37
Mendip	109,100	0.21	0.18	0.195	153	37
South Somerset	157,800	0.30	0.31	0.305	239	63
	522,700	1	1	1	783	205

- 15.8 The weighted social exclusion indicator score for each District in column 3 above (see Appendix 2 for information on how this was calculated) is adjusted by a weight for the proportion of the County population in that District (column 2) to get as accurate an estimate as possible for the proportionate figure (column 4) to notionally allocate the number of socially excluded people in the inner core in the County to that District (the result is shown in column 5). In due course such a weighting could also be used, within available resources, to commission the network of supported housing across each District.
- 15.9 The recent survey of supported housing providers TAH and Barnabas (see 9.6) showed that 84 of the 177 residents (or 47%) were ready to move if accommodation was available. If we apply this percentage to the number of SP accommodation units available, then 205 people across the whole County would be ready to move on. With the same weighted set of social indicators (column 3) it is also possible to offer a crude estimate of the amount of move-on housing now required (column 6).

16.0 Finance and Resources

- 16.1 There are various streams of funding and commissioned services that work with the socially excluded cohort that relate to specific elements of social exclusion. This piece of work seeks to map out these funding streams and highlight where there is already some join up in commissioning areas.
- 16.2 **Somerset County Council:** One of the core funding streams by Somerset County Council is the spending on housing related support. This is estimated at £3,208,000 for the current financial year (2011/12) for schemes that relate to the socially excluded client groups. The details of this spend is set out in Appendix 1 by primary client group and local authority area. However in summary the £3.2 million relates to 836 units spread across the County including floating support provision.
- 16.3 **Avon & Somerset Constabulary:** One of the key areas of police spend in relation to those who are socially excluded is investment made into the Integrated Offender Management Scheme (known as IMPACT Somerset). The purpose of IOM is to identify those offenders causing greatest harm to our communities and provide them opportunities to stop/reduce their offending behaviour. The Police contribution to this team for 2011/12 equates to £225,218.
- 16.4 **Avon & Somerset Probation Trust:** Similarly to the police, Probation has invested funding into the Integrated Offender Management Scheme in Somerset. As with the Police its contribution covers staff and related costs, in this case 1 Senior Probation Officer and the equivalent of 8 Probation Officers and Probation Service Officers²². In addition Probation has an Accommodation Officer whose remit is to work with high risk of harm offenders across the whole of the Trust area.
- 16.5 **Somerset Drug & Alcohol Partnership (SDAP):** SDAP operates a pooled budget for the commissioning of drug and alcohol treatment services across Somerset. This pooled funding is from Police, Probation, County Council and PCT along with national allocations to Somerset via the National Treatment Agency. Total pooled budget 2011/12 equates to £5.3 million and is used for:
- Primary care services for drug and alcohol users e.g. pharmacy needle exchange, and shared care for drug users by GPs;
 - Community based drug and alcohol treatment services commissioned from Turning Point e.g. substitute prescribing, group work, needle exchange;
 - Residential rehabilitation and inpatient detox services commissioned from both out of County and in County providers by Turning Point who hold this devolved budget on behalf of SDAP;
 - Aftercare services commissioned from Turning Point to support drug and alcohol users in recovery.
- 16.6 As part of **the contract with Turning Point** one of their staff has an additional countywide role as a 'link worker' in relation to housing. This role provides:

²² - At the time of going to press it has not been possible to quantify the financial input of this investment.

- A single point of contact for external agencies where a relationship with Turning Point does not currently exist and/or is not working;
- Information/assistance is required that cannot be provided by the local team;
- A single point of contact internally for staff to ensure up to date information is cascaded effectively, pathways are developed in local areas and concerns/questions can be answered and supported.

16.7 Additionally as part of a development programme SDAP have in 2011/12 allocated funding to pilot different approaches to addressing alcohol (and drug) misuse:

- *Alcohol workers in homeless hostels* (Taunton Association for the Homeless and Barnabas Housing Association). The aim is to support homeless alcohol users to access treatment, and to address and ultimately cease their alcohol use with its primary role to provide enhanced care co-ordination to those identified.
- *Private Rented Sector Scheme*. Non-recurring funding is to be used to pump prime the establishment of a countywide Private Rented Sector (PRS) Leasing Scheme to support homeless people find and sustain accommodation. The details are being developed as part of the work on the socially excluded commissioning approach, and it is intended to build on an existing PRS scheme being developed by Chapter 1 in South Somerset.

