

Supporting People Client Records

Annual Report 2003-2004

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J C S H R

Contents

Executive Summary	5
1 Introduction	9
2 Clients	
2.1 Introduction	13
2.2 Client Profiles	14
2.3 Children receiving support	28
2.4 Regional variations	28
2.5 Ethnic Origins	32
2.6 Secondary Client Groups	32
2.7 Overview of clients – recognising the extent of housing-related support need	37
3 Previous Accommodation	
3.1 Introduction	39
3.2 Living arrangements of clients prior to receiving support	39
3.3 Clients accessing services from recognised institutions	43
3.4 Owner-occupiers	46
4 Service provision and referral routes	
4.1 Introduction	47
4.2 Categories of support	47
4.3 Providers of support	48
4.4 Source of referral	49
4.5 Regional variations	50
5 Cross-authority provision	
5.1 Introduction	53
5.2 Referral systems for cross-authority provision	54
5.3 Services and client referral arrangements	55
5.4 Regional variations	57
6 Homelessness	
6.1 Introduction	61
6.2 Statutorily homeless clients	61
6.3 Regional variations	63
7 Statutory frameworks	
7.1 Introduction	65
7.2 Statutory frameworks	65
7.3 Clients assessed as a higher risk	68
7.4 Regional Variations	69
Appendix 1	
Client Record Form (Version 1 01/04/03)	71
Tables & Figures	73

Executive Summary

Clients

- The report is based on 209,845 completed Client Record forms covering the period April 2003 – March 2004 that were validated by 31st August 2004.
- The Client Record System collects information on twenty-one primary client group categories. Six of these categories account for 70% of clients.
- Single homeless people with support needs were the most frequently recorded client group accounting for almost a third of all clients.
- Additionally, women at risk of domestic violence, people with mental health problems, homeless families in need of support, people with generic needs, and young people at risk accounted for two-fifths of clients.
- More male (54%) clients were recorded than female.
- The largest proportion of clients were in the age group of 18-24 years.
- Over a third of clients were claiming job seekers allowance.
- Slightly less than a third of clients had been accepted as statutorily homeless and owed a main homelessness duty.
- The vast majority of clients were White-British in terms of declared ethnic origin.
- The most common previous accommodation category for clients was general needs local authority housing.
- Voluntary agencies provided two-fifths of services to clients.
- The most common support service provided was supported housing.
- The most frequent referral route for clients was self-referral
- Over four-fifths of clients received services within their own local authority area.

Regional variations

- London (17%) and the North West (17%) each had larger numbers of clients compared to other regions, for example, in the North East whose client base made up 5% of those recorded by Client Records.
- The East of England had the largest proportion of single homeless people with support needs (37%).
- Women at risk of domestic violence were the second largest primary client group in the North East, Yorkshire & the Humber, East Midlands, East of England and the West Midlands.
- In London, and the South East and South West, people with mental health problems were the second largest primary client group while in the North West, young people at risk were the second largest primary client group.
- The level of people with mental health problems was greater, proportionally, in London (11%), the South West (11%), East Midlands (10%) and the South East (10%) compared to 9% nationally.
- The North East (4%) and South West (5%) had fewer homeless families with support needs proportionally compared to other regions with London (10%) and the East of England (11%) having the highest proportions of homeless families with support needs overall.
- There were, proportionally, more young people at risk in the North West (10%) than in any other region bringing the national figure to 6% in comparison to other regions for example; London (5%), the South West (5%) and the West Midlands (5%).

Secondary client groups

- Out of the 209,845 clients recorded, more than half (110,470) were defined by one or more secondary descriptions in addition to a primary description.

- Whilst 62,523 clients were recorded primarily as single homeless people with support needs, an additional 23,168 clients were recorded with single homeless with support needs as their secondary client group.
- Offenders or those at risk of offending were the group with the highest proportion of clients (74%) defined by secondary descriptions. Secondary problems associated with these clients were most commonly drug problems, single homelessness and/or alcohol problems.
- People making use of direct access hostels were more likely to be single homeless people with support needs (52%) or young people at risk (11%). Clients with alcohol or drug problems or those with mental health problems constituted a further 15% of clients in direct access hostels and homeless families with support needs and women at risk of domestic violence made up 8%.
- In total, 4% of clients were temporarily housed in bed and breakfast. Together, single homeless people with support needs (35%) and homeless families stand out as being the clients most likely to be in bed and breakfast accommodation prior to receiving a Supporting People service.

Previous Accommodation

- General needs local authority, living with family, sleeping rough, staying with friends, supported housing and direct access hostels described the living conditions of almost two-thirds of clients prior to receiving Supporting People services.
- People with generic needs (20%), women at risk of domestic violence (20%) and people with mental health problems (13%) made up the majority of clients who were general needs local authority tenants prior to receiving Supporting People services.
- Clients who were recorded as living with family prior to receiving services were likely to be single homeless people with support needs (37%), young people at risk (13%) and homeless families in need of support (12%). As clients began to receive services, almost all moved on from living with their family.
- Three-quarters of people sleeping rough prior to uptake of services were single homeless people with support needs (45%) and rough sleepers (29%).
- Single homeless people with support needs (50%), young people at risk (11%) and homeless families (8%) accounted for the majority of clients staying with friends prior to receiving services.
- The majority of clients leaving their prior supported housing accommodation were provided with supported housing elsewhere (63%).
- After qualifying for Supporting People services, the majority (94%) of clients did not remain in bed and breakfast accommodation. However, 15% of clients took up places in other temporary direct access hostel accommodation.
- The Client Record System recorded 4,758 clients who were owner-occupiers prior to receiving Supporting People, 2% of all clients. Women at risk of domestic violence were far more likely to have been owner-occupiers than any other primary client group (42%) prior to receiving a Supporting People support service.

Service provision and referral routes

- Three principal categories of support – supported housing (33%), floating support (28%) and direct access (21%) – made up over four-fifths of service provision during this first year of the Supporting People programme.
- Floating support services were provided to over a third of female clients while only just over a fifth of male clients received this form of support. However, 38% of males were accepted into supported housing schemes, compared to only 28% of females. Also, 30% of males received direct access accommodation compared to 12% of females.

- Almost two-fifths of all Supporting People services were provided by voluntary organisations, 30% of which was temporary accommodation in direct access hostels.
- Housing associations/RSLs provided the second largest proportion (32%) of services to vulnerable clients and more than half of these services were supported housing schemes.
- Housing authority services made up 16% of support provision and more than two-fifths of this support was in the form of floating support services.
- A quarter of clients accessed services by means of self-referral.
- Local authority housing departments referred one-fifth of clients and over a tenth of clients were referred by voluntary agencies.
- Nominations by local housing authorities accounted for a further tenth of referrals and slightly less than a tenth of referrals were made on behalf of clients by Social Service departments.
- Less than a fifth of clients accessed services outside their immediate local authority area.
- By far, the most common type of non-host referral was open access.
- One quarter of referrals accepted by voluntary organisations were non-host referrals. Proportionally, this compares to 18% of housing association/RSL acceptances and only 5% of housing authority acceptances.
- More than a tenth of referrals to supported housing were non-host open-access referrals directly from clients accessing services outside their own local authority area.

Regional variations

- Compared to the national average of 17% for non-host referrals, London had the highest proportion of this type of referral (26%).
- The East Midlands and Yorkshire & the Humber had the lowest levels of non-host referrals (11% & 12%, respectively).
- While London had the highest level of non-host open-access referrals (18%), Yorkshire & the Humber (8%) and the East Midlands (8%) had the lowest.

Regional variations

- In the West Midlands, floating support services (34%), as opposed to supported housing (26%), were the services supporting the greatest number of clients.
- Voluntary organisations predominated service provision in the Yorkshire & the Humber (50%), North East (43%), and the West Midlands (42%), while housing associations/RSLs provided a greater than average proportion of services in the South East (43%) and the East of England (41%).
- The largest category of referral in London was local authority department referral (27%) while in all other regions the largest referral source was through self-referral.

Homelessness

- Less than a third of clients recorded by the Client Record System were accepted as statutorily homeless and owed a main homelessness duty.
- Single homeless people with support needs constituted almost two-fifths of all clients accepted as statutorily homeless and owed a main homelessness duty.
- Almost a fifth of statutorily homeless clients owed a main homelessness duty were homeless families with support needs and women at risk of domestic violence made up a further 13%.
- Less than a tenth of statutorily homeless people owed a main homelessness duty were living in bed and breakfast prior to receiving services. Over a third of these clients were

Cross-authority provision

- Overall, more than four-fifths of referrals were made for clients who made an application for Supporting People services within their own local authority area.

single homeless with support needs and a further 23% were homeless families with support needs.

Regional variations

- A higher proportion of clients in the North West were statutorily homeless and owed a main homelessness duty (40%) than in the South West and the East Midlands (23% in each).

Statutory frameworks

- In total, 48% of young people leaving care and 47% of people with learning disabilities were supported via Care Management (Social Services).
- Four principal client groups – offenders/those at risk of offending (35%), single homeless people with support needs (30%), people with drug problems (13%) and young people at risk (6%) – made up over four-fifths of clients subject to Probation or Youth Offending Team supervision.

- Two-fifths of people with mental health problems were receiving Care Programme Approach packages.
- Offenders/those at risk of offending (29%), single homeless people with support needs (16%), and people with mental health problems (14%) were the client groups that made up the majority of clients subject to Multi-Agency Public Protection Arrangements.

Regional variations

- Proportionally, there were more clients accepted as requiring Social Services Care Management in the North East (16%) than in any other region. The national average was 9%.
- While the average for England as a whole sat at 7%, 12% of clients in Yorkshire & the Humber were subject to Probation or Youth Offending Team supervision compared to only 3% of clients in London.

The Client Record system was introduced at the start of the Supporting People funding programme in April 2003. The Joint Centre for Scottish Housing Research (JCSHR), based at the Universities of St Andrews and Dundee, is responsible for the administration of the Client Record System. The Client Record Office is located on the University of St. Andrews campus to where all inquiries should be addressed.

Further information about Supporting People Client Records can be found at www.spclientrecord.org.uk, including summary reports to Supporting People Teams and Excel lookup sheets for summary information at Administering Authority, Regional, and England levels.

1 Introduction

Supporting People and the Client Record System

The Supporting People programme is designed to improve the quality of support available to vulnerable people. Following new legislation that separated service costs from housing benefit payments, the Programme has brought together different streams of support funding providing a single funding stream for the delivery of housing-related support. The budget for this programme has been transferred directly to local authorities who have responsibility for delivery of the programme objectives. The programme itself has evolved via a number of smaller and earlier initiatives designed to improve health and reduce poverty and homelessness by modernising public services.

A key factor in the development of Supporting People is the expansion of the leadership role of local authorities. The programme requires authorities to work in partnership with health, social work, probation, support providers and user groups to monitor provision and identify need in their areas. Local authorities commission and fund appropriate needs-led cost-effective and quality driven services on a contractual basis. Importantly, support services are no longer conditional on accommodation or tenure and are to be tailored in such a way as to respond directly to the individual needs of vulnerable people.

The priority is to extend and refine the range of provision and widen access to client groups such as black and ethnic minority communities, offenders, and women at risk of domestic violence who, traditionally, have not had ready access to support provision. This will involve extending and developing services within local authority areas and creating new protocols between local authorities to enable cross-authority provision whereby clients can access services outwith their own locality.

Independent monitoring of the progress is one of the central principles of Supporting People, designed to ensure that the objectives of the Programme are being met. The Office of the Deputy Prime Minister (ODPM) has devised a common framework for assessing service standards and gathering management information; a significant aspect of this framework is the Client Record System. The Client Record System requires service providers to complete the Client Record form, a means of data collection that provides key performance indicators between and within authorities, identifying the routes by which Supporting People services are being accessed and the personal characteristics of service users. Client Record data is being used to determine the range and extent of service development and cross-authority provision over time and the extent to which vulnerable groups are accessing appropriate services.

The Joint Centre for Scottish Housing Research (JCSHR) is responsible for the management, organisation and analysis of Client Record forms. Every quarter, JCSHR issues to the ODPM a national report identifying the main characteristics of regional and local authority support provision. Reports are also issued to the commissioning body within each of the 150 administering authorities, charting information specifically related to their own authority and region and, for comparative purposes, across England as a whole.

These reports tabulate information on the number and type of providers currently operating, the type of services offered, the clients supported, the origin of referrals and the numbers accepted. The Client Record database thereby effectively maps and monitors the key information required for an understanding of what is delivered in terms of housing related support, who is currently using these services and where they came from. Notably, the database offers a picture of what services are not currently being provided and where these gaps occur.

The Client Record system has an important role in recording and monitoring improvement in the supply of services and assessing whether outcomes equate with real change. Information is recorded on a range of

client groups such as single homeless people who need support, homeless families, teenage parents, women at risk of domestic violence and offenders or people at risk of offending. Data is also collected on secondary problems that clients may be experiencing such as drug or alcohol problems or mental health problems and whether clients are receiving statutory support through interventions such as Care Management programmes or Multi Agency Public Protection Arrangements (MAPPAs). The data also records information on the type of services clients receive so that authorities can identify whether particular clients in their locality are having their needs met appropriately or whether these could be met more adequately, perhaps through cross-authority arrangements. Additionally, the data may lead to services being restructured or the development of specialised services. A copy of the Client Record Form can be found in Appendix 1.

The Client Record System monitors client characteristics as closely as possible in an attempt to identify potential gaps in provision by examining the supply of provision through the types of clients accessing services, rather than through the services that are available. This links with the key objective of Supporting People to relate services to the individual needs of vulnerable people rather than fitting them into what is currently available, which in reality may not be the support they require. This is a client-led approach and a realistic picture of the requirements of those clients accessing services needs to be drawn up: the Client Record System contributes to this programme in providing the basis for an assessment of whether Supporting People is meeting outcomes in relation to priorities within housing, health, social care and the criminal justice system.

Together, the Client Record System quarterly returns and annual reports are significant as a regulatory, monitoring and evaluation tool for Supporting People policy makers and practitioners. It acts as a reference guide in comparisons of local authority statistics and contributes to individual provider organization planning and funding structures.

The aim and structure of the Annual Report

This is the first annual report from the Client Record Office and it brings together information from Client Records completed for clients who started to receive services between 1st April 2003 and 31st March 2004.

The aim of this report is to provide summary commentary on the main findings from the Client Record dataset, together with illustrative tables and graphs. The report is based on 209,845 validated Client Record forms that were received by the Client Record Office before the 31st August 2004.

The report is divided into seven sections:

Section 1: Introduction

Section 2: An overview of client characteristics and client groups together with the routes that particular groups took in accessing service provision.

Section 3: A description of the previous accommodation of clients prior to receiving services

Section 4: The types of Supporting People providers and services delivered to clients during the reporting year.

Section 5: The extent of cross-authority provision during the first year of Supporting People.

Section 6: Clients who were statutorily homeless and owed a main homelessness duty and the services they received.

Section 7: A summary of clients who require services under other statutory frameworks.

This annual report is available from our website at www.spclientrecord.org.uk.

Practical information

The Client Record system covers new clients who have started to receive the services shown below through Supporting People funding:

Included services

- Supported housing
- Residential care homes (in receipt of SP funding)
- Adult placements
- Supported lodgings
- Women's refuge
- Foyer
- Teenage parent accommodation
- Direct access accommodation
- Floating support services
- Outreach services
- Resettlement services.

There are additional services that receive funding through Supporting People but are currently exempt from the Client Record system. These are shown below.

Excluded services

- Very sheltered housing
- Sheltered housing with warden support
- Almshouses
- Peripatetic warden services
- Leasehold schemes
- Home Improvement Agencies (HIA)
- Community alarms

A Client Record Form is completed by a service provider each time a person starts to receive one of their services.

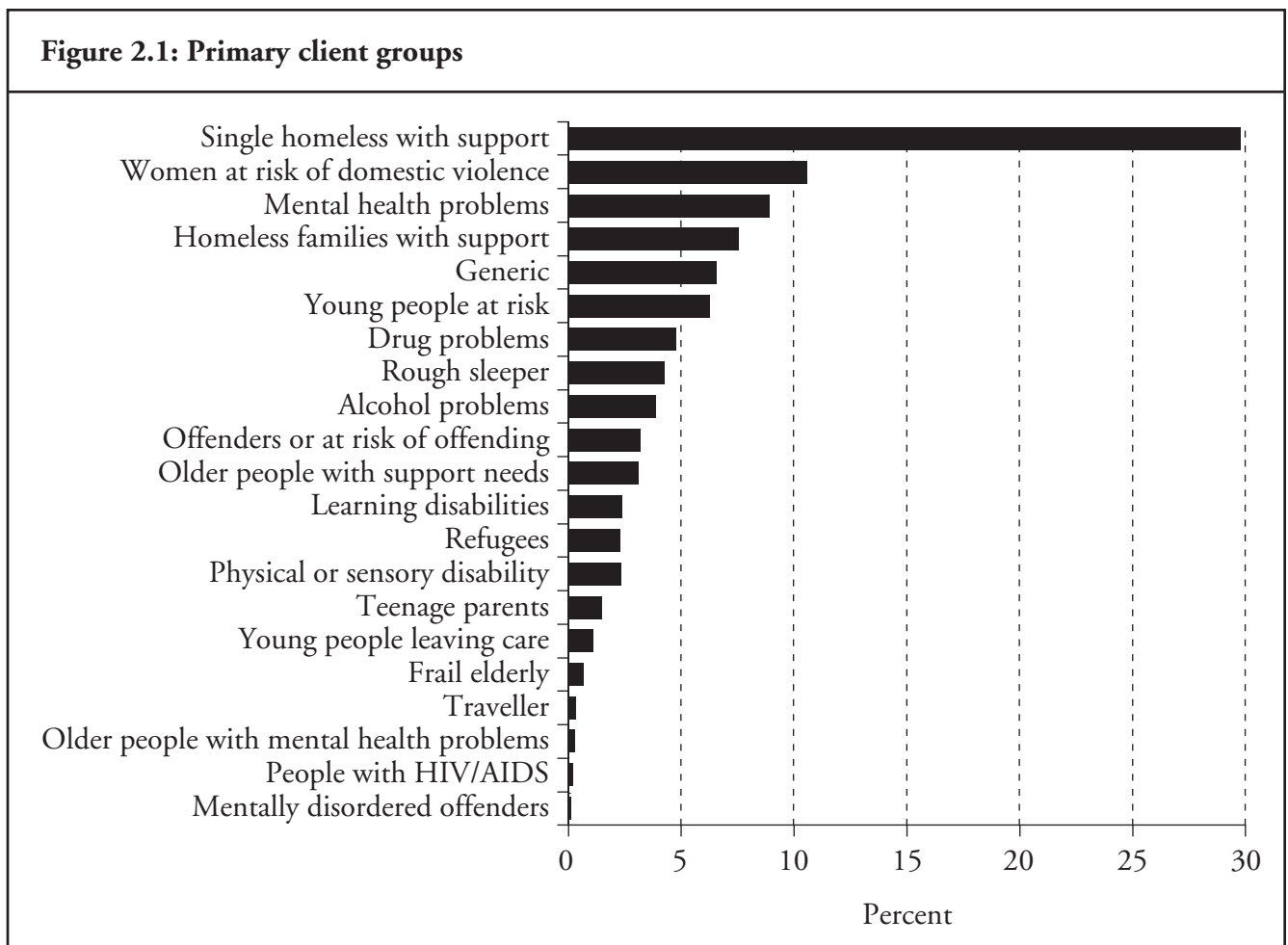
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2 Clients

2.1 Introduction

This section of the Annual Report explores the characteristics of vulnerable people as they begin to receive housing-related support services funded through Supporting People. The term vulnerable people refers to individuals who are at a point in their life when they require an element of support to access housing, sustain a tenancy and/or achieve independence and a better quality of life.

During the first year of reporting, the Client Record System recorded information about 209,845 new clients. Although, the Client Record System collects information on twenty-one primary client group categories, thus far, six of these categories account for 70% of clients. Single homeless people with support needs were the most frequently recorded and as a group they accounted for almost a third of all clients. The next largest groups were, in decreasing order: women at risk of domestic violence, people with mental health problems, homeless families in need of support, people with generic needs, and young people at risk. [Figure 2.1]



More male (54%) clients were recorded than female and the largest proportion of clients were between the ages of 18-24 years. Over a third of clients were claiming job seekers allowance. Slightly less than a third had been accepted as statutorily homeless and owed a main homelessness duty (refer to section 6 for definition of statutorily homeless – page 59). The vast majority of clients were White-British in terms of declared ethnic origin.

Prior to uptake of services the most common previous accommodation category for clients was general needs local authority housing. However, a third of clients were either living with family, sleeping rough or staying with friends. Voluntary agencies provided two-fifths of services to clients and the most common support service provided was supported housing. The most frequent referral route for clients was self-referral and over four-fifths of clients received services within their own local authority area.

This section goes on to explore each client group in more detail and provides an account of their previous accommodation, referral arrangements, service provision, regional variations and ethnic origins. Finally, it examines the various secondary problems that clients experienced and concludes with an assessment of overall support needs based on the combined responses to primary and secondary client group categories.

2.2 Client Profiles

Single homeless with support needs (29.8%; 62,523)

Client Records define single homeless people with support needs as either people who have been accepted as statutorily homeless and have 'priority need' status and are therefore owed a main homelessness duty, or people who have been turned down for re-housing or have not approached the local authority but who have a range of support needs.

Over a third of single homeless people with support needs were between the ages of 18-24. More than half claimed job seekers allowance, while almost a fifth were long term sick or disabled and a tenth were not seeking work. Almost two-fifths of single homeless people with support needs had been accepted as statutorily homeless and owed a main homelessness duty. More females (47%) than males (36%) had been accepted as statutorily homeless, even though almost three-quarters of clients were male.

Prior to receiving Supporting People support services, the majority of single homeless people with support needs were either, living with family (18%), sleeping rough (15%), staying with friends (15%) or in direct access hostels (12%).

Proportionally, single homeless people with support needs who were living with family were more likely to be offered supported housing if they had not been accepted as statutorily homeless while those that had been accepted as statutorily homeless were more likely to be provided with hostel accommodation. In contrast, clients who had been sleeping rough and had not been accepted as statutorily homeless were less likely to be provided with supported housing than those that were statutorily homeless. [Table 2.1.]

