



TRAFFORD
COUNCIL

Trafford Council

Supported Housing Strategy 2022 – 2027



Contents

Introduction	4
Vision	4
Strategic Priorities	5
Strategic Context	6
National Context	6
Sub Regional Context	9
Local Context	12
Stakeholder Consultation	16
Summary of Findings	17
Resident Consultation	19
Demographics of Respondents	19
Summary of Findings	19
Domestic Abuse	21
Supported Housing Need	22
Current Provision	24
Future Provision	25
Strategic Objective	26
Ex-Offenders	29
Supported Housing Need	29
Current Provision	33
Future Provision	34
Strategic Objective	35
Learning Disabilities and Autism	37
Supported Housing Need	37
Current Provision	38
Future Provision	39
Strategic Objective	42
Mental Health	44
Supported Housing Need	45
Current Provision	47
Future Provision	49
Strategic Objective	51
Physical and Sensory Disabilities	53
Supported Housing Need	54



Current Provision.....	55
Future Provision	56
Strategic Objective	59
Substance Misuse	60
Supported Housing Need.....	62
Current provision.....	63
Future provision.....	63
Strategic Objective	65
Young People.....	66
Supported Housing Need.....	66
Current Provision.....	68
Future Provision	69
Strategic Objective	71
Complex Needs.....	73
Supported Housing Need.....	73
Current Provision.....	75
Future Provision	77
Strategic Objective	78
Delivery of the Strategy	79
Glossary of Terms	83
Appendix 1.....	87
Stakeholder Consultation Survey.....	87
Stakeholder Consultation Analysis.....	90
Appendix 2.....	99
Resident Consultation Survey.....	99
Resident Consultation Analysis.....	105

Introduction

Trafford Housing Strategy 2019-2023 highlighted a need to draft a Supported Housing Strategy to determine current and future need for supported housing in Trafford. The Supported Housing Strategy covers the five years from 2022 to 2027. It forms part of a suite of specialist and supported housing strategies that sit under the main Housing Strategy 2019-2023 and is intended to support and complement other strategy documents such as Trafford Council Homelessness Strategy 2019-2024 and Trafford Older People's Housing Strategy 2020-2025.

Supported housing provides a vital service for vulnerable people and has a critical role in supporting people who are vulnerable and disadvantaged because of age, ill-health, disability, or their circumstances and cannot live independently. Appropriate housing is a crucial element of preventative services and is necessary to allow those who require support to receive it in a settled and secure environment.

Vision

The Strategy's vision is:

“Work collaboratively to provide a range of quality supported housing, and housing related support, to enable those with support needs to live independently in Trafford”

Strategic Priorities

Following the review of Policy, supported accommodation and those with support needs in Trafford, consultation with residents and stakeholders, and analysis of the data, the following strategic priorities have been identified.

1. Enable people with support needs to live as independently as possible within Trafford.
2. Ensure an adequate supply of quality, accessible and affordable supported housing, and move-on accommodation, is in place.
3. Establish closer working relationships with external services, organisations, and charitable bodies to ensure appropriate support is available and easily accessible.
4. Ensure housing advice is promoted and easily accessible to those with support needs in Trafford.
5. Explore and review good practice in other Local Authority areas in relation to supported accommodation and support services and implement within Trafford where possible.

Each Strategic Priority has several key recommendations which the Council and its partners must deliver on to achieve the Strategy's vision. These recommendations have been detailed within the Individual Analysis sections, under the 'strategic objective' subheading, and under the "Recommendations for all cohorts" heading. The recommendations will be used to create an Action Plan to facilitate the delivery of this Strategy.

Strategic Context

National Context

The ***Supported Housing: National Statement of Expectations***¹ (October 2020) sets out the Government's vision for best practice within the supported housing sector and recommendations for standards in accommodation. The standards set out are not statutory requirements but are suggested good practice which the Government encourages all Local Authorities to adopt.

The statement promotes collaborative working between housing, health, commissioners, providers, and the third sector and suggests all parties involved in the delivery of supported housing should work together to:

- Assess local demand for supported housing
- Plan effectively for the required provision
- Deliver accommodation which is good quality and value for money

The statement recognises there can be no 'one size fits all' approach to the planning, commissioning, and delivering of supported housing but provides several case studies from across the sector which encompass their vision of 'what good looks like' in supported housing accommodation. The statement also contains a 'checklist of accommodation standards and tenancy-related housing services in supported housing' and links to related strategies, guidance, and other useful information.

The ***Planning Practice Guidance 'Housing for Older and Disabled People'***² guidance was adopted in June 2019. It highlights the importance of suitable housing for people with disabilities, stating:

'The provision of appropriate housing for people with disabilities, including specialist and supported housing, is crucial in helping them to live safe and independent lives. Unsuitable or un-adapted housing can have a negative impact on disabled people and their carers. It can lead to mobility problems inside and outside the home, poorer mental health and a lack of employment opportunities'.

Through helping disabled people to live more independently, suitable housing can help reduce health and social care costs. Planning policy can assist councils to bring forward the supply of accessible/adaptable housing where a need exists by making use of optional technical housing standards found within the National Planning Policy Framework. These

¹ <https://www.gov.uk/government/publications/supported-housing-national-statement-of-expectations/supported-housing-national-statement-of-expectations>

² <https://www.gov.uk/guidance/housing-for-older-and-disabled-people>

can be used to set the proportion of new housing that will be delivered to meet the standards, such as M4(2) Category 2: Accessible and adaptable dwellings.

The ***Social Housing Green Paper***³ – ‘A new deal for social housing’ (August 2018) sets out the Government’s vision for social housing. It proposes to rebalance the relationship between tenants and landlords, and highlights measures to increase social housing stock to provide greater opportunities for those within supported accommodation to progress to independent housing. The paper is designed around five principles:

1. Safe and decent homes for residents
2. Improving complaint processes
3. Empowering residents to hold landlords to account
4. Tackling stigma and challenging the stereotypes that exist about certain groups
5. Building the social homes needed and ensuring they are a springboard to home ownership

Funding Supported Housing⁴ (October 2017) is a government policy statement which states that from April 2020, Local Authorities will need to produce a ‘Supported Housing Strategic Plan’ setting out how funding will be used to meet identified local needs. In August 2018 the Government published a further document ***Funding for Supported Housing – Government Response to Two Consultations***⁵ outlining its intention to take a flexible funding approach and to cease funding short term supported housing through the welfare system. Instead, funding will come from a ring-fenced grant administered by Local Authorities and commissioning of this provision will be underpinned by a new local planning and oversight regime.

The ***Supported Accommodation Review***⁶ (November 2016) is an evidence based review of the supported housing sector across England, Scotland and Wales to understand its scale, scope, cost and regulation. It found that housing associations provide 71% of the units, with an estimated 29% of the units occupied by working-age people with a wide range of support needs. The review estimates that the annual cost of supported housing covered by housing benefit in Great Britain in 2015 was £4.12bn; with an additional £2.05bn spent on support and care services.

³ <https://www.gov.uk/government/consultations/a-new-deal-for-social-housing>

⁴ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/655990/Funding_supported_housing_-_policy_statement_and_consultation.pdf

⁵ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/655990/Funding_supported_housing_-_policy_statement_and_consultation.pdf

⁶ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/572454/rr927-supported-accommodation-review.pdf

No Health Without Mental Health⁷ was published in 2011 by the Department of Health. The document sets out its mental health strategy containing strategic outcomes including better outcomes for more people with mental health problems and more positive experiences of care and support.

The subsequent ***Valuing People Now: Delivery Plan 2010-2011***⁸ identifies housing as a key priority to the plan's delivery, stressing a need to increase the range of housing options for people with learning disabilities and their families. There is also a legal consideration that must be taken into account when reviewing the provision of appropriate supported housing as contained in Article 15 of the ***Human Rights Act 1998***⁹ which protects a right to family life for all.

Building the right support (2015)¹⁰ is a national plan to develop more community services for people with learning disabilities and/ or autism who display challenging behaviour. Developed jointly by NHS England, the Local Government Association and the Association of Directors of Adult Social Services, the plan aims to reduce in-patient beds by up to 50% nationally by enabling people to live more independent lives in the community with support.

The ***Care Act 2014***¹¹ outlines how housing can become more integrated with health and social care provision through a 'duty to cooperate'. A fundamental aspect of this Act is the 'suitability of accommodation' in meeting the at home care and support needs of the individual to help prevent, reduce, or delay adult social care needs.

The ***Children and Social Work Act 2017***¹² introduced a duty on Local Authorities to publish a local offer for care leavers with regard to accommodation and wider support.

The ***Domestic Abuse Act 2021***¹³ aims to raise awareness and understanding of domestic abuse and its impacts on victims and their families, improve effectiveness of the justice system in providing protection for victims and bringing perpetrators to justice, and strengthen the support for victims of abuse and their children by statutory agencies. The Domestic Abuse Act places a duty on Local Authorities in England to provide support to victims of domestic abuse and their children in refuges and other safe accommodation. It

⁷ <https://www.gov.uk/government/publications/no-health-without-mental-health-a-cross-government-outcomes-strategy>

⁸ <http://tse.two-seas.eu/filelib/file/2010.04.07valuingpeoplenow-thedeliveryplan2010-2011.pdf>

⁹ <https://www.legislation.gov.uk/ukpga/1998/42/contents>

¹⁰ <https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf>

¹¹ <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

¹² <http://www.legislation.gov.uk/ukpga/2017/16/contents/enacted>

¹³ <https://www.legislation.gov.uk/ukpga/2021/17/contents/enacted>

amends Part 7 of the Housing Act 1996 to provide that all eligible homeless victims of domestic abuse automatically have priority need for homelessness assistance and requires that Local Authorities grant a new lifetime tenancy to social tenants leaving existing lifetime tenancies for reasons connected to domestic abuse. Following the introduction of the Domestic Abuse Act, the government also updated the Homelessness Code of Guidance¹⁴.

Sub Regional Context

The Greater Manchester Housing Strategy¹⁵ (2019-2024) highlights how safe, decent, and affordable homes can provide a stable foundation to enable people to live healthier and more independent lives, and how providing supported housing can help achieve this.

The Supported Housing Census discussed within this Strategy shows that Greater Manchester has over 32,000 units of accommodation for those who need support, including people with learning disabilities, mental health needs and those experiencing homelessness. Some of the existing stock requires investment and there is an expectation that there will be an increase in demand for supported housing. Furthermore, the Strategy highlights that a lack of suitable supported and/or temporary accommodation prevents a timely discharge from hospital. The Strategy states:

'The health and quality of life of too many Greater Manchester residents is undermined by poor quality housing... For some of us, specialist or supported housing could be the answer'.

'The aim should be to give all our residents positive and affordable housing choices that enable them to find a home that suits their requirements'.

The **Greater Manchester Strategic Housing Market Assessment**¹⁶ (SHMA) (January 2019) references the Think Local Act Personal Partnership's report *'Making it Real for Supported Housing: A guide for providers and commissioners'*, which defines supported housing as:

'...any scheme where housing, support and sometimes care services are provided with the purpose of enabling the person receiving the support to live as independently as possible in the community'.

The Greater Manchester Strategy **Our People, Our Place**¹⁷ (2018) sets a priority to invest in new supported housing for vulnerable residents; to ensure quality care and support is

¹⁴ <https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities>

¹⁵ <https://www.greatermanchester-ca.gov.uk/media/2257/gm-housing-strategy-2019-2024.pdf>

¹⁶ <https://www.greatermanchester-ca.gov.uk/media/1733/gm-shma-jan-19.pdf>

¹⁷ <https://www.greatermanchester-ca.gov.uk/ourpeopleourplace>

available to those that need it, and to deliver improved outcomes for people with mental and physical health needs, and reduce alcohol and drug misuse.

The **Adult Social Care Transformation Programme**¹⁸ (2017) aims to develop and implement plans to integrate health and social care in localities. This will typically involve integrated neighbourhood teams including adult social care, mental health, primary care and community health. Supported housing is seen as key to enabling the activities of this programme by providing a sustainable alternative to hospital-based provision and strengthening the community support offer for those with support needs.

Since the programme launched, Greater Manchester (GM) have:

- Established support across several sectors and buy in to their vision to ensure ongoing involvement.
- Developed a robust evidence base to inform and underpin their strategic approach.
- Published GM and locality commissioning support packs.
- Supported a joined-up approach across GM – supported housing requirements are now reflected within GM housing, planning, and estates strategies/spatial frameworks.
- Undertaken collaborate work with partners on development of an age friendly housing strategy.
- Set a clear vision for an ambitious upscale and improvement of extra care housing and enabled localities to deliver this.
- Launched the Greater Manchester Learning Disability Strategy

The **Greater Manchester Learning Disability Strategy**¹⁹ (2018) aims to enable people with a learning disability in GM to enjoy independence and live as close to home as possible in communities where they feel valued. A review of the evidence base around housing for people with learning disabilities has been undertaken by GM. This includes modelling for future needs and will feed into a Learning Disability Strategy Priority workshop on Housing. Complex Needs workshops are also exploring discharge plans, including housing options. There has also been additional investment across GM in the upscaling of shared lives – with commitment secured from localities to work towards expanding the use of this type of family-based care in GM to 15% by 2022 and implementation plans are underway.

¹⁸ http://www.gmhsc.org.uk/wp-content/uploads/2018/11/07_GM_Adult_Social_Care_Transformation_Programme.pdf

¹⁹ <http://www.gmhsc.org.uk/wp-content/uploads/2018/09/GM-Learning-Disability-Strategy-FINAL.pdf>

Since April 2016, the **Greater Manchester Health and Social Care Partnership**²⁰ has been working to deliver quality supported housing which meets the needs of individuals and communities. The key principle of the partnership is that supported housing can only be delivered in collaboration with partners across housing, planning, health and care, the voluntary sector, charities, and local communities.

In 2018, Greater Manchester Health and Social Care Partnership was one of the first Local Authority areas to sign the **Prevention Concordat for Better Mental Health**²¹. This concordat aims to increase the focus on prevention and the wider determinants of mental health, including housing. This is in line with the Greater Manchester Mental Health Transformation Programme that looks to rebalance mental health provision, giving more priority to earlier interventions that could help prevent escalation of mental health illnesses to clinical settings. This includes building stronger partnerships around the mental health and housing agenda in the city-region. A result of this has been GMMH NHS Foundation Trust producing its **Health and Housing Strategy (2019-2022)**²² which includes both short and long-term strategic intentions in relation to service provision, commissioning, and better collaboration between the mental health and housing sectors.

Taking Charge of our Health and Social Care in Greater Manchester²³ (2015) is an ambitious plan to improve health and wellbeing outcomes across Greater Manchester, putting people at the centre of service delivery. A strong and fit for purpose supported housing market underpins the success of this, with models of care and support that can be designed to provide effective alternatives to hospital-based provision.

In September 2013, the Manchester Area Partnership published a co-produced **Market Position Statement**²⁴, covering the sub-areas of Manchester, Trafford and Stockport councils. The statement makes clear reference to a continued decrease in publicly funded residential care placements and a need for an increase in all forms of personalised housing provision. However, there is limited detail on the housing needs of specific client groups.

The **Greater Manchester Drug and Alcohol Strategy 2019-2021**²⁵ highlights the high prevalence of substance misuse within GM compared to the rest of England, and outlines

²⁰ <https://www.gmhsc.org.uk/>

²¹ <https://www.gov.uk/government/publications/prevention-concordat-for-better-mental-health-consensus-statement/prevention-concordat-for-better-mental-health>

²² <https://www.gmmh.nhs.uk/download.cfm?doc=docm93jjim4n5026>

²³ <http://www.gmhsc.org.uk/wp-content/uploads/2018/04/GM-Strategic-Plan-Final.pdf>

²⁴ https://www.mycaremychoice.org.uk/uploadedFiles/Stockport/Stockport_Homepage/Document_Library/M AP_Market_Position_Statement_Sept2013.pdf

²⁵ <https://www.greatermanchester-ca.gov.uk/media/2507/greater-manchester-drug-and-alcohol-strategy.pdf>

that to make Greater Manchester a place where everyone can live safe from the harms caused by drugs and alcohol, drug and alcohol services need to be better integrated with other provisions such as mental health, criminal justice, and housing services.

Local Context

Trafford Council's Corporate Plan 2021-2024²⁶ has an overarching vision – “*Trafford – Where our residents, communities and businesses prosper*”. To deliver the Plan, the Council will work closely with partners, residents, businesses, and communities. The key priorities within the Corporate Plan are:

- **Reducing health inequalities:** Working with people, communities, and partners, particularly in deprived areas, to improve the physical and mental health of all our residents.
- **Supporting people out of poverty:** Tackling the root causes to prevent people from falling into poverty and raising people out of it.
- **Addressing our climate crisis:** Reducing our carbon footprint and tackling the impact of climate change.

The Supported Housing Strategy complements the Corporate Plan but has a more direct impact on the delivery of the ‘reducing health inequalities’ and ‘supporting people out of poverty’ priorities.

Trafford's Housing Strategy 2018-2023²⁷ was launched in June 2018, and identifies seven key strategic priorities:

1. To accelerate housing growth.
2. To support inclusive economic growth.
3. To create neighbourhoods of choice through a better mix of homes and attractive, accessible environments.
4. To reduce inequalities across the borough.
5. To improve residents' health and wellbeing.
6. To increase the range of, and residents' access to, opportunities.
7. To reduce homelessness.

The strategy references the need for appropriate support and housing for vulnerable people and the importance of asset-based (locality) working to create healthy and resilient

²⁶ [Trafford Council Corporate Plan 2021-24](#)

²⁷ <https://www.trafford.gov.uk/about-your-council/strategies-plans-and-policies/housing-strategy/docs/Trafford-Housing-Strategy.pdf>

communities. The Strategy also states that the type and quantity of new supported housing that is required will need to be identified alongside a review of the current provision.

Housing Options Service Trafford (HOST) is responsible for delivering the Council's statutory homelessness service which involves providing advice, casework, outreach services, and floating support to those who face housing difficulties/homelessness. HOST support individuals to explore their housing options, including those within the private rented sector, social housing, and supported housing, and are responsible for providing temporary accommodation to those in crisis. HOST also have direct referral rights to Trafford's commissioned supported housing schemes and close links with Trafford Domestic Abuse Service (TDAS). HOST provide the following:

Specialist service to young people and young people leaving care: HOST work closely with the Transitions and Permanence Team and the Aftercare Team to ensure young people, including those leaving care, have the right support and access to accommodation. This is achieved by working in partnership, using joint working protocols, holding meetings for complex cases, and trying innovative approaches such as shared accommodation. Trafford Council's local offer provides a wealth of accessible information on a range of support activities, which is complimented by a community-based outreach team.

Specialist service for complex needs: HOST work closely with services that provide support to those with substance misuse problems, social services, mental health services, the police, and the probation service to address complex cases where an individual is unable to access accommodation. In particular, the Single Point of Access continues to be a strong partnership between HOST and the short stay accommodation service that provides supported accommodation within the borough. In 2021/22 HOST referred 168 homeless applicants to supported housing projects.

Floating support service: HOST operates a floating support service which offers housing related support for a maximum of six months to Trafford residents. The Tenancy Support Officers provide a personalised service to prevent homelessness and sustain tenancies.

HOST work collaboratively with several external organisations including local hospitals and domestic abuse services. These partnerships enable HOST to assist customers with wider needs that may impact their housing stability.

Through ***One Trafford Response***, the Council, and its partners (representing housing, health, employment, and the police) aim to redesign and improve the way frontline services are delivered to support individuals and families who are in need. Frontline staff provide a co-ordinated response to families and individuals at the first point of contact by linking them to

voluntary, community and social enterprise (VCSE) support or to a keyworker. A keyworker acts as the main contact for an individual/family and supports the coordination of agencies.

Trafford Together Locality Plan 2019-2024²⁸ is the blueprint for the transformation of health and social care over a 5-year period. This is part of a wider Trafford Partnership which includes the many areas of change that health and social care is part of to share resources and aspirations. The plan is set around four main principles:

- our population,
- the people we serve,
- the place where we live and work and,
- the partnerships we create.

The objective being to improve the lives of the most vulnerable, to improve the wellbeing for all residents, and to improve connections across communities.

Central to the transformation is a belief that people should be supported to live independently in their own homes for as long as possible, remaining connected to families, friends, and their local communities.

The **Trafford Older People's Housing Strategy 2020-2025**²⁹ forms part of a suite of specialist and supported housing strategies for Trafford. Although focused on Trafford's older residents, the Strategy shares a similar purpose to the aims of this Supported Housing Strategy. This is to enable people with support needs to remain in their own homes where possible, and to help them make active and informed housing choices where necessary or desired. The Older People's Housing Strategy focuses on providing suitable housing, care, and support for the elderly, while maximising independence and quality of life, particularly for those with physical and/or mental health needs. The strategy aims to achieve this through creating and fostering partnerships that work to deliver effective health and social care provision, support services, and housing across Trafford. Some of these partnership arrangements and targeted outcomes may possibly be replicated to improve the provision of supported housing for other groups too.

Trafford's **Our Children's Sufficiency Strategy 2021-2023**³⁰ sets out the Council's approach to meeting its responsibilities to provide secure, safe, and appropriate accommodation for children and young people who need care. The Strategy gives a breakdown of the number of

²⁸ <http://www.traffordpartnership.org/locality-working/Docs/Trafford-Together-Locality-Plan.pdf>

²⁹ <https://www.trafford.gov.uk/about-your-council/strategies-plans-and-policies/housing-strategy/docs/Trafford-Older-Peoples-Housing-Strategy-2020-2035.pdf>

³⁰ <https://www.trafford.gov.uk/residents/children-and-families/children-in-care/docs/Childrens-Sufficiency-Strategy.pdf>

children in Care in Trafford along with their needs and current and desired accommodation types. The Strategy contains an Action Plan which will be closely aligned with the actions contained with the Supported Housing Strategy relating to young people.

The **Trafford Domestic Abuse Strategy 2022 – 2025**³¹ sets out Trafford’s vision of enabling our residents, their families, and communities to live a healthy life, free from abuse and violence. The Strategy outlines that this vision will be supported by reducing the impact of domestic abuse on the population of Trafford by developing and implementing a sustainable system wide approach to prevention, early intervention, response, and support. The Strategy outlines four priorities that will enable Trafford to work towards a long-term response that meets the needs of victims, their children, and perpetrators across the borough. These are:

1. Ensure that every victim is identified early and has access to the support they need.
2. Ensure the support for families is co-ordinated.
3. Ensure that communities can spot the signs of abuse and know where to get help.
4. Ensure multi-agency system is joined up so that individuals, families, and communities who seek support can find it, and access it.

The Strategy also sets out thirteen objectives which will be used to work towards delivering the strategies priorities. The objectives will be delivered by the Domestic Abuse Partnership through an implementation plan which is contained within the Strategy’s appendix. An annual report will be produced annually outlining achievements and providing a refreshed implementation plan.

In line with Part 4 of the Domestic Abuse Act 2021, Trafford Council established a Domestic Abuse Partnership Board in July 2021. The Board is made up of representatives from Community Safety, Public Health, Commissioning, Adult and Children’s Social Care, Housing, Education, Emergency Services (police, fire, and ambulance), Probation, TDAS, Women MATTA, LGBT Foundation, and Talk Listen Change. The Board is responsible for providing advice to the authority about the exercise of the functions under section 57 of the Domestic Abuse Act 2021, and the provision of other Local Authority support in the authority’s area. The functions of the board are to assess the need for accommodation-based support in Trafford, prepare and publish a Strategy for the provision of such support, and monitor and evaluate the effectiveness of the Strategy. A Joint Strategic Needs Assessment has been conducted and the Board is in the process of finalising the Strategy.

³¹ [Domestic Abuse Strategy 2021.pdf \(trafford.gov.uk\)](https://www.trafford.gov.uk/media/1000000/Domestic-Abuse-Strategy-2021.pdf)

Summary of Findings

It is important to recognise that although these findings give an indication of Stakeholder opinion in relation to supported accommodation in Trafford, caution should be taken when generalising the findings due to the low response rate. However, the findings drawn from the consultation suggest:

1. Stakeholders feel a combination of self-contained and shared supported accommodation is required so individual need and preference can be catered to. Self-contained units were identified as more appropriate for those with support needs relating to mental health conditions, offending, autism, and domestic abuse, while shared accommodation was deemed more appropriate for those with learning disabilities and some younger individuals who have autism.
2. It was noted that the risk of social isolation associated with self-contained supported accommodation could be mitigated by the inclusion of communal spaces, while the right mix of personalities and individual need will need to be considered.
3. Stakeholders believe the criteria for accessing supported accommodation in Trafford needs to be reviewed and a more flexible approach should be taken when deciding on placement. Having some extra care schemes without age restrictions would allow younger individuals with learning disabilities and/or autism to reside there; this would be mutually beneficial as the younger residents could assist older residents with errands and using technology while older residents would offer socialisation for the younger cohort.
4. A large majority of Stakeholders do not feel the current provision of supported accommodation within Trafford is adequate. This is due to an identified lack of suitable emergency/crisis accommodation, unaffordable rents, no provision for male or LGBTQ+ victims of domestic abuse or victims without recourse to public funds, and a lack of supported housing options for those with low-level mental health needs. It was noted that those with low-level mental health needs must often source accommodation outside of the borough, which isolates them from their support networks and leaves them unable to access Trafford services.
5. Stakeholders feel there is need for greater provision of move-on accommodation in Trafford for all cohorts but particularly for ex-offenders and those with mental health needs. The high rents and short supply of social housing across Trafford mean move-on options are limited and there is a lack of low-level supported accommodation available for these cohorts.