16.8 **Mental Health Services Finance** mapping – this mapping exercise summarises the investment made by both Somerset County Council and NHS Somerset in adults of working age mental health services and equates to a total of £43 million investment 2010/11 (£10.5 million Somerset County Council and £32.5 million NHS Somerset). At this stage of the socially excluded commissioning work, it is not possible to identify any specific service areas/costs that are more likely to relate to work with the socially exclude cohort. However, as this document indicates in an earlier section, the need for specific mental input support in homeless services was a major identified need among service providers in Somerset from the stakeholder discussion held on 14th September 2011 and is reiterated by the findings of the Joseph Rowntree study which found significant mental health problems (suicides, depression etc.) among a number of sub-clusters in their survey. (See Section 9.8)

17.0 Summary - The Key Messages

17.1 The data available tends to the following conclusions:

- It is crudely estimated there are approximately **783 socially excluded people in Somerset** using the definition set out in paragraph 5.6, 5.7, and 9.8 who represent the 'inner cohort' of excluded people. Together with an '**outer cohort of a further 1,079 people** there is an estimated **cohort of 1,862 people socially excluded. This represents 0.36% of the population of Somerset.**
- It has been possible to calculate a crude weighted social exclusion indicator using a combined set of multiple exclusion homelessness data to get a sensible rough estimate of the distribution by District (Appendix 2 and paragraphs 15.7 and 15.9). While it does show the greatest concentration of need in South Somerset and Taunton Deane, it also provides a crude starting point for better commissioning in other Districts and a fairer distribution of County resources. However, from a service user point of view the issues of District boundary is unlikely to have any initial relevance to their needs in their search for front line services that bring immediate relief and stability. This cross-boundary 'behaviour' was born out by the case studies received from provider agencies.
- The JRF study (see 5.6, 5.7 and 9.8) that introduced the useful concept of multiple exclusion homelessness pathways should be applied to the final form of the operational pathways that have been spelt out in their embryonic form in 4.6. As the study showed "homelessness was a particularly prevalent form of inclusion" (see 5.6) and should be the important unifying feature in Somerset.
- The number of offenders under supervision and assessed as being in housing need in the 4 months to February 2011 was **22% of caseload (243 offenders)**, rising to **43% of caseload (9 offenders) for priority and prolific offenders**. However, for the most socially excluded group supervised within the IMPACT teams, **41% of caseload (38 offenders)** under supervision in this team had their offending behaviour assessed as being linked to their housing problems. **58% (or 54 offenders)** had problems with securing permanent housing.
- Of **1,331** people in contact with Turning Point, the provider of drug and alcohol treatment services in Somerset, on 29th July 2011 **32% (295 people) of those using heroin** – the main substance of choice - **reported housing problems**. The number people with both a housing problem and a heroin problem was highest in Mendip (**40%**) South Somerset (**35%**). A person was much more likely to **be NFA in Taunton Deane or Mendip**, with the **number in temporary accommodation in Mendip double that of other Districts**.
- **114 people subject to the CPA and receiving secondary mental health services in 2009/10 were assessed as being in non-settled accommodation**. This works out at **13%** of those subject to the CPA, but there were **41%** of records with no housing status recorded. A similar figure (13%) was obtained as a result of a bespoke data interrogation on the 5th October 2011 by the Somerset Partnership NHS Foundation Trust for the same cohort (data

on housing status is not routinely collected for the majority of those in treatment).

- Yet **32% of all people in the socially excluded client groups passing through SP services in 2010/11 had mental health noted as their primary need**; and supported housing providers noted that there were many people in their accommodation who could not gain access to mental health treatment (see 9.7) because their substance misuse or offending behaviour was not under control.
- A total of **1,149 people in the socially excluded client group passed through SP-relevant services in 2010-11**, of which;
 - **497** were single homeless with support needs,
 - **202** were rough sleepers/people with substance misuse problems,
 - **373** were people with mental health problems,
 - **77** people were offenders or those at risk of offending.
- It is estimated that a total of **£3,208,000 will be spent on housing related support services for client groups in the social exclusion category during 2011/12**. The average annual spend per person in need for all client groups will be in the range **£2,430 to £2,649**, with the exception of the rough sleeper/substance misuse category where the spending fell significantly to **£934** per person in need. (See Appendix 1)
- Unsurprisingly, **one of the major needs identified by the socially excluded cohort in supported housing was help in securing move-on accommodation**. This confirms that findings of the data used to produce the 2008-11 Homelessness Strategy for Somerset *Making Homes, Helping People, Changing Lives*, and shows this remains a key priority in future commissioning work.
- However there was varying degrees of success depending on the identified primary client group: offenders were least successful (**58%** of all those with an identified need) and those with mental health problems most successful (**79%**). The figure for single homeless with support needs was **68%**, and **65%** for people with substance misuse as their primary presenting need.
- Although related to all SP client groups, the 2011 JSNA survey among supported housing providers concluded that the main gaps in services was the lack of affordable move-on accommodation, and inappropriate/insufficient support and provision for high risk/high needs/chaotic clients. A specific reference was made to an absence of a link with mental health services.
- The JSNA also indicated that supported housing providers could contribute to cost savings by supporting people to return to work. Yet the SP data for 2010-11 shows that attention to paid work and training and education activities currently form a low priority for the attention of supported housing staff.