Over a third of single homeless people with support needs made self-referrals making this the most common route to service provision for this client group and services were provided to the majority of clients in their own local authority area mainly by voluntary organisations and housing associations/registered social landlords (RSLs).

Table 2.1: Types of service between statutory homelessness acceptance for single homeless people with support needs who were living with family or sleeping rough

Type of service	Accepted as statutorily homeless				Not accepted as statutorily homeless			
	Living with family		Sleeping rough		Living with family		Sleeping rough	
	#	%	#	%	#	%	#	%
Supported housing	1,865	40.9	1,184	41.9	2,963	46.6	1,831	29.0
Direct access	1,668	36.6	1,307	46.2	2,168	34.1	4,139	64.0
Floating support	447	9.8	118	4.2	468	7.4	148	2.0
Foyer	221	5.0	92	3.3	539	8.5	145	3.0
Outreach	140	3.0	43	1.5	27	0.4	20	0.3
Resettlement	119	3.1	53	1.9	94	1.5	91	2.0
Supported lodgings	52	1.1	26	0.9	62	1.0	52	1.0
Women's refuge	34	0.7	2	0.1	24	0.4	4	0.1
Teenage parent accommodation	7	0.2	1	0.1	5	0.0		
Residential care home	3	0.1			2	0.0	3	0.1
Adult placement	1	0.0						
Total	4,557	41.8	2,826	30.5	6,352	58.2	6,433	69.5

Women at risk of domestic violence (10.6%; 22,229)

Over three quarters of women at risk of domestic violence were between 18-38 years and almost two-thirds of all clients were described as not seeking work. Almost two-fifths of women had been accepted as statutorily homeless.

General needs local authority tenancy (29%), living with family (13%), private rented (12%), general needs RSL/HA tenancy (10%) or owner occupied (9%) described the prior accommodation for the majority of women. [Figure 2.2] Almost two-thirds of support for women at risk of domestic violence was refuge provision while a fifth of clients were provided with floating support. Women receiving floating support and remaining where they were, were more likely to be general needs local authority tenants (36%), general needs RSL/HA tenants (20%), or owner-occupiers (14%).

The pattern of referral arrangements for women was varied. Women were most likely to either be referred by voluntary agencies (24%) or make a self-referral (20%) [Figure 2.3.] Although the majority (61%) of women received services in their own local authority area, as a group, women at risk of domestic violence were more likely than any other client group to access services via cross-authority arrangements: 27% of referrals were open access; 9% were structured; 3% were multi-lateral; and 1% were spot purchase (refer to section 5.1 for a definition of referral types). The majority (68%) of services were provided by voluntary agencies while housing associations/RSLs (21%) and housing authorities (7%) made up the remainder of provision for almost this entire client group.

Figure 2.2: The previous living arrangements of women at risk of domestic violence

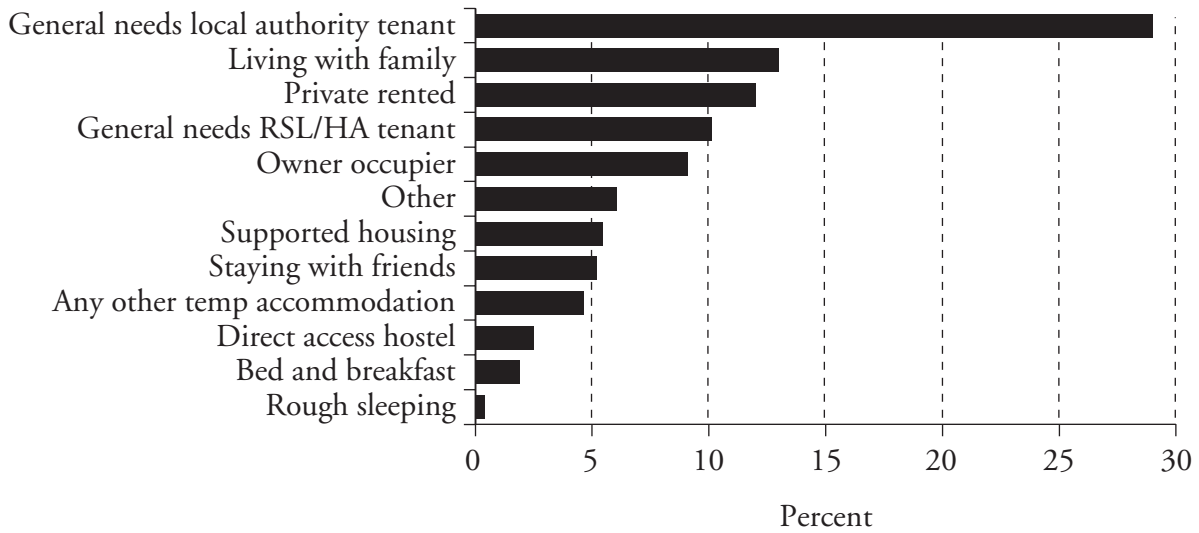
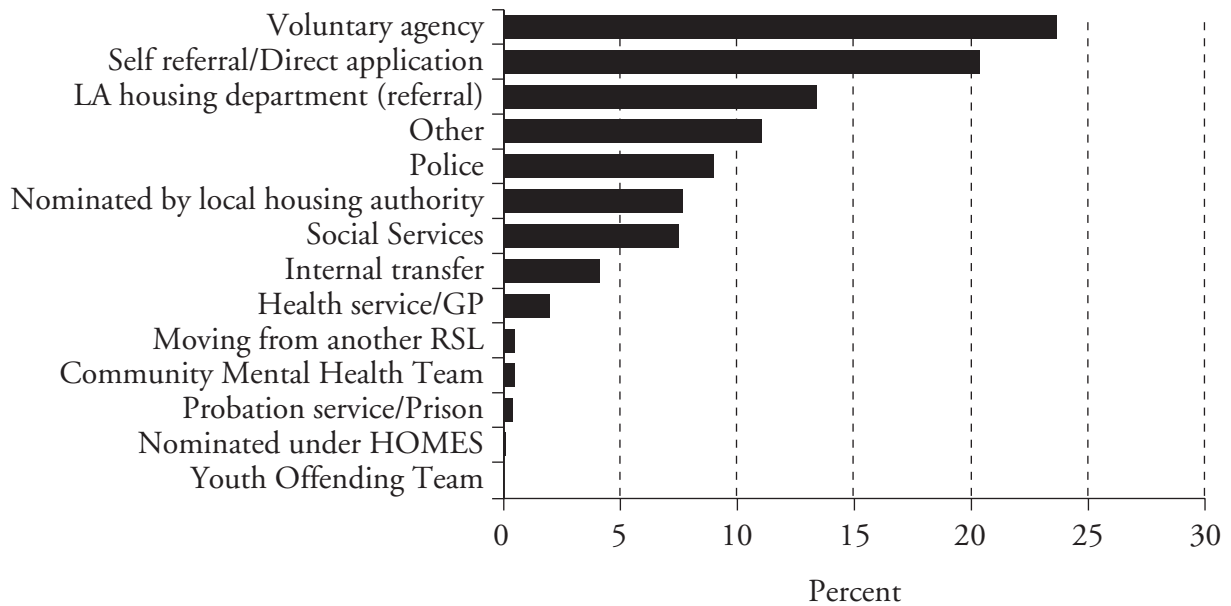


Figure 2.3: Pattern of referral arrangements for women at risk of domestic violence

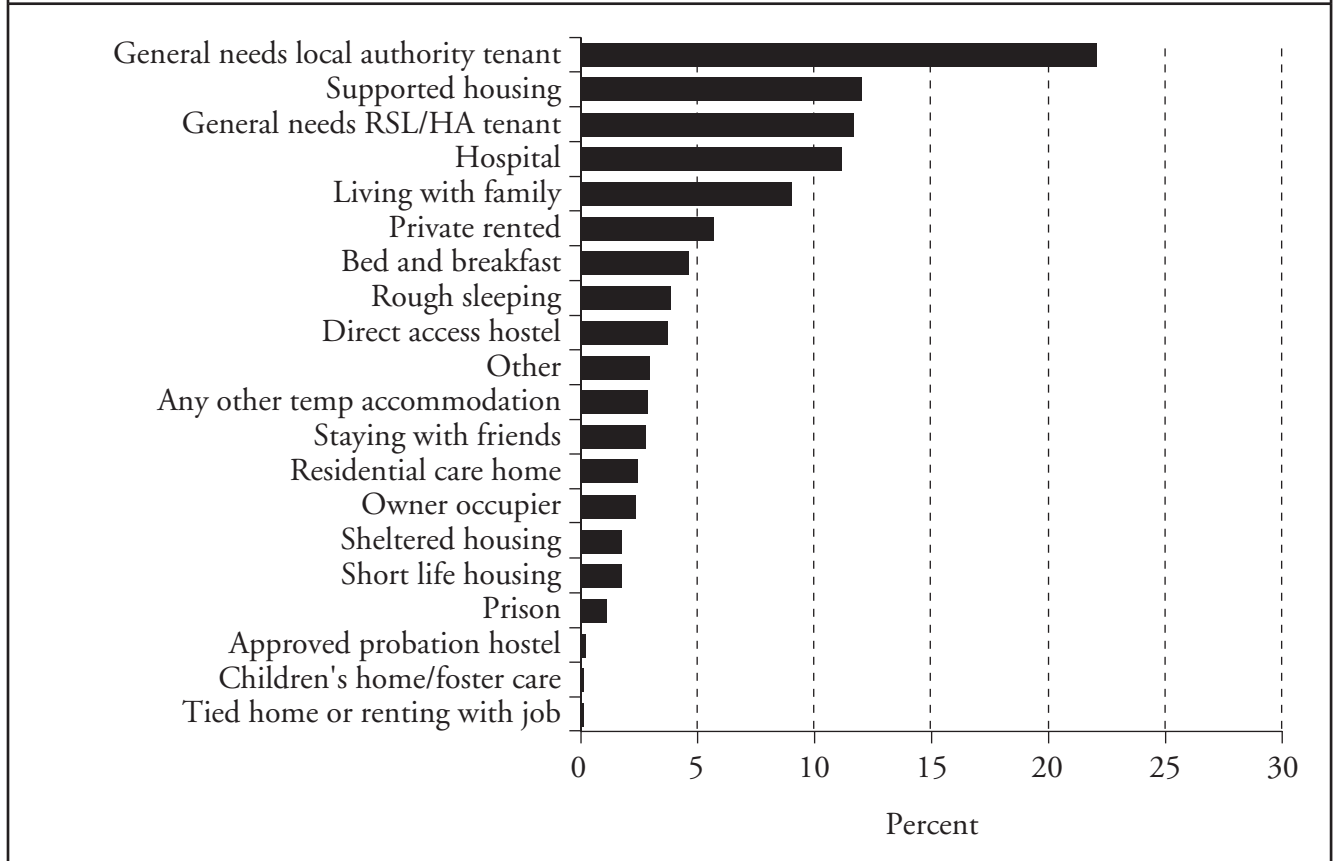


People with mental health problems (8.9%; 18,652)

People with mental health problems were of various ages with the majority (88%) falling between 16 and 52 years. Within this wide-ranging age bracket, the largest proportion of clients fell into the 32-38 age bracket (22%), while over a third of clients were younger than this. The majority of people with mental health problems were male (62%). Two-thirds of this client group were long term sick or disabled and almost two-fifths of clients were accepted as requiring a Care Programme Approach (CPA). Less than one-fifth of people with mental health problems had been accepted as statutorily homeless and owed a main homelessness duty.

The main type of previous accommodation for people with mental health problems was general needs local authority housing [Figure 2.4]. Almost two-fifths of local authority tenants remained in their tenancy and of those, the majority received floating support (90%). For the remaining general needs local authority tenants, more than three-quarters were offered floating support elsewhere, 12% were accepted into supported housing and 5% into direct access hostels.

Figure 2.4: People with mental health problems by previous accommodation



Almost all people with mental health problems received services in their own local authority area (93%) and over a quarter of all clients were referred by their Community Mental Health Team. More than two-thirds of services for this client group were provided by housing associations/RSLs (33%) and voluntary organisations (31%).

Homeless families with support needs (7.5%; 15,804)

One-third of homeless families with support needs were in the 18-24 age bracket. The majority (74%) of clients were female and more than half were not seeking work. Only 28% of clients were recorded as having a partner. A minority (4%) of homeless families were accepted as requiring Social Services Care Management programmes. Three-quarters of homeless families had been accepted as statutorily homeless and owed a main homelessness duty.

Living with family (23%), renting privately (13%), general needs local authority tenant (13%) and living in bed and breakfast (11%) described the living arrangements of the majority of clients prior to receiving support. [Figure 2.5] On receipt of SP services, two-fifths of clients were accepted into supported housing schemes and 27% were offered floating support services. Over a fifth of families were given

accommodation in direct access hostels. Proportionally, families who had been accepted as statutorily homeless (22%) were more likely to be provided with direct access hostel accommodation than those that had not been accepted as statutorily homeless (18%). [Table 2.2]

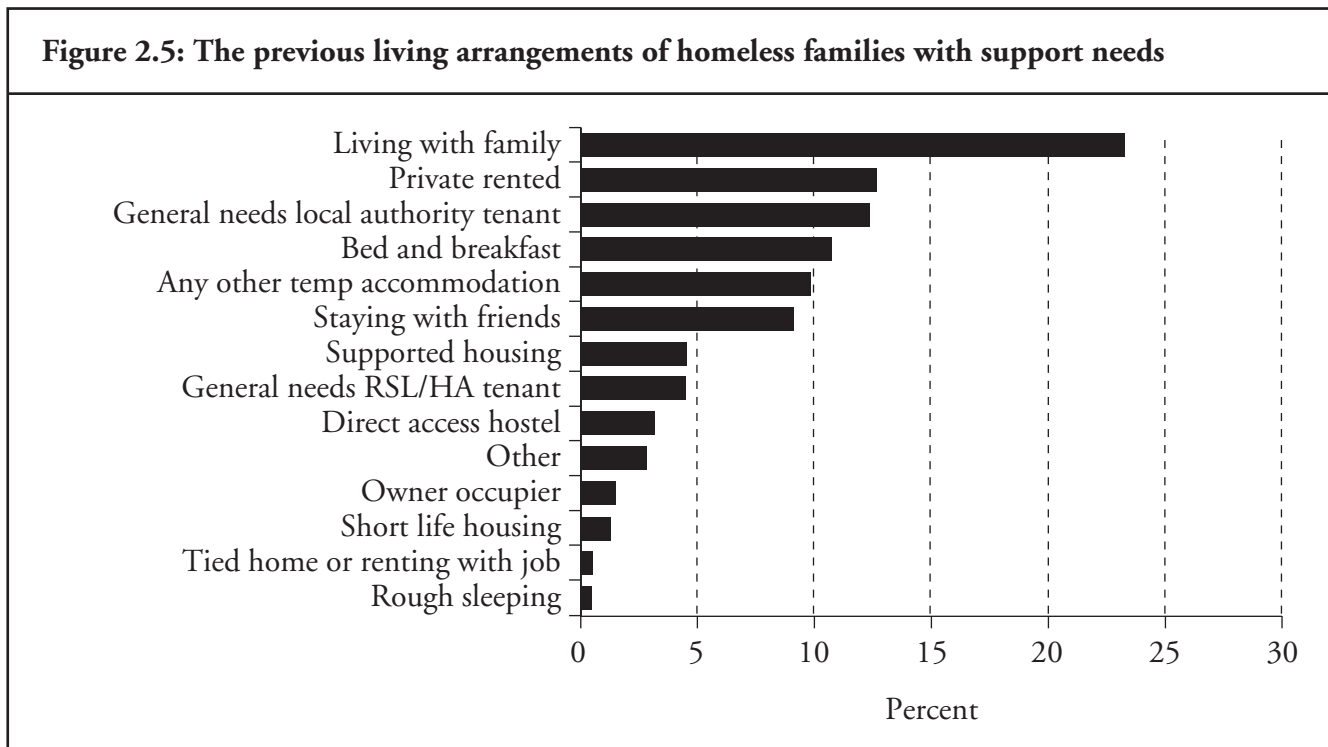


Table 2.2: The support provided to homeless families with support needs

	Accepted as statutorily homeless		Not accepted as statutorily homeless	
	#	%	#	%
Supported housing	4,613	38.7	1,691	43.5
Floating support	3,064	25.7	1,135	29.2
Direct access	2,641	22.2	694	17.6
Outreach service	811	6.8	65	1.7
Resettlement service	616	5.2	169	4.3
Women's refuge	83	0.7	78	2.0
Supported lodgings	42	0.4	34	0.9
Teenage parent accommodation	34	0.3	9	0.2
Adult placement	9	0.1	1	0.0
Residential care home	3	0.0		
Foyer	2	0.0	10	0.3
Total	11,918	75.4	3,886	24.6

Slightly more than half the families were referred to services by means of the local authority housing department's referral process and almost a fifth were nominated by their local housing authority. However, a further 18% of families self-referred. Almost all referrals were host referrals (94%) and more than half of all services for this client group were provided by housing authorities, a further 18% by housing associations/RSLs and 8% by voluntary organisations.

Generic (6.6%; 13,752)

A generic client group captures clients with multiple primary needs.

A quarter of clients falling into the generic category were between the ages of 18-24 years, almost one-fifth were aged 25-31 years and 18% were aged between 32 and 38 years. The majority of clients in this group were female (60%). Almost a third of clients were not seeking work, 23% were job seekers and 15% were long term sick or disabled. Less than a tenth of clients had been accepted as statutorily homeless and owed a main homelessness duty.

Almost two-thirds of clients were tenants either in general needs local authority or RSL/HA housing prior to receiving services, half of whom remained in their tenancies and of those, 96% received floating support services.

Consequently, clients in the generic category were more likely to receive services in their own local authority area (95%), however, through various referral routes: referrals made by local authority housing departments (37%); self-referrals (21%); nominations from local housing authorities (15%); and 9% of referrals were via unspecified (other) referral routes. Services were provided by four principal types of provider organisations: housing associations/RSLs (26%); voluntary organisations (24%); local authority joint H&SS (21%); and housing authorities (19%).

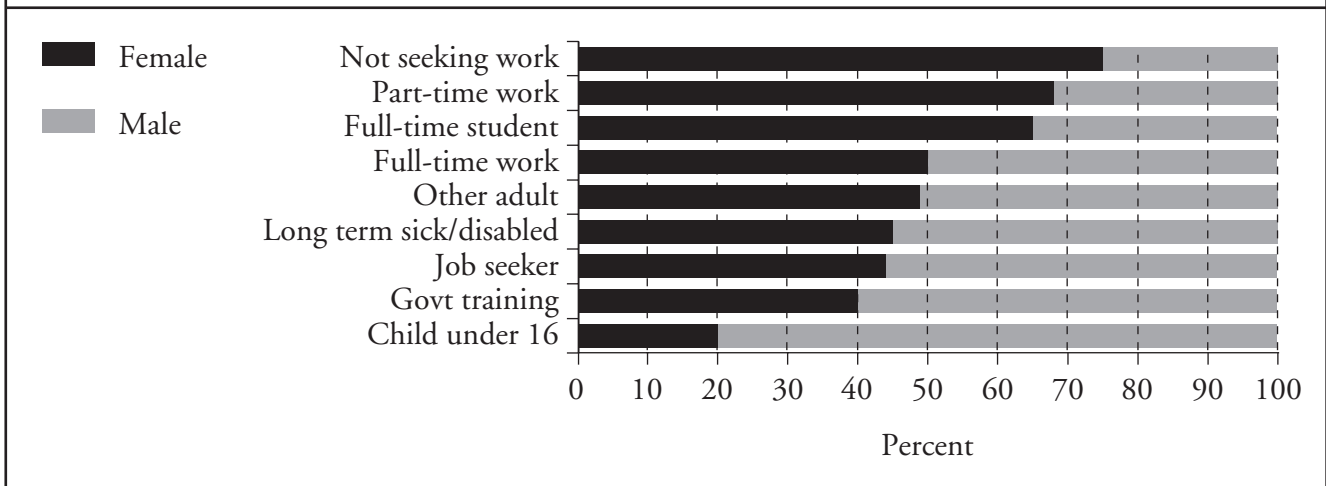
Young people at risk (6.3%; 13,170)

Almost all clients in this category were either between the ages of 16-17 years (56%) or 18-21 years (43%). Overall, there were no observable differences in gender within this client group, however, there were distinct gender variations in these clients' economic status. Almost half of young people at risk were claiming job seekers allowance, 56% of these were male. Similarly, clients taking part in Government training or New Deal schemes were more likely to be male (60%). Almost two-thirds of full-time students were female and three-quarters of those not seeking work were female. Clients working part-time were also more likely to be female (68%). [Figure 2.6]

There were few clients who had been accepted as requiring services under statutory frameworks. Only a tenth of young people at risk were receiving Care Management via Social Services and the majority were male (56%). Almost two-fifths of clients had been accepted as statutorily homeless and owed a main homelessness duty.

Five types of accommodation accounted for almost three-quarters of living arrangements young people at risk occupied prior to receiving services: living with family (29%); staying with friends (16%); direct access hostel (12%); supported housing (10%); and bed & breakfast (7%).

Figure 2.6: The economic status of young people at risk by sex



Young people at risk were spread across four main service categories: supported housing (39%); direct access (24%); floating support (21%); and foyer (9%). The majority of clients receiving floating support (63%) or supported housing (53%) were female, while clients receiving direct access accommodation were more likely to be male (64%). Most clients (88%) received services in their host area with the largest proportion of clients either having been referred by local authority housing departments (23%) or self-referring (22%). Social Services referred 13% of young people at risk. In the main, young people at risk received support services from three types of providers, namely voluntary organisations (46%), housing associations/RSLs (37%) and housing authorities (11%).