6. Almost 90% of Stakeholders feel there is an insufficient supply of supported accommodation within Trafford. For victims of domestic abuse, those with multiple and complex needs, and those with lower-level mental health support needs the demand is deemed to be higher than the supply of appropriate supported housing.
7. Over 60% of Stakeholders did not feel the geographical spread of supported accommodation across Trafford is appropriate. It was noted that most of the supported housing tends to be in the north of the borough, meaning individuals from the south must relocate outside of their localities to be adequately housed. Supported Housing Providers tend to develop schemes in cheaper areas which leads to a shortage of supported housing in areas such as Altrincham and Sale.
8. All Stakeholders feel there is demand for more affordable and social rented housing across Trafford. This would assist those who are able to live independently with floating support to do so, while also providing greater move-on options for those who are ready to step down from a supported accommodation setting.
9. Greater forward planning is required to allow those with support needs to access supported accommodation when they want to, rather than when they need to/are in crisis. Those with support needs relating to physical disabilities, learning disabilities and autism are often not given the opportunity to choose when they want to move and instead remain in their accommodation until it is either no longer available or suitable. This crisis response can exacerbate their difficulties and lead to unsuitable placements being made.
10. Some Stakeholders highlighted a lack of supported accommodation options for those with autism suggesting they are often accommodated in supported schemes that were designed for a range of learning disability needs or in supported settings that limit their opportunity for independence. Further, a gap in support provision was identified for those with autism that do not have learning disabilities and for those who need help to live independently but whose support needs are not deemed high enough for support to be provided by Council services.
11. Stakeholders feel there needs to be better collaboration between services to ensure support provision is comprehensive. It was suggested that agencies could offer 'drop-in sessions' in existing supported accommodation schemes. Collaborative working would be particularly important when considering those with dual-diagnosis and/or complex needs.

Resident Consultation

An online consultation was conducted to collect residents' opinions on the supported accommodation portfolio in Trafford. The consultation ran for a period of 1 month from 20th September 2021 to 21st October 2021 and responses were received from 30 Trafford residents. The data was collected using an online survey; a copy of the survey and the full analysis can be found in Appendix 2.

Demographics of Respondents

- 57% of respondents identified as male and 43% of respondents identified as female.
- The age of respondents varied from 16-18 to 55+. 26% were aged 31-35, 20% were aged 19-24, 17% were aged 36-40, 13% were aged 25-30, 10% were aged 14-50, 7% were aged 16-18, and 7% were aged 55+.
- 83% of respondents recorded their ethnicity as White British. 7% of respondents were of Asian/Asian British ethnicity, 3% of respondents selected 'other ethnicity' and 7% respondents preferred not to record their ethnic origin.
- 90% of respondents identified as heterosexual, 10% identified as 'other sexual orientation', and 3% identified as bisexual.
- 43% of respondents reported being unable to work due to illness / disability, 27% were in employment, 17% were in education and/or training, and 13% were registered unemployed.
- 13% of respondents were not in receipt of welfare benefits. 70% receive Personal Independence Payments and 57% receive Employment Support Allowance.
- 17% of respondents had dependent children living with them.
- The geographical location of respondents is as follows; 33% reside in Sale, 31% reside in Altrincham, 20% reside in Stretford, 13% reside in Urmston, and 3% preferred not to state where they currently reside.

Summary of Findings

It is important to recognise that although these findings give an indication of the level of need and specific desires in relation to supported accommodation in Trafford, caution

should be taken when generalising the findings due to the low response rate. However, the findings from the consultation suggest:

1. Most Trafford residents diagnosed with autism are under the age of 35.
2. The most common support needs are daily activities (such as cooking, cleaning, and getting around), engaging in social activities, and budgeting / managing finances.
3. Almost all of those with support needs rely on family and friends for support, even when receiving support from Social Services or NHS Services.
4. A large majority of those with support needs live with their parents / family members in either owner-occupied or social rented properties. However, most would prefer to live independently.
5. A third of those with support needs feel their current property is not suitable for them. Reasons ranged from property condition, size, affordability, and location, to specific issues such as difficulties managing stairs and not having shared interests with housemates.
6. A large proportion of those with support needs are considering moving in the future, and half of those with support needs are considering a move into supported accommodation in Trafford.
7. Of those wanting to move into supported housing, the majority currently live with parents / family members.
8. The majority of those who require supported housing in Trafford would like a 1- or 2-bedroom property in either Sale, Altrincham, or Urmston.
9. The preferred type of support provision is 24-hour onsite support. Options for floating support or a combination of floating and on-site support being less favoured.
10. Half of those who require supported accommodation would be willing to consider shared housing. Having a private bathroom, good technology capabilities, access to activities, housemates with shared interests, and access to good transport links were the most important factors for those willing to consider shared supported accommodation.
11. When it comes to shared housing, most people with support needs would prefer housemates of a similar age, but do not appear to have a preference in terms of gender or sexual orientation of their housemates.

Individual Analysis

Domestic Abuse

The Domestic Abuse Act 2021 defines domestic abuse as any incident, or pattern of incidents, of controlling, coercive, threatening behaviour, behaviour, or abuse between those aged 16 and over who are, or have been, intimate partners or family members, regardless of gender or sexuality. The abuse can encompass, but is not limited to, psychological, physical, sexual, financial, or emotional³².

The prevalence of domestic abuse is difficult to quantify as it is largely a hidden crime, which occurs primarily at home, and victims are often reluctant to disclose the abuse they are suffering. However, according to the Crime Survey for England and Wales (2020) an estimated 2.3 million adults aged 16 to 74 experienced domestic abuse between 2019 and 2020 (1.6 million were female and 757,000 were male). Further, research by SafeLives indicates that, on average, victims at high risk of serious harm or murder live with their abuser for 2 to 3 years before getting help, and 85% of victims sought help an average of 5 times before getting effective help to stop the abuse³³.

The latest figures published by Greater Manchester Police (2018-19) show that a total of 46,362 incidents of domestic abuse were reported across Greater Manchester in 2019. Of these, 2684 occurred in Trafford which is a 53% increase on the number of incidents reported in 2018³⁴. It is unclear whether this reflects a greater prevalence of domestic abuse within the borough or a demonstration of more victims feeling able to report their abuse, however a recent Joint Needs Strategic Assessment commissioned by Trafford Council in response to the Domestic Abuse Bill 2021 indicates that only 9% of victims surveyed reported all incidents of abuse to the police. Estimates from the JSNA suggest 11,060 people will experience domestic abuse every year in Trafford, while only 3,103 incidents were reported to police.

It is therefore crucial that Trafford ensure adequate services and housing provision are available to assist those with support needs relating to domestic abuse.

³² <https://www.legislation.gov.uk/ukpga/2021/17/section/1/enacted>

³³ [About domestic abuse | Safelives](#)

³⁴ <https://www.gmp.police.uk/SysSiteAssets/media/downloads/greater-manchester/stats-and-data/da-and-sexual-assault/gmp-da-and-rape-sexual-assault-data-2018-19.pdf>

Supported Housing Need

Domestic abuse is by its very nature a housing issue, and though every survivor's experience is different, housing is often a critical factor in being able to escape an abuser³⁵. This is supported by SafeLives who found that 52% of domestic abuse victims need support to help them stay in their own home or move to new accommodation, and by St Mungos who found that 32% of homeless women said domestic abuse had contributed to their homelessness³⁶.

Women's Aid published a report in 2020 titled "The Hidden Housing Crisis"³⁷ which identified 4 key findings related to the impact of housing availability on domestic abuse victims nationally. The key findings are:

- Housing concerns represent a significant barrier to leaving an abusive partner(s). These concerns include a lack of money needed to set up a new home, fears of homelessness and being forced to live in unsuitable or unsafe housing, being denied help from the Local Authority, and experiencing difficulties in finding a private landlord who would accept housing benefit.
- Survivors who fled their abuser felt they had to 'pay a price' for leaving. The 'price' included enduring frequent upheavals (moving several times), challenging housing conditions, ongoing abuse (if staying with friends or family the abuser is able to easily locate them), and financial burdens (relating to reduced income and having to pay for more than one property at once).
- Survivors received mixed responses from local housing teams and found it difficult to get housed into emergency accommodation.
- Friends or family often play a key role in helping survivors with housing.

These findings highlight the need for greater access to safe, affordable, housing for victims of domestic abuse. They also indicate that more needs to be done to support victims who are ready to leave an abusive relationship in terms of securing safe and settled housing, and a greater provision of accommodation must be provided to prevent victims from relying on friends and family members where they can be easily located and continually victimised. The findings also make it clear that more needs to be done to assist victims who wish to remain in their existing homes to do so safely.

³⁵ <https://www.womensaid.org.uk/wp-content/uploads/2020/06/The-Domestic-Abuse-Report-2020-The-Hidden-Housing-Crisis.pdf>

³⁶ https://farm5.staticflickr.com/4357/36197015982_164fca1e3b_o.png

³⁷ <https://www.womensaid.org.uk/wp-content/uploads/2020/06/The-Domestic-Abuse-Report-2020-The-Hidden-Housing-Crisis.pdf>

The introduction of the Domestic Abuse Act 2021 may alleviate some of these difficulties. For example, the Act now makes it mandatory for anybody who makes a homeless application due to fleeing domestic abuse to be automatically found to have a 'priority need' and therefore have a legal right to emergency accommodation provided by the local authority.

In addition, any person who is fleeing a social housing lifetime tenancy because of domestic abuse must now be offered further social housing with a lifetime tenancy, rather than being accommodated in the private rented sector where rents are higher, and tenancies are less secure.

The additional duties placed on Local Authorities will inevitably mean an increase in demand for emergency and temporary accommodation by victims of domestic abuse. As Trafford already lacks sufficient housing provision to meet the demand from this cohort, Trafford Council will need to explore options to increase the provision of both refuge and safe dispersed accommodation within the borough.

Increasing the provision of accommodation for this group is, however, not the full solution; based on data from 2020/21 an additional 83 units of accommodation would be required to meet current demand. Due to this ever-increasing demand, a robust approach must be taken to not only look to increase provision, but to also provide more training opportunities to domestic abuse professionals on housing options, more support should be made available to victims of domestic abuse to enable them to source their own alternative accommodation, and a greater emphasis must be placed on target hardening to enable those victims who wish to remain in their existing accommodation to do so safely.

The Domestic Abuse Act 2021 places a duty on Local Authorities to provide support to all victims of domestic abuse in safe accommodation. Increasing support provision will therefore be key to meeting the legal obligations of the Act.

As domestic abuse can affect anyone, regardless of race, gender, ethnicity, or sexual orientation, the support needs of this cohort are varied and complex. The support needs will also differ between those who are currently experiencing domestic abuse and those who have survived domestic abuse and will vary again depending on the type and level of domestic abuse they have suffered. Trafford's support provision must therefore be person-centred and flexible to meet the needs of all victims.

Support provision must also take account of the different needs of minority groups e.g. those from the LGBTQ+ community, male victims, and those from ethnic minority backgrounds. Beyond the support required to recover from the trauma of domestic abuse, it is common for victims of domestic abuse to have other support needs. For example, in a

study of 106 victims of domestic abuse, Changing Lives found 96% had mental health issues, 80% had substance misuse issues, and 58% were involved with the criminal justice system³⁸.

These additional support needs can often be a barrier to accessing housing and support for domestic abuse victims, as many refuges are not equipped to accommodate victims with multiple and complex needs. For example, in 2020/21 Trafford Domestic Abuse Service (TDAS) reported that 19 victims were refused placements within safe accommodation due to their support needs being too high.

To overcome this barrier, Trafford Council will need to explore options to create a co-ordinated approach to supporting victims of domestic abuse where accommodation providers and support services work together to address all issues experienced by domestic abuse victims while they are housed in a safe environment.

Current Provision

In 2020/21 Housing Options Service Trafford (HOST) received 135 homeless applications from individuals who lost their last settled accommodation because of domestic abuse. In addition, TDAS received 206 referrals for refuge and dispersed accommodation in 2020/21 but were only able to accept 39 of these with 83 referrals being refused due to a lack of available refuge/dispersed spaces. This gives an indication of demand for both housing and support required for victims of domestic abuse within the borough but is far from the complete picture.

Trafford Council commission TDAS to provide safe accommodation for victims of domestic abuse within Trafford. Currently, their provision consists of:

- A core refuge which can accommodate six families with shared facilities
- An additional refuge (opened in November 2021) which can accommodate five single women with shared kitchen, lounge, and children's playroom.
- A 3-bedroom dispersed house which can accommodate large families (1 adult and 4 children) or men/victims with older male children
- A 2-bedroom dispersed flat which can be used to support one family (1 single adult + 1 woman & baby)

³⁸ <https://www.changing-lives.org.uk/wp-content/uploads/2019/03/Too-Complex-Evaluation-Final-Nov-2018.pdf>

- A 2-bedroom dispersed shared house which can accommodate 1 single adult and 1 woman with a baby.
- Move on accommodation consisting of 9 tier-2 supported accommodation units

TDAS do not operate a waiting list for refuge or dispersed accommodation within Trafford. As such, many referrals are refused due to not having adequate provision available to accommodate victims. Other refusal reasons include support needs being too high/complex, a lack of provision available that is suitable for victims with older male children, and victims being unable to afford the service charge/being ineligible for housing benefit.

The refusal reasons above highlight some the current gaps in provision within Trafford's supported accommodation portfolio for victims of domestic abuse. However, other known gaps include a lack of provision for male victims, a lack of suitable provision for victims within the LGBTQ+ community, a lack of adapted accommodation for victims with physical needs/disabilities, and a lack of provision for those who do not have recourse to public funds.

Findings from the Stakeholder consultation indicate that despite the level of provision not being sufficient, the geographical spread of current provision is appropriate with refuge and safe supported accommodation being spread proportionally across the borough.

Future Provision

To ensure Trafford can offer safe and suitable housing options to all victims of domestic abuse within the borough, the gaps identified above must be addressed.

Trafford Council must work with local services, including Greater Manchester Police (GMP), to develop a robust Sanctuary Scheme model, which would incorporate elements of target hardening, to allow victims of domestic abuse to remain in their own homes and reduce repeat victimisation through the provision of enhanced security measures and support. A stronger working relationship with GMP would also be crucial to developing a partnership agreement to allow for a quicker process in placing markers on the properties of domestic abuse victims.

In 2020/21, HOST received applications from 11 male victims that were facing homelessness due to domestic abuse, while TDAS supported 35 male victims. Currently, Trafford only has one dispersed property that can accommodate male victims (which is also used for large families). It is therefore imperative that Trafford Council seek options to increase the provision of supported accommodation available to male victims of domestic violence within the borough.

Victims of domestic abuse with multiple and complex needs have been identified as a challenging cohort to accommodate. At present, Trafford does not have effective methods in place to engage those with multiple and complex needs with local support provision and does not have appropriate accommodation for individuals who have additional needs alongside being victims of domestic abuse such as alcohol/substance misuse, mental health issues, and/or offending histories. Trafford Council must explore options to create a co-ordinated approach to supporting these victims where accommodation providers and support services work together; this will require strong buy in from stakeholders such as mental health and substance misuse services.

To begin building these relationships, Trafford Council have recruited a Domestic Abuse Tenancy Support Officer, who sits within the HOST team, to manage referral pathways and co-ordinate services across Greater Manchester as well as supporting homeless victims of domestic abuse who have a housing need. However, more must be done to create a fully unified approach to supporting complex needs victims of domestic abuse within the borough.

Stakeholders identified a need for greater access to emergency accommodation in Trafford for victims of domestic abuse. Such provision should be available 24 hours a day and offer a safe and suitable environment that meets the needs of victims of domestic abuse.

Stakeholders also highlighted a need for more efficient move-on pathways for victims of domestic abuse, with staff training on the needs of victims being raised as a key priority.

Strategic Objective

Our strategic objective is to ensure that all victims of domestic abuse, including those in minority groups, are empowered to remain safely in their own homes where possible, and to ensure adequate provision of suitable supported accommodation is available for those that require it.

The overarching strategic priorities of the Strategy aim to achieve this by delivering on the following recommendations:

Priority 1: Enable people with support needs to live as independently as possible within Trafford.

1. Consider whether victims of domestic abuse should have additional priority awarded to their Trafford HomeChoice applications.
2. Explore options to increase the availability and accessibility of welfare benefits and budgeting advice to victims of domestic abuse

Priority 2: Ensure an adequate provision of quality accessible and affordable supported housing, and move-on accommodation, is in place.

1. Explore opportunities to develop supported housing/refuge accommodation that is suitable for victims of domestic abuse with unique needs relating to protected characteristics.
2. Develop a Sanctuary Scheme, considering guidance such as the government's "*Sanctuary schemes for households at risk of domestic violence*" and the Sanctuary Scheme Toolkit created by the Domestic Abuse Housing Alliance³⁹.
3. Explore funding opportunities to increase the provision of target hardening.
4. Strengthen the relationship between domestic abuse services and private investors/landlords in Trafford with the aim of increasing the housing portfolio for those fleeing domestic abuse.
5. Explore options to provide support and safe housing for domestic abuse victims who have no recourse to public funds.
6. Investigate opportunities to reduce the move-on time to enable victims to access a settled independent home as quickly as possible.

Priority 3: Establish closer working relationships with external services, organisations, and charitable bodies to ensure appropriate support is available.

1. Explore options to offer training on domestic abuse to both internal and external frontline housing staff. This should focus specifically on supporting victims with moving out of a property and ending an abusive relationship safely.
2. Investigate whether Trafford Registered Providers are DAHA accredited and explore options to assist those that aren't to achieve the accreditation.
3. Build stronger relationships between HOST and organisations which support LGBTQ+ victims with a view to creating referral pathways and opening discussions around commissioning of services.

Priority 4: Ensure housing advice is promoted and easily accessible to those with support needs in Trafford.

1. Promote HOST to all residents to ensure victims, and family and friends of victims, are aware of the housing options and support available. This could include a housing campaign aimed to raise awareness of the links between housing and domestic abuse and where to access support and advice.

³⁹ [15 -waha-sanctuary-scheme.pdf \(dahalliance.org.uk\)](https://www.dahalliance.org.uk/15-wa-sanctuary-scheme.pdf)

2. Explore how HOST details and housing advice can be promoted to reach 'hidden' victims of domestic abuse e.g. displayed in GP surgeries, nurseries, public restrooms etc.
3. Explore possibility of adding an 'exit site' button to housing advice webpages as demonstrated on the Women's Aid website.

Priority 5: Explore and review good practice in other Local Authorities in relation to supported accommodation, and support services, and implement within Trafford.

1. Investigate the effectiveness of Sanctuary Schemes in other areas and look to replicate good practice in Trafford.

DRAFT



Ex-Offenders

Ex-offenders are defined as people with any kind of historical criminal record. However, within this Strategy, an ex-offender will typically mean a person whose conviction resulted in a prison sentence. The term will also encompass those who have been remanded to custody to await trial and are subsequently found innocent and released. This is because they can face many of the same challenges upon release as those found guilty, such as losing their tenancy/mortgaged property whilst on remand in prison or not receiving immediate financial help at the point of release.

A stable address can help ex-offenders find work, open a bank account, claim benefits, and access local services. The importance of accessible and appropriate housing for this group is imperative to help ex-offenders live crime-free lives.

Supported Housing Need

Lack of suitable accommodation be both a cause and effect of offending. Evidence suggests that being remanded in prison, or serving a custodial sentence, can cause offenders to lose their existing accommodation rendering them homeless on release. In turn, not having settled accommodation is sighted as a risk factor for offending/re-offending⁴⁰.

HM Inspectorate of Probation (HMIP) produced a report showing that at the end of March 2020 there were 241,350 individuals under probation supervision. Of these, 6% were homeless at the start of their sentence compared with 19% at the end of their sentence⁴¹. This shows that 13% lost their accommodation while serving their sentence.

Ministry of Justice figures show that in 2018-2019, 11,435 people were released from prison into homelessness⁴². In total, 19% of women and 16% of men are released homeless, which is significantly higher than the average level of homelessness across the whole population, which is 0.5%⁴³.

⁴⁰ <https://www.homeless.org.uk/sites/default/files/site-attachments/1.Better%20Together%20-%20summary%20of%20findings.pdf>

⁴¹ [2019/2020 Annual Report: inspections of probation services](https://www.justiceinspectorates.gov.uk/hmiprobation/media/press-releases/2019/2020%20Annual%20Report%20-%20inspections%20of%20probation%20services)

⁴² <https://www.justiceinspectorates.gov.uk/hmiprobation/media/press-releases/2020/07/accommodationthematic/>

⁴³ <https://www.theguardian.com/society/2018/nov/28/ex-prisoners-streets-rough-sleeping-short-sentences>

A report published by the Ministry of Justice in July 2020 shows that offenders released without settled accommodation are almost twice as likely to reoffend, compared with those who have settled accommodation⁴⁴.

The table below shows the rates of re-offending in Trafford between October 2019 to September 2020 (the most recent figures available):

Table 1: Reoffending data Trafford Oct 2019 to Sept 2020		
No. Offenders	No. Re-Offenders	No. Re-Offences
585	116	362

Source: Proven Re-Offending Rates, Ministry of Justice

As demonstrated, almost 20% of offenders in Trafford will reoffend, many of them more than once. The significance of such findings is highlighted by the charitable organisation Revolving Doors Agency, which states that for the most disadvantaged people poverty, poor mental health, homelessness, substance misuse issues and offending overlap and they become caught in a negative 'revolving' cycle of crisis and crime⁴⁵.

There are several factors that make it difficult for ex-offenders to access accommodation, including:

- **Lack of Knowledge:** Ex-offenders do not know what their housing options are or where they can access support with housing.
- **Affordability:** Ex-offenders do not have the financial resources to access accommodation; the private rented sector is too expensive; and/or they have outstanding rent arrears preventing them from accessing social housing.
- **Lack of Suitable Options:** There are limited vacancies in hostels; their offending history leaves them ineligible to join the housing register; their previous offences mean private landlords are reluctant to accept them as tenants; their licence conditions prevent them from returning to their previous accommodation/locality.

Findings from the Stakeholder consultation identified self-contained accommodation, such as studio or 1-bedroom properties, as being most suitable for ex-offenders. Shared accommodation is not an ideal option for many ex-offenders as they generally need stability, a level of independence, and their own space to focus on a crime-free life. In

⁴⁴ <https://www.independent.co.uk/news/uk/home-news/homeless-ex-convicts-re-offend-crime-jail-watchdog-a9606391.html>

⁴⁵ [London Health Committee review into mental health for offenders and ex-offenders in London](#)

addition, ex-offenders often share a perception that hostels/shared houses would likely bring them into contact with drugs, alcohol, and the ‘wrong crowd’. For these reasons, some ex-offenders will not consider shared accommodation.

Accessing suitable accommodation is just the start for an ex-offender to resettle into society, and some additional support may be required to help them transition to independent living. Nacro, a charity that provides homes and housing related support to ex-offenders, recognises that many ex-offenders will have more than one ‘need’, for example they may be dependent on drugs as well as being homeless, and that to achieve sustainable and successful transformation all issues need to be dealt with⁴⁶.

The support offered to ex-offenders should therefore aim to:

- Help them understand their tenancy, and their rights and responsibilities as a tenant.
- Challenge attitudes and steer them away from criminal behaviour.
- Connect them with appropriate services when they have additional needs e.g. substance misuse, debt issues, mental and physical health conditions etc.

Advice and assistance to claim the right benefits is also important to ensure service charges are paid and rent arrears don’t accrue, and to provide support around budgeting to ensure money is managed effectively. Further, access to debt advice is important as many ex-offenders will accumulate debt whilst in prison due to previously made financial obligations, such as rent/mortgage costs, mobile phone contracts, items purchased on a hire-plan etc. They may also have outstanding fines relating to their offending.

Accessing employment is another area in which ex-offenders would benefit from support. Around two thirds of ex-offenders are unemployed both before and after custody⁴⁷, with around 75% of ex-offenders released without a job to go⁴⁸. Unemployment reduces an ex-offenders ability to reintegrate and contribute towards the community, and may make it difficult for them to access and maintain accommodation. There is a vast amount of evidence demonstrating that private landlords will often favour working tenants over those

⁴⁶ <https://www.nacro.org.uk/housing/our-housing-and-resettlement-work/>

⁴⁷ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/296320/impact-of-experience-in-prison-on-employment-status-of-longer-sentenced-prisoners.pdf

⁴⁸ [Bridging the gaps: Supporting ex-offenders and people in recovery from addiction into work \(The Forward Trust\)](#)

who are unemployed⁴⁹, even despite the 2020 County Court ruling that states blanket bans on renting to people in receipt of housing related benefits is unlawful⁵⁰.

Ex-offenders can struggle to find work because of their offending history alone, while others lack experience or may never have worked before. Therefore, support which helps ex-offenders to access work, or develop work related skills, is particularly important in reducing reoffending rates as well as enabling ex-offenders to access and maintain accommodation. Unemployment and homelessness are often a revolving cycle as it is difficult to overcome one without first overcoming the other.

As a group, ex-offenders are more likely to experience physical and/or mental health problems than those in non-marginalised groups in society and are more likely to have (or have had) substance misuse issues⁵¹. For example, findings from the Prison Reform Trust found that 42% of prisoners had been previously diagnosed with mental illness⁵². Further, a third of people assessed in prison in 2017–18 were found to have a learning disability or difficulty⁵³.

Substance abuse can be both a cause and effect of spending time in prison. It is estimated that around half the prison population in the UK may be dependent on drugs or alcohol⁵⁴ with around 1 in 7 developing addictions while in prison⁵⁵. Support to enable and monitor ex-offenders with accessing treatment for addiction has been proven to reduce the likelihood of reoffending. Nacro's housing resettlement service in North Lincolnshire is a good example of this in practice⁵⁶.

It should be recognised that the needs of female ex-offenders will often differ from those of male offenders, and this must be considered in respect of the supported accommodation provision. Whilst women make up only 4% of the total prison population, the number of women in prison has doubled in the past 27 years⁵⁷. In addition, women account for a disproportionate number of self-harm incidents in prison, despite making up only a small percentage of the total prison population, and 9% of women in prison are foreign nationals⁵⁸.