- The commissioning strategies for drugs and alcohol, and to a lesser extent mental health, demonstrate that there are particular sub-groups and/or treatment objectives that would benefit by much closer alignment with supported housing objectives. Supported housing providers themselves argued in the JSNA for more joined up services and assessments.
- The recent Gypsy and Travellers Accommodation Assessment concluded there was a need for 194 residential pitches and 100 transit pitches across Somerset by 2020.

Appendix 1

SP Spend on Supported Housing for Socially Excluded Groups

This sets out the current configuration of supported housing services for the socially excluded, by number of units, amount of projected spend, and spend per unit, by primary client group and local authority; and the numbers in need against project spend, by primary client group for 2011-12

Local Authority	Needs - Units/Spend + Numbers with Need					
	Single Homeless	Rough Sleepers/ Substance Misuse	Mental Health	Offenders	Generic (Floating Support)	All SE Groups
West Somerset	12 / £20,000	-		-	24 / £36,004	36 / £56,004
Taunton Deane	93 / £575,546	13 / £124,586	82 / £362,289	19 / £203,998	100 / £150,015	307 / £1,416,434
Sedgemoor	12 / £67,557	12 / £32,143	25 / £188,653	-	96 / £144,014	145 / £432,367
Mendip	24 / £159,477	8 / £32,004	35 / £238,017	-	68 / £102,010	135 / £531,508
South Somerset	67 / £486,414	-	34 / £117,509	-	112 / £168,017	213 / £771,940
TOTALS	208 / £1,308,994	33 / £188,733	176 / £906,468	19 / £203,998	400 / £600,060	836 / £3,208,253
Numbers with Need	497 / £2,634	202 / £934	373 / £2,430	77 / £2,649		

Local Authority	Needs - Units/Spend Ratio + Numbers In Need					
	Single Homeless	Rough Sleepers/ Substance Misuse	Mental Health	Offenders	Generic (Floating Support)	All SE Groups
West Somerset	12 / £1,667	-		-	24 / £1,500	36 / £1,556
Taunton Deane	93 / £6,187	13 / £9,584	82 / £4,418	19 / £10,737	100 / £1,500	307 / £4,614
Sedgemoor	12 / £5,630	12 / £2,679	25 / £7,546	-	96 / £1,500	145 / £2,982
Mendip	24 / £6,645	8 / £4,001	35 / £6,800	-	68 / £1,500	135 / £3,937
South Somerset	67 / £7,260	-	34 / £3,456	-	112 / £1,500	213 / £3,624
TOTALS	208 / £6,293	33 / £5,719	176 / £5,150	19 / £10,737	400 / £1,500	836 / £3,838
Numbers with Need	497 / £2,634	202 / £934	373 / £2,430	77 / £2,649		

Appendix 2**Calculating a Weighted Indicator of Social Exclusion by District**

This sets out data for a number of indicators of social exclusion by District. The indicators include information about homelessness, offenders within the IMPACT team (those offenders with a significant history of reoffending), illicit heroin users under treatment with Turning Point and having reported housing problems, and people on the CPA with the Somerset Partnership NHS Foundation Trust who are in temporary housing.

Local Authority	Population Estimate 2007	Indicators of Exclusion					
		Homeless and in Priority Need 2010-11	No in Temporary Housing 2010-11	IMPACT Offender Caseload November 11	No IMPACT Offenders with Problem Securing Permanent Housing	No Illicit Heroin Users with Housing Problems 29 July 2011	No People on CPA in Temporary Housing Situations ²³ 5 Oct 2011
West Somerset	35,400	31	6	3	2	3	7
Taunton Deane	108,200	154	49	39	23	40	12
Sedgemoor	112,200	46	18	48	9	33	11
Mendip	109,100	111	44	20	6	44	8
South Somerset	157,800	280	75	52	14	69	5
TOTALS	522,700	622	192	162	54	189	43

Local Authority	Weighted Indicators of Exclusion						
	Homeless and in Priority Need 2010-11	No. in Temporary Housing 2010-11	IMPACT Offender Caseload November 11	No. IMPACT Offenders with Problem Securing Permanent Housing	No. Heroin Users with Housing Problems 29 July 2011	No. people on CPA in Temporary Housing Situations 5 Oct 2011	Summary of Weighted Scores
West Somerset	0.05	0.03	0.01	0.03	0.02	0.16	0.05
Taunton Deane	0.25	0.26	0.24	0.43	0.21	0.28	0.28
Sedgemoor	0.07	0.09	0.30	0.17	0.17	0.26	0.18
Mendip	0.18	0.23	0.13	0.11	0.23	0.18	0.18
South Somerset	0.45	0.39	0.32	0.26	0.37	0.12	0.31
TOTALS	1	1	1	1	1	1	1

²³ - This includes people in the NFA/Sofa Surfing, Temporary Accommodation, and Supported Housing categories in Figure 8