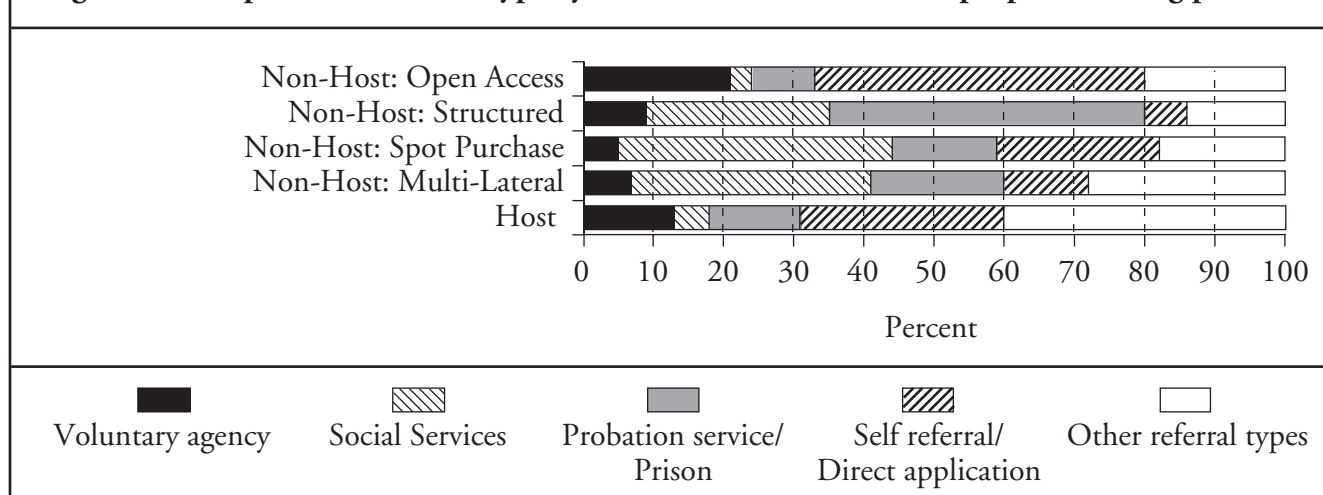
People with drug problems (4.7%; 9,958)

More than a third of this client group were between the ages of 25 and 31 years and the majority of all people with drug problems were male (73%). Over two-fifths of clients were long-term sick or disabled. A fifth of clients were subject to Probation or Youth Offending Team services and 16% of clients had been accepted as requiring Care Management via Social Services. Less than a fifth of clients had been accepted as statutorily homeless and owed a main homelessness duty.

The prior living arrangements of people with drug problems varied though generally, clients were more likely to have been sleeping rough (14%) or living with family members (12%). The bulk of support provided to clients who had been sleeping rough was supported housing (42%) or direct access hostel accommodation (41%). The majority (71%) of clients who remained living with family were provided with floating support services. For those that left the family home, 45% were provided with supported housing, a quarter went into residential care and 15% made use of direct access hostels.

People with drug problems tended to engage in a greater extent of cross authority movement in comparison to some other client groups. Although the majority (74%) received services in their own local authority area, over a tenth of clients were non-host open access, slightly less than a tenth were non-host spot purchase clients and 5% were non-host structured clients. Although people with drug problems were most likely to self-refer (29%), 14% were referred by the Probation or Prison service and 13% were referred by voluntary agencies. [Figure 2.7] Voluntary agencies (47%) and housing associations/RSLs (31%) provided the bulk of services to this client group.

Figure 2.7: Proportion of referral type by main sources of referral for people with drug problems



Rough sleepers (4.3%; 8,922)

In the single homeless category described above it was evident that most single homeless people live in short term accommodation such as direct access hostels, however, there are some single homeless people who live on the streets for most or all of their period of homelessness and these clients are referred to as rough sleepers. Rough sleepers are people who are roofless and bed down for the night on the street or sleep out in buildings or other places not designed for habitation, for example, in stations, car parks or sheds.

The age range of rough sleepers was varied: 27% were 18-24 years; 22% were 25-31 years; 20% were 32-38 years; and 15% were 39-45 years. Well over four-fifths of rough sleepers were male. Slightly more than half of rough sleepers were job seekers and a quarter were long term sick or disabled. Only 27% of rough sleepers had been accepted as statutorily homeless and owed a main homelessness duty.

As would be expected, the largest proportion (two-thirds) of clients were rough sleeping prior to receiving services, however, a few clients were staying with friends (6%), in direct access hostels (6%) or living with family (4%). On receipt of SP support, less than one-third of rough sleepers were provided with supported housing whilst the majority made use of direct access hostel accommodation (61%).

Although the majority of clients were host clients, almost a quarter of referrals for rough sleepers were non-host open access and almost half of all referrals were made on a self-referral basis. Voluntary agencies referred slightly less than a quarter of rough sleepers and provided services to just over half of clients while housing associations/RSLs provided services to a further two-fifths.

People with alcohol problems (3.9%; 8,142)

The largest proportion of these clients were aged between 32-45 (47%) and almost four-fifths of people with alcohol problems were male. More than half were long term sick or disabled and 17% had been accepted as requiring services under a Social Service Care Management programme. Less than one-fifth of clients had been accepted as statutorily homeless and owed a main homelessness duty.

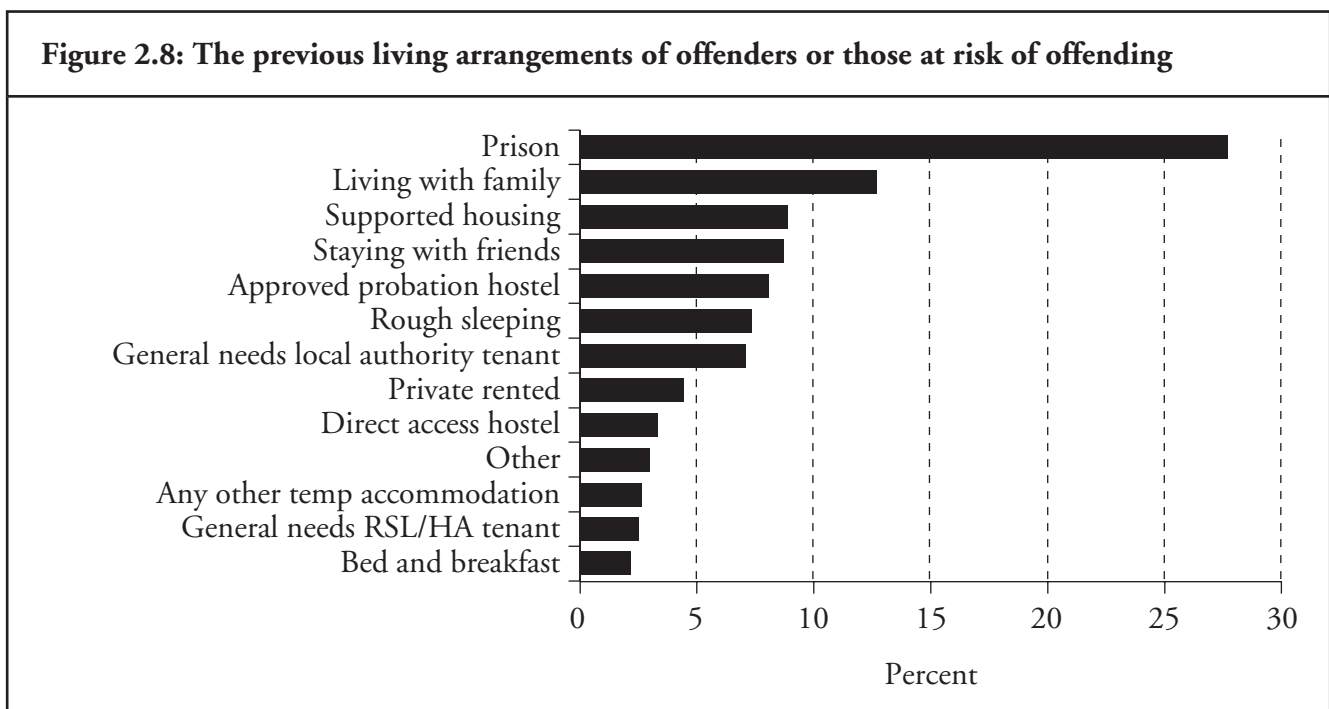
Prior to uptake of Supporting People services, almost a fifth of clients were general needs local authority tenants. Of those, almost a quarter remained in their tenancy and of those, 86% received floating support services while 7% went into residential care and 5% were provided with supported housing. For those general needs local authority tenants not remaining in their tenancy, just over half were provided with floating support elsewhere and almost a quarter went into residential care. The most frequent type of service delivered to people with alcohol problems that were sleeping rough was direct access (47%) or supported housing (36%).

A quarter of people with alcohol problems accessed services by self-referral and although the majority of clients received services in their own local authority, over a tenth were non-host open access referrals. Services for people with alcohol problems were primarily provided by voluntary organisations (47%) or housing associations/RSLs (35%).

Offenders or those at risk of offending (3.2%; 6,694)

Over a third of offenders fell into the 18-24 age bracket and over a fifth were between the ages of 25-31 years. Almost all offenders were male (87%) and over three quarters were subject to Probation or Youth Offending Team supervision. Well over half of offenders were claiming job seekers allowance. Only 14% of offenders had been accepted as statutorily homeless and owed a main homelessness duty.

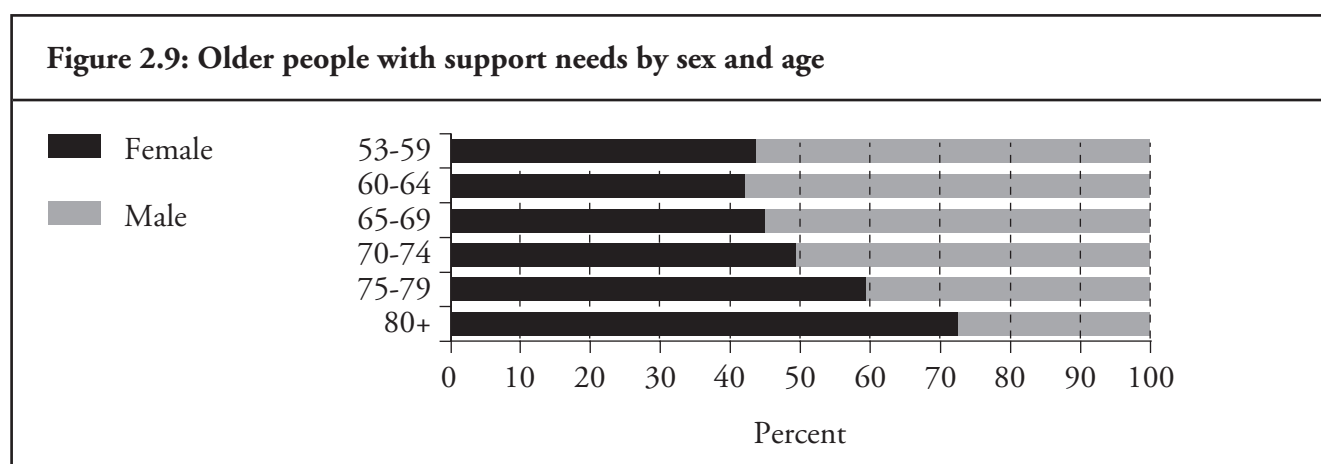
Only 28% of clients accessed services straight from prison while almost half of clients were either living with family, in supported housing, staying with friends, in an approved probation hostel or sleeping rough. [Figure 2.8] Of the 3% of clients remaining in prison prior to receiving support, more than half were provided with resettlement services, over a quarter were provided with supported housing and 15% were provided with floating support or outreach services. For offenders released from prison prior to receiving support, more than two thirds were accepted into supported housing schemes and 12% made use of direct access hostels. Two fifths of clients living with family prior to receiving support were provided with supported housing while slightly less than a quarter were provided with resettlement services. Half of offenders staying with friends prior to receiving support were provided with supported housing and over one-fifth joined a resettlement programme.



Almost three-quarters of offenders were referred by the Probation or Prison service and over-three quarters received services in the local authority area providing the service. However, more than a tenth of referrals for offenders were non-host structured referrals. Primarily, services for this client group were provided by housing associations/RSLs (52%) and voluntary organisations (39%).

Older people with support needs (3.1%; 6,508)

A third of older people with support needs were aged 80 or over and of these, 72% were female; overall, 57% of clients were female. [Figure 2.9] Clients were mainly retired (89%) with only 8% long term sick or disabled. Social Services had accepted 17% of clients as requiring a Care Management programme; 62% of these clients were female.



Prior to receiving services, older people with support needs were mainly tenants, either in general needs local authority (44%) or RSL/HA (19%) housing. Almost two-fifths of older people remained in their accommodation and the majority (92%) received floating support. For those that left their accommodation on receipt of support, 70% received floating support elsewhere, 16% were provided with supported housing and 6% were supported through resettlement.

Older people with support needs accessed services through various referral routes, namely local authority housing department referrals (24%), local housing authority nominations (20%), self-referrals (19%), and Social Services (15%) and almost all clients received services in their own local authority area (96%). In the main, services were provided by housing authorities (30%), housing associations/RSLs (27%) and voluntary organisations (20%).

People with learning disabilities (2.4%; 5,012)

Almost a quarter of people with learning disabilities were between the ages of 18 and 24 years. Over half were male. More than half of this client group were long term sick or disabled.

In the main, people with learning disabilities were either general needs local authority tenants (23%), living with family (19%), in supported housing (17%) or general needs RSL/HA tenants (10%) prior to receiving support. Supported housing (47%) and floating support (40%) accounted for the bulk of services delivered to this client group. Referrals largely came from Social Services (47%) and these clients were most likely to receive services in their own local authority area (94%).

Services were mainly provided by housing associations/RSLs (32%) and voluntary organisations (23%).

Refugees (2.3%; 4,918)

Almost two-thirds of refugees fell within the 18-31 age range. The majority of clients were male (73%) and the largest economic category for all clients was job seekers (69%). Over a third of refugees had been accepted as statutorily homeless and owed a main homelessness duty.

Clients in this group previously occupied either unspecified (other) temporary accommodation (19%), were staying with friends (17%), resident in supported housing (14%) or were general needs local authority tenants (11%). Supported housing (46%) and floating support (35%) accounted for the majority of services provided to refugees.

Over four-fifths of refugees received services in their own local authority area and a tenth of clients were non-host open access referrals. Local authority housing department referrals (26%) and self-referrals (26%) were the referral routes for the majority of refugees. Housing associations/RSLs (32%), voluntary agencies (29%) and housing authorities (20%) provided the majority of services.

People with physical or sensory disabilities (2.3%; 4,811)

People with physical or sensory disabilities were more likely to be between the ages of 32 and 59 years (57%). Over half were male and although the majority (64%) of clients were long term sick or disabled, 18% of clients were retired. Slightly more than a quarter of clients were accepted as requiring Care Management via Social Services. More than a tenth of people with physical or sensory disabilities had been accepted as statutorily homeless and owed a main homelessness duty.

Over half of these clients were tenants either in general needs local authority housing (34%) or RSL/HA housing (18%). Of those clients in local authority housing, a third remained in their tenancies and almost all of them received floating support (97%). This was very similar for clients remaining in RSL/HA tenancies.

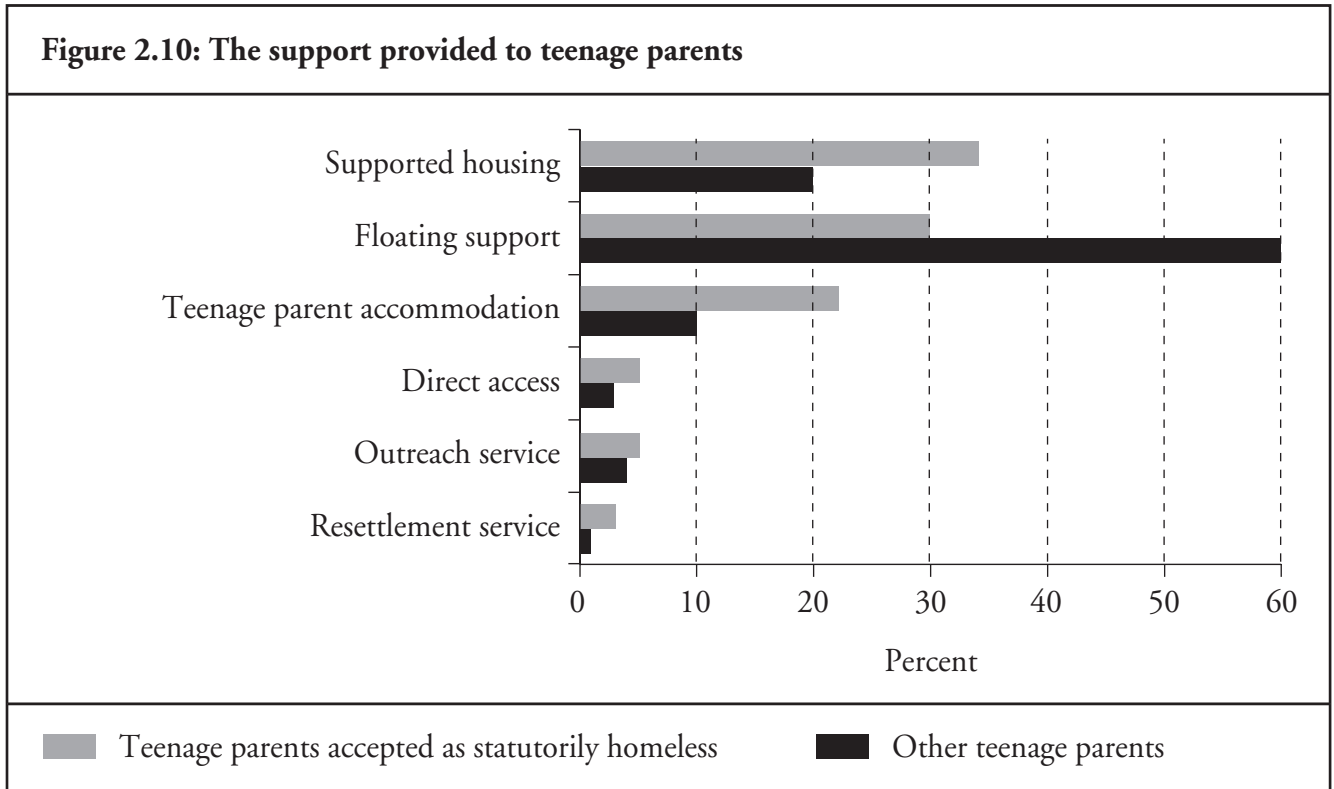
Nearly all clients were supported in their own local authority area (95%) and almost half of referrals for people with physical or sensory disabilities were made by Social Services (26%) or LA housing departments (23%) while a fifth of referrals were made by clients on a self-referral basis. Voluntary organisations (30%), housing associations/RSLs (25%) and housing authorities (23%) provided the bulk of support to this client group.

Teenage parents (1.5%; 3,074)

More than half of teenage parents were between the ages of 18-20. Only 2% of teenage parents were male. Economically, this group were most commonly not seeking work (70%). In total, almost two-fifths of teenage parents had been accepted as statutorily homeless and owed a main homelessness duty.

Almost two-fifths of teenage parents were living with family prior to receiving services while 15% were general needs local authority tenants and 9% were staying with friends. Almost half of teenage parents received floating support services and a quarter were accepted into supported housing. Less than one-fifth of clients were provided with teenage parent accommodation. Two-fifths of teenage parents had been accepted as statutorily homeless and owed a main homelessness duty and 34% of these were provided with supported housing. However, of other teenage parents, only 20% received supported housing while 60% received floating support. [Figure 2.10]

Figure 2.10: The support provided to teenage parents



The majority of teenage parents were referred to services either through local authority housing department referrals (29%) or nominations by local housing authorities (18%) and a further 12% of clients self-referred. Almost all clients received services in their own local authority area (95%). Housing associations/RSLs (46%), voluntary organisations (23%) and housing authorities (16%) provided the bulk of services for teenage parents.

Young people leaving care (1.1%; 2,328)

Slightly over half (51%) of clients in this category were between the ages of 18 and 21 years and almost all of the remaining clients were between the ages of 16-17 years (49%). The majority were male. The largest proportion of clients were jobseekers (37%). Social Services Care Management programmes were in place for 48% of clients and of these, 59% were 16 or 17 years. Less than one-fifth of clients had been accepted as statutorily homeless and owed a main homelessness duty and 57% of those were age 16 or 17 years.

By far, the largest proportion of clients had come to services via children’s homes or foster care (36%) and while more than half of these clients were provided with supported housing, a quarter received a place with supported lodgings and 9% were accepted into foyer supported accommodation.

Almost two-thirds of young people leaving care were referred to services by Social Service departments. A further 9% of young people leaving care came through the internal transfer route and these clients were mainly from children’s homes/foster parents (48%) or supported housing (27%). Few clients received cross-authority referrals (11%) and referrals that were non-host were more likely to be structured (4%) or open access (4%). Support for young people leaving care was provided, in the main, by housing associations/RSLs (42%), voluntary organisations (34%) and Social Services (12%).

Frail elderly (0.7%; 1,412)

During this first year of data recording, clients receiving Supporting People services in sheltered/very sheltered housing, almshouses, peripatetic warden schemes and leasehold schemes were exempt from the Client Record System. The following is a summary of the characteristics of frail elderly clients who were receiving Supporting People contracted services other than those mentioned above.

As would be expected, the majority (75%) of frail elderly were over the age of 75 years, however, over a quarter of clients were between 53-74 years. More than two-thirds of frail elderly were female and almost all clients were retired (92%). A minority (6%) of clients were long term sick or disabled. Social Services Care Management programmes had been provided for 27% of clients. A minority (4%) of frail elderly had been accepted as statutorily homeless and owed a main homelessness duty.

Prior to receiving services, over half of frail elderly clients held tenancies in general needs local authority (40%) or RSL/HA housing (14%) while more than a fifth of clients were resident in sheltered housing or were owner-occupiers. Floating support was provided to 60% of clients and almost a quarter (23%) were provided with residential care.

In the main, frail elderly people received services in their own local authority area (94%) and were likely to be referred via Social Services (27%) or their local housing department's referral process (24%) and a further one-fifth self-referred. Housing associations/RSLs (33%), voluntary agencies (23%) or housing authorities (22%) were the main providers of support.