⁴⁹ <https://www.theguardian.com/society/2020/aug/02/landlords-in-england-ignoring-no-dss-ban-claim-private-renters>

⁵⁰ <https://www.bbc.co.uk/news/education-53391516>

⁵¹ <https://www.london.gov.uk/sites/default/files/omhfinal.pdf>

⁵² [Summer 2021 briefing web FINAL.pdf \(prisonreformtrust.org.uk\)](#)

⁵³ " "

⁵⁴ <https://core.ac.uk/download/pdf/43761759.pdf>

⁵⁵ <https://www.independent.co.uk/news/uk/home-news/prison-drug-problem-jail-uk-illicit-substances-reform-a9288616.html>

⁵⁶ <https://www.nacro.org.uk/services/lincolnshire/nacro-homes-agency-north-lincolnshire/>

⁵⁷ [Summer 2021 briefing web FINAL.pdf \(prisonreformtrust.org.uk\)](#)

⁵⁸ " "

Current Provision

In 2021, the government announced a £70m investment programme to provide stable accommodation for prison leavers. Greater Manchester was selected as one of 5 regions across England to trial the programme, and subsequently the Greater Manchester Community Accommodation Service (CAS) was launched. CAS offers a 3-tier structure of support to ex-offenders:

- Tier 1 - Accommodation for high-risk offenders.
 - Expansion of Approved Premises provision for high-risk offenders with a public protection focus.
- Tier 2 – Bail accommodation & support provision.
 - Expansion of bail accommodation and support services for offenders released on home curfew and for those on bail.
- Tier 3 – Accommodation for prison leavers to transition into settled accommodation
 - Investment in transitional accommodation for released prisoners who are homeless and increased support to assist them into settled accommodation.

Trafford currently have 4 CAS (Tier 3) bed spaces in 2 properties available as temporary supported accommodation (up to 12 weeks) for ex-offenders. These properties are furnished and available for ex-offenders on their day of release from prison. Individualised low-level support is provided to assist the ex-offenders to sustain the temporary accommodation and move-on to settled accommodation.

In addition, ex-offenders that are not eligible for the CAS provision can access housing support from Housing Options Service Trafford (HOST) under homelessness legislation, and those deemed not in priority need can be accommodated under the A Bed Every Night (ABEN) scheme. Ex-offenders with low-level needs can also be referred to Trafford's three commissioned homelessness supported accommodation schemes: Greenbank, Pomona Gardens, and Meadow Lodge.

To enable effective move on for ex-offenders from CAS properties the government announced the £13m Accommodation for Ex-Offenders Scheme. Trafford Council successfully bid for funding which is being utilised to offer financial assistance to help ex-offenders access private rented properties. The funding has also been used by Trafford to recruit an additional Tenancy Support Officer who will focus solely on the ex-offender cohort, providing support with tenancy sustainment, accessing benefits, employment/training, and linking in with other support agencies.

Future Provision

The Stakeholder consultation that informed this Strategy identified a lack of affordable and suitable move-on accommodation for ex-offenders in Trafford. Although the Accommodation for Ex-Offenders scheme goes some way towards assisting with this, those that are ineligible for this scheme continue to face barriers in securing settled homes.

Within Trafford's social housing stock there are not enough studio and 1-bedroom properties to meet demand. This means the private rented sector is the most viable option to secure settled housing for many ex-offenders in the borough. However, the private rented sector is largely inaccessible for this cohort as the average rents in Trafford remain the highest in Greater Manchester at £1,342 a month compared to £906 across the city region⁵⁹.

This difficulty is exacerbated by the Local Housing Allowance rates which are significantly lower than the average rents in Trafford i.e. the 1-bedroom rate is approximately £560 per month while the average rent for a 1-bed is approximately £710. Further, anyone under the age of 35 years is only entitled to the Shared Accommodation Rate, which is approximately £340 per month. As shared accommodation may not be suitable for many ex-offenders, those reliant on welfare benefits are priced out of the private sector.

A further barrier to the private rented sector is the upfront costs often requested by landlords. These upfront costs, such as deposits and rent in advance, disproportionately disadvantage ex-offenders as the amounts required are significant and most ex-offenders face financial hardship on release. Ex-offenders are unable to claim Universal Credit until they have been released, and most do not have employment to return to. The majority will only receive an average discharge grant of £47 to last until they begin to receive benefit payments. It is possible for ex-offenders to claim an extra grant of £50 if they have secured temporary accommodation for their first night of release, which is paid directly to the accommodation provider. However, this is unlikely to cover the full cost of temporary accommodation and cannot be used towards securing a private rented tenancy.

Trafford must therefore continue to seek funding opportunities which provide financial assistance to ex-offenders to access private rented housing and consider options to provide more suitable supported accommodation for this group that is available from the day of release.

Location of accommodation can be another hurdle ex-offenders face when trying to secure suitable accommodation. Some ex-offenders may be prohibited from returning to their local

⁵⁹ [Trafford Housing Bulletin](#)

area by licence/bail conditions, and some may have specific exclusions in their licence/bail conditions stating they cannot live in a certain type of accommodation or within a certain proximity to amenities such as schools or playgrounds. Further, some ex-offenders choose not to return to their previous local area to avoid people or situations that would increase their risk of re-offending. However, seeking accommodation in an area they do not have a local connection can present difficulties to ex-offenders, as individuals must have a local connection to access support under homelessness legislation from the Local Authority. This is a national problem which requires a system or protocol to be developed for reciprocal arrangements between GM local authorities, and/or all Local Authorities.

Findings from the Stakeholder consultation also identified a need for provision of supported accommodation for high-risk (schedule 1) offenders, as this is currently lacking in Trafford. Trafford Council will need to work closely with prison and probation services, and access appropriate funding opportunities, to ensure there is adequate provision within the borough for these individuals.

With regards to support provision, ex-offenders represent a significant pool of potential candidates for local job vacancies as many are unemployed on release, and just 17% are in tax contributing employment a year after leaving prison⁶⁰. Trafford Council should therefore seek to provide an intermediary role to connect ex-offenders with local employers, and to partner with other organisations to support this. One example would be to link in with Trafford Housing Trust's CleanStart scheme which has, to date, supported 54 ex-offenders into employment⁶¹.

There was a consensus among Stakeholders that round the clock support services are vital in supported housing for ex-offenders, but these should be flexible to the individual. For example, a check-in service and/or curfew should be considered as one means of support. It is also important that there is sufficient floating support available to ex-offenders to allow them to transition from supported accommodation to independent living.

Strategic Objective

Our strategic objective is to ensure we have the right level of supported housing, move-on accommodation, and support provision to provide ex-offenders with the best opportunity to reintegrate into society and reduce likelihood of reoffending.

The overarching strategic priorities of the Strategy aim to achieve this by delivering on the following recommendations:

⁶⁰ [Summer 2021 briefing web FINAL.pdf \(prisonreformtrust.org.uk\)](#)

⁶¹ <https://www.traffordhousingtrust.co.uk/about-us/>

Priority 1: Enable people with support needs to live as independently as possible within Trafford.

1. Investigate opportunities to promote budgeting and benefit advice services to ex-offenders.
2. Explore what support can be offered to those on remand to maintain their tenancy/mortgage until their case is concluded.

Priority 2: Ensure an adequate provision of quality accessible and affordable supported housing, and move-on accommodation, is in place.

1. Increase partnership working between housing providers and the Probation Service regarding risk management of ex-offenders.
2. Explore ways to increase provision of supported accommodation for high risk/schedule 1 offenders.
3. Explore opportunities to provide settled housing to newly released ex-offenders where there is a barrier to them returning home.
4. Investigate the differing needs of female ex-offenders and explore options to create female-only provision if a need is identified.

Priority 3: Establish closer working relationships with external services, organisations, and charitable bodies to ensure appropriate support is available and easily accessible.

1. Develop stronger links with the Probation and Prison Services to ensure there is early identification of housing needs for those given a custodial sentence, so assistance can be offered prior to release.
2. Increase partnership working between housing providers and the Probation Service to reduce the risks associated with housing ex-offenders.
3. Consider support needs ex-offenders have and are currently unable to address and explore whether these gaps can be met by facilitating better access to existing services.

Priority 4: Ensure Housing advice is promoted and easily accessible to those with support needs in Trafford.

1. Ensure housing information and advice is available to offenders before and on release from prison.



Learning Disabilities and Autism

A learning disability is the label given to a group of conditions, present before the age of 18, that affect how an individual communicates and understands information. The Department of Health defines a learning disability as a “significant reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), which started before adulthood”. A learning disability can be mild, moderate, or severe.

Autism is a lifelong developmental condition which affects how people communicate with, and relate to, other people and how they interact with the world around them. It is a spectrum condition with some autistic people living independent lives while others require full time support. Although there is some overlap, autism is not a learning disability. However, around 50% of autistic people may also have a learning disability⁶².

Supported Housing Need

The Care Act 2014 outlines that allowing individuals with learning disabilities and/or autism to make autonomous choices about their living and support arrangements is an important step to promoting their personal well-being. Further, the Government and Department of Health are clear that people with learning disabilities and/or autism should be supported to live as independently as possible to enjoy a more fulfilling life.

There are many reasons people with learning disabilities and/or autism may require supported housing, including:

- They live with relatives who have become unable to continue to provide care/support e.g. their parents become too frail or pass away.
- They do not meet the threshold for social care support but do not have the skills to manage their own tenancy.
- They currently live in supported housing but their needs have changed e.g. through aging or ill-health, or they feel able to move to a more independent setting but still require low-level support.
- They are transitioning from childhood to adulthood, including care leavers.

In Greater Manchester, there are an estimated 65,000 people with a learning disability⁶³, which equates to approximately 2.3% of the population. The GM Learning Disability Strategy 2018

⁶² <https://www.mencap.org.uk/learning-disability-explained/conditions-linked-learning-disability/autism-and-aspergers-syndrome>

⁶³ <http://www.gmhsc.org.uk/wp-content/uploads/2018/09/GM-Learning-Disability-Strategy-FINAL.pdf>

states that housing for people with learning disabilities and/or autism is a county-wide priority. Its findings show that individuals want to have a choice of housing options which best meet their needs, and access to housing options which enable them to live as independently as possible. To achieve this, the Strategy provides the following actions for the next 5 years: -

- Expand the Shared Lives model in GM to reach 15% of people with learning disabilities in each locality.
- Continue to support the implementation of the Home Ownership for people with Long-term Disabilities (HOLD) mortgage offer.
- Undertake an accommodation review and develop a strategic housing plan for people with a learning disability.

The GM Supported Housing Data Pack produced by the GMCA and the NHS in August 2018 estimated around 484 people with learning disabilities living in Trafford in 2020/21. The Data Pack breaks down the living arrangements of the 484 people as follows:

- 198 (41%) live in shared supported accommodation
- 106 (22%) live with family or informal carers
- 63 (13%) live in self-contained supported accommodation
- 53 (11%) live in residential/care home accommodation
- 34 (7%) live in Shared Lives accommodation
- 24 (5%) live in mainstream housing with a care/support package
- 5 (1%) are homeowners

Current Provision

The GM Supported Housing Census (2017- 2018) was produced as a result of the findings from the GM Supported Housing Data Pack. The Census shows there are currently 80 specialist schemes in Trafford for people with learning disabilities, containing a total of 260 units of accommodation. 20 of these schemes, containing 60 units, are owned by Registered Providers (RPs). The main RPs providing these schemes are Trafford Housing Trust, Irwell Valley, Progress Care HA, Jigsaw, Great Places, Places for People, Inclusion (General), and Golden Lanes (Bespoke).

The main support providers for those with learning disabilities in Trafford are Future Directions, Creative Support, and IAS Services.

As all these organisations play a key role in the provision of supported accommodation and delivery of support within the borough, partnership working is crucial. This is recognised in the Implementation Plan of the GM Learning Disability Strategy, which has the following action:

“Work with our Registered Providers to increase the provision of supported housing for people with learning disabilities” This aims to provide greater housing options available within the affordable/social rented sector for those with learning disabilities.

There is an unequal distribution of housing for people with learning disabilities within Trafford. Over half (60%) of supported housing for this group is in the West of the borough, while there is a lack of suitable housing in the North and Central areas (Old Trafford / Stretford). This was identified within Trafford’s Housing Needs Assessment 2019 which also highlighted a lack of provision for people with learning disabilities in the more affluent areas of Trafford.

In addition, there is no suitable accommodation for those with high level complex behavioural needs in Trafford, so these people are currently housed outside of the borough which has an associated social and economic cost for both the individuals and the Council. In most cases, this also isolates the individual from their support network and local community.

Trafford does not have any specialist autism specific accommodation within the borough. Individuals with autism are therefore housed in general supported accommodation or extra care schemes, which may not always be appropriate. In contrast, Great Places are currently developing an 8-bed scheme for residents with high-needs autism in Salford, which includes extra-tough plasterboard, enhanced soundproofing, and wide corridors as well as infrastructure for technological aids.

Trafford Council will need to explore whether there is demand within the borough to require such a scheme, and if so, explore the effectiveness of the scheme to determine whether a similar model could be introduced in Trafford.

Future Provision

The GM Supported Housing Data Pack predicts that by 2030/31 the population of people with learning disabilities living in Trafford will increase by 13% to 547. It is forecast that an additional 100 units of specialist accommodation will therefore be required, comprising of 50 units of self-contained supported accommodation and 72 units of Shared Lives accommodation. This is in line with the 15% target set out in the GM Learning Disability Strategy for the expansion of the Shared Lives scheme.

Accommodation for people with high level complex behavioural needs is required in Trafford to allow those who need this type of accommodation to continue to reside in the borough. This will allow them to maintain ties to their family, support networks, and the local community, and will reduce the current social and economic cost of out of borough placements.

There is also a need for more accommodation suited to those with lower-level support needs within the borough. Evidence, and findings from the Resident Consultation, shows that most individuals with learning disabilities and/or autism live with family⁶⁴. This is possibly due to lack of other options rather than an inability to live independently. Trafford Council will need to explore whether this need could be met in general housing with assistive technology, such as TeleCare, provided for support.

Another option for supporting those with low-level needs in general housing is the implementation of Good Neighbour Schemes. Good Neighbour Schemes are community projects delivered by groups of local volunteers. The volunteers help vulnerable residents in their local community with things such as companionship, running errands, escorting to activities or appointments, filling in forms and writing letters, and household tasks such as changing lightbulbs or reporting repairs. Good Neighbour Schemes have been successfully implemented in areas of Lincolnshire⁶⁵, Sheffield⁶⁶, and Leicestershire⁶⁷.

This is an inexpensive option which could allow individuals with learning disabilities and/or autism to live independently with the support of their local community. Trafford Council should therefore explore the use of Good Neighbour Schemes and work with registered providers to successfully implement them across the borough.

Where technological aids and Good Neighbour Schemes would not provide sufficient support, floating support could be put in place. Additional floating support resources will therefore be needed. This would allow those with lower level needs to live independently with floating support in place. This supports the GM Learning Disability Strategy 2018 findings which demonstrate that people with learning disabilities and/or autism want access to housing options which enable them to live as independently as possible.

Floating support can be put in place in either private or social rented properties. Provision in the private sector is therefore important, and the Council will need to develop good working relationships with local private landlords to utilise the private sector for those with learning

⁶⁴ [People with learning disabilities in England 2015](#)

⁶⁵ <https://communitylincs.com/individuals/making-connections/good-neighbours-schemes-helping-community/>

⁶⁶ <https://scccc.co.uk/get-help/good-neighbour-scheme>

⁶⁷ <https://www.leicestershirecommunities.org.uk/sr/good-neighbour-schemes.html>

disabilities and/or autism. However, the private rented sector would not currently be an option for those under the age of 35 who would prefer self-contained accommodation as the average market rent of a 1-bed property in Trafford is £835 per month⁶⁸ while the average Local Housing Allowance for under 35's is only £343 per month.

Socially rented accommodation is also a challenge as there is a severe lack of 1-bedroom properties offered by Registered Providers in Trafford while over half of all applicants on the Housing Register require this type of property.

For this reason, shared private accommodation will need to be an available option. Shared accommodation would allow tenants to split the cost of rent and bills, prevent loneliness and isolation, and allow floating support to be provided in a more efficient way. Although this model of accommodation may not be a viable option for those whose learning disabilities and/or autism make it difficult to live in a shared setting, findings from the Resident Consultation show that half of those with support needs would consider it if the properties had private bathrooms, good technology capabilities, access to activities and good transport links, and similar aged housemates with shared interests.

For both those with learning disabilities and those with autism there is necessity for a more equal distribution of supported accommodation across the borough. More supported housing is required in the North and Central areas of Trafford. This would allow a greater choice of area, meaning links to communities and support networks could be maintained. It would also increase the opportunity for family members to provide support which would reduce the pressure on local services.

Location is also important to overcome the feeling of isolation and loneliness often experienced by those with learning disabilities and/or autism so ensuring accommodation is available in a variety of areas, with good transport links, is crucial.

While a wide dispersal of supported accommodation is important, care must be taken to minimise the number of units located in troublesome areas. People with learning disabilities and/or autism are more likely to be the target of crimes such as cuckooing⁶⁹ so housing them in areas with known issues would leave them vulnerable to exploitation. Consideration must be given to the structural adaptations that may be required for housing those with learning disabilities and/or autism. For example, people with autism may benefit

⁶⁸ https://www.home.co.uk/for_rent/trafford/current_rents?location=trafford

⁶⁹ <https://www.mentalhealth.org.uk/news/new-report-shows-people-learning-disabilities-are-high-risk-targeting-hate-crime-yet-remain>

from soundproofing to counteract the auditory hypersensitivity many of them experience and communal areas may be beneficial to encourage socialisation.

For those who have higher needs than can be met by floating support, sheltered or extra-care schemes may be a good option. These schemes offer significant on-site support while allowing individuals to retain some level of independence. Thought will need to be given to the age ranges of residents as placing a younger person into a sheltered or extra-care scheme may be detrimental if all other residents are elderly. Trafford Council should explore the viability of developing sheltered/extra-care schemes that are designed to meet the needs of both older people and younger people with learning disabilities and/or autism. This model was supported by Stakeholders who suggested a combination of ages in extra-care schemes would be mutually beneficial to both older and younger residents.

With any form of supported accommodation, it is important that where possible the support provider is interchangeable. This would give individuals more choice over who provides their support, rather than having a support provider tethered to the accommodation they choose.

Strategic Objective

Our strategic objective is to ensure people with learning disabilities and/or autism in Trafford have greater choice and access to appropriate support and supported accommodation, promoting their independence and quality of life.

The overarching strategic priorities of the Strategy aim to achieve this by delivering on the following recommendations:

Priority 1: Enable people with support needs to live as independently as possible within Trafford.

1. Consider amendments to the Council's Allocation Policy so that those with a diagnosis of autism can be given more priority on the Council's housing register.
2. Investigate the potential to introduce Good Neighbour Schemes for those with learning disabilities and/or autism across the borough.

Priority 2: Ensure an adequate provision of quality accessible and affordable supported housing, and move-on accommodation, is in place.

1. Explore opportunities to provide more age-appropriate supported accommodation.
2. Explore demand for autism specific accommodation for Trafford.
3. Review criteria of existing extra-care schemes to identify if there is potential to integrate younger adults with learning disabilities and/or autism.

4. Investigate potential to provide accommodation that can support high-level behavioural needs in Trafford to reduce out of borough placements.

Priority 3: Establish closer working relationships with external services, organisations, and charitable bodies to ensure appropriate support is available.

1. Work more effectively with private sector landlords and investors on their plans for accommodation for people with learning disabilities and/or autism in Trafford.
2. Work with external services to explore opportunities to provide more activities/workshops in supported housing schemes taking account of the hobbies and interests of residents.
3. Foster better relationships with local employers, job centres, and educational institutes to ensure existing support includes access to education, training, and employment.

Priority 4: Ensure housing advice is promoted and easily accessible to those with support needs in Trafford.

1. Ensure housing information and advice is available to those with learning disabilities and/or autism through charities and external agencies as well as Council services.
2. With the help of internal and external care/support providers, ensure family/carers of those with learning disabilities and/or autism are aware of the supported housing options within the borough and how to access them.
3. Explore how Trafford's housing advice webpages can be adapted to meet the needs of those with learning disabilities and/or autism.

Priority 5: Explore and review good practice in other Local Authorities in relation to supported accommodation, and support services, and implement within Trafford.

1. Evaluate the effectiveness of the autism specific supported accommodation model in Salford and consider replicating in Trafford if there is sufficient demand.



Mental Health

Mental health refers to an individual's emotional, psychological, and social well-being. A person's mental health can affect how they think, feel, and act, and can also impact on daily functioning. Poor mental health can therefore cause individuals to struggle to cope and may impact their ability to work, sustain accommodation, and carry out daily activities.

There is a difference between mental health problems and mental illness⁷⁰ in that the latter is a disorder diagnosed by a medical professional that significantly interferes with an individual's cognitive, emotional, or social abilities. There are different types of mental illness and they occur with varying degrees of severity. Examples include mood disorders (such as depression, anxiety, and bipolar disorder), psychotic disorders (such as schizophrenia), eating disorders, and personality disorders.

Mental health problems are similar in that they also interfere with an individual's cognitive, emotional, or social abilities, but they may not meet the criteria for a diagnosed mental illness and the impacts on an individual's life tend to be less severe⁷¹.

This Strategy will focus on functional mental illness (conditions which display symptoms but for which there is no clear scientific measure) rather than organic mental illness (conditions which can be directly linked to physical attributes e.g. brain or tissue damage). The main omission will therefore be individuals with dementia, however supported housing for this cohort is considered within the Older Peoples Housing Strategy⁷².

One in four people in England will experience a mental health problem each year⁷³. In the 2021 GP Survey, 10% of Trafford respondents reported having a mental health condition⁷⁴. In addition, the Trafford Health and Wellbeing Priority (2021)⁷⁵ outlines that 12.6% of Trafford's population are on a GP register for depression, 13% of adults report high levels of anxiety, and 1% of adults (2,382) are on the severe mental illness register.

The Health and Wellbeing Priority also states that adults with a serious mental illness in Trafford are almost five times more likely to die early than the general population in

⁷⁰ <https://wearewellbeing.co.uk/insights/the-difference-between-mental-health-and-mental-illness/>

⁷¹ <https://hampshirecamhs.nhs.uk/issue/mental-health-and-mental-illness-yp/>

⁷² [Trafford-Older-Persons-Housing-Strategy.pdf](#)

⁷³ <https://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/>

⁷⁴ <https://gp-patient.co.uk/surveysandreports>

⁷⁵ [Reduce the impact of poor mental health- Trafford \(traffordjsna.org.uk\)](#)

England. This is one of the reasons that reducing the impact of poor mental health is a priority for the borough. Other reasons include:

- Trafford has a greater mortality rate for those aged under 75 years with mental health needs compared to its nine nearest statistical neighbours⁷⁶.
- Hospital admissions connected to self-harm in the most deprived ward of Trafford is 43% higher than the national average⁷⁷.
- The recorded prevalence of depression has increased by 6.4% since 2013/14⁷⁸.

Supported Housing Need

There are many reports and research documents which evidence the strong correlation between suitable housing and improved mental health. For example, research by Crisis found that as a person's housing becomes more stable the rate of serious mental illness decreases⁷⁹. Further, mental ill health is frequently cited as a reason for tenancy breakdown, and for a person being admitted, or readmitted, to inpatient care⁸⁰.

Crisis take the link between housing and mental health further and highlight that poor mental health is both a cause and consequence of homelessness. The effects of poor mental health can trigger, or be part of, a series of events that can lead to homelessness. In turn, homeless people are nearly twice as likely to have experienced mental health problems compared to the general population⁸¹.

The Greater Manchester Mental Health NHS Foundation Trust's (GMMH) Housing and Mental Health Strategy 2019-2022 recognises the importance of housing in relation to improving the wellbeing and overall mental health of individuals. Some of the key points are as follows:

- Lack of suitable housing is a fundamental cause of delayed hospital discharges.
- Lack of suitable housing can impede access to treatment and recovery.
- Housing is recognised as a central part of an affective recovery pathway, as well as a key element in preventing ill health and reducing the need for inpatient care.

⁷⁶ <http://www.traffordjsna.org.uk/docs/Health-Wellbeing-Priorities-Docs/Mental-health-summary-updated-220219.pdf>

⁷⁷ <http://www.traffordjsna.org.uk/docs/Health-Wellbeing-Priorities-Docs/Mental-health-summary-updated-220219.pdf>

⁷⁸ [Reduce the impact of poor mental health- Trafford \(traffordjsna.org.uk\)](https://www.traffordjsna.org.uk)

⁷⁹ <https://www.trafford.gov.uk/about-your-council/strategies-plans-and-policies/housing-strategy/docs/Trafford-Council-Homelessness-Strategy-2019-2024.pdf>

⁸⁰ <https://www.theguardian.com/housing-network/2016/feb/04/poor-housing-bad-mental-health>

⁸¹ <https://www.crisis.org.uk/ending-homelessness/health-and-wellbeing/mental-health/>

- There are inadequate levels of different housing related support and different housing options for the current population need.

The Housing and Mental Health Strategy highlights that people with mental health needs are often placed into residential or nursing homes due to a lack of alternative supported housing. Residential/nursing homes are not generally designed to maintain independence and so people, particularly younger people, become deskilled and unable to maintain expected levels of self-care. If the same individuals were placed into appropriate supported accommodation, it is likely they would remain independent for longer.

In addition, as a result of these inappropriate placements, there are fewer places in residential/nursing homes for those people who genuinely need this type of accommodation i.e. older people with physical health needs/dementia etc.

It is well documented that supported housing can be key to the delivery of high quality, cost-effective community-based services. For example, Mental Health Supported Housing (2017) by the mental health charity Rethink Mental Illness states:

‘Supported housing is a hugely valuable and cost-effective housing option for people with mental illness. It enables them to live independently in the community and saves the NHS and other public agencies money’.

In 2009, the Department of Community and Local Government (DCLG) commissioned Capgemini to research the cost and benefits of housing related support⁸². Their findings demonstrate that every £1 spent nationally on housing related support saves the public purse £1.79. These savings are split across health services, social care, and the criminal justice system. Specifically, in relation to mental health, the research identified other non-financial benefits of housing related support, including:

- Improved quality of life for the individual including greater independence, improved health, greater choice of options on where and how to live, and lessened dependency on relatives and carers.
- Prevention of further mental health problems and fewer suicides.
- Reduced burden of care on informal carers (leading to improved quality of life); and
- Easier access to appropriate services.