Travellers (0.3%; 709)

Over three-quarters of travellers fell between the ages of 18 and 38 years and 68% of clients were male. Slightly less than two-fifths of travellers were job seekers and a quarter were not seeking work. Less than a fifth of clients were statutorily homeless.

Almost a third of travellers accessed services via an unspecified (other) form of accommodation while 17% were sleeping rough and 14% were owner-occupiers. The majority (58%) of travellers were provided with supported housing while 29% made use of direct access hostel accommodation.

Almost four-fifths of travellers came through a self-referral route. Half of the travellers received services through non-host open access referrals. Housing associations/RSLs provided more than half of travellers with services and voluntary agencies provided a further 31%.

Older people with mental health problems (0.3%; 561)

The age of this client group varied between 55 and 95 years with the largest proportion being over 80 (21%). Slightly more than half of clients were female and the majority (76%) were retired, while just over a fifth were long term sick or disabled. Overall, 29% of older people with mental health problems were accepted as requiring services through a Care Programme Approach (CPA) and 30% were accepted as requiring Care Management via Social Services.

Clients were mostly tenants in general needs local authority (35%) or RSL/HA housing (16%) and 13% were owner-occupiers.

The principal type of support provided to these clients was floating support (77%). However, 9% of clients were accepted into supported housing schemes and 4% into residential care homes.

Most services were provided in the client's own local authority area (96%) and clients were either referred by their Community Mental Health Team (25%), local housing department's referral process (23%) or Social Services (22%). Services were provided either by housing associations/RSLs (28%), voluntary organisations (26%) or housing authorities (23%).

People with HIV/AIDS (0.2%; 415)

Over a third of clients in this group were between the ages of 32 and 38, less than two-fifths of clients were female. Almost two-thirds of clients were long term sick or disabled while one-fifth were accepted as requiring Social Services Care Management. Over a fifth of people with HIV/AIDS had been accepted as statutorily homeless and owed a main homelessness duty.

The majority of clients were either general needs local authority tenants (20%), general needs RSL/HA tenants (15%), from the private rented sector (10%), or in supported housing (10%). Although 15% of clients remained in their prior accommodation, these clients were mainly general needs tenants (30%) or general needs RSL/HA tenants (16%) with a further 14% living with family. Mainly, clients remaining in prior accommodation received floating support services (88%).

Almost two-fifths accessed services by means of self-referral. Only 9% of all referrals were non-host open access. Almost two fifths of services for this client group were provided by the local authority joint H&SS and over a fifth were provided by housing associations/RSLs.

Mentally disordered offenders (0.1%; 251)

The age range of clients in this group was wide and generally fell between 18-45 years. Over four-fifths of clients were male and over half of all clients in this category were long term sick or disabled. Probation or Youth Offending Teams were supervising almost two-fifths of mentally disordered offenders, 30% were supported through the Care Programme Approach (CPA), 19% were accepted as requiring Care Management through Social Services, 16% had been assessed under the Enhanced Care Programme Approach and 12% were subject to Multi-Public Protection Arrangements. Almost a quarter of clients had been accepted as statutorily homeless and owed a main homelessness duty.

Prior to uptake of Supporting People services, 13% of mentally disordered offenders were resident in supported housing, 12% were general needs local authority tenants, 11% were in hospital, a tenth were in prison and 9% were sleeping rough. The majority of clients were either provided with supported housing (40%), floating support (25%) or direct access accommodation (23%).

The majority (85%) of mentally disordered offenders received services in their own local authority area. Over one-fifth of clients were referred by the Probation service or Prison while 18% self-referred. Voluntary organisations (43%), housing associations/RSLs (28%) and housing authorities (16%) were the main providers of support for this client group.

2.3 Children receiving support (0.1%; 206)

In total, children between the ages of 1 to 15 years accounted for 0.1% of clients recorded by the Client Record system. However, 85% of these children were between the ages of 11 to 15 years.

11-15 year olds

More than two-thirds of 11 to 15 year olds were recorded as young people at risk and the majority were male (64%).

Prior to accessing services, more than two-thirds were living with family while a further 9% were in children's homes or foster care. Social Services were providing Care Management programmes to 28% of these clients and 9% had been accepted as statutorily homeless and owed a main homelessness duty.

Supporting People was providing outreach support to half of 11 to 15 year olds and a further one-fifth had been accepted into supported housing schemes. Floating support services were provided to 14% of clients.

Housing authorities provided services for half of these clients while voluntary agencies provided services to a further 29% and housing associations/RSLs 16%. Referrals for this client group were mainly local authority housing department referrals (41%), Social Service referrals (27%) or nominations by local housing authorities (12%) and almost all 11 to 15 year olds were host referrals.

2.4 Regional variations

Single homeless people with support needs were, by far, the largest primary category for clients in all regions. [Figure 2.11] The East of England had the largest proportion of single homeless people with support needs (37%); more than three times that of women at risk of domestic violence which was the second largest primary client group in this region.

Women at risk of domestic violence were the second largest primary client group in the North East, Yorkshire & the Humber, East Midlands, East of England and the West Midlands. [Figure 2.12] In London, and the South East and South West, people with mental health problems were the second largest primary client group while in the North West, young people at risk were the second largest primary client group.

The level of people with mental health problems was greater, proportionally, in London (11%), the South West (11%), East Midlands (10%) and the South East (10%) compared to 9% nationally. [Figure 2.13]

The North East (4%) and South West (5%) had fewer homeless families with support needs proportionally compared to other regions with London (10%) and the East of England (11%) having the highest proportions of homeless families with support needs overall. [Figure 2.14]

There were, proportionally, more young people at risk in the North West (10%) than in any other region bringing the national figure to 6% in comparison to other regions for example; London (5%), the South West (5%) and the West Midlands (5%). [Figure 2.15]

Map 2.1 shows summary information of clients in each Government office region.

Figure 2.11: Regional variations; proportion of single homeless people with support needs in each Government office region

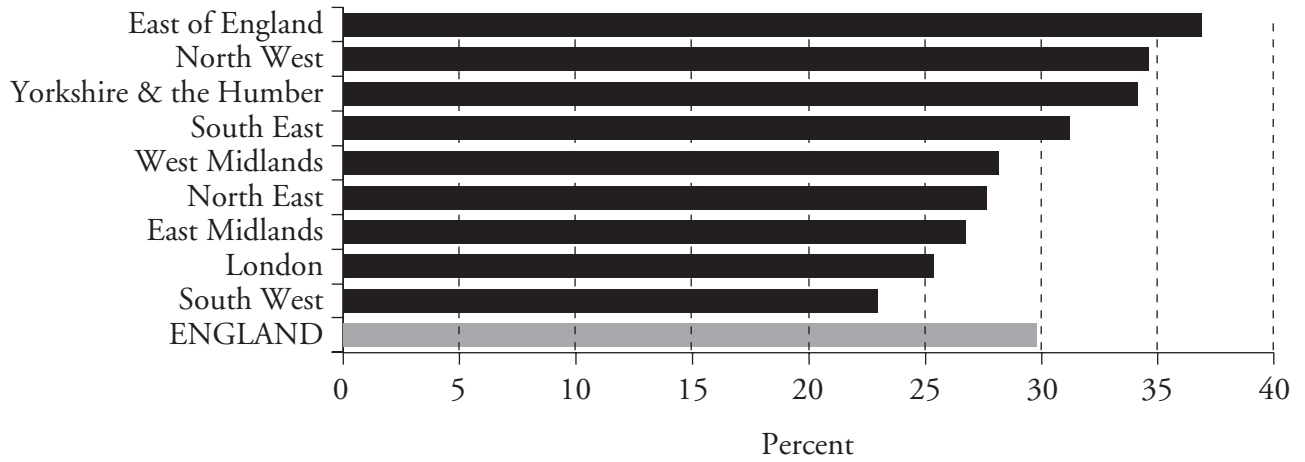


Figure 2.12: Regional variations; proportion of women at risk of domestic violence in each Government office region



Figure 2.13: Regional variations; proportion of people with mental health problems in each Government office region



Figure 2.14: Regional variations; proportion of homeless families with support needs in each Government office region



Figure 2.15: Regional variations; proportion of young people at risk in each Government office region



Map 2.1: Summary of clients by Government office region

1. North East

Number of clients: 10,515

% of all clients: 5%

Most common primary client groups:

Single homeless with support needs: 27.6% (2,906)

Women at risk of domestic violence: 13.9% (1,464)

Young people at risk: 7.4% (776)

Most common secondary client group:

Single homeless with support needs

Statutorily homeless: 31.3%

Most common previous accommodation:

General needs LA tenant

4. East of England

Number of clients: 17,460

% of all clients: 8.3%

Most common primary client groups:

Single homeless with support needs: 36.9% (6,437)

Women at risk of domestic violence: 11.8% (2,054)

Homeless families: 10.8% (1,884)

Most common secondary client group:

Single homeless with support needs

Statutorily homeless: 29.1%

Most common previous accommodation:

Living with family

2. Yorkshire & the Humber

Number of clients: 21,939

% of all clients: 10.5%

Most common primary client groups:

Single homeless with support needs: 34.2% (7,503)

Women at risk of domestic violence: 11.4% (2,496)

Young people at risk: 7.9% (1,736)

Most common secondary client group:

Single homeless with support needs

Statutorily homeless: 30.6%

Most common previous accommodation:

Living with family

5. London

Number of clients: 34,848

% of all clients: 16.6%

Most common primary client groups:

Single homeless with support needs: 25.3% (8,815)

Mental health problems: 11.4% (3,961)

Homeless families: 10.3% (3,574)

Most common secondary client group:

Single homeless with support needs

Statutorily homeless: 34.6%

Most common previous accommodation:

General needs LA tenant

3. East Midlands

Number of clients: 18,605

% of all clients: 8.9%

Most common primary client groups:

Single homeless with support needs: 26.8% (4,991)

Women at risk of domestic violence: 12.4% (2,312)

Mental health problems: 10.4% (1,944)

Most common secondary client group:

Single homeless with support needs

Statutorily homeless: 23.4%

Most common previous accommodation:

General needs LA tenant

6. South East

Number of clients: 25,358

% of all clients: 12.1%

Most common primary client groups:

Single homeless with support needs: 31.3% (7,928)

Mental health problems: 10.1% (2,549)

Women at risk of domestic violence: 10.0% (2,530)

Most common secondary client group:

Alcohol problems

Statutorily homeless: 27.5%

Most common previous accommodation:

Rough sleeping

7. South West

Number of clients: 21,718

% of all clients: 10.3%

Most common primary client groups:

Single homeless with support needs: 23.0% (4,985)

Mental health problems: 10.9% (2,358)

Women at risk of domestic violence: 9.4% (2,035)

Most common secondary client group:

Alcohol problems

Statutorily homeless: 22.9%

Most common previous accommodation:

General needs LA tenant

8. West Midlands

Number of clients: 24,779

% of all clients: 11.8%

Most common primary client groups:

Single homeless with support needs: 28.1% (6,962)

Women at risk of domestic violence: 15.0% (3,720)

Generic: 14.8% (3,679)

Most common secondary client group:

Single homeless

Statutorily homeless: 34.7%

Most common previous accommodation:

General needs LA tenant

9. North West

Number of clients: 34,623

% of all clients: 16.5%

Most common primary client groups:

Single homeless with support needs: 34.6% (11,996)

Young people at risk: 10.3% (3,565)

Women at risk of domestic violence: 9.2% (3,182)

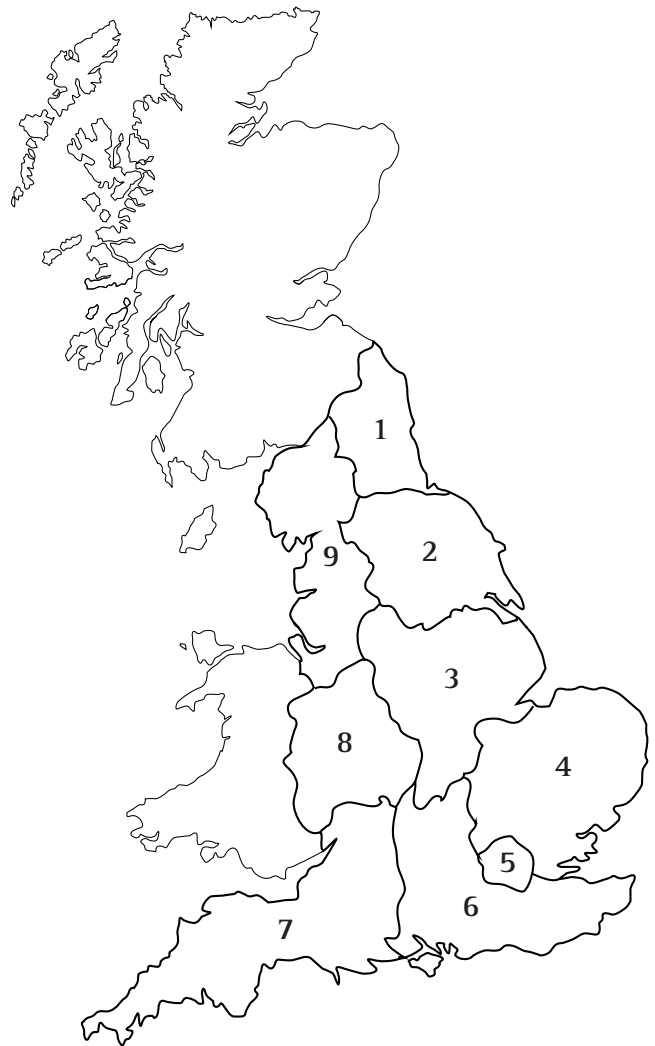
Most common secondary client group:

Single homeless with support needs

Statutorily homeless: 39.9%

Most common previous accommodation:

Living with family



ENGLAND

Number of clients: 209,845

Most common primary client groups:

Single homeless with support needs: 29.8% (62,523)

Women at risk of domestic violence: 10.6% (22,229)

Mental health problems: 8.9% (18,652)

Most common secondary client group:

Single homeless with support needs

Statutorily homeless: 31.4% (65,859)

Most common previous accommodation:

General needs LA tenant

2.5 Ethnic Origins

White-British represented the ethnic origin for the majority of support users (75%). There were noticeable differences in the characteristics of White-British clients compared with those of BME ethnic groups.

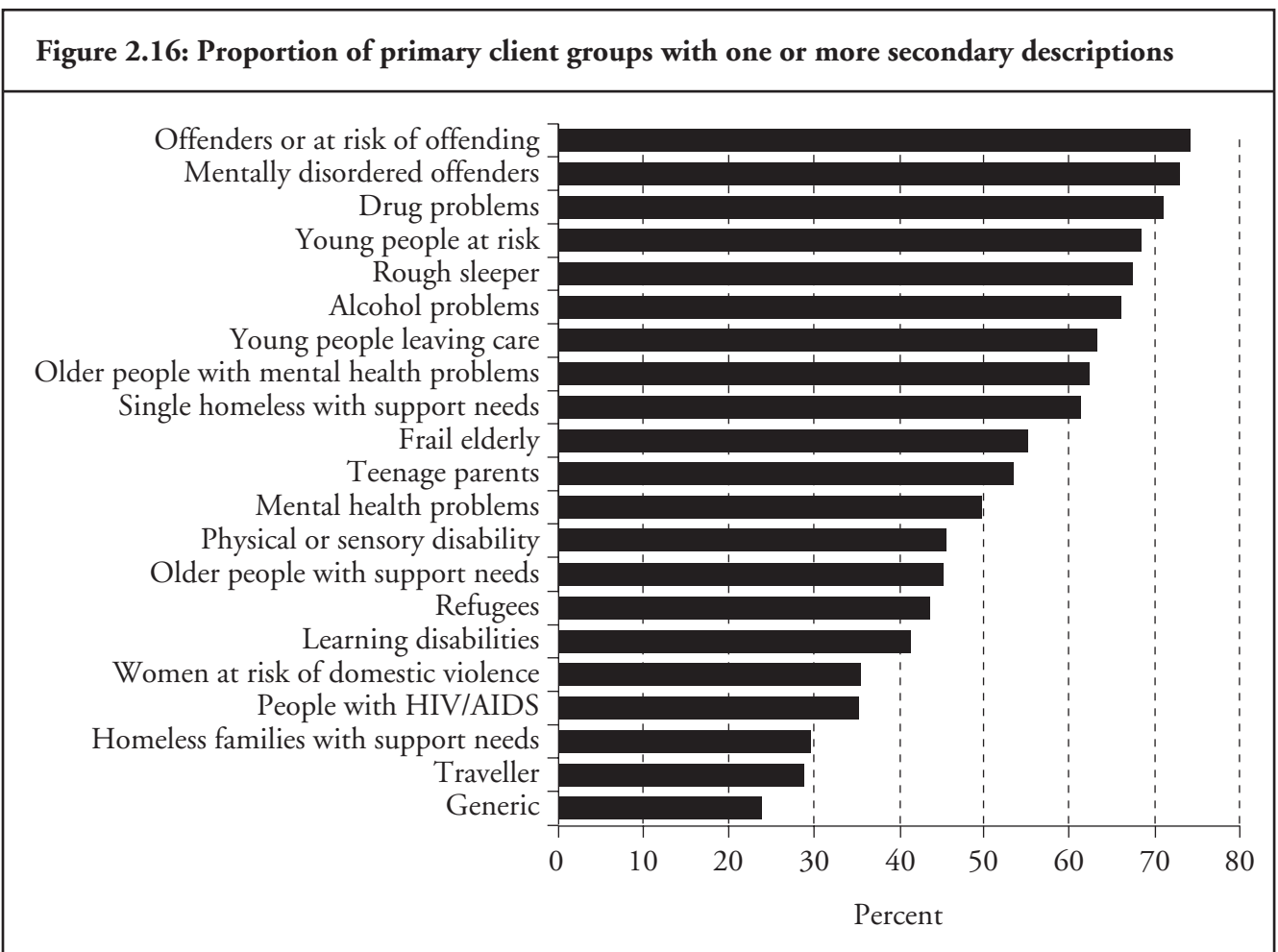
- BME clients tended to be younger than clients of White-British origins. More than two-fifths of mixed-Caribbean clients fell into the 18-24 age bracket, compared to 28% of White-British clients.
- Clients of Black-African origin made up more than two-fifths of refugees while people of Asian or Asian-British origin made up slightly more than one-fifth.
- People of Black-Caribbean or Black-African origins constituted more than a tenth of clients describing themselves as generic.
- White-Irish and Black or Black British clients made up 12% of travellers while Black-African, Black-Caribbean and White Irish clients together made up 12% of rough sleepers.
- Almost a tenth of homeless families were people of Black-African origin while people of Black-Caribbean origin made up a further 4%.
- White-British (37%) and Black-African (35%) clients constituted the majority of clients with HIV/AIDS.
- BME groups represented 24% of women at risk of domestic violence with the largest proportion of BME clients of Asian-Pakistani origin (6%).
- One-tenth of single homeless people with support needs were either of Black-African or Black-Caribbean origins.

2.6 Secondary Client Groups

Although providers are required to categorise clients starting to receive Supporting People services into an appropriate primary group, the Client Record System provides the opportunity for providers to expand on the description of problems that clients are experiencing by giving the option to add additional categories for each client, to a maximum of three additional categories. This is especially important for clients who have complex or multiple needs, as this additional information can contribute to a clearer understanding of the extent of support that clients may require. The primary client group category is intended to identify the immediate or most acute problem affecting a client about to receive support in order that the support provided is adequate in meeting the needs likely to arise. The secondary client group category can aid in engaging services aimed at meeting the wider or additional problems facing clients. For example, a person may be sleeping rough but feel that their most acute problem is their drug dependency and therefore require immediate support with their dependency before support that would enable them to access suitable accommodation.

Client Record data reveals that, out of the 209,845 clients recorded, more than half (110,470) were defined by one or more secondary descriptions in addition to a primary description. Relatively few clients (3%) were assigned three secondary descriptions. [Table 2.3], [Figure 2.16], [Table 2.4]

	#	%
0 Secondary descriptions	99,375	47.4
1 Secondary description	81,461	38.8
2 Secondary descriptions	21,983	10.5
3 Secondary descriptions	7,026	3.3
Total	209,845	100



Primary client group	None		One		Two		Three		Total
	#	%	#	%	#	%	#	%	
Single homeless with support needs	23,984	38.4	27,476	43.9	8,044	12.9	3,019	4.8	62,523
Women at risk of domestic violence	14,292	64.3	6,773	30.5	983	4.4	181	0.8	22,229
Mental health problems	9,338	50.1	6,818	36.6	1,885	10.1	611	3.3	18,652
Homeless families with support needs	11,127	70.4	3,707	23.5	797	5.0	173	1.1	15,804
Generic	10,477	76.2	2,479	18.0	632	4.6	164	1.2	13,752
Young people at risk	4,131	31.4	7,374	56.0	1,321	10.0	344	2.6	13,170
Drug problems	2,858	28.7	4,973	49.9	1,547	15.5	580	5.8	9,958
Rough sleeper	2,884	32.3	3,870	43.4	1,543	17.3	625	7.0	8,922
Alcohol problems	2,751	33.8	3,917	48.1	1,143	14.0	331	4.1	8,142
Offenders or at risk of offending	1,734	25.9	3,235	48.3	1,317	19.7	408	6.1	6,694
Older people with support needs	3,540	54.4	2,139	23.9	726	11.2	103	1.6	6,508
Refugees	2,764	56.2	1,852	37.7	257	5.2	45	0.9	4,918
Physical or sensory disability	2,611	54.3	1,670	34.7	436	9.1	94	2.0	4,811
Learning disabilities	2,927	58.4	1,656	33.0	363	7.2	66	1.3	5,012
Teenage parents	1,422	46.3	1,350	43.9	254	8.3	48	1.6	3,074
Young people leaving care	849	36.5	1,045	44.9	326	14.0	108	4.6	2,328
Frail elderly	633	44.8	625	44.3	139	9.8	15	1.1	1,412
Traveller	505	71.2	136	19.2	47	6.6	21	3.0	709
Older people with mental health problems	211	37.6	189	33.7	132	23.5	29	5.2	561
People with HIV/AIDS	269	65.8	96	23.1	39	9.4	11	2.7	415
Mentally disordered offenders	68	27.1	81	32.3	52	20.7	50	19.9	251
Total	99,375	47.4	81,461	38.8	21,983	10.5	7,026	3.3	209,845

Offenders or those at risk of offending were the group with the highest proportion of clients (74%) defined by secondary descriptions. Secondary problems associated with these clients were most commonly drug problems, single homelessness and/or alcohol problems.

The comparison between primary and secondary client groups brings together a combination of complexities associated with specific client groups and aids recognition of the pervasive difficulties that can be associated with the majority of clients monitored via the Client Record System this year. There is a

tendency for some client groups to be described by an interrelated combination of factors, for example, clients described as having drug problems had been assigned secondary descriptions which were likely to be single homelessness with support needs, alcohol problems or offending, similar to the combination of secondary descriptions ascribed to single homeless people with support needs and offenders respectively.

People with generic needs were the clients least likely to be assigned one or more secondary descriptions (76% had none). However, 553 of these clients had single homeless with support needs as a secondary description.

Whilst the greatest proportion of clients had single homeless with support needs as their primary client group category, single homeless with support needs also defined the secondary problems for the greatest proportion of clients (these clients being defined by primary group categories other than single homeless with support needs).

There were distinct secondary groupings that characterised primary client groups. The secondary client group categories are completed only where they are necessary to more fully describe the client. Therefore, the following descriptions are based only on clients who were assigned secondary categories.

Single homeless with support needs: the secondary client groupings for single homeless people were varied. The highest-ranking category was *drug problems* (8,116), however many were characterised as being *young and at risk* (8,150) and/or as having mental *health problems* (6,783) and/or *alcohol problems* (6,710) and/or *sleeping rough* (5,852).

Women at risk of domestic violence: a greater proportion of women were placed as *homeless families with support needs* (3,453), however some were *single homeless with support needs* (1,600) and/or were described as having *complex needs* (1,093).

People with mental health problems: secondary groupings for these clients were again varied, some were *single homeless with support needs* (2,792) and/or with *complex needs* (2,116) and a number of people with mental health problems were described as having *alcohol* (1,967) and/or *drug problems* (1,612).

Homeless families with support needs: *women at risk of domestic violence* (1,134) characterised a number of homeless families. Often families experienced *complex needs* (1,004) and/or *mental health problems* (582). Some families were *refugees* (565).

People with generic needs: as would be expected, varied secondary groupings describe a proportion of these clients, some with *mental health problems* (806), a number of clients were *single homeless with support needs* (553) and a few had *physical or sensory disabilities* (440). A small number of these clients experienced *alcohol problems* (357).

Young people at risk: three secondary categories stood out as characterising this client group and these were, by far, *single homeless with support needs* (6,357), and less so, *offenders or at risk of offending* (753) and *complex needs* (734)

Drug problems: people with drug problems tended to be characterised by being *single homeless with support needs* (2,521) and/or with *alcohol problems* (2,371) and a number of clients were described as *offenders or those at risk of offending* (1,666).

Rough sleeper: four principal secondary client groups characterised a proportion of rough sleepers and these were, *single homeless with support needs* (2,042) and/or experiencing *drug* (1,938), *alcohol* (1,596) and/or *mental health* (1,038) *problems*.

Alcohol problems: a similar picture can be drawn for people with alcohol problems with *single homeless with support needs* (1,814), *mental health* (1,402) and/or *drug* (1,167) *problems* as the highest ranking secondary client groupings.

Offenders or those at risk of offending: clients in this category fell similarly into the secondary groupings of experiencing *drug problems* (2,247), *single homeless with support needs* (1,726) and/or *alcohol problems* (1,136).

Older people with support needs: a proportion of older people with support needs were described as *frail elderly* (1,483) and/or as having *physical or sensory disabilities* (964).

Refugees: two principal categories stood out for these clients, *single homeless with support needs* (1,363) and/or with *complex needs* (268).

Physical or sensory disabilities: *older people with support needs* (510), *complex needs* (469), *single homeless with support needs* (436) and/or experiencing *mental health problems* (381) described some of the problems experienced by people with physical or sensory disabilities.

Learning disabilities: some people with learning disabilities also experienced *mental health problems* (566) and/or have an array of *complex needs* (449).

Teenage parents: two secondary categories – *young people at risk* (732) and/or *homeless families with support needs* (483) described a number of teenage parents.

Young people leaving care: a number of these clients were described as *young people at risk* (772) and/or *single homeless with support needs* (567).

Frail elderly: *older people with support needs* (568) and/or experiencing *physical or sensory disabilities* (239) were relatively common secondary categories for frail elderly clients.

Traveller: some travellers were described as *sleeping rough* (98) or *single homeless with support needs* (39).

Older people with mental health problems: a proportion of these clients were also described as *frail elderly* (92).

People with HIV/AIDS: a small number of people with HIV/AIDS were described as *single homeless with support needs* (50) and/or experiencing *mental health problems* (41).

Mentally disordered offenders: apart from secondary groupings describing these clients as experiencing *mental health problems* (71) and/or having *offending* behaviour (49), some mentally disordered offenders were also categorised as experiencing alcohol problems (46), and/or were *single homeless with support needs* (43) and/or experiencing *drug problems* (39).

2.7 Overview of clients – recognising the extent of housing-related support need

The primary client group category is an important method of identifying the prevailing circumstances of clients. At the same time, the secondary client group category can be equally as important, especially when used to identify the circumstances surrounding housing-related need amongst what may amount to a complex array of practical and emotional needs. The secondary client groupings are also useful in that they can be used to recognize the total number of clients experiencing identifiable problems which are either as a result of or are contributory to housing-related need.

Table 2.5 indicates the numbers of clients in primary groups alongside the number of clients who recorded secondary groupings in each primary category; the totals for each client group (primary and secondary) illustrate the incidence of each client category.¹ Note that clients cannot be assigned the same category as a primary and a secondary client group.

	Primary group	Secondary group	Total
Single homeless with support needs	62,523	23,168	85,691
Women at risk of domestic violence	22,229	3,975	26,204
Mental health problems	18,652	15,021	33,673
Homeless families with support needs	15,804	5,186	20,990
Generic / Complex needs	13,752	13,331	27,083
Young people at risk	13,170	12,200	25,370
Drug problems	9,958	16,872	26,830
Rough sleeper	8,922	9,233	18,155
Alcohol problems	8,142	15,802	23,944
Offenders or at risk of offending	6,694	8,456	15,150
Older people with support needs	6,508	2,370	8,878
Learning disabilities	5,012	4,230	9,242
Refugees	4,918	3,004	7,922
Physical or sensory disability	4,811	6,240	11,051
Teenage parents	3,074	1,583	4,657
Young people leaving care	2,328	1,574	3,902
Frail elderly	1,412	2,211	3,623
Traveller	709	748	1,457
Older people with mental health problems	561	613	1,174
People with HIV/AIDS	415	231	646
Mentally disordered offenders	251	457	708

¹ The recording of secondary classification is used only when additional categories are necessary to describe the client. Therefore the information included is based only on clients who were assigned secondary descriptions.

Accordingly, whilst 62,523 clients were recorded primarily as single homeless people with support needs, an additional 23,168 clients were recorded with single homeless with support needs as their secondary client group. This shows that the actual number of clients with single homeless related support needs recorded by the Client Record System is 85,691. Similarly, 15,804 clients were described by primary client group category as homeless families with support needs and a further 5,186 homeless families were recorded in the secondary client groupings making the total homeless family with support needs figure 20,990.

Within the secondary client groupings there were 15,021 clients who were experiencing mental health problems. Combined with clients within the primary category of people with mental health problems (18,652) this figure is almost doubled bringing the total number of people with mental health problems to 33,673.

There were a further 3,975 women at risk of domestic violence found in secondary client groupings. Combined with the numbers within the primary client group (22,229), the numbers of women at risk of domestic violence were 26,204.

Although 9,958 clients were described as primarily experiencing drug problems, almost double those numbers of clients were assigned drug problems as their secondary client group category (16,872). Combined, these figures show that there were 26,830 clients experiencing drug problems.

Secondary client groupings also revealed a further 12,200 young people at risk doubling the 13,170 figure within the primary client group category and bringing the total number of young people at risk to 25,370.

A total of 8,456 offenders or those at risk of offending were found in secondary client groupings increasing the total figure from 6,694 to 15,150 and indicating a higher frequency of offenders or those at risk of offending within the secondary client group category.

3 Previous Accommodation

3.1 Introduction

Clients receiving Supporting People services are not necessarily expected to relocate to specialised housing provision as Supporting People support is geared towards making housing-related support services more accessible regardless of tenure. Therefore, services are available for people from the social rented, private rented or owner-occupied sectors as well as people who are homeless. The Client Record System records the type of accommodation or living arrangements that clients occupied immediately prior to receiving Supporting People funded support services. For this purpose, 'immediately prior' is defined as, literally, the previous night. This information is crucial for Supporting People practitioners and policy makers who are attempting to monitor the movement of and support provided to particular groups wherever they may live and whatever their circumstances may be.

In total, 11% of clients monitored by the Client Record System between 1st April 2003 and 31st March 2004 were recorded as continuing to live in the accommodation or circumstance they occupied immediately prior to receiving a Supporting People service.

3.2 Living arrangements of clients prior to receiving support

This section of the Annual Report lists the top six most common types of living circumstances prior to the uptake of Supporting People services for clients and identifies the most likely client groups in these circumstances, the referral route and type of services they accessed. This section then goes on to examine clients who came to Supporting People services from recognised institutions – bed & breakfast, prison, hospital and residential care – before discussing owner-occupier clients. [Table 3.1]

General needs local authority tenants (16%; 32,401)

People with generic needs (20%), women at risk of domestic violence (20%) and people with mental health problems (13%) made up the majority of clients who were general needs local authority tenants prior to receiving Supporting People services.

Less than a third of clients remained in their tenancies and almost half of these clients were either people with generic needs (32%) or people with mental health problems (15%) while women at risk of domestic violence made up only 4%. Almost all of the clients retaining their tenancies received floating support services (95%), however, 2% were offered supported housing.

The largest proportion of clients terminating their tenancies were women at risk of domestic violence (26%), followed by people with generic needs (14%) and people with mental health problems (12%). The majority (72%) of women at risk of domestic violence accessed women's refuge services while a further 18% were provided with floating support elsewhere. Almost all people with generic needs (95%) were provided with floating support elsewhere. Over three-quarters of people with mental health problems were also provided with floating support elsewhere and a further 12% of these clients received supported housing.

Table 3.1: Type of accommodation prior to receiving SP services		
	#	%
General needs local authority tenant	32,401	15.5
Living with family	29,867	14.3
Rough sleeping	20,488	9.8
Staying with friends	18,936	9.1
Supported housing	16,404	7.9
Direct access hostel	14,252	6.8
General needs RSL/HA tenant	13,955	6.7
Private rented	12,731	6.1
Bed and breakfast	9,282	4.4
Any other temp accommodation	9,260	4.4
Other	8,738	4.2
Prison	5,403	2.6
Owner occupier	4,758	2.3
Hospital	4,156	2.0
Sheltered housing	1,996	1.0
Residential care home	1,880	0.9
Children's home/foster care	1,465	0.7
Approved probation hostel	1,223	0.6
Short life housing	1,126	0.5
Tied home or renting with job	397	0.2
Total	208,718	100
(1,127 records had missing information)		

In the main, clients were either referred by their local authority housing department (34%) or nominated by their local housing authority (17%). Almost half of clients terminating their tenancy were referred to services by the local authority housing department compared to 28% of clients who remained in their tenancy.

Living with family (14%; 29,867)

Clients who were recorded as living with family prior to receiving services were likely to be single homeless people with support needs (37%), young people at risk (13%) and homeless families in need of support (12%). As clients began to receive services, almost all moved on from living with their family. Two-fifths of clients were accepted into supported housing.

Slightly less than a quarter of clients were provided with direct access hostel accommodation, over half of whom were single homeless people with support needs though a further 14% were homeless families with support needs and 12% were young people at risk.

The largest proportion of clients who had been living with family accessed services by means of self-referral (29%) while together, local authority housing department referrals (22%) and housing authority nominations (11%) accounted for almost a third of referrals.

Sleeping rough (10%; 20,488)

Three-quarters of people sleeping rough prior to uptake of services were single homeless people with support needs (45%) and rough sleepers (29%).

Only 2% of clients were recorded as still sleeping rough after receiving services, however, over two-fifths of these clients made use of direct access hostels while 27% received supported housing and 18% were receiving floating support. For those clients who were no longer recorded as sleeping rough, well over half were accommodated in direct access hostels and a third had been accepted into supported housing.

Clients making self-referrals (47%) or referrals from voluntary agencies (21%) characterised the most common referral route for people sleeping rough prior to receiving services, regardless of whether or not they were classified as persistent rough sleepers.

Staying with friends (9%; 18,936)

Single homeless people with support needs (50%), young people at risk (11%) and homeless families (8%) accounted for the majority of clients staying with friends prior to receiving services.

Almost all (98%) clients were provided with services that allowed them to move on from staying with friends. Over two-fifths of clients were provided with supported housing, 30% made use of direct access hostel accommodation and 13% received floating support elsewhere.

The referral route for almost two-fifths of clients was self-referral while a further 18% of clients were referred by their local housing department and 14% by voluntary agencies.

Supported housing (8%; 16,404)

Immediately before receiving services, 8% of clients were living in supported accommodation and almost a third of these were single homeless people with support needs while 14% were people with mental health problems, 8% were young people at risk and 7% were women at risk of domestic violence.

A minority (7%) of clients remained in supported housing after receiving services. The majority of these clients were made up of people with mental health problems (23%), single homeless people with support needs (21%), people with learning disabilities (11%) and people with generic needs (8%). Almost two-thirds of these clients received supported housing as their support service.

The majority of clients leaving their prior supported housing accommodation were provided with supported housing elsewhere (63%).

The main referral routes were internal transfer (24%), self-referral (15%), through voluntary agencies (14%), or through Social Services (11%). A third of these clients were single homeless people with support needs, 13% were people with mental health problems, 8% were young people at risk and 8% were women at risk of domestic violence.

Direct access hostels (7%; 14,252)

People making use of direct access hostels were more likely to be single homeless people with support needs (52%) or young people at risk (11%). Clients with alcohol or drug problems or those with mental health problems constituted a further 15% of clients in direct access hostels and homeless families with support needs and women at risk of domestic violence made up 8%. [Table 3.2]

	#	%
Single homeless with support needs	7,473	52.4
Young people at risk	1,627	11.4
Alcohol problems	733	5.1
Mental health problems	708	5.0
Drug problems	670	4.7
Homeless families with support needs	635	4.5
Women at risk of domestic violence	544	3.8
Rough sleeper	542	3.8
Refugees	320	2.2
Generic	312	2.2
Offenders or at risk of offending	222	1.6
Learning disabilities	106	0.7
Physical or sensory disability	87	0.6
Teenage parents	78	0.5
Young people leaving care	68	0.5
Older people with support needs	62	0.4
Traveller	19	0.1
Mentally disordered offenders	17	0.1
Older people with mental health problems	12	0.1
People with HIV/AIDS	9	0.1
Frail elderly	8	0.1
Total	14,252	100

At the time of recording, 90% of clients left direct access accommodation after receiving their support service. Although more than two-fifths of these clients were provided with supported housing, more than a third returned to alternative direct access accommodation.

A tenth of clients were recorded as remaining in direct access services after qualifying for Supporting People services. The majority continued to receive direct access services (78%) while a further 12% received floating support.

3.3 Clients accessing services from recognised institutions

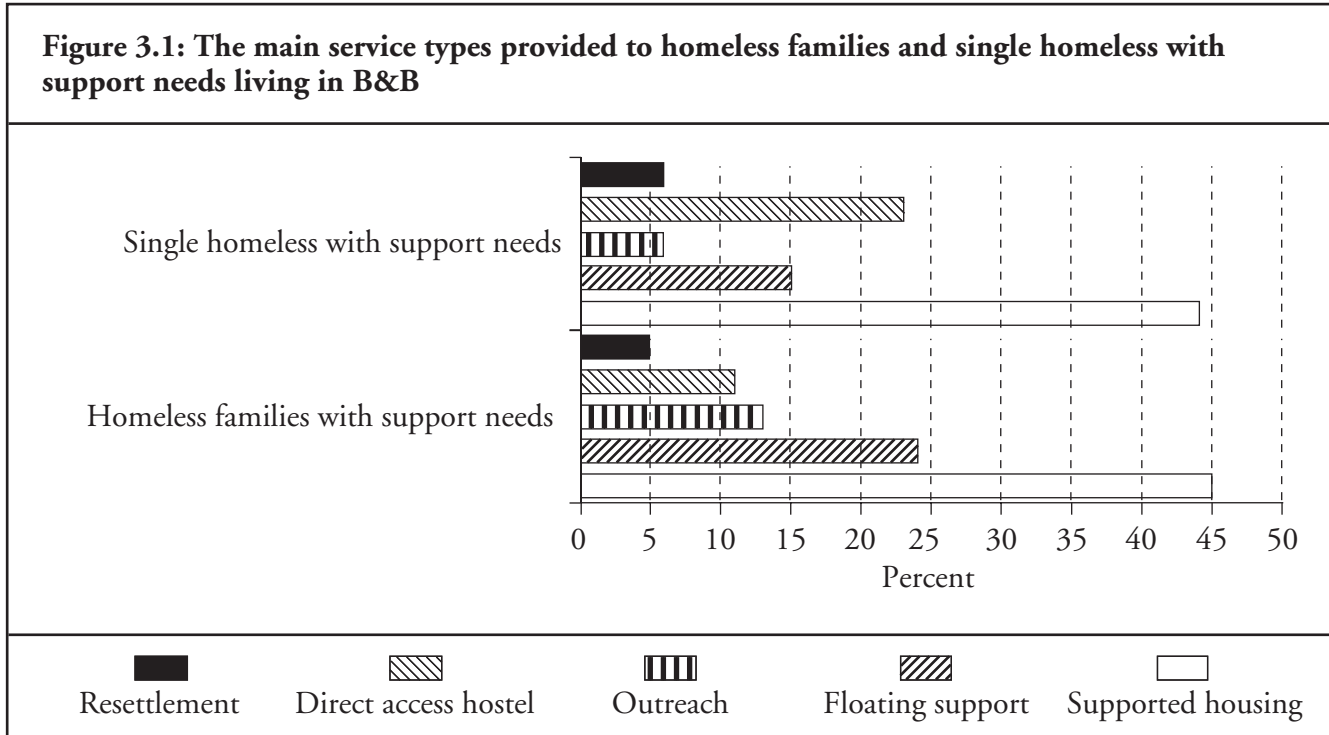
Bed and breakfast (4%; 9,282)

Single homeless people with support needs (35%) stand out as being the clients most likely to be in bed and breakfast. However, the proportion of homeless families with support needs (18%) recorded in bed and breakfast for this year is almost half this figure, so together they account for the majority of clients recorded as living in bed and breakfast accommodation before receiving a Supporting People service. [Table 3.3]

Table 3.3: Client groups who were living in B&B prior to receiving SP services		
	#	%
Single homeless with support needs	3,228	34.8
Homeless families with support needs	1,677	18.1
Mental health problems	871	9.4
Young people at risk	862	9.3
Women at risk of domestic violence	422	4.5
Refugees	407	4.4
Generic	324	3.5
Drug problems	261	2.8
Alcohol problems	218	2.3
Young people leaving care	194	2.1
Teenage parents	167	1.8
Offenders or at risk of offending	150	1.6
Physical or sensory disability	130	1.4
Rough sleeper	106	1.1
Older people with support needs	87	0.9
Learning disabilities	82	0.9
Traveller	35	0.4
People with HIV/AIDS	27	0.3
Older people with mental health problems	14	0.2
Frail elderly	10	0.1
Mentally disordered offenders	10	0.1
Total	9,282	100

After qualifying for Supporting People services, the majority (94%) did not remain in this accommodation. Over two-fifths of clients were provided with supported housing and over one-fifth received floating support elsewhere. However, 15% of clients took up places in other temporary accommodation in the form of direct access hostels.

There was little observable variation between single homeless and homeless families with support needs being accepted into supported housing accommodation. The second most common type of service for these client groups was different with homeless families with support needs more likely to receive floating support while single homeless people with support needs were more likely to receive direct access accommodation. [Figure 3.1]



A minority (6%) of clients remained in bed and breakfast with the largest proportion provided with floating support (51%) or outreach services (17%) though almost a quarter were taking part in a resettlement programme.

Clients were generally referred for services by local authority housing departments (36%) or nominated by their local housing authority (25%).

Prison (3%; 5,403)

Single homeless people with support needs (36%), offenders or those at risk of offending (34%) and people with drug problems (16%) made up the majority of clients who were in prison immediately prior to receiving Supporting People services.

Almost all (98%) clients were released from prison prior to uptake of service provision, the majority (61%) having been referred by the Probation or Prison services, though 18% self-referred. More than half of clients on release were provided with supported housing while almost a further third made use of direct access hostel accommodation.

The largest proportion of those clients remaining in prison and qualifying for Supporting People support were referred to services via the Probation or Prison service (79%) while over a tenth self-referred. Clients were mainly provided with either supported housing (37%), resettlement services (27%) or direct access accommodation (20%).

Hospital (2%; 4,156)

Together, people with mental health problems (50%) and single homeless people with support needs (22%) accounted for almost three-quarters of all clients who received Supporting People services immediately on discharge from hospital. A further 9% of clients who had been in hospital prior to receiving services were people with drug or alcohol problems.

Two-thirds of people with mental health problems were provided with supported housing and over a tenth received floating support. While the largest proportion of people with drug (52%) or alcohol problems (43%) were also provided with supported housing, the second most common support service for these groups was direct access hostel accommodation (24% of people with alcohol problems and 23% of people with drug problems). However, direct access hostel accommodation was the most likely form of support for the majority of single homeless people with support needs (53%) while 30% received supported housing.