⁸²https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/16136/1274439.pdf

These findings were supported by a report produced by the Mental Health Foundation in 2016 which outlines that investing in housing related support services can generate savings across health and social care, including avoiding acute admissions, as well as across the criminal justice and care systems⁸³.

Trafford hospitals have the highest 'length of stay' rate compared with the rest of Greater Manchester⁸⁴. Lack of suitable accommodation is one driving factor for this, and it is likely that should the level of supported accommodation within the borough increase the average length of stay in hospitals across Trafford would decrease. This again demonstrates the opportunity for savings as the cost of housing related support is estimated to be a third of an equivalent inpatient bed⁸⁵.

In addition to cost savings, there are multiple benefits for those supported within the community rather than being admitted to hospital or a residential institution, as highlighted within the GMMH Housing and Mental Health Strategy:

'Housing has become recognised as a central part of an effective recovery pathway, as well as a key element in preventing ill health and reducing the need for inpatient care. It provides the basis for individuals to recover, receive support and help in the least restrictive environment possible. In many cases, settled accommodation facilitates a return to work or education.'

Supported housing would also facilitate the shift towards a person-centred approach to care and support as outlined in the Care Act 2014 and furthered by Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Ultimately, having greater choice of the type and location of accommodation, and the type and level of support provided, allows individuals to retain independence and autonomy in a way that inpatient care and residential settings do not.

Current Provision

In 2018, the Care Quality Commission highlighted that whilst the GMMH has a high number of mental health rehabilitation beds, there is an unequal distribution across its four operating boroughs. The GMMH's Housing and Mental Health Strategy 2019-2022 describes the supply for crisis accommodation for those with mental illness as limited. However, although Trafford only has 1 unit of accommodation available for those experiencing mental health crisis, this has

⁸³ https://www.mentalhealth.org.uk/sites/default/files/Mental_Health_and_Housing_report_2016_1.pdf

⁸⁴ <https://www.gmmh.nhs.uk/download.cfm?doc=docm93jjjm4n5026>

⁸⁵ " "

proven sufficient. The supply was previously increased but reduced again as the additional provision was not being utilised.

Trafford's Housing Need Assessment 2019 sets out the urgent necessity for suitable accommodation for those in the borough with mental health needs, and particularly highlights the demand for single tenancies and tenancies for people under the age of 30. As part of this assessment, commissioners stated that a review of mental health service provision, CCG, and specialist commissioning is needed in Trafford to promote wellbeing and reduce crisis using early intervention by identifying pre-crisis points for individuals.

As a result of this assessment, a review of care and accommodation for mental health services has commenced in Trafford with a new role being created to lead on this work. This review is giving greater insight into what is available within Trafford for this cohort and is assisting in highlighting the gaps in services.

The current accommodation and support services within the borough are well utilised. There are currently 6 providers who offer supported housing in Trafford which comprises short, medium, and long-term supported housing options. There is also a small scheme which supports discharge from hospital and provides short-term (up to 3 months) supported accommodation under the discharge to assess pathway.

In addition, Trafford has 3 care homes specifically for those with mental health support needs. The remit for these schemes is relatively broad in that they can accept those being accommodated as part of a recovery pathway, Discharge to Assess pathway, or on a long-term basis. There are no age restrictions which reduces the chance of younger people with mental health needs being placed inappropriately.

Trafford also has provision of floating mental health support to enable those who meet the criteria to remain independent in their own homes whilst receiving the support they need in relation to their mental health.

Although Stakeholders who responded to the consultation expressed that most supported housing in Trafford provides only long or medium-term tenures, the above overview suggests that there is sufficient supply of short-term supported housing. However, there is an identified lack of throughput caused by an insufficient supply of suitable move-on accommodation for those that have completed recovery in the short-term accommodation.

It is worth noting that the provision highlighted above is only accessible for individuals who are owed a statutory duty by Social Services following a Care Act or Mental Health Act assessment.

For any individuals who are homeless and have lower level mental health needs, they are able to access the Pomona Gardens, Greebank, and Meadow Bank supported housing schemes in Trafford. For those whose low-level mental health support needs lead to difficulties in maintaining their existing home, the HOST Tenancy Support Service is available.

Future Provision

Trafford Council need to ensure more enhanced supported housing solutions can be provided within the borough to allow a rehabilitation pathway to more independent living and out of hospital environments for residents with mental health needs.

Ensuring there is an adequate level of supported housing within the borough will also have financial benefit. Currently CCGs and Local Authorities jointly fund packages of care for people with mental health problems in residential care homes, nursing homes, and independent hospitals. Providing care in supported or general needs housing will not only give individuals more independence and greater choice but will also significantly reduce the current spending on residential and in-patient placements as Housing Benefit/Universal Credit will cover some of the housing cost.

The GMMH Housing and Mental Health Strategy 2019-2022 suggests that short-term step-down supported accommodation is an effective model for helping reduce the length of hospital stays and expedite discharge. Other benefits include:

- Greater ability to bring people back from out of area placements, thus giving them greater choice on where they want to live.
- Prevention of re-admission.
- Greater success in rehabilitation.
- Cost effective (short-term step-down accommodation is estimated to be about a third of the cost of an equivalent inpatient bed).

Two schemes piloting a model of short-term step-down supported accommodation have been set up in Manchester and Bolton. Trafford Council should explore the effectiveness of these pilots and consider whether it would be beneficial to implement a similar scheme within the borough.

The support required for those with poor mental health can differ from person to person. For some, support may be limited to helping with management of medication and liaising with health services, while others may need higher levels of support e.g. help to develop new skills, manage a tenancy, secure employment, and budget/increase income. It's therefore important that support can be tailored to each individual. Short-term accommodation would be a good place to fully assess a person's level of need and establish what type of support they will require once moved-on.

For a short-term step-down model to be successful, there must be adequate move-on options available. The services within Trafford that currently seek to move people on to more independent living highlight access to appropriate alternative accommodation as a barrier. This is largely due to the limited social housing stock and the unaffordability of the private rented sector within the borough.

Stakeholders involved in the consultation also felt that a greater range and number of services are needed within Trafford for those with mental health illnesses to allow them to live in more appropriate settings. These services should include community-based teams, floating support, and wraparound services that will enable individuals to transition back into the community following periods of hospitalisation. Further, these services will need to be flexible so that they can adapt to changing client needs and offer support outside of 'office hours' i.e. on weekends.

Some of Trafford's residents with mental health needs live with a parent or other relative and there is a reliance placed on these individuals to act as carers. This was supported by the findings from the resident consultation, which found all individuals with support needs that are looking to move into supported accommodation in Trafford in the future currently live with parents or family members. Trafford Council therefore need to ensure planning is in place around identifying clients that live with ageing and/or unwell carers so that their future accommodation and/or support needs can be arranged in advance of, rather than at, crisis point (e.g. if a carer passes away, the individual is hospitalised or needs residential care).

There is a clear driver for a co-ordinated approach between Trafford Council and GMMH to deliver supported housing for people with mental health conditions. For most, general needs housing is the best place to live, with visiting care or floating support tailored to their needs. For some people supported housing is a 'step down' from residential or hospital-based care, or it can be a temporary 'step up' for people struggling to manage in their existing home. A small minority of people may always require some level of supported housing. Supported housing for those with mental health problems can help deliver positive

individual outcomes and reduce impact on communities and on interventions from health and social care services.

Therefore, greater work needs to be done to foster working relationships and agreements between Trafford Council, neighbouring Local Authorities, NHS organisations, and other mental health services and partners to ensure appropriate provisions are in place. The Rethink Mental Illness charity states that *'silo working at a local level means people with mental illness can miss out on good housing and support that limits hospital stays'*. The charity references a survey finding only 51% of the respondents said they received the help they needed to find housing following their last in-patient stay; and just 33% said they were asked about their housing situation on their admission to hospital⁸⁶.

The Homelessness Reduction Act 2017 placed a statutory duty, known as the 'Duty to Refer', on hospitals to refer any patients who are homeless or at risk of homelessness to the Local Authority. In 2019/20, 75 referrals from hospitals/GPs/NHS/CCG were received by the HOST for patients who were identified as being at risk of homelessness, and in 2020/21 101 referrals were received. This is an example of how successful partnership working can help to ensure those who require assistance with housing following a hospital stay receive the support they need.

Most of the mental health supported housing units across the country are provided by housing associations (70%) or charity and voluntary organisations (20%)⁸⁷. It will therefore be important to foster close working relationships with housing associations and charities that provide this type of accommodation within Trafford to ensure it is utilised effectively.

Strategic Objective

Our strategic objective is to ensure those with mental health support needs can live as independently as possible by providing adequate supply of both long-term and short-term supported housing, as well as offering floating support to those in general housing and allowing individuals to have greater choice over where they live and how they access support.

The overarching strategic priorities of the Strategy aim to achieve this by delivering the on following recommendations:

⁸⁶ [By Rethink Mental Illness \(October 2017\) - Mental Health Supported Housing](#)

⁸⁷ " "

Priority 1: Enable people with support needs to live as independently as possible within Trafford.

1. Conduct a review of individuals in residential accommodation with a view to promoting a return into community settings.
2. Explore innovative and creative ways of using self-directed support and personal budgets.

Priority 2: Ensure an adequate provision of quality accessible and affordable supported housing, and move-on accommodation, is in place.

1. Explore the possibility of expanding crisis and emergency provision for those with mental health needs to reduce the need for admission.
2. Explore options for 'step-up and step-down' model of supported housing in Trafford.
3. Explore whether supported housing can be integrated into the mental health care pathway.
4. Identify and resolve specific issues with the availability of 'move-on' accommodation for those with mental health support needs.
5. Explore the possibility of extending floating support provision for those with mental health needs, include community-based teams and wraparound services.

Priority 3: Establish closer working relationships with external services, organisations, and charitable bodies to ensure appropriate support is available.

1. Ensure there is early identification of housing needs for those admitted to mental health wards/units to enable these to be addressed prior to discharge. This might include creating a housing advice service within, or actively promoted by, local NHS Trusts.

Priority 5: Explore and review good practice across Greater Manchester in relation to supported accommodation, and support services, and implement within Trafford.

1. Investigate whether good practice from other Local Authorities of developing new models of supported accommodation for those with mental health needs can be introduced in Trafford.



Physical and Sensory Disabilities

The Equality Act 2010 defines 'disability' as having a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on a person's ability to do normal activities. It is important to recognise that defining physical disability is not necessarily about the physical condition itself but how it impacts daily life.

The term physical disability refers to any impairment which limits a person's functioning, mobility, dexterity, or stamina. Examples include cerebral palsy, arthritis, spina bifida, multiple sclerosis, and epilepsy. The term can also include impairments which limit other areas of daily living such as cardiovascular or respiratory disorders (e.g. strokes, coronary heart disease, COPD). The term sensory disability refers to impairments which affect one or more of the senses (sight, hearing, smell, touch, taste) or spatial awareness. Examples include sight and/or hearing loss and dyspraxia.

Physical and sensory disabilities may be congenital (some progressive) or may be the result of an accident, injury, or illness.

Trafford's Housing Need Assessment 2019 states that around 50,429 people are experiencing a disability in Trafford, which represents 21.1% of the population. This is expected to increase to 22.8% by 2037. This increase of 1.7% equates to an additional 8,991 Trafford residents living with a disability.

Projecting Adult Needs and Service Information (PANSI) is a programme developed by the Institute of Public Care to help explore the possible impact that demographics and certain conditions may have on populations aged 18 to 64. The data shows that by 2035, 2.4% of Trafford's population are expected to have a serious physical disability. This is a significant 7.8% overall increase in numbers from 2017 to 2035, and it is greater than the expected percentage changes in Greater Manchester (3.4%), the Northwest region (-3.9%), and nationally (4%).

Alongside the predicted increase in those with serious physical disabilities over the coming years, there will undoubtedly be a greater reliance on care and support services. The Care Act 2014 placed a duty on Local Authorities to promote the wellbeing of any individual receiving support and care. To do so, Local Authorities must ensure the individual has choice and control over their day-to-day activities. This includes ensuring they have choice and control over their living arrangements, and the way their care and support is provided, which is an important consideration in terms of supported housing for those with physical and/or sensory disabilities.

Supported Housing Need

The Greater Manchester Coalition of Disabled People formed in 1985 and aims to promote the independence and inclusion of disabled people in society. Since its formation, the Coalition has been committed to, and supported, the ‘Seven Needs of Independent living’ which were originally developed in the 1980’s by disabled people living in residential institutions. The Coalition believes the ‘Seven Needs’:

“... Identify the foundations which disabled people need to be in place in order to have the same opportunity to live an independent life and be fully integrated in society⁸⁸.”

In respect of this Strategy, the relevant ‘needs’ are:

(3) Housing – Housing needs to be accessible to disabled people and must accommodate their needs. This could include physical adaptations such as level access, wider doorways, or walk-in showers, but should also involve greater availability of accessible housing to allow for greater choice of area. The GM Coalition of Disabled People suggests all new builds should include accessible homes as part of their portfolio.

(4) Equipment and Adaptions – These could include flashing door/smoke alarms, adaptive computer equipment, hoists etc. Equipment, aids, and adaptions can allow disabled people to live more independently in their own homes.

As identified within the Seven Needs above, some people with a physical and/or sensory disability will require accommodation that is specifically adapted to meet their needs. However, it is recognised that adaptions and equipment are not always sufficient, and that some disabled people will need more support in the form of carers or personal assistants. Further, there are some disabled individuals that may be unable to live independently a result of their condition/s and will therefore require supported accommodation.

It is important to understand that people with physical and/or sensory disabilities will often have unique and multi-dimensional needs; a ‘one size fits all’ approach would therefore not be successful. Services need to be adaptable, person-centred, and tailored to individual need.

Further, and as highlighted in the Stakeholder Consultation, for some with physical and/or sensory disabilities, their needs can evolve and change. This may be due to medical breakthroughs meaning conditions can be treated so the individual’s limitations are lessened, or could be due to developments resulting in less support being required i.e. additional installation of physical adaptions to make buildings and services more accessible.

⁸⁸ <https://gmcdp.com/seven-needs-independent-living>

Alternatively, as with progressive disabilities, the level of support required may increase over time. As a result, access to supported housing should be flexible; individuals should have the ability to move into, and out of, supported housing as and when it is required.

Current Provision

The Greater Manchester Supported Housing Consensus (2017-18) identified less than 5 schemes in Trafford for those with physical disabilities. This supports findings from the Stakeholder consultation that informed this Strategy, which indicate there is not enough supported housing across Trafford for those with a physical and/or sensory disability, and what is available is not always appropriate.

This is most prominent for younger people with physical and/or sensory disabilities who are unable to live independently. The lack of supported housing for this group not only diminishes their choice around housing, but also leads to inappropriate housing placements. For example, younger people with physical and/or sensory disabilities have been accommodated in sheltered or extra care schemes (which are aimed at older people) and some have been placed into residential care despite not needing this level of support.

These inappropriate placements can drastically reduce the quality of life, and general wellbeing, of younger people with physical and/or sensory disabilities. As these settings are not usually designed to boost independence and self-care, individuals may also become de-skilled and less independent than they would in a more appropriate setting, meaning they will become more reliant on care and support services as they get older.

Trafford's Housing Needs Assessment 2019 identified gaps in provision related to this cohort. The report highlights there is:

- A lack of adapted properties for larger families e.g. 4 bedrooms or properties with space for a downstairs bedroom.
- A need for early warning/notification of evictions for vulnerable people with physical and/or sensory disabilities.
- A significant wait for medical points to be added to HomeChoice applications.
- A requirement for a more preventative approach to ensure needs are identified earlier and adaptations (where required) are provided quicker.

Many of those with physical and/or sensory disabilities in Trafford live with family in owner-occupied properties, some of which are adapted to meet their needs. Findings from the Resident consultation demonstrated that of those with physical and/or sensory disabilities,

75% lived with family in owner-occupied properties of which 33% were adapted. However, all respondents with physical and/or sensory disabilities that current live with family expressed a desire to move within the next 18+ to gain more independence.

Future Provision

As outlined above, Trafford Council needs to increase provision of supported accommodation available to those with physical/sensory disabilities. This should be with a focus on providing adequate supply of accessible/adapted properties, increased provision of floating support, and better use of technology enabled care. The increased provision would allow those with support needs to move out of choice rather than solely out of necessity.

Findings from the Stakeholder consultation indicated a need for long-term low-level supported accommodation for this group. This would allow those who are relatively independent but in need of a small amount of continuous to remain independent for longer and having this option would allow for greater choice on where, and how, they receive their care.

In addition, Trafford Council should look to provide short-term supported accommodation for those with physical/sensory disabilities to allow those living with family/carers the opportunity for respite. This would help to ensure these arrangements are sustained for as long as possible.

When considering increasing provision for this cohort, Trafford Council must give the following considerations:

- **Accessibility**

Supported housing units/schemes for this group need to be as accessible as possible and should all contain adaptations such as level access, braille in lifts, and hearing loops as a minimum. In addition, Trafford's Housing Needs Assessment 2019 predicts that by 2037 an additional 1,991 adapted properties will be required in Trafford to meet the need of the population and, of these, 1,902 will need to be adapted for wheelchair users.

Trafford's Housing Needs Assessment therefore recommends that given the identified levels of disability amongst the population, 2% of all new dwellings should be built to wheelchair accessible M4(3) standard and all remaining dwellings should be built to M4(2) accessible and adaptable standard in line with the Greater Manchester-wide policy.

Further, greater access to adaptations is required for those who wish to remain in their existing homes; for those with physical/sensory disabilities accessible accommodation is sometimes the primary need and, with an appropriately adapted home, less care is

required. This would not only decrease the demand for supported housing but could also reduce the requirement for high-cost care packages.

To help meet the growing demand for adapted or adaptable properties, as well as that for supported housing, it is also important for Trafford Council to work with developers and housing providers in the early stages of the planning process. An example of successful partnership working between a Local Authority and local developers can be seen in Wales where permission was granted for a guest house to be converted into supported housing with involvement from the Council⁸⁹.

- **Support provision**

As aids and adaptations will not always be enough to meet the needs of those with a physical/sensory disability, increased support provision is therefore required. Support needs can vary from very low-level infrequent support to a 24hour on-site care package, and a flexible person-centred approach should be taken to ensure individuals are empowered to remain as independent as possible.

In addition, as per the Care Act 2014, support providers should not be tethered to a particular supported accommodation unit or scheme to allow individuals the choice of who provides their care and support.

- **Protected Characteristics**

A lack of supported accommodation suitable for younger people with physical/sensory disabilities has been identified. To avoid inappropriate placements, Trafford Council should aim to increase provision of supported accommodation units tailored towards younger people with physical/sensory disabilities, taking into consideration the location and transport links of such units/schemes.

Location

The Stakeholder Consultation identified that while some individuals will have a need to move into supported accommodation, others may simply choose to. The need, or want, to move into supported housing may be linked to the suitability of the individual's current housing arrangement, which may also be impacted by their location within the borough. For example, Trafford's Housing Need Assessment 2019 demonstrated that Urmston contains 26.6% of all households within Trafford with a home that has been adapted, or purpose built, for a person with a disability. When compared to only 2.8% of households in the Rural Communities with a home that has been adapted, or purpose built, for those with disabilities, it is clear to see there is a geographical imbalance of accessible accommodation

⁸⁹ <https://www.southwalesargus.co.uk/news/18081432.supported-living-scheme-plan-former-guest-house-bergavenny-approved/>

across the borough. Further inequalities were demonstrated by the fact 30.3% of households in Sale and 24.1% in Altrincham stated that they had sufficient space in their home for a carer to stay overnight, whilst only 4% stated that this was the case in Partington and Carrington.

To give greater choice to those with physical and/or sensory disabilities of where they live, Trafford Council will need to explore opportunities to provide a more equal distribution of adapted general needs and supported accommodation across the borough.

Assistive Technology

The importance of assistive technology such as Telecare and call buttons should be explored. There is an increasing range of assistive technology for the physically disabled or sensory impaired, which means there is a growing potential to increase independence by offering solutions outside of supported housing or intervention by support services. The use of assistive technology could be a short-term cost for long-term gain.

Trafford Council should therefore seek examples of best practice in the use of assistive technology with a view to implementing these within the borough.

Private Rented Sector

Alongside increasing the provision of supported accommodation and support provision for those with physical/sensory disabilities, Trafford Council will need to make better use of the private rented sector.

While financial implications are the main barriers for accessing adaptations and assistive technology for homeowners and social renters, those in the private rented sector are likely to experience greater difficulties. Private landlords have no obligation to adapt their properties for specific tenants, and a private tenant would need the landlord's permission to make some adaptations themselves. Although a private landlord cannot refuse permission unreasonably, they are entitled to consider the length of the tenancy, how much work is needed, and if planning permission will be required⁹⁰. If landlord permission is withheld, private renters may find themselves relying on care providers to enable them to remain in their home or seeking supported housing.

To help overcome this barrier residents with physical and/or sensory needs will require specialist landlords, or at least landlords with good knowledge of what is required to meet their needs, such as an enhanced offer of repairs and a willingness to make reasonable adjustments to a property. Trafford Council will therefore need to develop strong relationships with local private landlords to achieve this.

⁹⁰ <https://www.scope.org.uk/advice-and-support/home-adaptations/>

Strategic Objective

Our strategic objective is to ensure there is an adequate supply of accessible properties and supported accommodation that is suitable for all demographics. In doing so, Trafford will promote the independence of residents with physical and/or sensory disabilities and offer greater choice on where they live and how they receive support.

The overarching strategic priorities of the Strategy aim to achieve this by delivering on the following recommendations:

Priority 1: Enable people with support needs to live as independently as possible within Trafford.

1. Work with Trafford HomeChoice to explore whether the wait-time for medical points to be added to housing applications can be reduced.
2. Investigate the effectiveness of Good Neighbour Schemes for those with physical and sensory disabilities and consider how to introduce them across the borough.

Priority 2: Ensure an adequate provision of quality accessible and affordable supported housing, and move-on accommodation, is in place.

1. Ensure that any demonstrated need for adapted properties for larger families is captured within future strategic housing assessments/planning.
2. Work with housing providers and relevant commissioners to identify the local level of need for accommodation for those with a physical disability and/or sensory impairment.
3. Explore ways of increasing the availability of accessible supported accommodation through existing properties and future developments. This should include the provision of short-term accommodation for rehabilitation and respite care.
4. Consider building (or requiring developers to build) 1 and 2-bedroom flats which are on the ground floor or have lift access to accessibility standards.

Priority 3: Establish closer working relationships with external services, organisations, and charitable bodies to ensure appropriate support is available.

1. Work jointly with commissioners and external services to increase the provision of low-level housing related support available to those with physical disabilities and/or sensory impairments.
2. Develop a protocol for use by local housing providers, private landlords, and adult social care to encourage early notification to HOST if tenants with a physical disability and/or sensory impairment are at risk of eviction.
3. Work with local housing providers and commissioners to develop, and facilitate access to, the services available to those with physical and/or sensory disabilities.

4. Facilitate access to information and training for housing related support providers to help identify clients who may benefit from aids or adaptations (minor or major) and support the application of such.

Priority 4: Ensure housing advice is promoted and easily accessible to those with support needs in Trafford.

1. Consider how housing advice webpages can be adapted to meet the needs of those with sensory disabilities.
2. Promote the financial assistance available to those with physical and/or sensory disabilities in relation to housing e.g. HOLD scheme, Disabled Facilities Grant etc.

Priority 5: Explore and review good practice in other Local Authorities relation to supported accommodation, and support services, and implement within Trafford.

1. Review the findings of the *Raising Accessibility Standards for New Homes* and ensure recommendations are implemented in Trafford.
2. Explore good practice within other Local Authorities of supported accommodation and floating support provision for those with physical and/or sensory disabilities and consider implementing such practice in Trafford.



Substance Misuse

Substance misuse refers to the use of psychoactive substances in a way that is harmful or hazardous to health. This can include use of illegal drugs and/or inappropriate use of legal substances such as alcohol and prescription medication. Continued misuse can lead to dependency which can have a severe impact on a person's functioning and their physical and mental health.

Dependency results in a strong desire to take the drug, difficulties in controlling use, continued use despite harmful consequences, a higher priority given to use of the substance than other activities and obligations, increased tolerance, and sometimes a physical withdrawal state⁹¹.

Alcohol misuse is the biggest risk factor for death, ill-health, and disability among 15–49-year-olds in the UK, and the fifth biggest risk factor across all ages⁹². In 2019/20 there were an estimated 976,425 admissions to UK hospitals that were attributable to alcohol use, and in 2019 there were 6,983 alcohol-specific deaths in England. In addition, alcoholic liver disease accounted for just over 80% of all deaths in 2020⁹³.

The United Kingdom Drug Situation 2019: Summary⁹⁴ states that the most recent surveys covering England, Wales, and Scotland reported the highest prevalence of drug use in the past 10 years. In 2019/20, there were 16,994 admissions for poisoning by drug misuse⁹⁵ and approximately 4,400 drug poisoning deaths recorded in England and Wales⁹⁶.

It is recognised that Greater Manchester has a more extensive problem with substance misuse issues than most other places in England. The rate of alcohol-related deaths is 50% higher in GM than the rest of England, there has been a 74% increase in drug-related deaths in GM over the last 10 years, and the rate of hospital admissions for alcohol-specific conditions in GM is 53% higher than the England average⁹⁷.

Substance misuse and dependency is often an exacerbating factor linked to wider social, physical, and psychological problems including ill health and homelessness.

⁹¹ https://www.who.int/substance_abuse/terminology/definition1/en/

⁹² <https://www.nacro.org.uk/about-us/who-we-support/people-substance-misuse-issues/>

⁹³ [Alcoholic liver deaths increased by 21% during year of the pandemic - GOV.UK](https://www.gov.uk/government/news/alcoholic-liver-deaths-increased-by-21%-%20during-year-of-the-pandemic-%20-%20gov.uk)

⁹⁴ <https://www.gov.uk/government/publications/united-kingdom-drug-situation-focal-point-annual-report/uk-drug-situation-2019-summary>

⁹⁵ <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-drug-misuse/2020>

⁹⁶ <https://www.bmj.com/content/371/bmj.m3988.full>

⁹⁷ <https://www.greatermanchester-ca.gov.uk/media/2507/greater-manchester-drug-and-alcohol-strategy.pdf>

Supported Housing Need

Tackling the causes and effects of substance misuse is challenging and complex. However, it is widely accepted that stable accommodation is a critical requirement for users to reduce and manage their substance misuse and enable them to address the underlying causes behind their substance misuse. Settled suitable accommodation can form part of a prevention agenda which reduces hospital admissions and enables access to community-based treatment.