There were variations between referral arrangements for these client groups. Community Mental Health Teams, (39%), Social Services (25%) and health services or general practitioners (GP) (16%) were most likely to refer people with mental health problems to Supporting People services. A fifth of people with drug problems and 16% of people with alcohol problems accessed services through the self-referral route, over a third of people with drug problems and almost half of people with alcohol problems were similarly referred by Social Services or health services/GP. A different picture emerges, however, for single homeless people with support needs with almost a quarter making self-referral arrangements, a further quarter were referred by Social Services or health services/GP and 17% had been through their local authority housing departments referral processes. [Table 3.4]

Table 3.4: The referral routes for client groups who were discharged from hospital									
	Mental health problems		Drug problems		Alcohol problems		Single homeless		
	#	%	#	%	#	%	#	%	
Community Mental Health Team	805	39.0	13	8.2	12	5.1	70	7.6	
Social Services	521	25.2	29	18.2	46	19.7	77	8.4	
Health service/GP	335	16.2	28	17.6	65	27.8	165	18.0	
LA housing department (referral)	135	6.5	10	6.3	25	10.7	156	17.0	
Nominated by local housing authority	89	4.3	7	4.4	12	5.1	79	8.6	
Self referral/Direct application	70	3.4	31	19.5	37	15.8	215	23.4	
Other	52	2.5	16	10.1	11	4.7	56	6.1	
Voluntary agency	25	1.2	18	11.3	19	8.1	58	6.3	
Probation service/Prison	15	0.7	7	4.4	6	2.6	15	1.6	
Internal transfer	14	0.7					12	1.3	
Police	3	0.1					14	1.5	
Moving from another RSL	1	0.0			1	0.4	1	0.1	
Total	2,065	100	159	100	234	100	918	100	

Residential care (0.9%; 1,880)

Four principal primary client groups – people with mental health problems (24%), drug problems (23%), learning disabilities (20%) and alcohol problems (12%) – accounted for the majority of clients coming to Supporting People services from residential care homes.

Over two-fifths of these clients were referred to support services by Social Service departments.

The majority (59%) of prior residential care clients were provided with supported housing. However, residential care was recorded as the support service for 14% of clients. Only 6% of whom remained in their original care setting while the remaining 94% were provided with accommodation in other residential care homes.

3.4 Owner-occupiers (2%; 4,758)

The Supporting People Programme is intended to sever the link between support and tenure ensuring that marginalized and previously excluded groups have access to the type of support that will help reduce vulnerability and maintain independence. Previously it had been difficult for people who owned their own home to access appropriate support to help them to remain in their home or to establish more appropriate supported accommodation. Funding for the programme focuses on the needs of clients rather than being linked to property or any particular tenure and as a result, owner-occupiers are eligible for targeted housing-related support.

Overall, the Client Record System recorded 4,758 clients who were owner-occupiers prior to receiving Supporting People support and this figure amounted to 2% of all clients.

Women at risk of domestic violence were far more likely to have been owner-occupiers than any other primary client group (42%) prior to receiving a Supporting People support service. All other client groups described as having been owner-occupiers each made up less than 10% of this group. More than four-fifths of owner-occupiers left their property on acceptance of housing related support via Supporting People.

As a consequence of the high incidence of women at risk of domestic violence within the owner-occupier domain, floating support (41%), refuge provision (26%) and supported housing (17%) characterise the pattern of support provided to these clients.

Almost a third of referrals were made on a self-referral basis. Voluntary agencies (13%) and Social Services (12%) took up a further quarter of referrals for previous owner-occupiers.

4 Service provision and referral routes

4.1 Introduction

The Client Record System monitors a range of services funded by Supporting People that provide differing levels of housing-related support for vulnerable clients. Some services provide accommodation with support on a very temporary basis and some for longer periods of time. For example many direct access hostels provide accommodation and support for clients on a nightly or weekly basis while other forms of support provide more flexible lengths of stay such as supported housing schemes. Floating support and outreach services provide clients with non-residential support in their own homes and this type of support is contracted for varying lengths of time according to the needs of clients. This section describes the most common types of support provided to clients in 2003/04 and goes on to report on the balance of provision and the routes by which clients were able to access services.

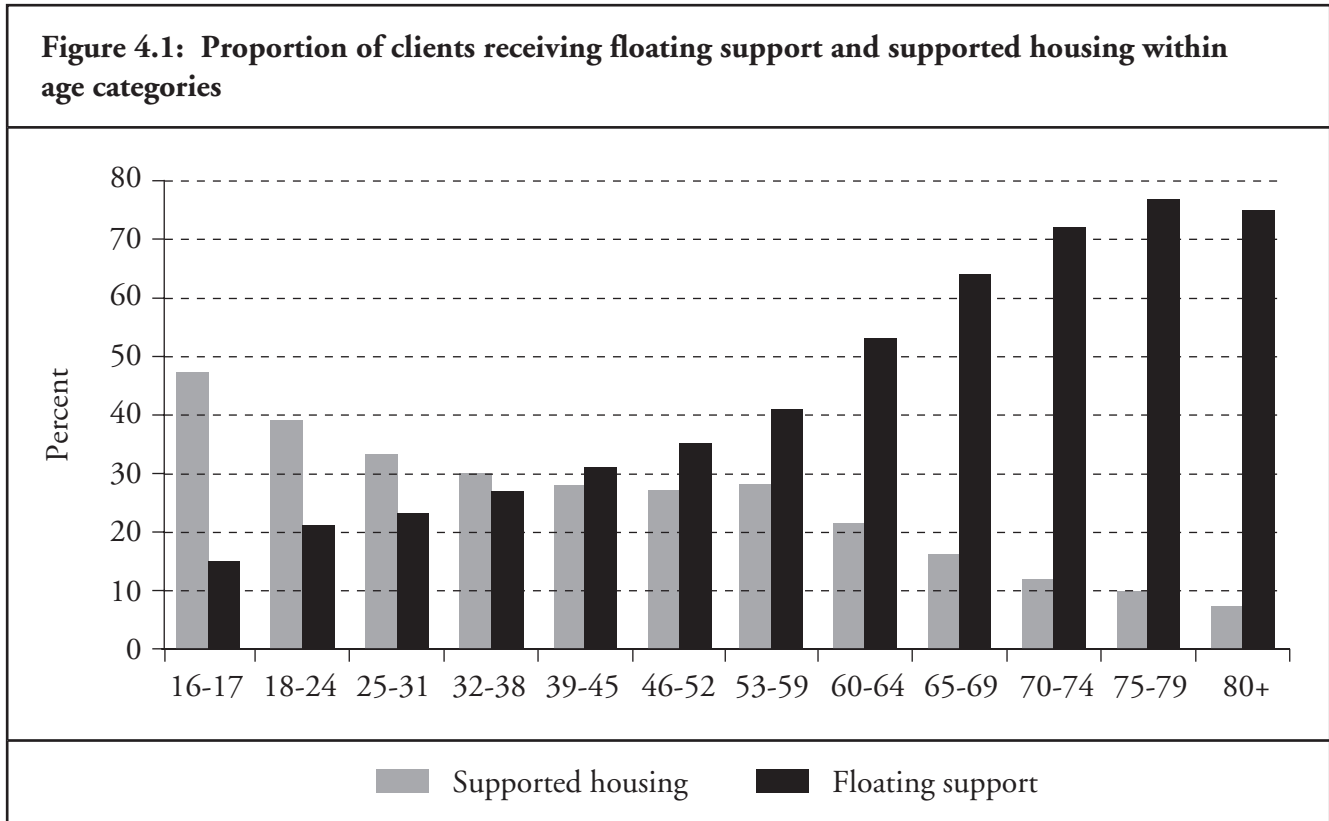
4.2 Categories of support

Although the Client Record System monitors fifteen different types of support provision, three principal categories of support – *supported housing* (33%), *floating support* (28%) and *direct access* (21%) – made up over four-fifths of service provision during this first year of the Supporting People programme. [Table 4.1]

	#	%
Supported housing	69,789	33.3
Floating support	57,878	27.6
Direct access	44,935	21.4
Women's refuge	15,012	7.2
Resettlement service	6,902	3.3
Outreach service	4,775	2.3
Foyer	4,419	2.1
Residential care home	2,918	1.4
Supported lodgings	2,356	1.1
Teenage parent accommodation	605	0.3
Adult placement	256	0.1
Total	209,845	100

Floating support services were provided to over a third of female clients while only just over a fifth of male clients received this form of support. However, 38% of males were accepted into supported housing schemes, compared to only 28% of females. Also, 30% of males received direct access accommodation compared to 12% of females.

Figure 4.1 illustrates a clear linear relationship between age and the type of service clients received for the two most common categories of support provision. For adults, the percentage of clients receiving floating support increased as age increased, however, the inverse was true for supported housing; as age increased, fewer clients were likely to have been provided with accommodation and support in supported housing schemes.



4.3 Providers of support

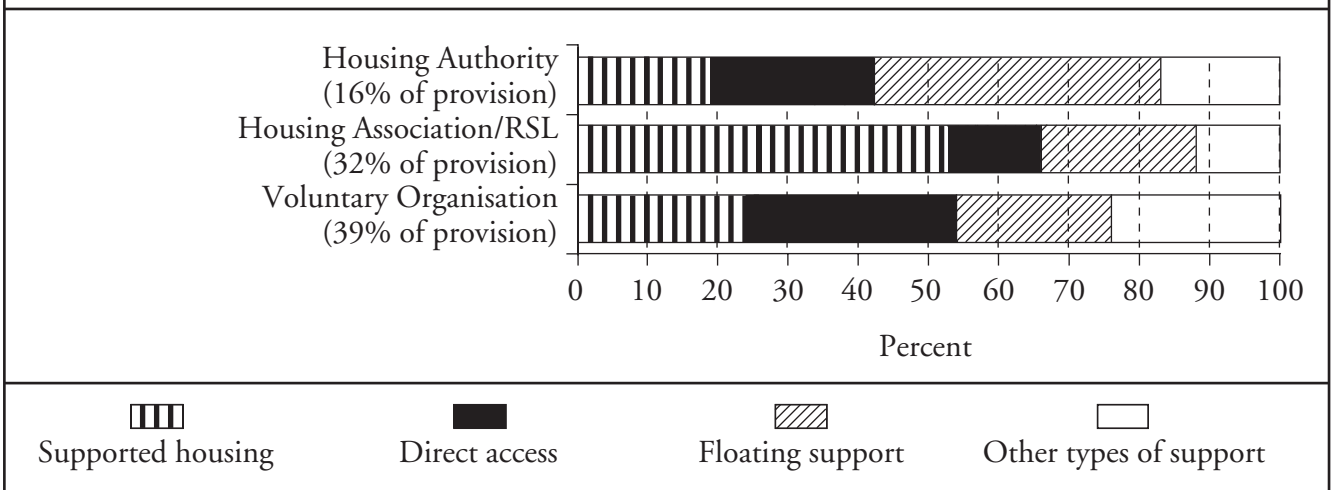
Almost two-fifths of all Supporting People services were provided by voluntary organisations, 30% of which was temporary accommodation in direct access hostels. Housing associations/RSLs provided the second largest proportion (32%) of services to clients and more than half of these services were supported housing schemes. Housing authority services made up 16% of support provision and more than two-fifths of this support was in the form of floating support services. [Figure 4.2]

Nearly a quarter of voluntary agency provision was supported housing while a further 22% was floating support services.

Floating support services accounted for a fifth and direct access 13% of housing association/RSLs service provision.

Almost a quarter of services provided by housing authorities were direct access hostels and nearly one-fifth were supported housing schemes.

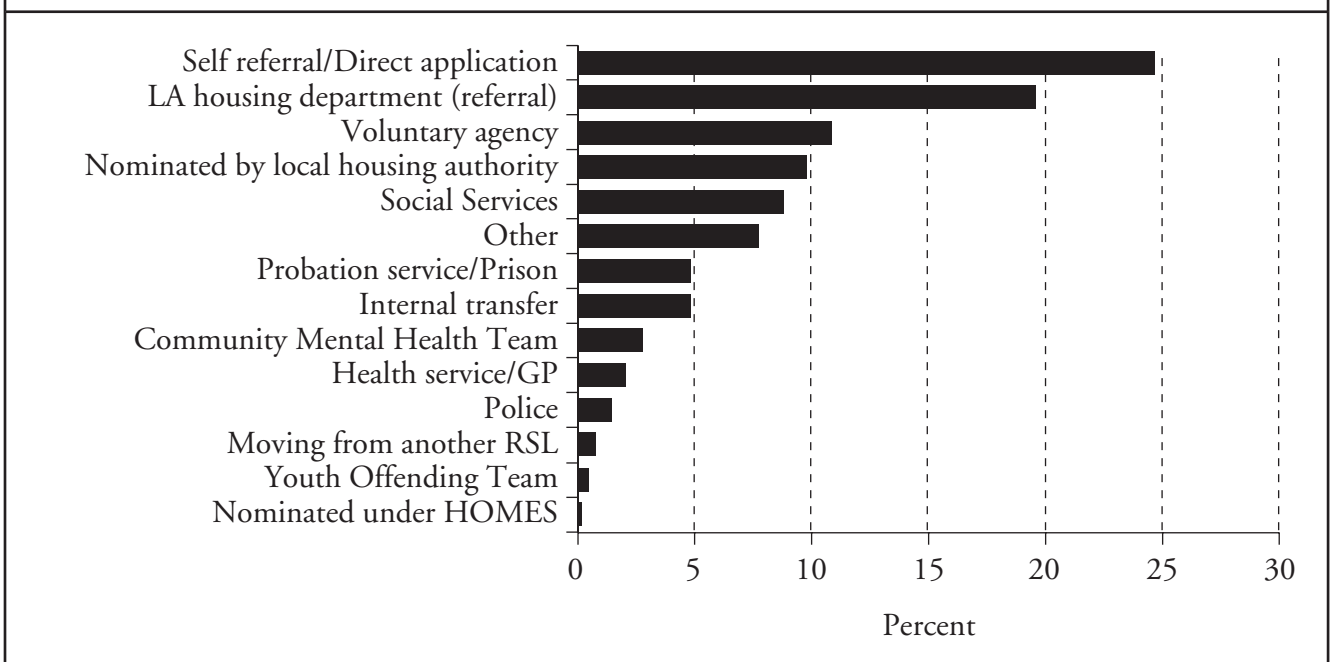
Figure 4.2: The main providers of support and the support they provide



4.4 Source of referral

A quarter of clients accessed services by means of self-referral. Local authority housing departments referred one-fifth of clients and over a tenth of clients were referred by voluntary agencies. Nominations by local housing authorities accounted for a further tenth of referrals and slightly less than a tenth of referrals were made on behalf of clients by Social Service departments. [Figure 4.3]

Figure 4.3: Source of referrals



Routes of referral for provider type

Almost a third of referrals accepted by voluntary agencies were self-referrals. Voluntary agencies also accepted almost one-fifth of referrals from other voluntary organisations.

Just over a fifth of referrals accepted by housing associations/RSLs were self-referrals, 13% were accepted from local authority housing departments (referrals process) and a further 12% from voluntary agencies.

Only 18% of referrals accepted by housing authorities were self-referrals while more than half were referrals from local authority housing departments.

Provider types for sources of referral

Social Services referred almost a tenth of clients to Supporting People services, almost two-fifths of which were made to voluntary organisations while a further third were made to housing associations/RSLs.

Probation and Prison services referred 5% of clients. Half of these referrals were to housing associations/RSLs and over two-fifths were to voluntary organisations.

Together, Community Mental Health Teams and the health service or GPs referred almost 5% of clients. More than two-fifths of Community Mental Health Team referrals and almost half of health service/GP referrals were made to voluntary organisations.

A minority of clients were referred by the Police (1%) and over two-thirds of these referrals were made to voluntary organisations.

4.5 Regional variations

Table 4.2 illustrates the numbers of clients in each Government office region. London (17%) and the North West (17%) each shared larger numbers of clients compared to other regions, for example, the North East, whose client base made up only 5% of those recorded by Client Records.

Although supported housing, floating support and direct access hostels were the most common forms of support provided there were slight variations between regions. In the West Midlands, floating support services (34%), as opposed to supported housing (26%), were the services supporting the greatest number of clients.

Similarly, although voluntary organisations and housing associations/RSLs, England-wide, between them provided well over two-thirds of Supporting People client support, proportionally, there was some variation between regions for these providers. Voluntary organisations predominated service provision in the Yorkshire & the Humber (50%), North East (43%), and the West Midlands (42%), while housing associations/RSLs provided a greater than average proportion of services in the South East (43%) and the East of England (41%).

The largest category of referral in London was local authority department referral (27%) while in all other regions the largest referral source was through self-referral.

Table 4.2: Frequency of clients in each Government office region

	#	%
London	34,848	16.6
North West	34,623	16.5
South East	25,358	12.1
West Midlands	24,779	11.8
Yorkshire & the Humber	21,939	10.5
South West	21,718	10.3
East Midlands	18,605	8.9
East of England	17,460	8.3
North East	10,515	5.0
Total	209,845	100

5 Cross-authority provision

5.1 Introduction

The Supporting People Programme aims to meet the needs of people who for one reason or another have cause to access services outside of their own local authority area or who have no local connection to the local authority area in which a service they require is situated. For example, some clients may require specialist services, such as people with mental health problems or very complex needs, which are not available or where there is insufficient need in their own local authority area due to insufficient demand. Some clients may have a need that can only be met by provision in authorities other than their own local authority, for example, women at risk of domestic violence or ex-offenders released from a prison in an area outside their own community. Often however, clients accessing support services are extremely mobile having not set down roots in any particular area.

This section explores the arrangements in place to support clients in circumstances such as those described above by firstly describing the types of referrals open to clients and the numbers of clients accessing services via the various referral routes. Section 5.2 examines the extent to which providers of services accept clients from these referral routes. Section 5.3 goes on to highlight the most common types of support and how clients access services through the cross-authority route.

The Client Record System requires providers to describe the type of referral route that enabled their clients' access to services. The intention is to obtain details about whether or not clients were living in the administering authority area in which the service is located immediately prior to starting to receive the service. There are two main types of referral arrangements:

Host referrals apply to clients who receive services in their own local authority area or clients who were living in an area immediately prior to receiving a service.

Non-Host referrals apply to clients who lived out-with the local authority area and who immediately prior to receiving the service were not residing in the area where the service is located.

Clients who access services through a *non-host* route are sub-divided into four categories:

Multi-lateral referrals apply to administering authorities where there is an agreed protocol between two or more administering authorities relating to a specific service. Such a protocol would mean that a client from any of these administering authorities can be accepted by the service involved. These authorities may have agreed to fund a service jointly, or agreed for the service to accept clients from the areas covered by all the administering authorities within the agreed protocol.

Spot purchase referrals apply when the administering authority, in whose area a client was living immediately prior to receiving the service, purchases a service for an individual client from a different administering authority. This differs from a multi-lateral agreement in that it is an ad hoc purchase at an individual level, normally to secure a placement in an extremely specialised service outside the administering authority area. Costs continue to be the responsibility of the original administering authority making the purchase.

Structured referrals apply to referrals made by statutory agencies, such as the Probation service or Social Services. These referrals are often for those clients who cannot be expected to remain in their local authority area and so would receive a service in another administering authority area. This

option differs from spot purchase as structured referrals are made to services that are funded by the authority in which the service is located.

Open access referrals apply where a client accesses a service in another administering authority area either by self-referral or on advice from a voluntary agency. These types of referrals apply where there is no formal referral arrangement.

Overall, more than four-fifths of referrals were made for clients who made an application for Supporting People services within their own local authority area. Therefore, less than a fifth of clients accessed services outside their immediate local authority area and by far, the most common type of non-host referral was open access. [Table 5.1]

Table 5.1: Type of referral		
	#	%
Host	173,439	82.7
Non-Host: Multi-Lateral	3,139	1.5
Non-Host: Spot Purchase	2,329	1.1
Non-Host: Structured	6,591	3.1
Non-Host: Open Access	24,347	11.6
Total	209,845	100

5.2 Referral systems for cross-authority provision

The three most common types of service provider were voluntary organisations (39%), housing associations (32%) and housing authorities (16%).

One quarter of referrals accepted by voluntary organisations were non-host referrals. Proportionally, this compares to 18% of housing association/RSL acceptances and only 5% of housing authority acceptances.

Open access referrals constituted almost a fifth of non-host referrals accepted by voluntary organisations, 11% of referrals accepted by housing associations/RSLs and 3% of referrals accepted by housing authorities.

Of all structured referrals, almost all were accepted by voluntary (55%) organisations and housing associations/RSLs (38%), while a minority were accepted by private companies (4%).

For clients referred through multi-lateral protocols, 52% of services were provided by voluntary organisations, 29% by housing associations/RSLs and a further 14% by housing authorities.

The majority (55%) of spot purchase referrals were accepted by voluntary organisations, while housing associations/RSLs accepted a further 36%, private companies 5% and housing authorities only 2%.

5.3 Services and client referral arrangements

Supported housing (33%; 69,789)

Overall, supported housing received 69,789 referrals accounting for one-third of all referrals this year. More than a tenth of these were open-access referrals directly from clients accessing services outside their own local authority area. Almost two-fifths of open access referrals to supported housing were made by single homeless people with support needs; people with drug (9%) or alcohol (6%) problems, rough sleepers (6%) and young people at risk (6%) accounted for a further 27%. [Table 5.2]

	Supported Housing		Floating Support		Direct Access	
	#	%	#	%	#	%
Host	58,051	83.2	56,552	97.7	33,707	75.0
Non-Host: Open Access	7,342	10.5	1,001	1.7	9,272	20.6
Non-Host: Structured	2,661	3.8	194	0.3	1,162	2.6
Non-Host: Multi-Lateral	1,095	1.6	84	0.1	619	1.4
Non-Host: Spot Purchase	640	0.9	47	0.1	175	0.4
Total	69,789	100	57,878	100	44,935	100

In total, 4% of referrals to supported housing were non-host structured referrals. Over a quarter of structured referrals were made on behalf of single homeless people with support needs and almost a further quarter were made on behalf of offenders or those at risk of offending. Additionally, people with drug or alcohol problems accounted for over a fifth of structured referrals to supported housing schemes (14% and 8% respectively).

A minority (2%) of referrals allowed clients access to supported housing via multi-lateral protocol systems and again these clients were more likely to be single homeless people with support needs (36%), young people at risk (10%) and offenders or those at risk of offending (9%).

Similarly, few referrals were spot purchases (1%) made to supported housing and these were mainly on behalf of single homeless people with support needs (25%), people with alcohol (18%) or drug (13%) problems, people with mental health problems (11%) or young people at risk (10%).

Floating support (28%; 57,878)

Floating support services accepted 57,878 clients, which accounted for 28% of all referrals this year. Almost all services were delivered to clients within their own local authority area (host referrals – 98%). [Table 5.2] However a minority of open access referrals (2%) were made by clients accessing floating support services out-with their own local authority area, one-fifth of whom were single homeless people with support needs. People described as having generic needs were able to access floating support in an area other than their own and accounted for more than a tenth of non-host open access referrals to floating support services; as did women at risk of domestic violence who accounted for a further 9%, people with mental health problems (9%) and older people with support needs (8%).

Direct access (21%; 44,935)

There were 44,935 referrals to direct access hostel accommodation this year making up more than a fifth of all referrals. Proportionately, more non-host clients were referred to direct access accommodation (25%) than to either supported housing (17%) or floating support (2%). Over a fifth of referrals to direct access were made by clients on their own behalf via open access. [Table 5.2] Although the majority (58%) of these clients were single homeless people with support needs, almost another 17% were rough sleepers.

A minority (3%) of referrals to direct access hostels were structured. Of these referrals, single homeless people with support needs accounted for more than half while young people at risk made up 11% and people with mental health problems a further 7%.

Residential care homes (1%; 2,918)

Although residential care homes received a minority (1%) of referrals, almost two-fifths of these were spot purchases. People with drug problems (61%) accounted for the majority of residential care spot-purchases followed by people with alcohol problems (33%).

Structured referrals made up 8% of the referrals to residential care homes. Again, the majority of these referrals were for clients with alcohol problems (64%) or drug problems (20%), with an additional 10% for clients with mental health problems.

5.4 Regional variations

Compared to the national average of 17% for non-host referrals, London had the highest proportion of this type of referral (26%). The East Midlands and Yorkshire & the Humber had the lowest levels of non-host referrals (11% & 12%, respectively).

While London had the highest level of open-access referrals (18%), Yorkshire & the Humber (8%) and the East Midlands (8%) had the lowest.

The regions with the highest levels of structured referrals were the North East (6%), North West (4%) and West Midlands (4%).

Multi-lateral protocols were infrequent across England (2%). However, this type of referral arrangement was more common in London (3%) than in any other region.

Similarly, spot purchase referrals constituted only 1% of all non-host referrals in England with the North East (3%) having the greatest proportion and the West Midlands the least (0.2%)

Map 5.1 shows a summary of cross-authority information by Government office region.

Map 5.1: Summary of Client Record cross-authority information by Government office region

1. North East

Number of Client Record Forms returned: 10,515
Number of organisations who have returned forms: 204
Number of clients who have left their host administering authority area to receive services: 2,241
Number of clients starting to receive services from providers in their own administering authority: 7,875
Number of cross-authority referrals accepted by providers: 2,640

4. East of England

Number of Client Record Forms returned: 17,460
Number of organisations who have returned forms: 289
Number of clients who have left their host administering authority area to receive services: 1,842
Number of clients starting to receive services from providers in their own administering authority: 15,075
Number of cross-authority referrals accepted by providers: 2,385

2. Yorkshire & the Humber

Number of Client Record Forms returned: 21,939
Number of organisations who have returned forms: 314
Number of clients who have left their host administering authority area to receive services: 2,568
Number of clients starting to receive services from providers in their own administering authority: 19,396
Number of cross-authority referrals accepted by providers: 2,543

5. London

Number of Client Record Forms returned: 34,848
Number of organisations who have returned forms: 861
Number of clients who have left their host administering authority area to receive services: 9,694
Number of clients starting to receive services from providers in their own administering authority: 25,698
Number of cross-authority referrals accepted by providers: 9,150

3. East Midlands

Number of Client Record Forms returned: 18,605
Number of organisations who have returned forms: 259
Number of clients who have left their host administering authority area to receive services: 2,079
Number of clients starting to receive services from providers in their own administering authority: 16,621
Number of cross-authority referrals accepted by providers: 1,984

6. South East

Number of Client Record Forms returned: 25,358
Number of organisations who have returned forms: 450
Number of clients who have left their host administering authority area to receive services: 3,597
Number of clients starting to receive services from providers in their own administering authority: 21,489
Number of cross-authority referrals accepted by providers: 3,869

7. South West

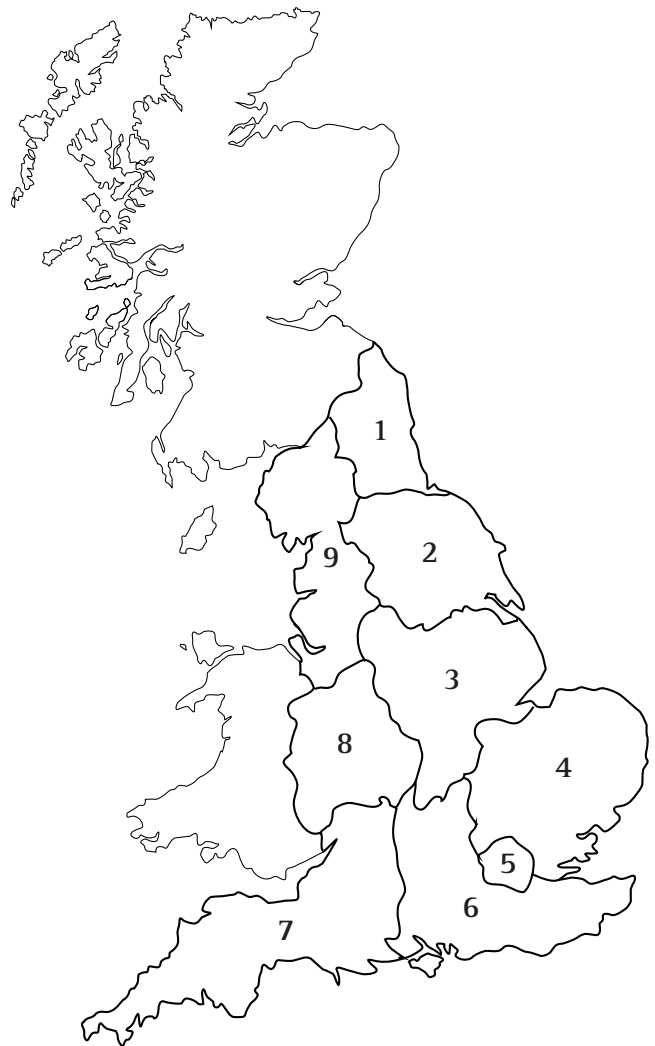
Number of Client Record Forms returned: 21,718
Number of organisations who have returned forms: 491
Number of clients who have left their host administering authority area to receive services: 2,563
Number of clients starting to receive services from providers in their own administering authority: 17,979
Number of cross-authority referrals accepted by providers: 3,739

8. West Midlands

Number of Client Record Forms returned: 24,779
Number of organisations who have returned forms: 373
Number of clients who have left their host administering authority area to receive services: 3,126
Number of clients starting to receive services from providers in their own administering authority: 21,135
Number of cross-authority referrals accepted by providers: 3,644

9. North West

Number of Client Record Forms returned: 34,623
Number of organisations who have returned forms: 543
Number of clients who have left their host administering authority area to receive services: 5,848
Number of clients starting to receive services from providers in their own administering authority: 28,171
Number of cross-authority referrals accepted by providers: 6,452



10. ENGLAND

Number of Client Record Forms returned: 209,845
Number of organisations who have returned forms: 3,784
Number of clients starting to receive services from providers in their own administering authority: 173,439
Number of cross-authority referrals accepted by providers: 36,406

6 Homelessness

6.1 Introduction

Supporting People aims to tackle homelessness by focusing on prevention and providing those that are homeless with access to and support in maintaining a home. This section of the report examines the types of clients and the circumstances of clients accepted as statutorily homeless and owed a main homelessness duty.

The Client Record System records information on clients who have been accepted as statutorily homeless and owed a main homelessness duty under the current homeless legislation (2002 Homelessness Act). The legislation defines 'owed a main homelessness duty' as one of the following:

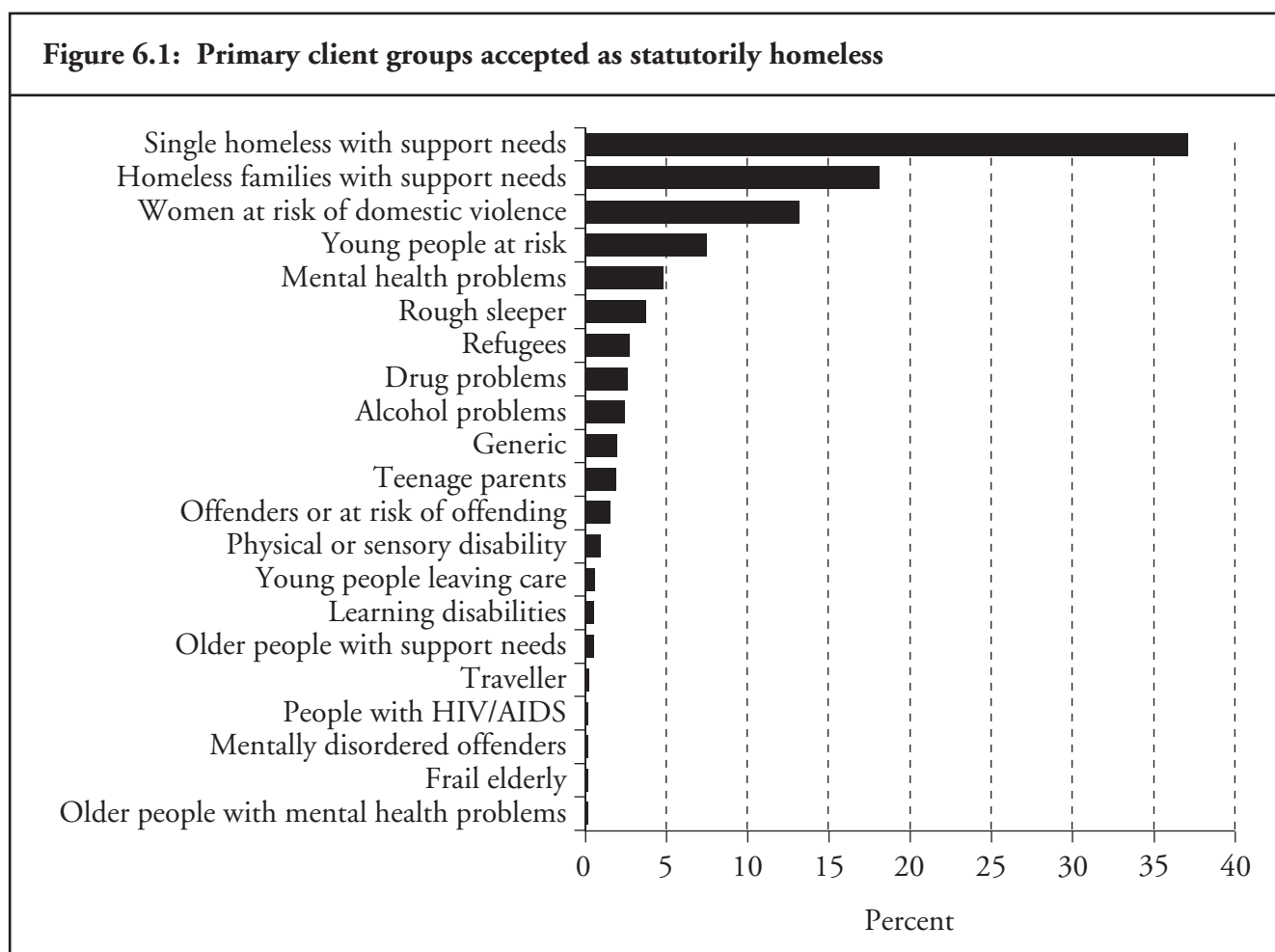
- A pregnant woman or person with dependent child(ren) or someone she/he might reasonably be expected to live with;
- A person homeless or threatened with homelessness as a result of fire, flood or other disaster;
- A person vulnerable for some other special reason including consideration of all personal circumstances;
- A person aged 16 or 17 who is not under the care of Social Services;
- A person aged under 21 who was being cared for by the local authority at any time after the age of 16;
- A person vulnerable as a result of fleeing violence or threats of violence;
- A person vulnerable as a result of time spent in care, custody or HM Forces.

Households accepted as statutorily homeless will have been assessed by a local authority as in priority need and will qualify for re-housing either in council housing or RSL/HA housing. Homeless people qualifying for assistance will generally be deemed as vulnerable in a way where they cannot be expected to fend for themselves. Under this legislation, some homeless households not regarded as having a priority need (or regarded as being intentionally homeless) do not qualify for assistance. This section includes only those clients who have been accepted as statutorily homeless and owed a main homelessness duty.

6.2 Statutorily homeless clients (31%; 65,859)

Overall, less than a third of clients recorded by the Client Record System were accepted as statutorily homeless and owed a main homelessness duty.

Single homeless people with support needs constituted almost two-fifths of all clients accepted as statutorily homeless and owed a main homelessness duty. Almost a fifth of statutorily homeless clients were homeless families with support needs and women at risk of domestic violence made up a further 13%. [Figure 6.1]

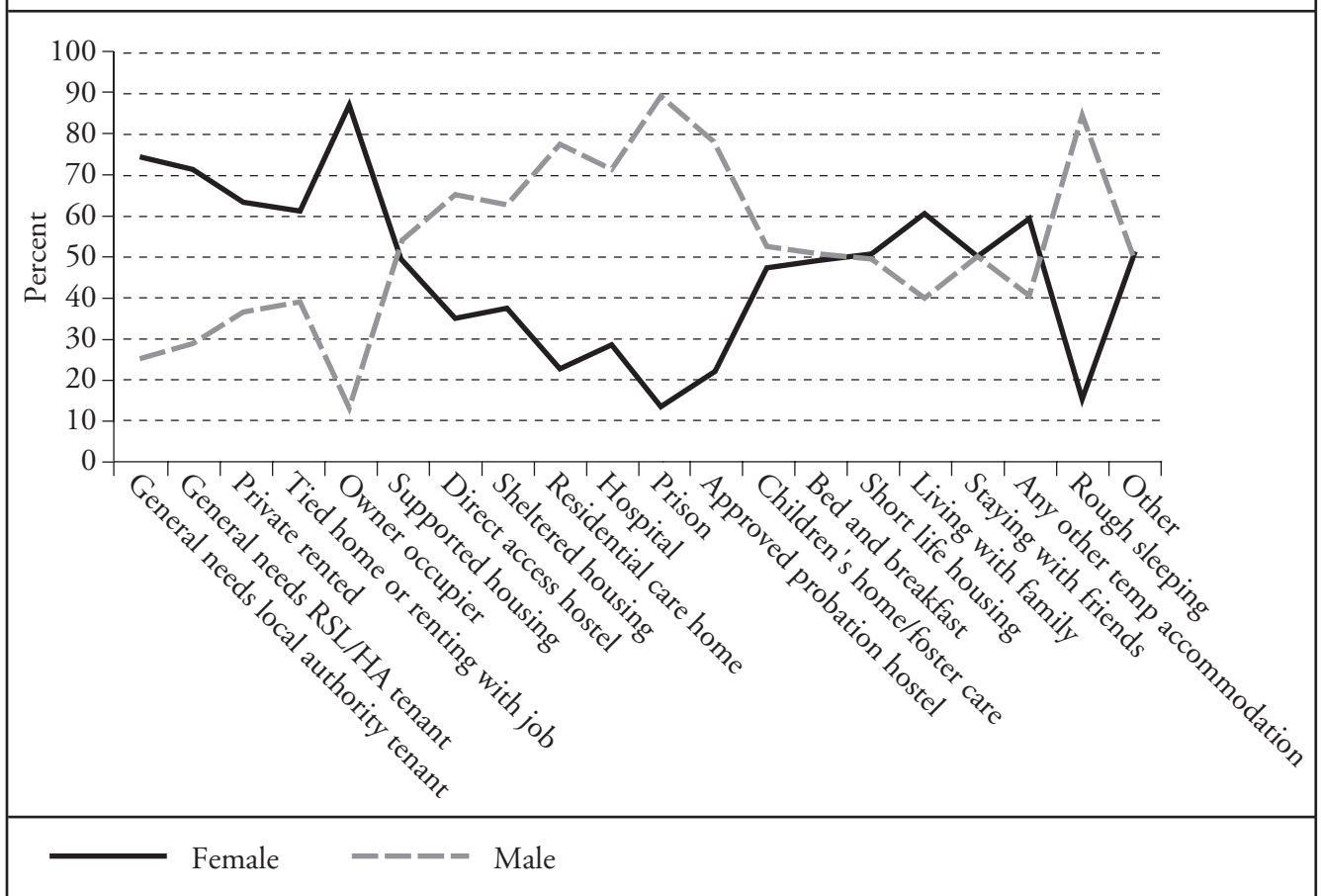


Combined, living with family (18%), staying with friends (11%), temporarily accommodated in direct access hostels (10%) or rough sleeping (9%) described the living conditions of statutorily homeless clients immediately prior to receiving Supporting People services, however, there were distinct variations between genders. [Figure 6.2]

A tenth of clients were general needs local authority tenants and these clients were most likely to be women at risk of domestic violence (42%), homeless families with support needs (22%) or single homeless people with support needs (15%).

Less than a tenth of statutorily homeless people were living in bed and breakfast prior to receiving services. Over a third of these clients were single homeless with support needs and a further 23% were homeless families with support needs.

Figure 6.2: The types of previous living arrangements of statutorily homeless clients by sex



6.3 Regional variations

On average, across England, slightly less than a third of clients recorded by the Client Record System were accepted as statutorily homeless and owed a main homelessness duty. There were distinct regional variations and a higher proportion of clients in the North West were statutorily homeless and owed a main homelessness duty (40%) than in the South West and the East Midlands (23% in each).

7 Statutory frameworks

7.1 Introduction

Supporting People is a programme designed to develop links with other statutory frameworks – the NHS, Probation Service and Social Services – in order to ensure that it meets the wide range of needs likely to be associated with vulnerable people. Collecting information on clients who are receiving support via other statutory frameworks can aid in understanding those needs for those responsible for implementing appropriate services and preventative measures.

Currently, information is recorded on five existing frameworks including some that are reserved for high-risk clients. Table 7.1 illustrates the percentage of clients that had been accepted under each of these frameworks. Following this, each framework is discussed and analysed with regard to the types of clients accepted as requiring these services and the support that was provided to them via Supporting People.

	Yes		No		Don't Know	
	#	%	#	%	#	%
Accepted as requiring Care Management (Social Services)	19,737	9.4	143,849	68.6	46,259	22.0
Accepted as requiring Care Programme Approach (CPA)	10,789	5.1	151,733	72.3	47,323	22.6
Accepted as requiring Probation service or Youth Offending Teams	15,081	7.2	152,788	72.8	41,976	20.0
Assessed under Care Programme Approach (enhanced)	4,526	2.2	155,638	74.2	49,681	23.7
Assessed under Multi-Agency Public Protection Arrangements	1,740	0.8	157,770	75.2	50,335	24.0

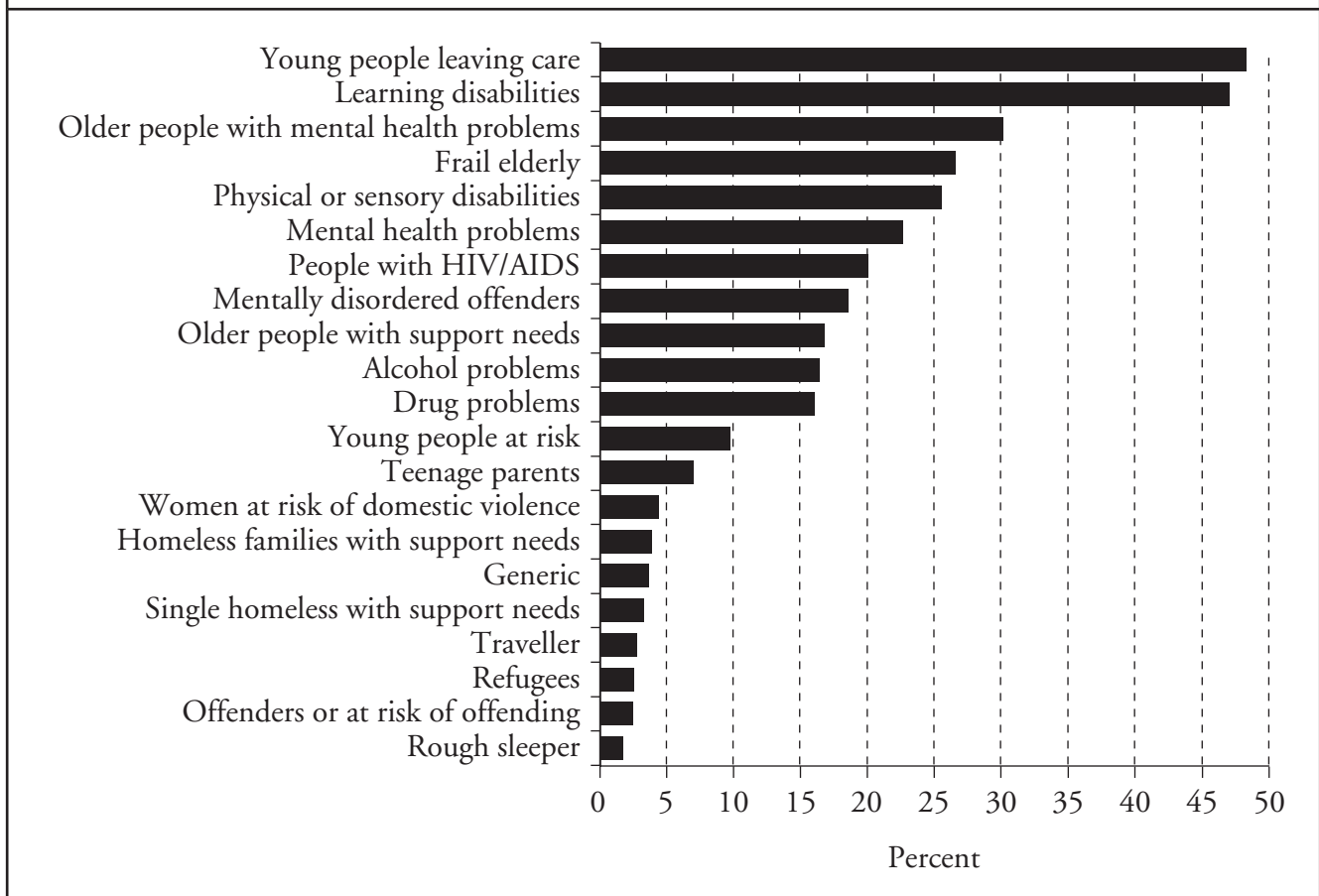
7.2 Statutory frameworks

Care Management (Social Services) (9%; 19,737)

Clients accepted as requiring services under the Social Services Care Management framework either have been allocated a social worker or are eligible for social work assistance. Under this framework, clients have an individual care plan in addition to receiving a package of services organised through Social Services.