For many people this can be achieved within their existing accommodation, however some individuals are unable to succeed in these environments for a variety of reasons, such as other substance abusers in the vicinity. This can be especially important for women, who can be particularly vulnerable through addiction. For example, prostitution can be both a cause and a result of substance misuse. A review of the responses to the stakeholder consultation finds that those with substance misuse issues are likely to need accessible round the clock on-site support, alongside a 'check-in' service to monitor curfew times (if required) and to test for substances on approved premises.

The Substance Users and Supported Housing: What's the Score report⁹⁸ for the Housing Learning & Improvement Network outlines the various reasons why people with substance misuse issues might have a housing need⁹⁹. These include:

- Being at risk of losing their existing housing and becoming homeless because of their substance misuse e.g. rent arrears due to funding habit,
- Being street homeless,
- Residing in insecure housing e.g. informal arrangements with friends
- Living in hostels and supported housing, but still at the stage where staff need to work with them to start to address their substance misuse and other needs,
- Living in hostels and supported housing, but ready to move on because their substance misuse has been stabilised through harm minimisation approaches,
- Motivated to attempt the abstinence route but in need of residential rehab or similar structured supported housing provision,
- Leaving detox and rehab (community, hospital, residential or prison based) and needing settled housing to remain abstinent.

Critically, the report argues that if someone's housing and related support needs are not addressed at each stage of their treatment journey, they are much less likely to enter or remain in treatment. Therefore, the report states '*housing...is not just another social need: it provides the*

⁹⁸ [Substance users and supported housing: what's the score? - ProQuest](#)

⁹⁹ https://www.housinglin.org.uk/_assets/Resources/Housing/Support_materials/Reports/Substance_users_report2.pdf

architecture that underpins all the others’. The Stakeholder responses which informed this Strategy highlighted that substance misuse groups particularly require support with moving on options and managing a tenancy. However, the length of support in Trafford is not always sufficient and better transitional support arrangements need to be made available.

Current provision

Although there are no specific supported housing schemes tailored to those with substance misuse needs in Trafford, there are several addiction services and support groups available for those with substance misuse problems. Of these, there are three that HOST refers service users to. These are:

- The Big Life Group – this service works with individuals to look at everything affecting their wellbeing, including substance misuse.
- Early Break - a young people’s drug and alcohol service which supports users with an individual worker to achieve their goals.
- Achieve - a substance misuse service which provides personalised care plans to ensure the right treatment is offered at the right time and in the right place.

In addition, the supported accommodation schemes within Trafford such as Greenbank, Meadow Lodge, and Pomona Gardens offer accommodation and support to those with substance misuse needs. In 2021/22, 36% of the individuals residing in these three schemes had substance misuse identified as a support need. As part of the support offered within these schemes, these individuals will be encouraged to engage with the drug and alcohol services available in Trafford.

However, as these schemes also offer support for a range of other needs including homelessness and offending behaviour, they may not provide the most appropriate setting or be adequately equipped to specifically address needs relating to substance misuse.

Future provision

Whilst there is a provision of support services within the borough, the Stakeholder consultation highlighted a lack of strategic housing discussion and coordination between housing providers and substance misuse services. As suggested within the Stakeholder consultation, agencies such as drug and alcohol services could offer drop-in sessions in existing supported housing schemes to bridge this gap. Trafford Council will need to ensure collaborative working is encouraged between housing providers and substance misuse services to promote this practice.

It is common for those with support needs arising from substance misuse to have other co-occurring needs. For example, many individuals who develop substance misuse disorders are also diagnosed with mental health conditions, and vice versa¹⁰⁰.

Public Health England published guidance¹⁰¹ for commissioners and service providers in 2017 to offer insight on how to better support those with co-occurring mental health and substance misuse conditions. One recommendation is that commissioners and providers develop an integrated 'offer' of care which addresses physical health, social care, housing, and other needs as well as mental health and substance misuse. The offer should recognise that increased levels of need, risk and vulnerability will require increased support, and should take account of specific needs. Trafford Council must consider the recommendations made by Public Health England to ensure those with dual diagnosis have suitable options in terms of support and supported accommodation.

The Trafford Housing Needs Assessment (2019) identified a need for greater provision of affordable move-on and single occupancy accommodation for those with substance misuse needs. Trafford Council should therefore explore options to increase the provision of this type of accommodation across the borough.

There are many examples of innovative projects across the UK regarding supported housing models for those with substance misuse issues, which Trafford Council can consider replicating, including housing that allows monitored drug use on site:

- New Steine Mews in Brighton is a 20-bed hostel with 3 distinct areas: a harm reduction area for users in pre-contemplation, a preparation area for those beginning to address their drug use, and an action area for those engaged in structured treatment.
- The in-Partnership Project in Blackburn provides housing and support to 16–25-year-old women in housing need who have ongoing substance misuse problems. Residents often have multiple and complex needs and include care leavers, offenders, sex workers and survivors of abuse.
- The St. Mungo's projects in London have specialist in-house substance use teams providing support to residents and generic staff across the projects. The teams have developed triage and comprehensive assessment procedures together with in-house needle exchange and prescribing facilities.

¹⁰⁰ [Part 1: The Connection Between Substance Use Disorders and Mental Illness | National Institute on Drug Abuse \(NIDA\)](#)

¹⁰¹ [Better care for people with co-occurring mental health, and alcohol and drug use conditions \(publishing.service.gov.uk\)](#)

Strategic Objective

Our strategic objective is to ensure the right type of supported housing is available to help people manage and reduce substance misuse. Collaborative working is crucial, and we will work with both internal and external services to provide housing and support to address any co-occurring needs alongside substance misuse to improve health and maintain recovery.

The overarching strategic priorities of the Strategy aim to achieve this by delivering the following actions:

Priority 2: Ensure an adequate provision of quality accessible and affordable supported housing, and move-on accommodation, is in place.

1. Assess the need for supported accommodation specifically designed for those with substance misuse needs as part of the resettlement route.
2. Review the provision of move-on options and ongoing support available to reduce the risk of relapse.

Priority 3: Establish closer working relationships with external services, organisations, and charitable bodies to ensure appropriate support is available.

1. Increase partnership working between drug and alcohol services and frontline staff to provide the best possible services for those with substance misuse needs in their own accommodation.
2. Work with parents to identify what the short, medium, and long-term accommodation needs are to best treat, aid, and maintain recovery from drug and/or alcohol addiction.
3. Encourage greater partnership working between supported accommodation providers in Trafford and local drug and alcohol services.

Priority 5: Explore and review good practice in other Local Authorities in relation to supported accommodation, and support services, and implement within Trafford.

1. Explore the various models of supported housing for substance misusers across the UK to find good practice and examples that can be replicated within Trafford.
2. Explore good practice within other Local Authorities for the provision of floating support to help with recovery and reduce risk of relapse.



Young People

The legal definition of a 'young person' is anyone under the age of 18. However, Youth Service support extends up to the age of 19 and those young people with Special Educational Needs or disabilities receive an extended offer of support up to the age of 25. There are a range of settings available to young people in supported accommodation which cater to a range of ages, from 16 to 25. This is dependent on the circumstances and needs of the young person.

The Trafford Care Leaver Offer defines the support available to all Trafford Care Leavers who have been Trafford children in care. All children in care are allocated a Personal Advisor from the Council's Transitions Team from age 16 to support them in their journey to adult life. If a young person is defined as a Care Leaver they will be able to access ongoing support from their Personal Advisor until the age of 25.

All Care Leavers have a Pathway Plan which will be started from age 16 and will continue when they reach 18 if they are defined as Care Leavers (dependent on length of time in care). This plan may continue through to age 25.

The Children and Families Act 2014 placed a duty on Local Authorities in England to advise, assist, and support fostered young people to stay with their foster families when they reach 18, if both parties agree¹⁰². The support provided by the Local Authority to facilitate these 'staying put' arrangements must include a financial element. The duty remains in place until the young person turns 21, however the duty only applies if the 'staying put' arrangement is in the young person's best interest. Staying Put Providers in Trafford are supported by the Supported Lodgings / Staying Put team.

As young people leaving residential care (children's homes) do not have the same opportunity to 'stay put' as those in foster care, Staying Close relationships are encouraged to enable them to retain informal support relationships with the residential unit.

Supported Housing Need

As per Trafford's Our Children's Sufficiency Strategy, there were 407 looked after children in Trafford at the end of January 2021. Of those, 67% live with foster carers, 19% are placed with parents, and 11% live in residential care. 60% are residing in Trafford owned provision and 21% live with Independent Fostering Agency Families and external residential homes.

¹⁰² <https://www.thefosteringnetwork.org.uk/policy-practice/practice-information/staying-put/staying-put-guidance>

Trafford's ambition is to reduce the use of residential provision and for all children and young people to live in family-based care settings. Trafford's Our Children's Sufficiency Strategy sets out an Action Plan which aims to deliver on this ambition.

For looked after children, the pathway into adulthood and independent living needs to be carefully planned. There are currently 151 Cared For young people aged 13-17: 28 aged 13, 37 aged 14, 39 aged 15, 30 aged 16, and 49 aged 17. Not all these young people will be eligible for a full Aftercare service or require accommodation when they turn 18, but a significant number will.

To develop a better understanding of how many of these Looked After Children require accommodation in the future, Trafford deducts those young people who are placed with parents prior to their episode of care ending from the total number. Further, based on current trends it is assumed that around 25% of young people will return to family following the end of their period of care so these are also deducted from the total. Following one or two other small assumptions and adjustments, this means Trafford currently have around 100 young people in care/looked after settings aged 13-17 who are likely to require housing support upon turning 18. Of these, 23 have additional support needs ranging from moderate learning difficulties through to profound and multiple difficulties.

Where 'staying put' arrangements are not possible, young people will require suitable supported accommodation to continue their transition into adulthood. Often, they will need help to acquire the skills required to manage and maintain a tenancy and live independently. In addition, some will need support to overcome the barriers they face due to past trauma, learning disabilities, behavioural difficulties, and complex needs. As of January 2021, 2.03% of Trafford's children in Care had a diagnosis of autism and severe learning disabilities, 0.76% had learning disabilities and complex safeguarding concerns, and 48% have experienced abuse or neglect¹⁰³.

It is more difficult to quantify the number of young people who are not care experienced/known to services but need accommodation due to relationship breakdown, being asked to leave by family/friends etc. However, they are also likely to require supported housing to provide them with a safe secure environment to learn the skills required for independent living.

Young people who are homeless aged 16 and 17 are eligible for Local Authority support with accommodation under both the Children Act 1989 and the Housing Act 1996. Appropriate

¹⁰³ [SEND JSNA \(trafford.gov.uk\)](https://www.trafford.gov.uk)

support and/or accommodation must be identified for the young person and support providers should work in partnership with the young person and their family to explore what support and accommodation the family can offer.

As per Trafford's Housing Allocations Policy, Care Leavers are awarded the highest priority band on the housing register (Band 1) to give them the best chance of securing affordable settled accommodation after leaving care. However, due to short supply of social housing, particularly 1-bed/studio properties, this is not always a quick move-on option. In addition, young people who have become homeless but do not have care leaver status will not automatically qualify for additional priority on the housing register.

Young people, particularly those leaving care, may not have the skills required to manage a tenancy or live independently. Therefore, in some cases, providing a social rented tenancy immediately could be setting the young person up to fail.

Current Provision

At the end of January 2022 there were 16 Care Experienced young people accommodated in Staying Put arrangements in Trafford. This equates to 14% of the 18-21 age range for this group of young people. When compared to the average number of Staying Put arrangements in England (30%), in the Northwest (35%), and in the Children's Services Statistical Neighbour group of 'like' authorities (34%) it is clear this is an area that requires improvement in Trafford¹⁰⁴.

Trafford has various supported accommodation options available to those aged 16 to 25. There are three main schemes for young people, each containing 20 units of accommodation, which provide short-stay accommodation. Greenbank has a particular emphasis on young people, accommodating those aged 16 to 25, while Pomona Gardens and Meadow Lodge accommodate those aged 18+.

In addition, Trafford has 9 self-contained flats (for Care Leavers) and 26 single bedrooms in shared houses specifically for young people who are homeless. Further, the Shared Lives scheme operates within Trafford and offers units of supported lodgings to homeless young people across the borough.

There are several supported housing providers catering to young people in the external market, however as Trafford has the highest property prices in GM, most will avoid acquiring property/setting up schemes in this area. This means some young people are

¹⁰⁴ <https://www.gov.uk/government/publications/children-looked-after-return-2021-to-2022-guide>

placed outside of the borough to ensure they receive the right level of support. Forest Court was commissioned to provide additional units within the borough to prevent this from happening.

Future Provision

There will always be difficulties in forecasting young people's accommodation needs for those that are not currently known to services. However, for those that are, forward planning allows most young people to be placed into Trafford Council's in-house supported accommodation provision. Commissioned external provision is monitored and if there is consistent demand, additional provision within Trafford will be commissioned. Joint commissioning with other GM authorities is also being considered although young people are kept within the boundaries of Trafford where possible. It is easier to monitor quality and reduce spend when young people are offered in-house provision however, in some cases, young people are accommodated with external supported housing providers due to their expertise and business models.

The National House Project (NHP) charity has received funding from the Department for Education Innovation Programme and provides an opportunity to increase and enhance our range and choice of accommodation for care experienced young people. The aim of the House Project is to better prepare care leavers for independence, take ownership and responsibility for their accommodation, and support them to improve their outcomes.

The evidence from other House Project sites indicates the service is effectively improving outcomes and has reduced demand on supported accommodation from young people that are willing and able to live independently with support. The House Project is being piloted in GM as a sub-regional collaboration with 6 other Local Authorities, with some funding for the first year. The House Project launched in Manchester in January 2020. This model provides a 1-bed self-contained property to Looked After Children aged 15+ via social landlords. Whilst in the accommodation, the young person will complete the accredited House Project Programme whereby they undertake a variety of units to get them ready for independent living. The model of further GM collaboration enables Trafford to trial this approach on a smaller scale from 2022.

Location is an important consideration in terms of where younger people want to reside. A greater choice of location will allow them to retain family/support links and allow easier access to education, training, and employment opportunities. Accommodation for young people should therefore be available close to the borough's main education and training facilities (Trafford College Altrincham & Stretford sites and UA92) and close to public transport links for those in employment.

There is a demand for more supported housing for younger people in the north of the borough as many younger people would prefer to live within proximity to Manchester City and have access to its major transport links. For young people leaving care, their choice of location may depend on several factors, such as:

- Where they have grown up and have family/peer/support links which they wish to maintain.
- Where their employment, education or training is based.
- In some cases, particularly those affected by criminal or sexual exploitation, there may be a need to locate to a different area (this is considered on a case-by-case basis).

Shared accommodation is the most practical and affordable for this client group. Therefore, buildings which can accommodate shared living (e.g. separate flats with some communal space, administration space, and staff sleeping quarters) are needed within the borough, along with smaller HMO-style units of accommodation containing up to 4 bedrooms.

Trafford Council could look to adopt a proven model of shared living for young people whereby a small number of self-contained trial flats are located immediately next to staffed shared living accommodation. The younger person would start in the shared accommodation unit and then, once supported to become more independent, step-down to one of the self-contained flats. The self-contained flats allow for a greater level of independence while ensuring support is still readily available. The young person would usually stay in the self-contained flat on a short-term basis in preparation for their own tenancy.

This model is used by Centrepoin in Barnsley with the addition of self-contained flats located away from the shared accommodation unit, which are only staffed during office hours. These additional flats are a further step-down from the self-contained flats next to the shared unit and allow for a smoother transition into independent living for younger people. This model is highly effective in Barnsley in transitioning young people aged 16-25 into independent living. However, to explore options such as this, Trafford needs to be an affordable location for supported accommodation providers.

There has been an increase in the level of need of young people coming into supported accommodation in recent years. Trafford are seeing more complex cases with aspects of challenging behaviour, substance misuse, mental health problems, and exposure to significant risks such as child sexual exploitation and criminality. The complexity of these young people is evident from the high number of placement breakdowns they have experienced since they became Looked After Children, and they also represent a high percentage of Trafford's missing from Care population. Trafford therefore needs to explore

options for supported accommodation within the borough specifically targeted at those young people with higher/complex needs.

Commissioners identified that young people want ensuite shared living or self-contained flats. This is mirrored by the results of the consultation for this Strategy and the findings of Trafford's Housing Needs Assessment 2019 which identified a need for the following provisions for young people within the borough:

- More coordination of service provision, with 'wrap-around' support for young people.
- 1-bedroom affordable tenancies.
- Small, shared accommodation which may be more realistic for young people than independent accommodation.

Strategic Objective

Our strategic objective is to ensure the right kind of supported housing is available to help young people learn the necessary skills to become independent adults. We aim to achieve this by ensuring there is increased provision in more areas to allow a greater choice of appropriate supported accommodation providing housing support and services for young people.

The overarching strategic priorities of the Strategy aim to achieve this by delivering on the following recommendations:

Priority 1: Enable people with support needs to live as independently as possible within Trafford.

1. Consider additional provision of floating support for young people who are living independently for the first time in general need housing.

Priority 2: Ensure an adequate provision of quality accessible and affordable supported housing, and move-on accommodation, is in place.

1. Engage with Care Leavers to utilise all move-on options to promote independence.
2. Explore bespoke wraparound care provision for young people with complex/higher-level needs.
3. Review the success of Trafford's Staying Put Arrangements with a view to increasing the success of such arrangements.

Priority 3: Establish closer working relationships with external services, organisations, and charitable bodies to ensure appropriate support is available.

1. Explore opportunities for external agencies to provide activities/workshops in supported housing schemes that are tailored to the hobbies and interests of residents.
2. Help to facilitate links between young people support services, education/training organisations, and housing providers.
3. Communicate the needs of young people to housing providers and commission services with the right expertise and types of accommodation to support young people.

Priority 4: Ensure housing advice is promoted and easily accessible to those with support needs in Trafford.

1. Develop general housing advice materials to be distributed to local schools/colleges, foster carers, and children's residential units.

Priority 5: Explore and review good practice in other Local Authorities in relation to supported accommodation, and support services, and implement within Trafford.

1. Complete The House Project in Trafford, evaluate, and consider further roll-out.

DRAFT



Complex Needs

A person with complex needs is someone with two or more needs affecting their physical, mental, social, or financial wellbeing. Such needs typically interact with and exacerbate one another leading to individuals experiencing several problems simultaneously. These needs are often severe and/or long standing, and often prove difficult to identify, diagnose, and treat. Individuals with complex needs are frequently at, or vulnerable to, reaching crisis point and experience barriers to accessing services; usually requiring support from two or more services/agencies at the same time.

Someone described as having complex needs will experience difficulties with two or more of the following (this list is not exhaustive):

- Mental health
- Substance misuse
- A dual diagnosis of mental health and substance misuse issues
- A physical health condition
- A learning disability
- A history of offending behaviour
- A physical disability
- Employment
- Homelessness or housing
- Family or relationship difficulties
- Domestic abuse
- Social isolation
- Poverty
- Trauma (physical, psychological or social)

Supported Housing Need

In most cases the services people access are delivered by separate providers and tailored to one specific need. Each service will have separate funding streams, competing outcome measures, and different information sharing practices. The result is that people with multiple and/or complex needs fall through the gaps in service provision and experience re-traumatisation when having to relay the same information to different services.

One of the most common examples of this is someone who has both mental health and substance misuse needs; often mental health services will be unable to provide support while substance misuse continues, while at the same time substance misuse services may be unable to provide support while mental health needs are unaddressed. This situation is worse still for victims of domestic abuse who have additional needs; in 2020/21 19 referrals for refuge were rejected by TDAS due to support needs being too high e.g. victims had substance misuse and mental health needs.

The individual with complex needs therefore enters a cycle of one need causing a barrier to obtaining support for the other, so they remain unable to move forward with their lives. Although integrated services are cited as the best way to address the gaps that exist, they remain the exception rather than the rule.

A further difficulty experienced by this group is that singular needs may be low-level so they do not meet the threshold for specific services, however as they have multiple lower-level needs at once, the effects of not receiving support can result in them reaching crisis point.

Homelessness charity Crisis suggest that joint commissioning of services would significantly help improve the outcomes for clients who have complex and multiple needs¹⁰⁵. As a result of services being commissioned in silo, individuals with complex needs often end up having to visit multiple services to receive support for their different needs, which increases the likelihood of disengagement. Individuals with complex needs requires a multiagency approach and Trafford Council should look to work collaboratively with all support organisations and consider options for joint commissioning of services to best support those with complex needs in the borough.

The learnings from the Housing First Model pilots across Greater Manchester demonstrate that for many with complex needs, having a stable and suitable home provides the foundation to allow individuals with to receive the support they require to improve wellbeing and live more fulfilling lives.

At a Stakeholder event held in Trafford in November 2019 it was identified that those with complex needs, ex-offenders, young people, those with mental health issues, and those with a history of substance misuse are likely to need accessible round the clock on-site support to help them to sustain their tenancies.

They also identified the gaps associated with supported accommodation and housing related support for people with complex needs, and suggested the following is required to bridge the gaps: -

- Specialist facilities for certain client groups such as substance misusers.
- Better use of technologies.
- Wider range of accommodation options.
- Accommodation for people with high complex needs.
- A Bed for Every Night (ABEN) for people with high complex needs.
- Specialist accommodation for care leavers.
- Better commitment from services to maintain support once clients are housed.

¹⁰⁵https://www.crisis.org.uk/media/237079/response_the_ministerial_working_groups_call_for_evidence_on_addressing_complex_needs_2015.pdf

Current Provision

Multi-agency involvement is imperative to supporting those with complex needs. Therefore, Trafford established a multi-agency forum with the aim of identifying those individuals and families that do not necessarily meet the statutory responsibility of homelessness or Adult/Children's Social Services but present with multiple disadvantages/ complex needs or have previously failed with services. The aims of the group are to:

- Identify and discuss cases at an operational level enabling an inclusive approach.
- Provide a single pathway for partner agencies and colleagues to highlight adults at risk in the community who are encountering services but not necessarily meeting the threshold for those services.
- Provide a multi-agency forum to collaborate and coordinate action across services, reduce duplication, and to agree the best way to work with the person's current needs to prevent crisis.
- Help co-ordinate support to individuals from a range of services, placing emphasis on sharing risk and more effective joint working to create better outcomes and life chances.
- To address the needs of individuals who are known to many agencies and not necessarily engaging effectively with them.
- Recognise barriers and develop and adopt innovative initiatives and new approaches to address these.
- The Panel will discuss and agree collectively those that are suitable for the GM Housing First Pilot as per the monthly service capacity as stipulated in the allocations schedule.

Trafford Council are working collaboratively with other services and localities across Greater Manchester to support individuals with multiple and complex needs. Current provision includes:

- **Next Steps Accommodation Programme**

The Government made funding available through the Next Steps Accommodation Programme for additional long-term accommodation. The following locality proposals have been agreed across Greater Manchester:

Short term:

- Hotel extensions.
- Additional extension on Temporary Accommodation in Houses in Multiple Occupation.
- Complex needs specialist temporary accommodation.

Longer term:

- Supported accommodation (adaptation/repair of current schemes owned by registered providers or Local Authorities).
 - Modular accommodation block.
 - Acquisition/off the shelf into Local Authority ownership.
 - Refurbishment/re-purpose Local Authority scheme.
 - Acquisition/off the shelf with registered providers/3rd party partners to own and/or manage.
 - Private Rented Sector (PRS) Leasing (Ethical Lettings Agency, other local registered provider partners, and private landlords).
 - Bond scheme investment for PRS access.
 - Support only to open access to accommodation.
- **A Bed Every Night (ABEN)**

The Mayor of Greater Manchester, Andy Burnham, made a commitment in 2018 that all ten GM authorities will provide 'A Bed Every Night' (ABEN) for rough sleepers across GM from November to March. The commitment is intended to meet the needs of those who are rough sleeping, or at immediate risk of rough sleeping, where they would not ordinarily be accommodated under any statutory duties arising from homelessness legislation. The ABEN initiative is continuing throughout 2022/23.

In Trafford, 109 individuals were accommodated on an emergency basis in 2021/22 under the ABEN initiative. Of these, 61 (56%) were rehoused following their emergency placement. All ABEN placements are given a housing needs assessment and, if statutory homelessness duties apply, a Personal Housing Plan is created. This means barriers into settled accommodation are identified and can be tackled with the support from services. However, sourcing move-on accommodation for this cohort is challenging due to the lack of affordable and supported accommodation within Trafford for those with complex needs.

- **Housing First**

Housing First is a housing and support approach which gives people with complex needs, who have experienced repeat homelessness and have chronic health and social care needs, a stable home from which to rebuild their lives. It provides intensive, person-centred, holistic support that is open-ended.

Greater Manchester is one of three areas across the country to receive government funding to deliver a Housing First pilot and are working with Great Places Housing Group to deliver the scheme. Trafford was allocated nine places across the three years of the programme with 3

places in the first year (2019/20), 4 in the second year (2020/21), and 2 in the third year (2021/22). Roll out of the Housing First Programme began in Trafford on the 1st June 2019.

Housing First is aimed at the following cohort of people:

- Those who are chronically homeless (such as entrenched rough sleepers or with repeated episodes of homelessness) or at risk of becoming so.
- Those with complex needs.
- Those who have ineffective contact with services such as failure to engage, frequent missed appointments, or a total lack of contact.
- People who are living chaotic lives.