In total, 48% of young people leaving care and 47% of people with learning disabilities were supported via Care Management. Only 2% of people sleeping rough were supported through this type of framework, making rough sleepers the least likely client group to receive this support. [Figure 7.1]

Figure 7.1: Proportion of primary client groups subject to Social Services Care Management



Although the majority of clients supported by Care Management received supported housing (39%) and floating support services (29%), a tenth were provided with accommodation and support in residential care homes. People with drug (39%) or alcohol (36%) problems, the frail elderly (8%) and people with mental health problems (7%) made up almost all of those accepted into residential care.

Probation Service or Youth Offending Teams (7%; 15,081)

The Probation Service or Youth Offending Teams support clients who are under supervision or require youth offending services.

Four principal client groups – offenders/those at risk of offending (35%), single homeless people with support needs (30%), people with drug problems (13%) and young people at risk (6%) – made up over four-fifths of clients subject to Probation or Youth Offending Team supervision.

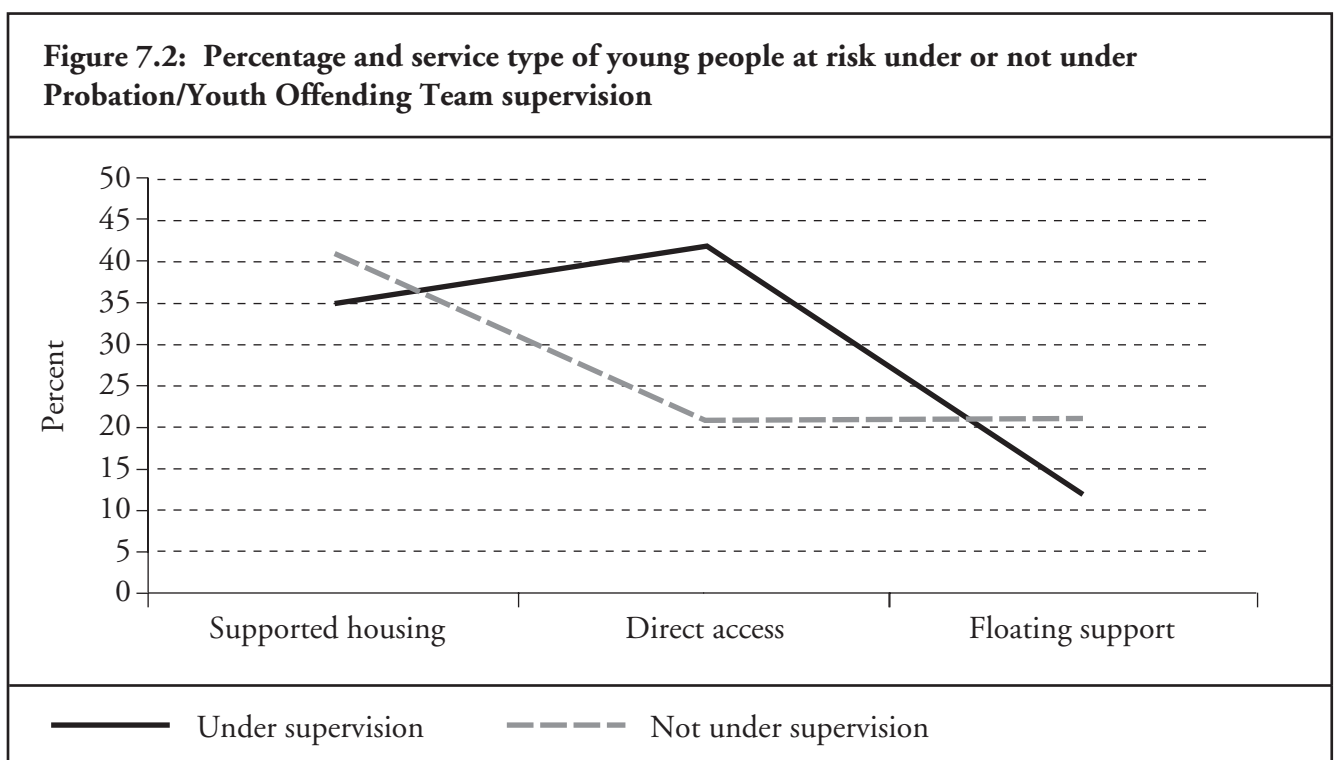
Over half of offenders/those at risk of offending were accepted into supported housing and almost two-fifths were provided with floating support or resettlement services. For offenders/those at risk of offending who were not subject to Probation or Youth Offending Team supervision, the majority (76%) were either accepted into supported housing or provided with floating support, while 14% were temporarily accommodated direct access hostels in comparison to the 5% of clients subject to supervision.

There were no observable differences between single homeless people with support needs who were subject to Probation or Youth Offending Team supervision and those who were not with regard to service

provision. However, although almost half of single homeless clients with support needs who were subject to these services were accepted into supported housing, almost a further two-fifths made use of direct access hostels.

Supported housing (54%), floating support (16%) and direct access hostels (13%) were the main support services provided to clients with drug problems who were subject to supervision.

There were distinct differences between young people at risk subject to Probation or Youth Offending Team supervision and those who were not with regard to service provision. Over two-fifths of young people under supervision were provided with temporary accommodation in direct access hostels while only 35% were accepted into supported housing. Two-fifths of young people not under supervision were accepted into supported housing while just over a fifth were provided with direct access accommodation. [Figure 7.2]



Care Programme Approach (CPA) (5%; 10,789)

Clients subject to the CPA are usually those experiencing severe and enduring mental illness. The CPA approach provides a network of care in the community through a key worker system. The aim is to minimise the risk of clients losing contact with services. Clients are normally under the care of the secondary mental health service (health and social care) and are provided with a package of care that has been agreed upon by members of the team, GPs, service user and their carers.

Only two-fifths of people with mental health problems were receiving CPA care packages, half of these clients received supported housing and almost a further two-fifths received floating support. Clients who were not supported through CPA were more likely to receive floating support (46%) than supported housing (30%), however, 14% made use of direct access hostels.

Less than a third of older people with mental health problems were subject to the CPA. Over four-fifths of these clients received floating support and there were no observable differences between clients subject to CPA and those that were not.

Of all clients described as mentally disordered offenders, only 30% were subject to CPA. Of those, 58% were accepted into supported housing schemes.

7.3 Clients assessed as a higher risk

Care Programme Approach {CPA enhanced} (2%; 4,526)

The enhanced CPA is intended for clients who require more frequent and intensive interventions, perhaps with medical management. Clients assessed under this framework are more likely to have a dual diagnosis, more likely to be at risk of harming themselves and more likely to disengage with services.

Almost two-thirds of clients accepted as requiring an enhanced CPA were people with mental health problems and over half of these clients accessed supported housing. A further 36% were provided with floating support services and a minority (1%) made use of direct access hostels. Community Mental Health Teams referred well over half of these clients to services while a further one-fifth of clients were referred by Social Services.

Multi-Agency Public Protection Arrangements (0.8%; 1,740)

Clients subject to Multi-Agency Public Arrangements have been assessed as being a risk to members of the public within the community. Clients assessed under this framework include violent and sexual offenders. This section looks at clients who were subject to these arrangements.

Offenders/those at risk of offending (29%), single homeless people with support needs (16%), and people with mental health problems (14%) were the client groups that made up the majority of clients subject to Multi-Agency Public Protection Arrangements.

The majority of offenders/those at risk of offending (55%), single homeless people with support needs (51%) and people with mental health problems (57%) were accepted into supported housing schemes, while floating support services were provided to 34% of offenders/those at risk of offending and 28% of people with mental health problems.

However, more than a fifth of single homeless people with support needs entered direct access temporary accommodation while only 9% received floating support services.

Of Offenders/those at risk of offending, 86% had been referred to services by Probations or Prison services while a small proportion accessed services via internal transfer (3%) or through Police services (2%) or LA housing department referrals (2%).

A quarter of single homeless people with support needs were also referred to services via the Probation or Prison service while 17% were referred by local authority housing department referral processes and 15% made self referrals.

Community Mental Health Teams (30%) and Social Services (29%) referred the majority of people with mental health problems who were subject to Multi-Agency Public Protection Arrangements.

7.4 Regional Variations

Proportionally, there were more clients accepted as requiring Social Services Care Management in the North East (16%) than in any other region. With an average for England of 9%, the West Midlands (6%) had the lowest proportion of clients supported through Care Management.

There was little regional variation around the national average (5%) for clients accepted as requiring the Care Programme Approach (CPA).

However, there was divergence between regions for clients who were under Probation or Youth Offending Team supervision. While the average for England as a whole sat at 7%, 12% of clients in Yorkshire & the Humber were under supervision compared to only 3% of clients in London.

Proportionately, clients assessed as a higher risk were few (3%) and there were no observable regional variations.

Appendix 1

STRICTLY CONFIDENTIAL																																																							
<h2 style="margin: 0;">Client Record Form - SUPPORTING PEOPLE</h2>																																																							
For RSL supported housing - Management Group Code <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Scheme code <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Record number (JCSHR use) <input style="width: 100%;" type="text"/>																																																						
PROVIDER DETAILS Client Record Provider ID <input style="width: 40px;" type="text"/> <p>1. Who is the service provider? Name <input style="width: 100%;" type="text"/></p> <p>2. Type of provider <input checked="" type="checkbox"/> <i>one only</i></p> <table style="width: 100%; border: none;"> <tr> <td>LSVT <input type="checkbox"/> 1</td> <td>ALMO <input type="checkbox"/> 6</td> </tr> <tr> <td>Housing association/RSL <input type="checkbox"/> 2</td> <td>NHS Trust <input type="checkbox"/> 7</td> </tr> <tr> <td>Housing Authority <input type="checkbox"/> 3</td> <td>Voluntary Organisation <input type="checkbox"/> 8</td> </tr> <tr> <td>Social Services Authority <input type="checkbox"/> 4</td> <td>Private Company <input type="checkbox"/> 9</td> </tr> <tr> <td>Local Authority - Joint H&SS <input type="checkbox"/> 5</td> <td>Individual <input type="checkbox"/> 10</td> </tr> </table>	LSVT <input type="checkbox"/> 1	ALMO <input type="checkbox"/> 6	Housing association/RSL <input type="checkbox"/> 2	NHS Trust <input type="checkbox"/> 7	Housing Authority <input type="checkbox"/> 3	Voluntary Organisation <input type="checkbox"/> 8	Social Services Authority <input type="checkbox"/> 4	Private Company <input type="checkbox"/> 9	Local Authority - Joint H&SS <input type="checkbox"/> 5	Individual <input type="checkbox"/> 10	<p>7. Client group by which the client is defined</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Primary <input checked="" type="checkbox"/> <i>one only</i></td> <td style="width: 50%;">Secondary <input checked="" type="checkbox"/> <i>not more than three</i></td> </tr> <tr><td>Older people with support needs <input type="checkbox"/> 1</td><td>Older people with support needs <input type="checkbox"/> 1</td></tr> <tr><td>Older people mental health <input type="checkbox"/> 2</td><td>Older people mental health <input type="checkbox"/> 2</td></tr> <tr><td>Frail elderly <input type="checkbox"/> 3</td><td>Frail elderly <input type="checkbox"/> 3</td></tr> <tr><td>Mental health problems <input type="checkbox"/> 4</td><td>Mental health problems <input type="checkbox"/> 4</td></tr> <tr><td>Learning disabilities <input type="checkbox"/> 5</td><td>Learning disabilities <input type="checkbox"/> 5</td></tr> <tr><td>Physical or sensory disability <input type="checkbox"/> 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Has the client been accepted as requiring services under the following statutory frameworks?</p> <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">Don't Know</td> </tr> <tr> <td>Care Management (Social Services)</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> <tr> <td>Care Programme Approach (CPA)</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> <tr> <td>Probation service or Youth Offending Teams</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> <tr> <td>Statutorily homeless under the 2002 Homelessness Act</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> </tr> </table> <p>8b. 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Enter details of other members of the household who receive services under the same support plan</p> <table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th>Age</th> <th>Sex</th> <th>Relationship to Client</th> <th>Economic status</th> </tr> <tr> <th></th> <th></th> <th></th> <th>M/F</th> <th></th> </tr> </thead> <tbody> <tr> <td>Client</td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> </tr> <tr> <td>Person 2</td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> </tr> <tr> <td>Person 3</td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> </tr> <tr> <td>Person 4</td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> </tr> <tr> <td>Person 5</td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> </tr> <tr> <td>Person 6</td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> </tr> </tbody> </table> <p>Relationship to Client P=Partner C=Child X=Other</p>		Age	Sex	Relationship to Client	Economic status				M/F		Client	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	Person 2	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	Person 3	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	Person 4	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	Person 5	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	Person 6	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<p>9. 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<p>6. Ethnic origin of client as defined by Client <input checked="" type="checkbox"/> <i>one only</i></p> <p>a. White <input type="checkbox"/> British 1 <input type="checkbox"/> Irish 2 <input type="checkbox"/> Other 3</p> <p>b. Mixed <input type="checkbox"/> White & Black Caribbean 4 <input type="checkbox"/> White & Black African 5 <input type="checkbox"/> White & Asian 6 <input type="checkbox"/> Other 7</p> <p>c. Asian or Asian British <input type="checkbox"/> Indian 8 <input type="checkbox"/> Pakistani 9 <input type="checkbox"/> Bangladeshi 10 <input type="checkbox"/> Other 11</p> <p>d. Black or Black British <input type="checkbox"/> Caribbean 12 <input type="checkbox"/> African 13 <input type="checkbox"/> Other 14</p> <p>e. Chinese or other ethnic group <input type="checkbox"/> Chinese 15 <input type="checkbox"/> Other 16</p> <p>f. Refused <input type="checkbox"/> 17</p>	<p>11a. Type of accommodation occupied by the client immediately prior to receiving the support service? <input checked="" type="checkbox"/> <i>one only</i></p> <table style="width: 100%; border: none;"> <tr> <td>General needs local auth tenant <input type="checkbox"/> 1</td> <td>Prison <input type="checkbox"/> 11</td> </tr> <tr> <td>General needs RSL/HA tenant <input type="checkbox"/> 2</td> <td>Approved probation hostel <input type="checkbox"/> 12</td> </tr> <tr> <td>Private rented <input type="checkbox"/> 3</td> <td>Children's home/foster care <input type="checkbox"/> 13</td> </tr> <tr> <td>Tied home or renting with job <input type="checkbox"/> 4</td> <td>Bed and breakfast <input type="checkbox"/> 14</td> </tr> <tr> <td>Owner occupier <input type="checkbox"/> 5</td> <td>Short life housing <input type="checkbox"/> 15</td> </tr> <tr> <td>Supported housing <input type="checkbox"/> 6</td> <td>Living with family <input type="checkbox"/> 16</td> </tr> <tr> <td>Direct access hostel <input type="checkbox"/> 7</td> <td>Staying with friends <input type="checkbox"/> 17</td> </tr> <tr> <td>Sheltered housing <input type="checkbox"/> 8</td> <td>Any other temp accom <input type="checkbox"/> 18</td> </tr> <tr> <td>Residential care home <input type="checkbox"/> 9</td> <td>Rough sleeping <input type="checkbox"/> 19</td> </tr> <tr> <td>Hospital <input type="checkbox"/> 10</td> <td>Other <input type="checkbox"/> 20</td> </tr> </table> <p>Please <input checked="" type="checkbox"/> if the client continues to live in this accommodation</p> <p>11b. Location of this accommodation (ticked in Q11a)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Name of local housing authority <input style="width: 100%;" type="text"/></td> <td style="width: 15%;">LA code <input style="width: 20px;" type="text"/></td> <td style="width: 15%;">Post code <input style="width: 20px;" type="text"/></td> <td style="width: 37%;"><input style="width: 100%;" type="text"/></td> </tr> </table> <p style="text-align: center; font-size: small;">Only complete the post code where this accommodation is not temporary</p>	General needs local auth tenant <input type="checkbox"/> 1	Prison <input type="checkbox"/> 11	General needs RSL/HA tenant <input type="checkbox"/> 2	Approved probation hostel <input type="checkbox"/> 12	Private rented <input type="checkbox"/> 3	Children's home/foster care <input type="checkbox"/> 13	Tied home or renting with job <input type="checkbox"/> 4	Bed and breakfast <input type="checkbox"/> 14	Owner occupier <input type="checkbox"/> 5	Short life housing <input type="checkbox"/> 15	Supported housing <input type="checkbox"/> 6	Living with family <input type="checkbox"/> 16	Direct access hostel <input type="checkbox"/> 7	Staying with friends <input type="checkbox"/> 17	Sheltered housing <input type="checkbox"/> 8	Any other temp accom <input type="checkbox"/> 18	Residential care home <input type="checkbox"/> 9	Rough sleeping <input type="checkbox"/> 19	Hospital <input type="checkbox"/> 10	Other <input type="checkbox"/> 20	Name of local housing authority <input style="width: 100%;" type="text"/>	LA code <input style="width: 20px;" type="text"/>	Post code <input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>																														
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Please send Client Record Forms to JCSHR each month and :

- **always complete a BATCH HEADER** for each month of record forms and provide full contact details.
- **always complete a Client Record Provider ID and Provider Name.** The ID is supplied by the JCSHR – please phone the Client record Helpdesk on 01334 461765 if you need to check this ID.
- **always complete the Client Code/Tenant Code** on every form. This will ensure that you can identify the form from your in-house records if the JCSHR needs to contact you.
- **Answer all questions fully.** If the client was not interviewed or refused to give details for Q5-Q6, please tick the 'Interview Refused' box. All other questions should be completed.

Quick reference for definitions of host and non-host referrals (Question 10)

HOST

All clients, who immediately prior to receiving a service, have been living in the Administering Authority area where the service is located.

All referrals should be defined as **host** where clients receive a service that is located in an Administering Authority area in which they have been living (immediately prior to receiving the service).

NON HOST

*All clients who, immediately prior to receiving the service, have been living **outside** of the Administering Authority area where the service is located.*

Non host referrals must be recorded as one of the following:

Multi- lateral - a referral made through a protocol between two or more Administering Authorities and where the referral comes from within this group of authorities.

Spot Purchase - a place purchased by an authority in a service located in another Administering Authority area.

Structured - a referral made by a statutory agency to a service located in another Administering Authority's area.

Open Access - a self referral, or a referral by a voluntary agency, to a service for which there is no protocol

Tables & Figures

Tables

Section 2

Table 2.1	Types of service between statutory homelessness acceptance for single homeless people with support needs who were living with family or sleeping rough
Table 2.2	The support provided to homeless families with support needs
Table 2.3	Number of secondary descriptions
Table 2.4	Primary client group by secondary client group classification
Table 2.5	Numbers of clients in primary and secondary groups

Section 3

Table 3.1	Type of accommodation prior to receiving SP services
Table 3.2	Client groups living in direct access prior to receiving SP services
Table 3.3	Client groups who were living in B&B prior to receiving SP services
Table 3.4	The referral routes of client groups who were discharged from hospital

Section 4

Table 4.1	Support service provision
Table 4.2	Frequency of clients in each Government office region

Section 5

Table 5.1	Type of referral
Table 5.2	Referral arrangements for supported housing, direct access and floating support

Section 7

Table 7.1	Clients requiring services under statutory frameworks
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Figures

Section 2

Figure 2.1	Primary client groups
Figure 2.2	The previous living arrangements of women at risk of domestic violence
Figure 2.3	Pattern of referral arrangements for women at risk of domestic violence
Figure 2.4	People with mental health problems by previous accommodation
Figure 2.5	The previous living arrangements of homeless families with support needs
Figure 2.6	The economic status of young people at risk by sex
Figure 2.7	Proportion of referral type by main sources of referral for people with drug problems
Figure 2.8	The previous living arrangements of offenders or those at risk of offending
Figure 2.9	Older people with support needs by sex and age
Figure 2.10	The support provided to teenage parents
Figure 2.11	Regional variations; proportions of single homeless people with support needs in each Government office region
Figure 2.12	Regional variations; proportion of women at risk of domestic violence in each Government office region
Figure 2.13	Regional variations; proportion of people with mental health problems in each Government office region

- Figure 2.14 Regional variations; proportion of homeless families with support needs in each Government office region
- Figure 2.15 Regional variations; proportion of young people at risk in each Government office region
- Figure 2.16 Proportion of primary client groups with one or more secondary descriptions

Section 3

- Figure 3.1 The main service types provided to homeless families and single homeless with support needs living in B&B.

Section 4

- Figure 4.1 Proportion of clients receiving floating support and supported housing within age categories
- Figure 4.2 The main providers of support and the support they provide
- Figure 4.3 Source of referrals

Section 6

- Figure 6.1 Primary client groups accepted as statutorily homeless
- Figure 6.2 The types of previous living arrangements of statutorily homeless clients by sex

Section 7

- Figure 7.1 Proportion of primary client groups subject to Social Services Care Management
- Figure 7.2 Percentage and service type of young people at risk under or not under Probation/Youth Offending Team supervision

Maps

Section 2

- Map 2.1 Summary of clients by Government office region

Section 5

- Map 5.1 Summary of Client Record cross-authority information by Government office region