The Housing First Programme includes and provides the following services:

- Assertive key working which involves regular face to face meetings with a focus on the client taking the initiative.
- Support that will follow the person regardless of the success of a tenancy. This support may be aimed at assisting with addictions, reforming offending behaviours, and/or budgeting as well as mediation to assist and re-build relationships.
- Engagement with the person using the service to identify and access a property suitable for their needs along with any other household member who would be reasonably expected to live with them.
- The ability to set up and equip the property with basic furnishings and starter kits to enhance the chances of a successful start to a tenancy.
- Collaborative working with statutory and other support agencies to support individuals, implement shared learning, and influence wider service development. This also serves to facilitate support for individuals beyond graduation from the programme.

In Trafford, the housing and homelessness service (HOST) are responsible for identifying residents who are most in need and will benefit from Housing First and completing referrals into the scheme.

Future Provision

There was a 120% increase between 2018/19 and 2020/21 in individuals with complex needs approaching HOST due to having an accommodation need which reinforces the need for suitable accommodation for this group.

Trafford's Housing Needs Assessment 2019 outlines that the following types of accommodation are needed for those with complex needs within the borough:

- A small number of single tenancy detached specialist properties for people being discharged from assessment and treatment units and secure hospitals.
- 1-bed affordable single tenancies, particularly for those under 30.
- Additional short-stay accommodation with support for homeless people.
- An increase in social and affordable accommodation to allow for timely move-on from supported and short-stay accommodation.

All the above would serve those with multiple and complex needs. At the GM Housing Strategy Listening Session (held in September 2018) it was identified that more supported accommodation is needed for those with complex needs, and Registered Providers identified that funding for these groups needs to be ring-fenced¹⁰⁶.

Strategic Objective

Our strategic objective is to ensure the right kind of supported housing is available to provide intensive support to those with complex needs with a focus on enabling them to live independently where possible.

The overarching strategic priorities of the Strategy aim to achieve this by delivering on the following recommendations:

Priority 2: Ensure an adequate provision of quality accessible and affordable supported housing, and move-on accommodation, is in place.

1. Investigate the differing needs of females with complex needs and explore options to create female-only provision if a need is identified.
2. Investigate opportunities to develop a specific supported accommodation scheme to accommodate those with complex needs.
3. Explore opportunities to continue to operate a Housing First model in Trafford.

Priority 3: Establish closer working relationships with external services, organisations, and charitable bodies to ensure appropriate support is available.

1. Explore the possibility of specific complex need commissioning whereby commissioners from each department work together.

¹⁰⁶ <https://www.trafford.gov.uk/about-your-council/strategies-plans-and-policies/housing-strategy/docs/Trafford-HNA-2019-Final-Report.pdf>

2. Consider developing a Complex Needs team to sit within HOST comprising of housing, mental health, domestic abuse, and substance misuse specialists.

Priority 5: Explore and review good practice in other Local Authorities in relation to supported accommodation, and support services, and implement within Trafford.

1. Explore good practice in other Local Authorities for supporting those with complex needs and establish whether these practices can be implemented in Trafford.
2. Review the effectiveness of the Making Every Adult Matter (MEAM) toolkit in delivering co-ordinated interventions to those with multiple/complex needs with a view to implementing in Trafford if appropriate.

DRAFT



Recommendations for all cohorts

The Individual Analysis section above contains recommendations for each specific cohort. However, to achieve the overarching strategic priorities of the Strategy, the following recommendations should be delivered on in relation to all cohorts:

Priority 1: Enable people with support needs to live as independently as possible within Trafford.

1. Explore opportunities to increase the availability of accessible affordable one-bedroom properties across Trafford.
2. Investigate opportunities to increase provision of floating support for those with learning disabilities and autism, substance misuse needs, and ex-offenders in general needs housing.
3. Establish how many Trafford residents currently supported by family/carers are likely to require alternative accommodation within the next 10 years, and what their accommodation and support needs are likely to be.
4. Explore the effectiveness of using technology, such as TeleCare, as a means of support for those with lower-level needs.

Priority 2: Ensure an adequate provision of quality accessible and affordable supported housing, and move-on accommodation, is in place.

1. Consider whether Council owned assets, on disposal, could be suitable for supported accommodation.
2. Explore the possibility of requiring developers to provide supported housing as part of a requirement to deliver affordable housing where appropriate.
3. Ensure the shortage of affordable one-bedroom properties and bedsits within Trafford continues to be highlighted as a gap with the relevant departments and agencies.

Priority 3: Establish closer working relationships with external services, organisations, and charitable bodies to ensure appropriate support is available.

1. Work with Homes England and partners across GM to access funding opportunities for supported housing and support provision.
2. Explore options to offer training on learning disabilities and autism, mental health, substance misuse, and complex needs to both internal and external frontline housing staff.

Priority 4: Ensure housing advice is promoted and easily accessible to those with support needs in Trafford.

1. Ensure HOST is widely promoted among all external support organisations and charitable bodies, including information on how reasonable adjustments can be made.
2. Explore the possibility of developing general housing advice materials to be distributed to all external support organisations/services, with clear information on where to sign-post.
3. Consider how housing advice can be accessed by those with support needs who are digitally excluded.
4. Periodically remind external services of the Duty to Refer.

Priority 5: Explore and review good practice in other Local Authorities in relation to supported accommodation, and support services, and implement within Trafford.

1. Explore good practice within other Local Authority areas for the provision of floating support for those with support needs in general housing.
2. Explore how assistive technology is being used in other areas to enable those with support needs to live more independently.

Delivery of the Strategy

The strategic priorities and recommendations will be delivered through the Supported Housing Strategy Action Plan.

The key partners in delivering the vision and aims of this strategy will be Trafford Council, Registered Providers, the NHS Commissioning Body, CCGs Care Providers, private developers, and the planning department. Further suitable partners will be approached to contribute where appropriate.



The Action Plan will be developed in partnership with stakeholders, partners and agencies and agreed by the Strategic Housing Partnership (SHP). The Strategic Housing Partnership was established to provide strategic leadership in the delivery of key priorities of the Trafford Inclusive Growth Board and the Trafford Housing Strategy 2018-2023. It will provide detailed actions and targets to ensure that we achieve the priorities identified over the next five years by 2027. The Action Plan will be reviewed annually to ensure that all new changes in legislation and policies/strategies developed by the Council are reflected.

Glossary of Terms

A

Affordable housing: Social rented, affordable rented, and intermediate housing provided to eligible households whose needs are not met by the market. Eligibility is determined with regard to local incomes and local house prices.

Affordable rent: Housing let by Local Authorities or private registered providers of social housing to households that are eligible for social rented housing. Affordable rent is no more than 80 per cent of the local market rent (including service charges, where applicable).

Arrears: A sum of money that is owed and should have been repaid earlier.

Autism: A developmental disorder of variable severity that is characterized by difficulty in social interaction and communication and by restricted or repetitive patterns of thought or behavior.

B

Bed and Breakfast Accommodation (B&B): Households are placed in B&B accommodation because of a lack of suitable accommodation. Most B&Bs used by the council are not like hotel accommodation, and are often run specifically for homeless households. Residents placed in B&B may have to share facilities with other households/residents.

C

Care Leaver: A person who has been in the care of the Local Authority for a period of 13 weeks or more spanning their 16th birthday.

Choice Based Letting: A scheme that gives people chance to choose which council or housing association accommodation they want. It works on a bidding principle and properties are advertised as when they become available.

Clinical Commissioning Group (CCG): This group commission most of the hospital and community NHS services in the local areas for which they are responsible.

E

Eligibility: The state of having the right to do or obtain something through satisfaction of the appropriate conditions.

Ethical Lettings Agency (ELA): A partnership established by Greater Manchester Housing Providers to work with the GMCA to improve access to the private rented sector for those currently excluded.

Extra Care Housing: A scheme of multiple properties, usually for older people, where there is a care team based on site along with other facilities that support living independently such as a restaurant, pharmacy etc.

G

Greater Manchester Combined Authority (GMCA): A Combined Authority for Greater Manchester. It was established on 1 April 2011 and consists of eleven indirectly elected members, each a directly elected councilor from one of the ten metropolitan boroughs, that comprise Greater Manchester together with the Mayor of Greater Manchester. The Authority replaced a range of single-purpose joint boards and quangos to provide a formal administrative authority for Greater Manchester.

Greater Manchester Health and Social Care Partnership: The ten boroughs and the NHS organisations of Greater Manchester in charge of health and social care spending for the area.

H

HOLD: Shared Ownership purchase of a home on the open market for people with a long-term disability who are unable to find a new build home which meets their specific needs.

Homelessness Reduction Act (HRA): The Homelessness Reduction Act came into force in April 2018, putting an important focus on the prevention of homelessness. As part of the legislation, Local Authorities have more responsibility to support those who are homeless, or at risk of homelessness within 56 days.

Homes England: The non-departmental public body that funds new affordable housing in England.

HOST (Housing Options Service Trafford): HOST delivers the Council's statutory homelessness service, and provide housing and homelessness advice to all residents living within the borough of Trafford.

Housing Association/ Registered Provider (RP): A non-profit organisations, separate to the Council, which rents properties to low income households with particular needs. Their portfolio consists of social and affordable rented properties and they provide options for low cost home ownership.

Housing Demand: A market driven concept and relates to the type and number of houses that households will choose to occupy based on preference and affordability.

Housing Need: An indicator of existing deficit; the number of households that do not have access to accommodation that meets certain normative standards.

J

Joint Strategic Needs Assessment (JSNA): A process by which local authorities and Clinical Commissioning Groups assess the current and future health, care and wellbeing needs of the local community to inform local decision making.

L

Landlord: A person or organisation that owns a property and leases the property to an individual or business.

Leaving Care: A service for young people aged 16 to 21. It ensures that young people do not leave care until they are ready, and that they receive effective support once they have left.

Local Housing Allowance: The amount of universal credit or housing benefit claimants living in private rented accommodation are entitled to. It is based on the area in which the claimants live, the size of their household, and their age.

N

NHS England: The body that sets the priorities and direction of the NHS.

P

Private Rented Sector: A classification of United Kingdom housing tenure as described by the Department for Communities and Local Government, essentially housing for rent through private landlords.

Private Rented Sector Leasing Schemes: Usually involve procuring self-contained properties from the private rented sector to meet the local authority's statutory duty by providing suitable temporary accommodation to homeless households.

R

Registered Providers: Not-for-profit housing providers approved and regulated by Government through the Homes England.

Referral: The process of alerting a service of an individual's needs.

S

Schedule 1 Offender: Someone who is convicted of an offence listed in the first schedule of the Children and Young Persons Act 1933. The term 'person posing a risk to children' may also be used.

Shared Accommodation Rate: The maximum amount of housing benefit or universal credit housing costs claimants under the age of 35 are entitled to when renting from a private landlord.

Shared Lives: A scheme where a carer shares their home, family life, interests and skills to help a person live independently.

Statutory Homelessness: Homelessness defined within the terms of homelessness legislation; determines when Local Authorities will have a duty to offer accommodation.

Strategic Housing Market Assessment (SHMA): A study of the housing market in a local authority area (or can be across several local authority areas) and how it is changing, to provide an assessment of future needs for market and affordable housing and to explore the housing needs of different groups within the population over the next 20 years.

Supported Housing: Housing designed to meet specific needs and in which there is some level of support provided alongside the accommodation.

Support Needs: Refers to the practical, financial, and emotional support requirements of people who need extra help to manage their health, wellbeing, and general lives.

DRAFT

Appendix 1

Stakeholder Consultation Survey

At Trafford Council, we know that having the right home can have a big impact on quality of life and that maintaining independence is important to everyone, especially those with support needs. With that in mind, we're working to ensure all Trafford residents with support needs have access to safe and suitable accommodation that promotes independence and wellbeing.

To help us achieve this, we are asking for the views and opinions of professionals and stakeholders that are familiar with the supported housing portfolio in Trafford. This survey forms part of the consultation to assist Trafford Council in the development of a Supported Housing Strategy that is inclusive and diverse, and reflective of the demands within our borough.

If you work in an organisation that provides, refers to, or is associated with supported housing or support services in Trafford we'd love to hear your views.

If you have any questions or comments about this survey, or require a different language or format, please contact Housing.Strategy@trafford.gov.uk.

1. Please provide the name of your organisation:

2. What is your position/job title?

3. Which of the following client groups do you support?

Please tick all that apply.

- Individuals with mental health needs
- Individuals with physical disabilities
- Individuals with learning difficulties/disabilities
- Individuals with autism
- Offenders/ex-offenders
- Individuals with substance/alcohol misuse problems
- Young people/individuals with a care experience
- Victims of domestic abuse
- Other.....

4. In your experience, what are the main support needs of this client group?

5. What housing related support is required for this client group?

6. What type of supported accommodation is required for this client group?

7. Do you think the current provision of supported accommodation and housing related support for this client group in Trafford is adequate?

- Yes
- No

Please explain your answer

8. Do you think there is sufficient supply of supported accommodation in Trafford for this client group?

- Yes
- No

Please explain your answer

9. Is the geographical location of supported accommodation for this client group appropriate?

Yes

No

Please explain your answer

10. What are the main gaps associated with supported accommodation and housing related support for this client group in Trafford?

11. What improvements could be made to the existing supported accommodation provision in Trafford for this client group?

12. Do you have any other comments or suggestions regarding supported accommodation and/or housing related support provision within Trafford?

Stakeholder Consultation Analysis

The responses to each of the survey questions has been summarised in the analysis below. The analysis of responses to the first question was conducted by creating themes and summarising the responses based on these themes to provide an overview.

1. What type of supported accommodation is required in Trafford?

Occupancy Type

The benefits of both self-contained and shared supported accommodation were referenced by Stakeholders, with the most appropriate being determined by individual need and preference.

Self-contained supported accommodation was noted as being the most appropriate for residents with support needs arising from mental health conditions, offending histories, autism, and domestic abuse. Reasons included minimising risk, boosting independence, and reducing the impact of specific conditions such as noise sensitivity.

However, it was noted that self-contained accommodation can lead to social isolation, so this would need to be factored into the support provision for this type of occupancy. It was suggested that access to communal areas would help mitigate this risk factor.

A number of Stakeholders identified the benefits of shared accommodation for those with learning disabilities and younger individuals with autism stating that this type of occupancy would eliminate social isolation. However, it was suggested that shared accommodation is vulnerable to unpredictable change, such as when a vacancy arises, which may cause individuals to feel unsettled. It was also mentioned that ensuring the right mix of personalities and needs is crucial to the success of a shared accommodation model.

It was highlighted that extra care schemes may be appropriate for younger individuals with autism whose needs prevent them from living independently. However, the age restrictions associated with extra care schemes often excludes this cohort. It was suggested that the age restrictions of such schemes be reviewed as younger autistic individuals would benefit from the quiet environment and company of the elderly residents. In addition, their risk of exploitation would decrease, and they would have opportunity to build confidence by supporting elderly residents with errands and using technology.

Accessibility

Stakeholders highlighted that access routes into supported accommodation is a key factor that must be considered. It was referenced that for those fleeing domestic abuse there needs to be an emergency option whereby appropriate safe accommodation can be accessed quickly 24 hours

day. In contrast, there needs to be greater planning for individuals with physical disabilities, learning disabilities, and autism who will be moving into supported accommodation in the future, providing more information around the choices on offer to allow them to make an informed timely decision about where they would like to live.

It was raised that those already residing in supported accommodation remain in the same setting for many years and currently only move when their living arrangement no longer meets their needs. However, Stakeholders felt there is a need for greater flexibility in allowing individuals to choose when they want to move rather than waiting until they need to and there needs to be adequate pathways and provision to make this possible.

For individuals with physical disabilities, it was raised by Stakeholders that adaptations need to be carried out quicker to avoid delaying their pathway into supported housing.

Diversity and Inclusion

There is a need across all cohorts for diversity to be considered in line with supported housing provision. A need was highlighted for more supported accommodation that caters to the specific requirements of male, LGBTQ+, and BME victims of domestic violence as their support needs are unique.

In addition, Stakeholders noted that individuals should be not put into service boxes in relation to their age. It was raised that currently younger people are excluded from extra care schemes that may provide an appropriate setting for them. Instead, it was suggested the remit for such schemes should focus on individual need.

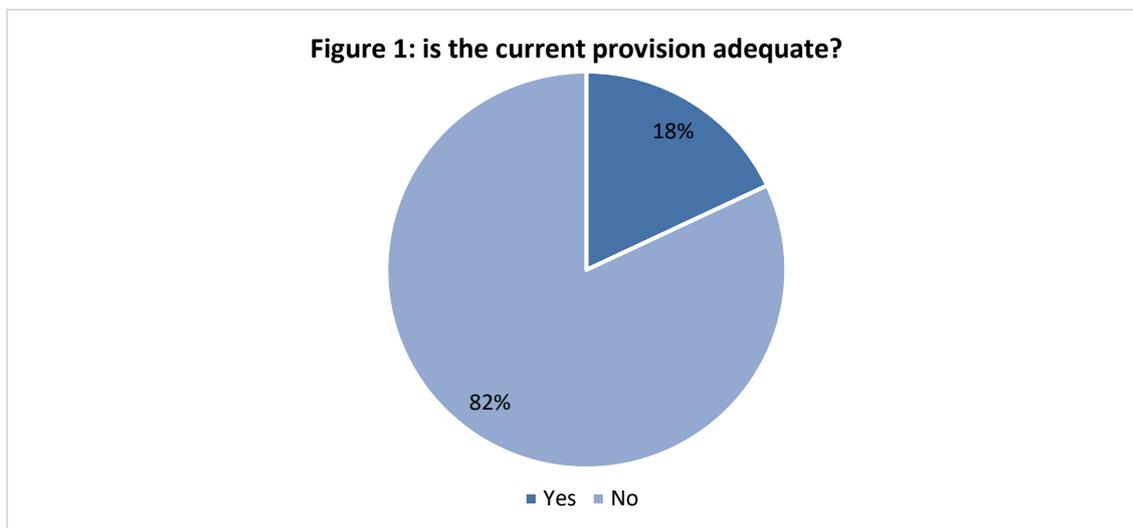
Support Needs

Respondents identified that there is a need in Trafford for suitable supported accommodation for those with multiple and complex needs. Currently victims of domestic abuse that have mental health conditions, offending histories, or substance misuse issues will often be ineligible for a refuge placement, and those with learning difficulties/disabilities who display challenging behaviour may be placed into inappropriate settings which limit their opportunity to be independent.

It was recognised that the provision for those with mental health needs that require high or medium levels of support was sufficient. However, there needs to be more adequate supported housing for those with low level mental health needs. The high rent levels across Trafford is a barrier for those with low-level mental health needs in securing appropriate accommodation, which often leads to them moving out of borough.

2. Is the current provision of supported accommodation and housing related support in Trafford adequate?

Figure 1 shows Stakeholder opinion on whether the current provision of supported accommodation and housing related support is adequate in Trafford. As demonstrated, more than 80% of respondents do not feel provision is adequate.



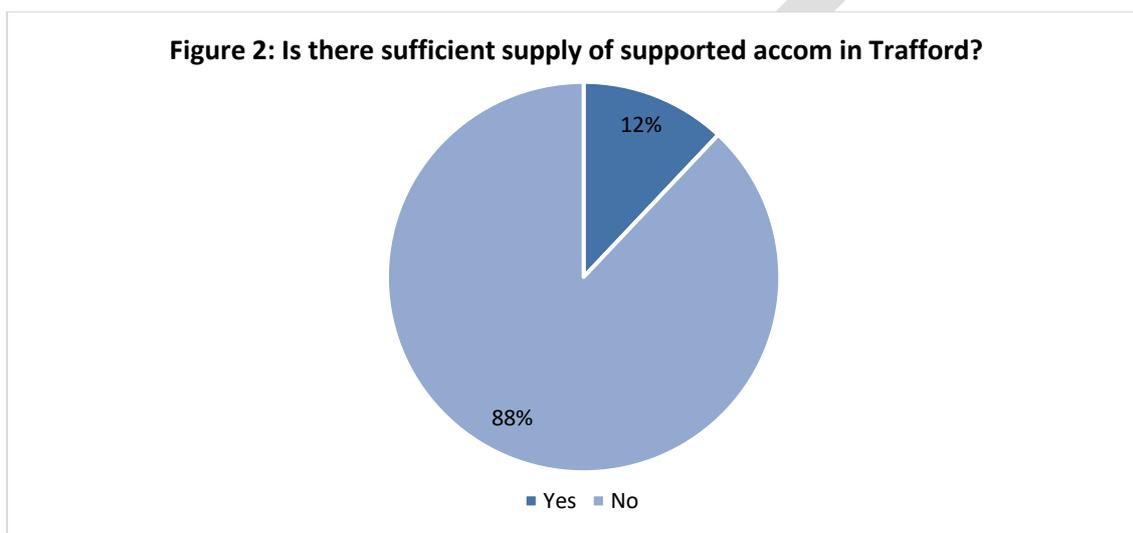
Stakeholders were asked to explain their answers. The reasons given by respondents who answered 'no' are summarised below:

- Individuals who are homeless are sometimes provided with B&B style accommodation which is not suitable for their other needs and they are unable to access appropriate services while in this type of accommodation.
- There is not enough provision for crisis support/housing for those with mental health needs.
- It is common for those with complex needs or low-level mental health needs to secure accommodation outside of Trafford. This leaves them unable to access support services in Trafford and isolates them from their local support networks.
- Rents within supported accommodation are generally too high to be covered by wages. This often leaves individuals within supported housing unable to engage in employment for fear of no longer being able to afford their accommodation.
- There is a need for more accommodation units for victims of domestic abuse, and dedicated units for those with protective characteristics and who face unique experiences and barriers with accessing refuge.
- More support is needed for individuals with "subtle" needs relating to learning disabilities and/or autism to allow them to move out of the family home in a planned way. Often, these individuals will be seeking accommodation out of necessity e.g. due to a family

breakdown and being asked to leave the family home. This crisis response often exacerbates their difficulties and adds considerably to their anxiety. Some of the short term crisis options can be very difficult for a young autistic person to manage, especially if they are socially vulnerable and not used to managing by themselves.

3. Is there sufficient supply of supported accommodation in Trafford?

Figure 2 shows Stakeholder opinion on whether there is currently sufficient supply of supported accommodation in Trafford. As demonstrated, 88% of respondents do not feel current provision is sufficient.



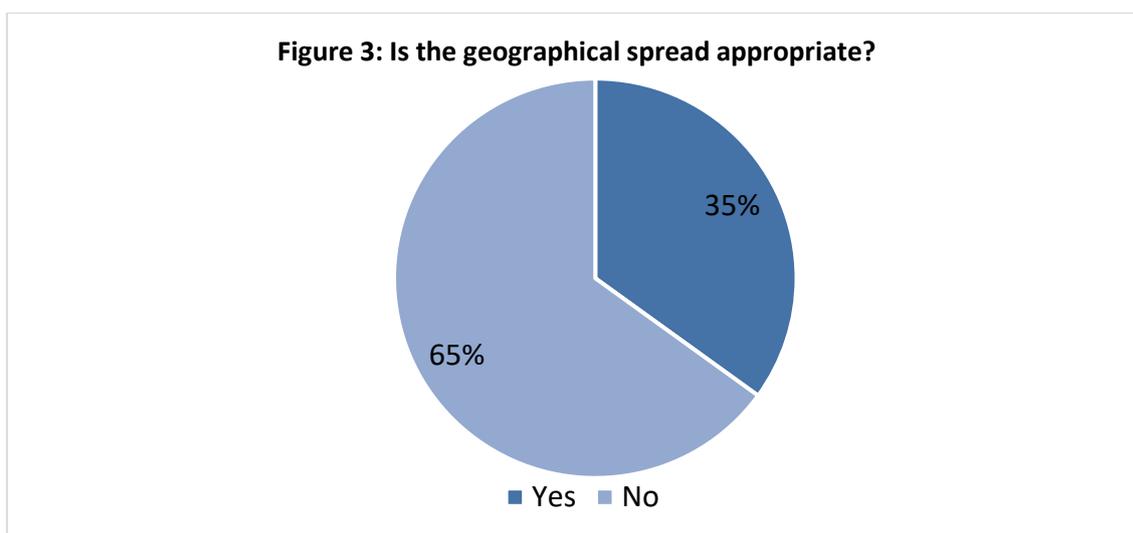
Stakeholders were asked to explain their answers. The reasons given by respondents who answered 'no' are summarised below:

- The footfall into Housing Options Service Trafford for clients who have support needs has increased over the last 18 months, and Trafford only have 3 commissioned schemes. There is also definitely a need for supported schemes for individuals with multiple and complex needs.
- Supported accommodation for victims of domestic abuse is not sufficiently supplied in Trafford compared with other areas. The demand far outweighs the supply of suitable housing.
- There is sufficient supply for those with medium and high level mental health support needs, but there is a lack of suitable accommodation for those with lower level needs.
- There is insufficient supported accommodation available for ex-offenders who have higher support needs i.e. schedule 1 offenders, people with care needs, and those who pose greater risk to themselves/the community.

- There needs to be more provision for those who have multiple and complex needs who may be considered 'high risk'.

4. Is the geographical spread of supported accommodation appropriate within Trafford?

Figure 3 shows Stakeholder opinion on whether the location of supported accommodation within Trafford is appropriate. As demonstrated, 65% of respondents do not feel there is an appropriate geographical spread while 35% feel there is.



It was deemed that the geographical location of supported accommodation for victims of domestic violence, those with mental health needs, physical disabilities and learning disabilities was appropriate within Trafford.

However, respondents did not feel the location of supported accommodation for individuals with autism was appropriate as these individuals generally want to remain living within their own communities close to family and friends, and current provision limits the option to do this.

It was also noted that the majority of supported housing schemes in Trafford are in the north of the borough, which forces those originally from the south of the borough to relocate to source appropriate accommodation.

Respondents identified that high property prices in some areas, such as Sale and Altrincham, mean it is not economically viable for providers to set up supported accommodation. This leads to provision being located in more affordable areas, which limits the geographical spread of supported accommodation across the borough.

5. What are the main gaps associated with supported accommodation and housing related support in Trafford?

Respondents identified that for victims of domestic abuse there is a lack of dedicated accommodation for minority groups, male victims, those with protected characteristics, and those who do not have recourse to public funds. In addition, the move-on pathways are not always effective for this cohort and the services that assist with move on are not always adequately trained to understand the needs of domestic abuse victims.

There was a consensus that waiting lists for services that provide mental health and substance misuse support are too long.

For individuals with learning disabilities and autism, it was highlighted that there is no direct pathway to move as a choice rather than out of necessity. This cohort also struggle with affordability as Trafford's high house prices/rents are unaffordable in line with Local Housing Allowance rates and Personal Budgets. Finally, the lack of 1-bedroom/single occupancy units is a gap for this cohort as most are seeking this type of accommodation.

A gap was identified in terms of the support available for those with autism who do not have learning disabilities; the current support agencies are not experienced in working with autistic individuals who do not have additional needs. It was also suggested that there is a lack of support to help individuals with autism access employment and training. To further this, respondents felt individuals with autism often fail to meet the criteria for support despite needing help to live independently meaning they fall through the gaps and struggle to maintain tenancies.

In relation to those with mental health conditions, it was highlighted that staff within the existing supported accommodation in Trafford are not always trained to support those with higher level needs.

For all cohorts, including ex-offenders, those who are homeless, and those with substance misuse issues, the biggest gap in provision was deemed to be a lack of appropriate move on accommodation. In particular, due to a lack of affordable and social housing across the borough.

6. What improvements could be made to the existing supported accommodation provision in Trafford?

Respondents suggested the following improvements:

- More events/workshops during the day for individuals to engage with others and pursue their hobbies and interests.

- Greater collaborative working between agencies e.g. support agencies could offer drop-in services within supported accommodation settings.
- Greater assistance in helping those in supported accommodation to source alternative housing and assist with move-on.
- Supported housing models that consist of self-contained units should offer a communal space to reduce social isolation and encourage a sense of community.
- Criteria for accessing supported accommodation needs to be more flexible e.g. not excluding individuals due to age or because their support needs are too low/high.
- More frequent reviews of need should take place and care packages should be adjusted to account for changing levels of need with the aim of promoting independence.
- Stakeholders should be involved from the development stage of setting up supported housing to ensure it will provide what is actually required rather than what is perceived to be required.

Summary of Findings

It is important to recognise that although these findings give an indication of Stakeholder opinion in relation to supported accommodation in Trafford, caution should be taken when generalising the findings due to the low response rate. However, the findings drawn from the consultation suggest:

12. Stakeholders feel a combination of self-contained and shared supported accommodation is required so individual need and preference can be catered to. Self-contained units were identified as more appropriate for those with support needs relating to mental health conditions, offending, autism, and domestic abuse, while shared accommodation was deemed more appropriate for those with learning disabilities and some younger individuals who have autism.
13. It was noted that the risk of social isolation associated with self-contained supported accommodation could be mitigated by the inclusion of communal spaces, while ensuring the right mix of personalities and individual need is taken into account when using a shared supported accommodation model.
14. Stakeholders believe the criteria for accessing supported accommodation in Trafford needs to be reviewed and a more flexible approach should be taken when deciding on placement. In particular, having some extra care schemes without age restrictions would

allow younger individuals with learning disabilities and/or autism to reside there which would be mutually beneficial as the younger residents could assist older residents with errands and using technology; this arrangement would also offer greater opportunity for social interaction.

15. A large majority of Stakeholders do not feel the current provision of supported accommodation within Trafford is adequate. This is due to an identified lack of suitable emergency/crisis accommodation, unaffordable rents, no provision for male or LGBTQ+ victims of domestic abuse or victims without recourse to public funds, and a lack of supported housing options for those with low-level mental health needs. It was noted that those with low-level mental health needs often have to source accommodation outside of the borough, which isolates them from their support networks and leaves them unable to access Trafford services.
16. Stakeholders feel there is need for greater provision of move-on accommodation in Trafford for all cohorts but particularly for ex-offenders and those with mental health needs. The high rents and short supply of social housing across Trafford mean move-on options are limited, and there is a lack of low-level supported accommodation available for these cohorts.
17. Almost 90% of Stakeholders feel there is an insufficient supply of supported accommodation within Trafford. For victims of domestic abuse, those with multiple and complex needs, and those with lower level mental health support needs the demand is deemed to be higher than the supply of appropriate supported housing. It was also identified that there is a lack of appropriate move-on accommodation options for ex-offenders with higher support needs i.e. schedule 1 offenders.
18. Over 60% of Stakeholders did not feel the geographical spread of supported accommodation across Trafford is appropriate. It was noted that the majority of supported housing tends to be in the north of the borough, meaning individuals from the south must relocate outside of their localities in order to be adequately housed. Supported Housing Providers tend to develop schemes in cheaper areas which leads to a shortage of supported housing in areas such as Altrincham and Sale.
19. All Stakeholders feel there is demand for more affordable and social rented housing across Trafford. This would assist those who are able to live independently with floating support to do so, while also providing greater move-on options for those who are ready to step down from a supported accommodation setting.

20. Stakeholders suggest that greater forward planning is required to allow those with support needs to access supported accommodation when they want to, rather than when they need to/are in crisis. In particular, those with support needs relating to physical disabilities, learning disabilities, and/or autism are not often given the opportunity to choose when they want to move and instead remain in their accommodation until it is either no longer available or suitable for them. This crisis response can exacerbate their difficulties and can occasionally lead to unsuitable placements being made.
21. Some Stakeholders highlighted the lack of supported accommodation options for those with autism suggesting they often end up being accommodation in supported schemes that were designed for a range of learning disability needs or in supported settings that limit their opportunity to be independent. Further, a gap in support provision was identified for those with autism that do not have learning disabilities and for those who need help to live independently but whose support needs are not deemed high enough for support to be provided.
22. Stakeholders feel there needs to be better collaboration between services to ensure support provision is comprehensive. It was suggested that agencies could offer 'drop-in sessions' in existing supported accommodation schemes. This is particularly important when considering those with dual-diagnosis and/or complex needs.

Appendix 2

Resident Consultation Survey

We know that having the right home can have a big impact on your quality of life and that maintaining independence is important to everyone, especially if you have support needs. With that in mind, we're working to ensure all Trafford residents with support needs have access to safe and suitable accommodation that promotes independence and wellbeing.

To help us achieve this, we need to know what our residents want in terms of supported accommodation. By sharing your views, you can help us develop a plan for supported housing in Trafford that is inclusive and diverse, and shaped by the desires of our residents.

Supported accommodation is a type of housing that is provided alongside support, supervision or care to help people with support needs live as independently as possible within the community.

If you have support needs, live in supported accommodation, or are considering a move into supported accommodation in the future, we'd love to hear from you!

This is your chance to influence:

- supported housing services within Trafford;
- the type of accommodation on offer to people who have support needs,
- the amount of supported accommodation that is built; and
- where supported accommodation is built.

If you have any questions about the survey, need it in another format or language, or need help to fill it in please contact housing.strategy@trafford.gov.uk.

The consultation will begin on 20th September 2021 and will run for a period of 4 weeks. All responses should be received by no later than midnight on 17th October 2021.

Please tick here if someone is completing this form on your behalf

Section 1: About you

Q1) To which gender do you most identify?

- Male Female Transgender Female
 Transgender Male Non-binary A gender not listed here
 Prefer not to say

Q2) What is your ethnicity?

- Asian/Asian British Black African/Caribbean/Black British
 Mixed/Multiple ethnic groups White British
 White other An ethnicity not listed here
 Prefer not to say

Q3) What is your sexual orientation?

- Bisexual Gay Heterosexual Lesbian Other

Q4) Which of these age groups do you belong to?

- 16 – 18 19 - 24 25 - 30 31 - 35
 36 - 40 41 - 50 51 – 54 55+

Q5) What is your postcode?

Q6) What is your employment status?

- Employed
 Unemployed
 In education/training
 Unable to work due to illness/disability

Q7) Do you receive any of the following welfare benefits?

- Universal Credit
 Job seekers allowance
 Employment and Support Allowance
 Personal Independence Payment
 Attendance Allowance
 Carer's Allowance
 I do not receive any benefits
 Other (please specify)

Q8) Are you in receipt of a personal budget or a direct payment from a Local Authority?

- Yes, from Trafford
 Yes, from another Local Authority
 No

Q9) Do you have children that live with you?

- Yes No

Q10) Have you been diagnosed with any of the following:

Please tick all that apply.

- Mobility impairment
 Visual impairment
 Hearing impairment
 Speech impairment
 Mental health condition
 Learning difficulty/disability
 Autism
 None of the above
 Other (please specify)

Q11) Do any of the following statements apply to you:

Please tick all that apply.

- I am homeless/do not have a settled home
 I have been to prison in the last 5 years
 I have/had an addiction to alcohol and/or drugs
 I am experiencing/have experienced domestic abuse
 I have spent time in care
 None of the above apply to me

Q12) Do you need support with any of the following:

Please tick all that apply.

- Managing your physical health
- Managing your mental health
- Daily activities (getting around, cooking, cleaning etc.)
- Personal care
- Budgeting/managing your money
- Maintaining your home/tenancy
- Reducing drug and/or alcohol use
- Social activities
- Relationships
- Other (please specify)

Q13) Do you receive support from any of the following:

Please tick all that apply.

- Family/friends
- Probation services
- Social services
- GP/NHS services
- Drug & alcohol services
- Domestic abuse services
- Other (please specify)

Section 2: Your Home

Q14) What is your current living arrangement?

- Living with parents/family
- Living with friends
- Living with partner
- Living alone (or with dependant children)
- Sofa surfing
- Other (please specify)

Q15) What type of property do you live in?

- House
- Flat
- Bungalow
- Shared House
- B&B or other homeless accommodation
- Refuge
- Other (please specify)

Q16) Is the property you live in:

- Owned by you/your family
- Rented from a private landlord
- Rented from a housing association
- Temporary housing (refuge, homeless hostel etc.)
- Supported accommodation
- Other (please explain below)

Q17) Does your property have any adaptations?

(Note: Adaptations are changes to a home that make it easier for people with disabilities to live there)

- Yes No

If yes, what adaptations do you have?

.....

Q18) Do you consider your property to be suitable for you?

- Yes No

If no, please explain why below:

.....

Q19) Are you considering moving to a different property in the future?

- Yes, in the next 6 months
 Yes, in the next 6-12 months
 Yes, in the next 12-18 months
 Yes, in 18+ months
 No, I am not considering moving

Q20) If you are considering moving home, what are your main reasons?

- To live in a smaller home
 To live in a larger home
 To have access to care services
 To live in a more accessible home
 To be closer to family and friends
 To be closer to a town centre
 To gain more independence
 To reduce housing costs
 Other (please explain below)

Q21) Are you currently living in supported accommodation or likely to move into supported accommodation in the future?

- Yes, in Trafford
 Yes, outside of Trafford
 No

If you answered yes, please continue to Section 3.

If you answered no, please skip the next section and return your completed questionnaire to housing.strategy@trafford.gov.uk.

Section 3: Supported Accommodation

Q22) Have you ever lived in Supported Accommodation?

- Yes, in Trafford
 Yes, outside of Trafford
 No (please skip to question 25)

Q23) If yes, what did you like about the accommodation and support?

.....
.....

Q24) If yes, what did you dislike about the accommodation and support?

.....
.....

Q25) If you're considering a move into supported accommodation within Trafford, when are you likely to move?

- In the next 6 months
- In the next 6-12 months
- In the next 12-18 months
- In 18+ months
- I currently live in supported accommodation within Trafford

Q26) Which areas would you consider moving to?

Please tick all that apply

- Altrincham
- Carrington
- Partington
- Urmston
- Sale
- Stretford
- Old Trafford
- Rural Communities (e.g. Bowden)
- Other (please specify)

Q27) How many bedrooms would you want in the property?

- One
- Two
- Three
- Four or more

If you indicated a property of three or more bedrooms, what is the reason for this?

Q28) Would you consider shared supported accommodation?

(Note: shared accommodation is where you have your own bedroom but share other parts of the property with other people e.g. kitchen, bathroom, or living space)

- Yes No

If no, what are your reasons?

Q29) What is the maximum number of people you would be willing to share with?

- 1-2
- 3-4
- 5-6
- 6+
- I would not consider shared accommodation

Q30) What would make shared accommodation more appealing to you?

- Having your own bathroom
- A cleaner for communal/shared area
- Being able to choose my housemates
- Soundproofing in all bedrooms
- House rules that are set and agreed by all tenants
- Other (please explain below)

Q31) Thinking about shared accommodation, do any of the following apply to you?

Please tick all that apply

- I would prefer to live with people of the same gender
- I would prefer to live with people of a similar age
- I would prefer to live with people of the same sexual orientation as me
- I would be happy to live with people of any gender
- I would be happy to live with people of any age
- I would be happy to live with people of any sexual orientation

Q32) How would you prefer your support to be provided?

(Note: On-site support refers to support that is provided in your home as part of your accommodation. Floating support refers to support that is not linked to your accommodation and is provided separately to, and irrespective of, your living situation)

- 24 hour on-site support
- Less frequent on-site support
- Floating support
- A combination of on-site and floating support
- Other (please explain below)

Q33) When thinking about Supported Accommodation, what are the most important considerations for you? Please tick all that apply.

- Shared lounges/communal space
- Fully accessible building
- Being able to have pets
- Access to parking
- Access to on-site support
- Ability to choose care provider
- Good sense of community
- Living with people of a similar age
- Technology capabilities (e.g. fast Wi-Fi, assistive technology etc.)
- Other (please explain below)
- Access to activities
- Access to a garden
- Storage for mobility equipment
- Good transport links
- Access to floating support
- Choosing own furniture/decoration
- Same sex/gender household
- Housemates with shared interests

Q34) Do you have any other comments or suggestions about supported housing in Trafford?

Resident Consultation Analysis

Demographics of Respondents

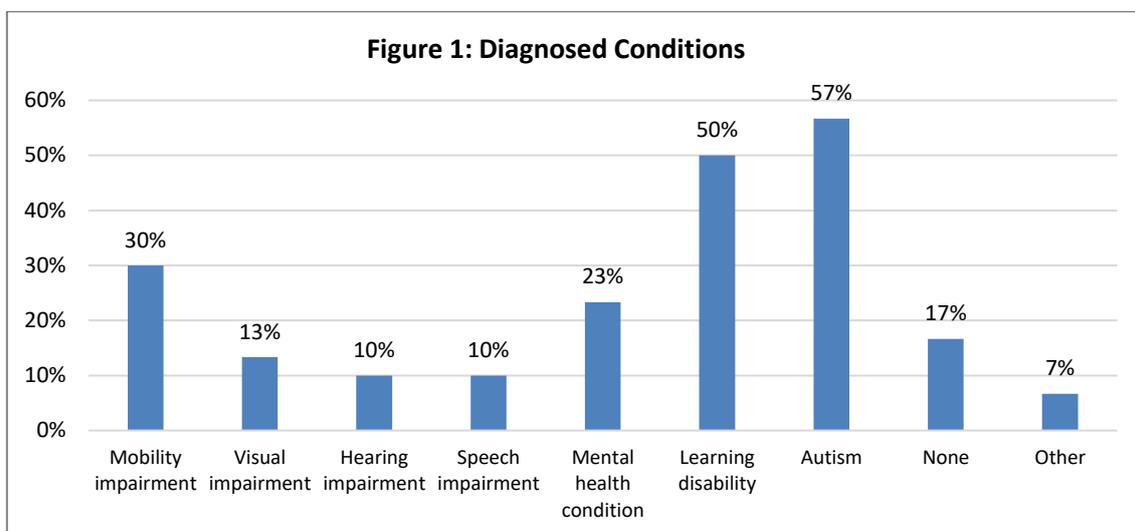
- 57% of respondents identified as male and 43% of respondents identified as female.
- The age of respondents varied; 7% were aged 16-18, 20% were aged 19-24, 13% were aged 25-30, 26% were aged 31-35, 17% were aged 36-40, 10% were aged 41-50, and 7% were aged 55+.
- 83% of respondents recorded their ethnicity as White British. 7% of respondents were of Asian/Asian British ethnicity, 7% preferred not to record their ethnic origin, and 3% selected 'other ethnicity'.
- 90% of respondents identified as heterosexual, 7% as 'other', and 3% as bisexual.
- 43% of respondents reported being unable to work due to illness / disability; 27% were in employment, 17% were in education and/or training, and 14% were registered unemployed.
- Only 13% of respondents were not in receipt of welfare benefits. 70% were in receipt of Personal Independence Payments, 57% were in receipt of Employment and Support Allowance, 7% were in receipt of Carers Allowance, and 3% was in receipt of Universal Credit.
- 83% of respondents were in receipt of a personal budget or direct payment from Trafford Council.
- 17% of respondents had dependent children living with them.
- The geographical location of respondents is as follows; 33% reside in Sale, 30% reside in Altrincham, 20% reside in Stretford, 13% reside in Urmston, and 3% preferred not to state where they currently reside.

Support Needs of Respondents

Figure 1 shows the nature of conditions of which respondents have been diagnosed. 57% of respondents have a diagnosis of Autism and 50% have a learning disability. 59% of those diagnosed with Autism also reported having a learning disability. The 'Other' category refers to 7% of respondents who reported diagnoses of ADHD and incontinence.

All respondents with a diagnosis of autism are aged 40 or under; 13% are aged 16-18, 33% are aged 19-24, 13% are aged 25-30, 33% are aged 31-35, and 6% are aged 36-40. 47% of respondents diagnosed with autism are female and 53% are male.

22% of respondents diagnosed with a physical disability are aged 19-24, 11% are aged 25-30, 34% are aged 31-35, 11% are aged 36-40, 11% are aged 41-50, and 11% are aged 50+. 44% of respondents with a physical disability are female and 56% are male.



As demonstrated in Figure 2, the majority of respondents did not have vulnerabilities other than those relating to diagnosed conditions; 13% of respondents are care experienced individuals, 3% are experiencing homelessness, 3% have experienced domestic abuse, and 3% have an addiction to alcohol and/or drugs.

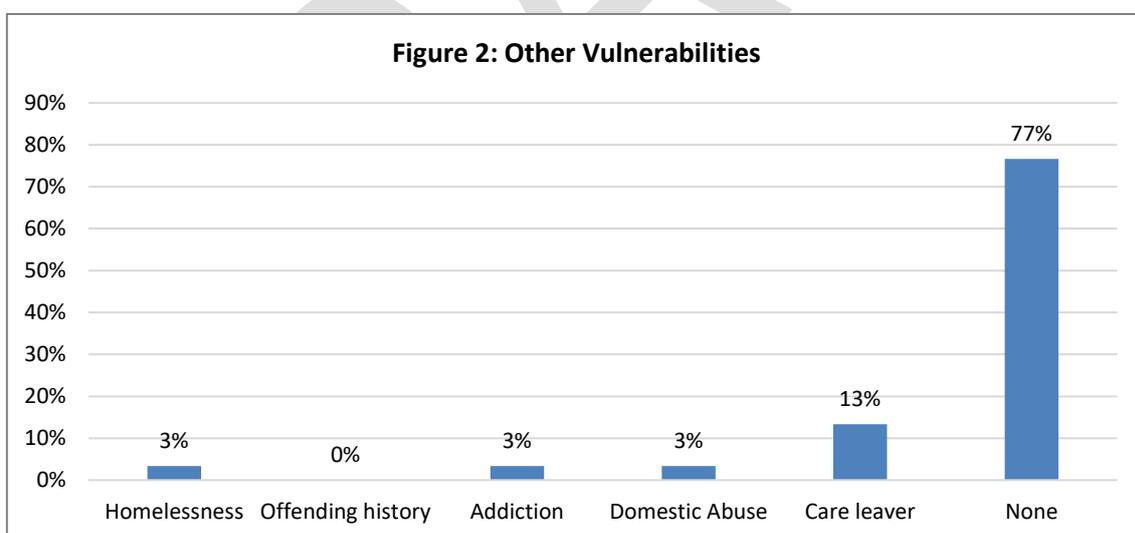


Figure 3 shows the different support needs of respondents, with some respondents requiring support with more than one of the listed categories. 77% of respondents reported needing support with daily activities such as getting around, cooking, cleaning etc. 73% require support with social activities, 70% require support with budgeting, and 63% report needing support to maintain a tenancy/home. The 'Other' category refers to 7% of respondents who need support with all aspects of daily life and support with 'transport and maintaining a wheelchair'.

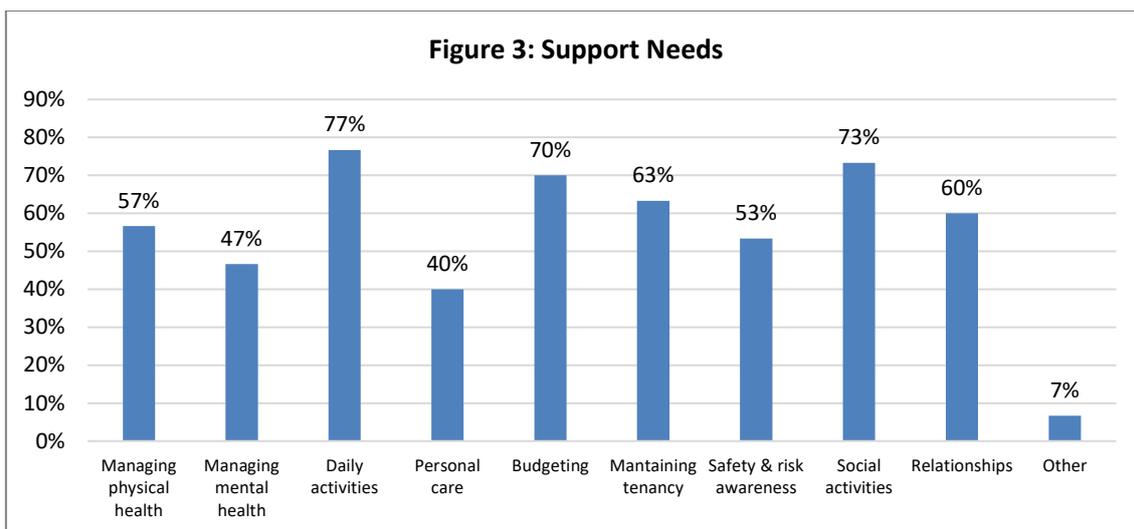
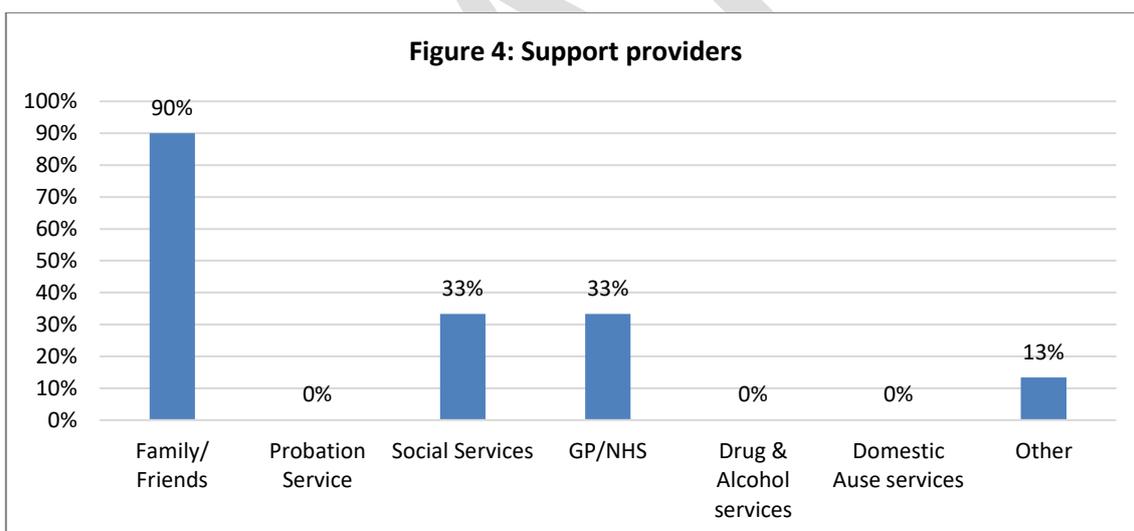


Figure 4 shows who provides support to the respondents. Almost all respondents are receiving support from family and/or friends, while only 33% receive support from Social Services. All of those receiving support from Social Services and/or GP/NHS are also receiving subsequent support from family and/or friends. The 'Other' category refers to support groups, private care, and charities.



Living arrangements of Respondents

Figure 5 shows that over half of respondents live with their parents/family. Of those that live with parents/family, 75% are under the age of 35. 23% of respondents live alone and of those 57% are under the age of 35. 28% of the respondents living alone reported not receiving any support despite recognising they needed support to budget/manage money and maintain a tenancy.

The 'Other' category refers to 13% of respondents who live in supported accommodation and 3% who live between family and a respite care.

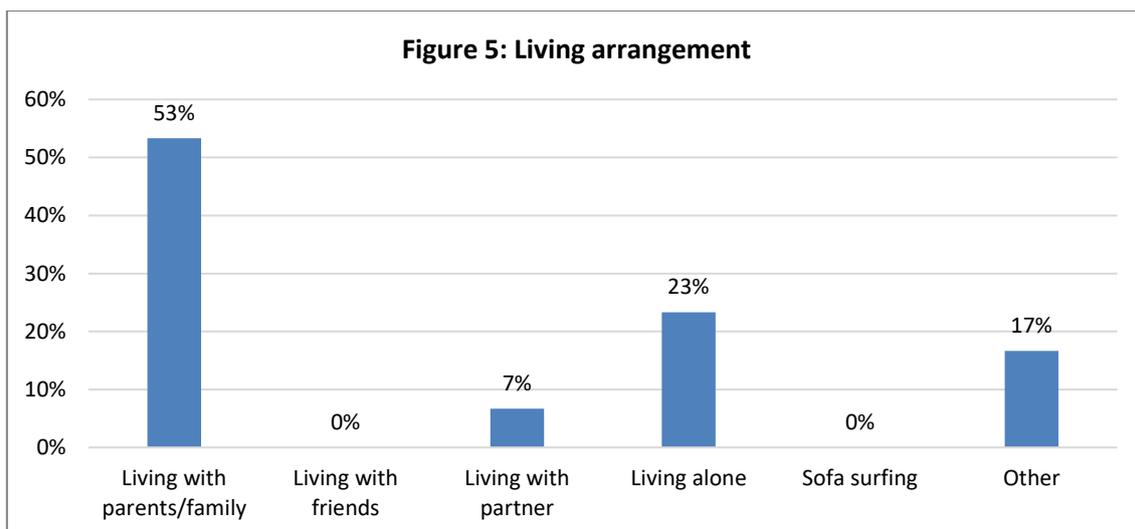
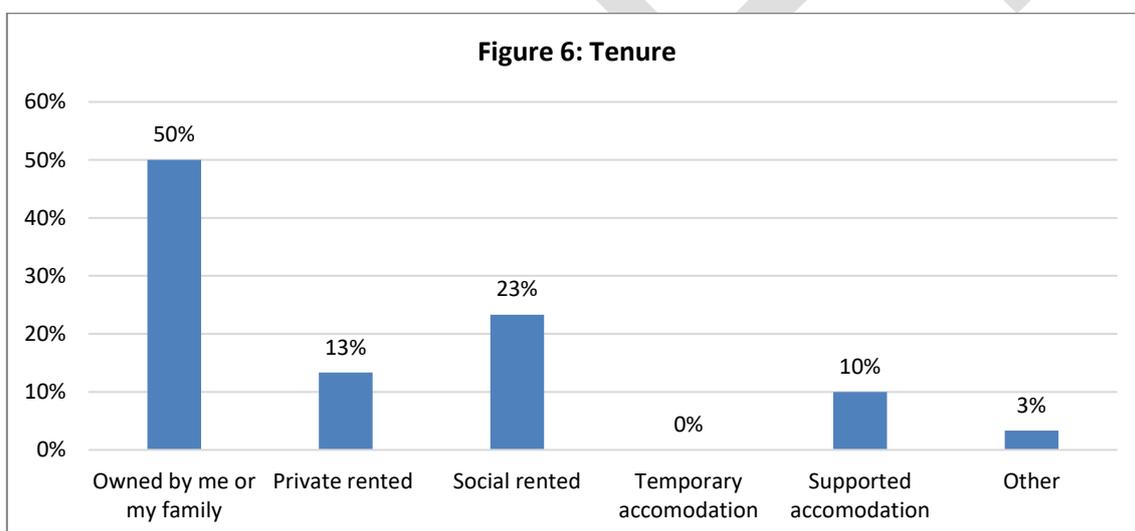
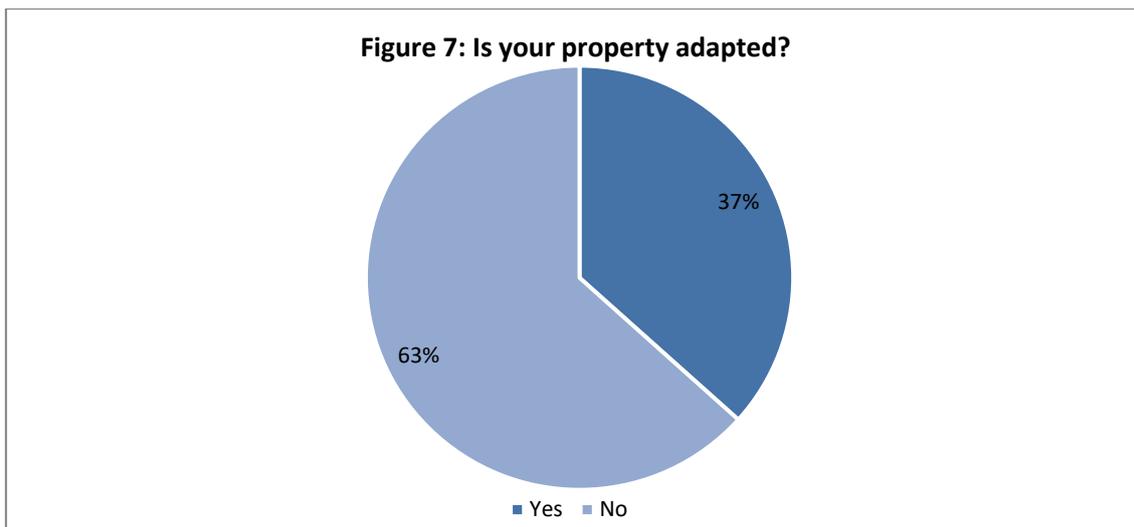


Figure 6 shows the type of tenure respondents currently have, with half living in a property either owned by themselves or by their family and 23% living in a social rented property.



As demonstrated in Figure 7, 37% of respondents live in a property that has been specifically adapted to meet their needs. The respondents who have adaptations reported the following:

- 36% have wet rooms/walk in showers
- 27% have double/strengthened bannisters and/or grab rails
- 27% have hoists
- 27% have ramps
- 28% have through-floor lifts
- 28% have widened doorways



67% of respondents reported that their current property was suitable for their needs. Of the 33% of respondents that did not feel their properties were suitable, the reasons given were as follows:

- The property is too expensive.
- The property has damp.
- The property is too small.
- The property has stairs which are difficult to manage.
- Garden is large and has high hedges which are difficult to maintain.
- There is anti-social behaviour in the area and problems with neighbours.
- The household is made up of people of different ages and abilities, and this makes it difficult to find common/shared interests.

Despite only 33% of respondents not considering their current property suitable, 80% of respondents are considering moving to a different property in the future. Figure 8 shows that the majority of those considering moving will be doing so in 18+ months' time.

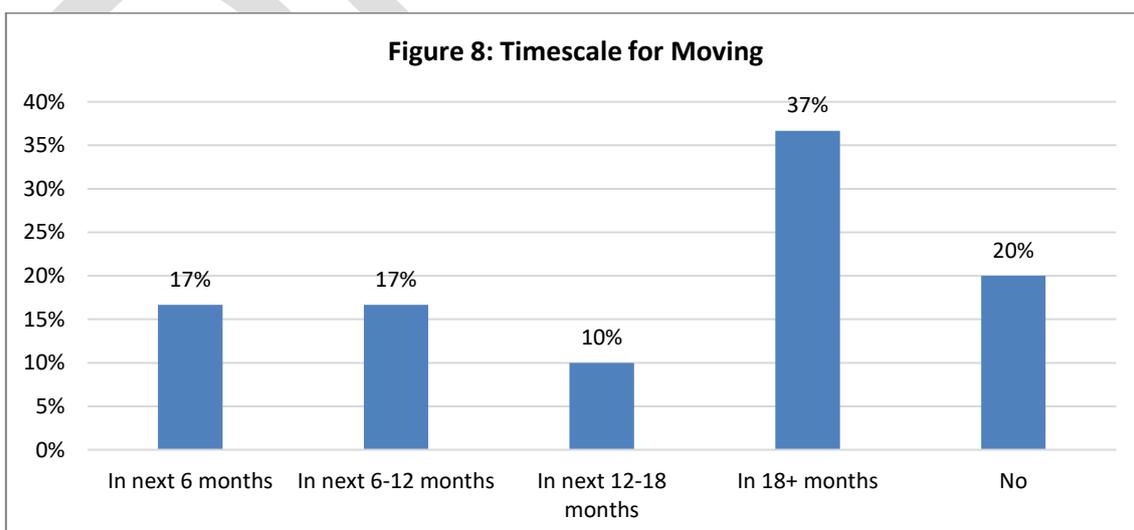
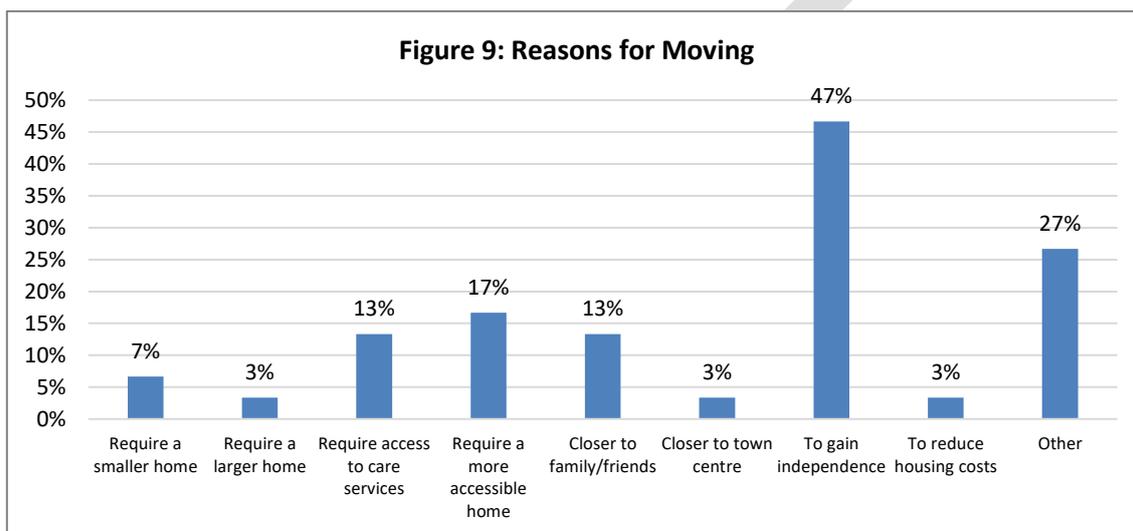


Figure 9 shows the reasons given by respondents for wanting to move. The most common reasons for respondents wanting to move from their current property is to gain more independence.

The reasons given by the 27% who selected 'Other' include:

- To get away from anti-social behaviour.
- To live with partner/spouse.
- To live with housemates who are more similar to me and have similar interests.
- Fear that elderly parent may not be able to continue to manage the home and provide the required support.
- To do what other young people do – not live with parents.



Supported Accommodation in Trafford

50% of respondents stated they are either already reside in, or would consider moving into, supported accommodation within Trafford. 3% of respondents stated they are currently residing in supported accommodation outside of Trafford and are not looking to move.

Of the 50% respondents who would consider moving into supported accommodation in Trafford, 80% have never lived in supported accommodation before while 20% are already residing in supported accommodation within the borough.

Of the aforementioned 80% of respondents that have never lived in supported accommodation but would like to, 81% currently live with family/ friends and 19% live alone.

Figure 10 shows the support needs of the 50% of respondents who wish to move into supported accommodation in Trafford. As demonstrated, the most common support required is with social activities, daily activities such as cleaning, cooking, shopping, and budgeting/managing finances.

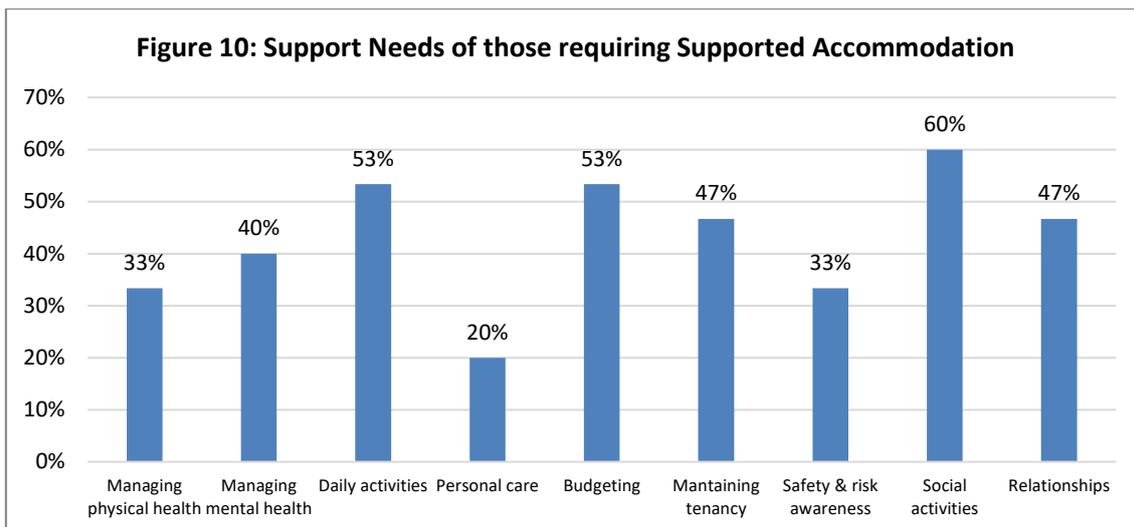


Figure 11 shows the diagnosed conditions of those that would like to move into supported accommodation within Trafford. 67% have a diagnosed learning disability, 60% have been diagnosed with autism, and 33% have a diagnosed mobility impairment.

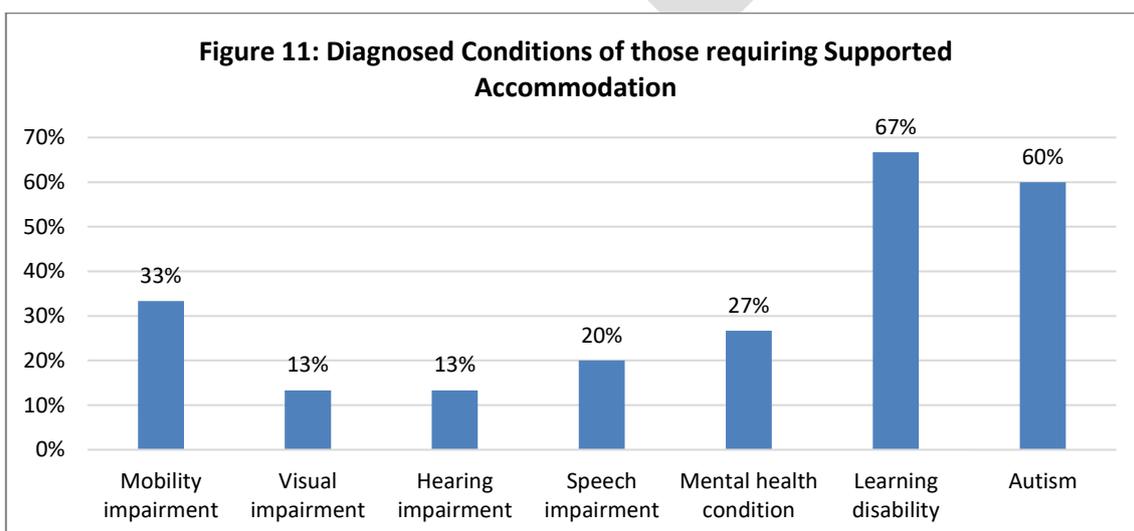
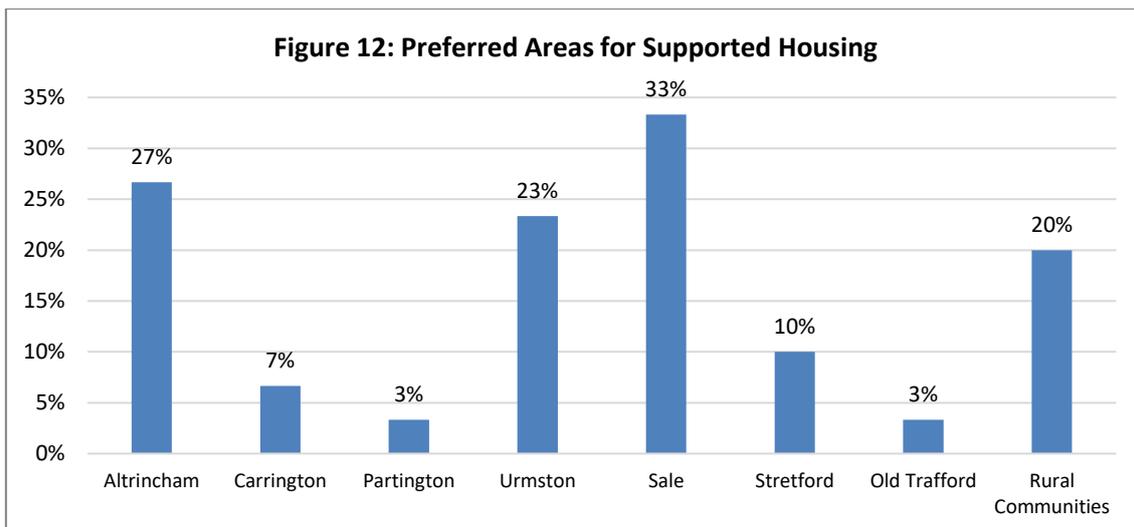


Figure 12 shows the preferred areas of those wishing to move into supported accommodation within the borough. As demonstrated, the most popular areas are Sale, Altrincham, and Urmston.



As demonstrated in Figure 13, the majority of respondents who would like supported accommodation in Trafford would prefer a property with one or two bedrooms. Those that would prefer four or more bedrooms gave the following reasons for this:

- Additional space for future children and a room for staff/carer
- A room for carers

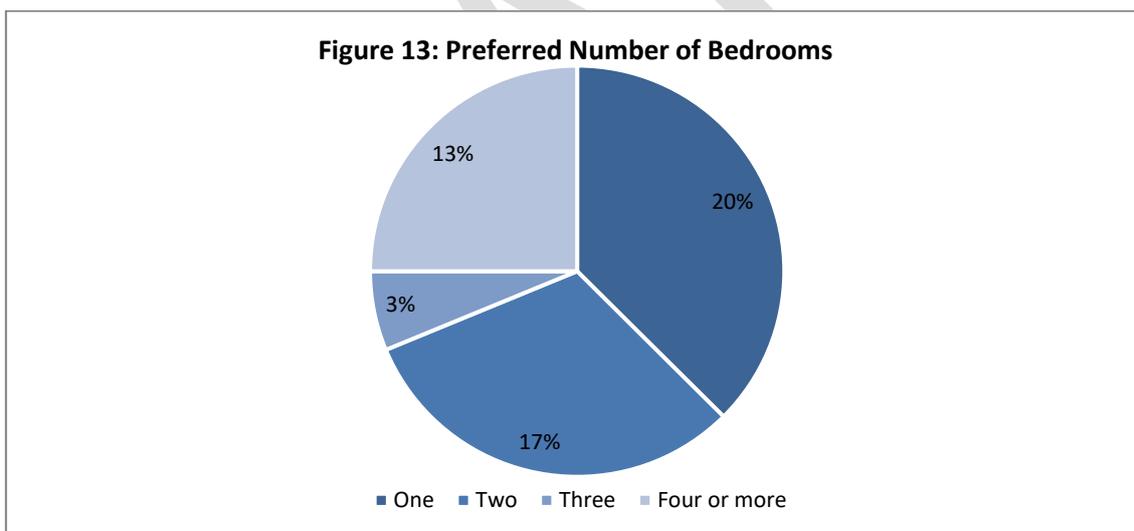
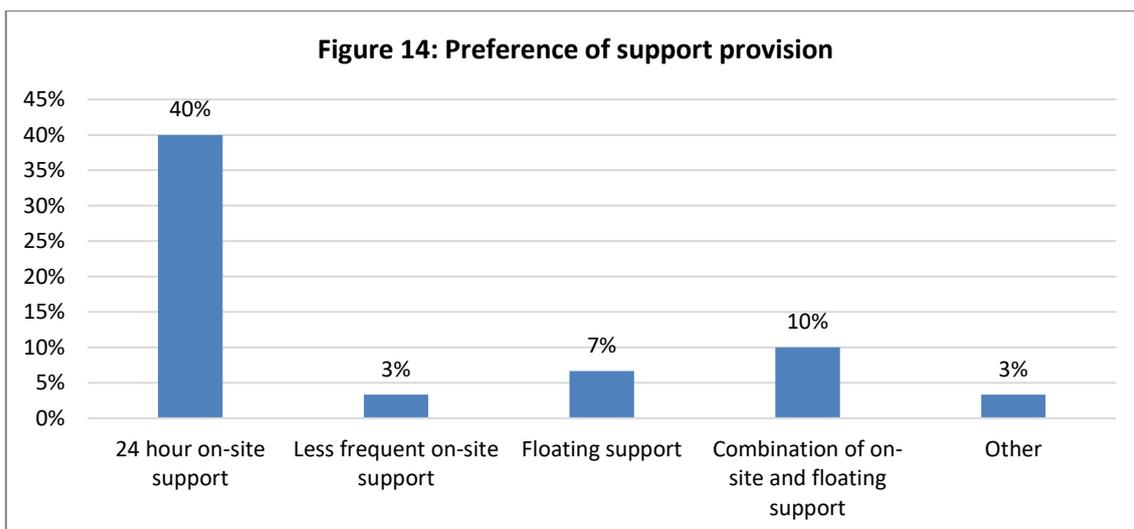
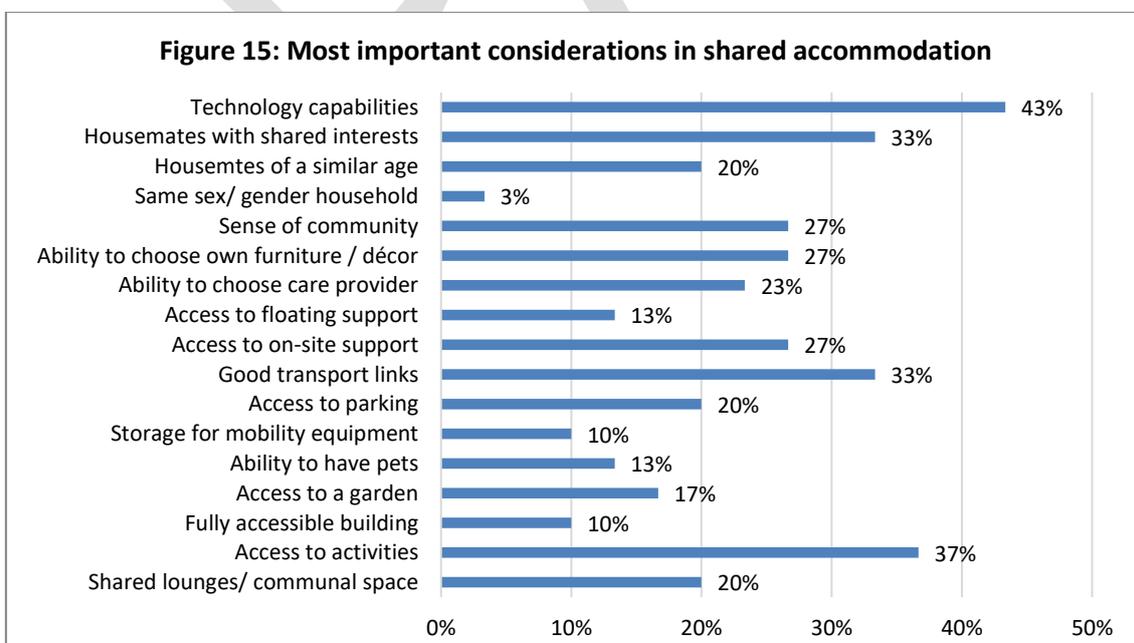


Figure 14 shows respondents preference in terms of how their support is provided. The majority of respondents would prefer 24-hour onsite support rather than floating or other types of support. The respondents who selected 'Other' failed to provide an explanation as to the type of support they would prefer.



Half of respondents who would like supported accommodation in Trafford would consider shared supported accommodation. Of those willing to consider shared supported housing, only 25% would be willing to share with more than 5 other people with most preferring to share with between 1 and 4 other people.

Figure 15 shows what the most important considerations are for those willing to consider shared supported accommodation. As demonstrated the most important factor for respondents is that the accommodation has good technological capabilities such as fast Wi-Fi and assistive technologies, closely followed by access to activities, having housemates with similar interests, and having access to good transport links. In addition, findings also suggest having their own bathroom would make shared supported accommodation more appealing.



In relation to shared supported accommodation, most respondents would prefer to live with people of a similar age to themselves. However, there was no clear preference in relation to the gender or sexual orientation of housemates.

Qualitative Analysis

The Resident Survey contained a number of open questions asking for the opinions of respondents. These questions have been outlined below and the responses summarised.

1. If you have ever lived in supported accommodation, what did you like about it?

- “24/7 staff support and I had a separate entrance to my own flat”
- “Staff were trained and had a good understanding of severe autism and complex needs”
- “Staff helped me to have a good lifestyle but quality of staff varies considerably”
- “I have a weekly activity plan that keeps me engaged”
- “I have my own flat”

2. If you have ever lived in supported accommodation, what did you dislike about it?

- “Frequent staff turnover and irregularity”
- “I do not get on well with my housemates and I’m finding the process of finding a new home very slow and difficult”
- “Ready meals and not enough activities”
- “Support was good initially but when Covid started it was non-existent. I left supported accommodation and went back to my parents due to lack of support”

3. Do you have any other comments or suggestions about supported housing in Trafford?

- “People just want to live in their own communities, near friends and family, with the right support to do things other people take for granted and to be safe”
- “I need to have somewhere that I can get to my family home easily”
- “There needs to be more supported accommodation so moving out of the family home isn’t that scary. I want to be more independent but it’s difficult without lots of support”
- Accessibility is a key issue. The properties need to have ramped access to house and garden; corridors should be large enough to enable access to all parts of the building; doorways and rooms need to be wide enough to accommodate a large powered wheelchair; bathroom/wet room facilities are required with appropriate ceiling track hoists throughout”
- “I would like my own home just on my own. There seems to be nothing for me apart from sharing or places with lots of people around”
- “My supported living is paid for by Trafford but located in Manchester. I would really like to live in Trafford, nearer to my family, if sufficient targeted supported living for my severe behaviours and complex needs was available”
- “Service users should be able to have a say in who provides their care”
- “Supported housing needs more Ring & Ride services or a dedicated transport option”

Summary of Findings

It is important to recognise that although these findings give an indication of the level of need and specific desires in relation to supported accommodation in Trafford, caution should be taken when generalising the findings due to the low response rate. However, the findings from the consultation suggest:

12. The majority of Trafford residents diagnosed with autism are under the age of 35.
13. The most common support needs are help with daily activities (such as cooking, cleaning, and getting around), help to engage in social activities, and support to budget / manage finances.
14. Almost all of those with support needs rely on family and friends for support, even when receiving support from Social Services or NHS Services.
15. A large majority of those with support needs live with their parents / family members in either owner-occupied or socially rented properties. However, most would prefer to live independently.
16. A third of those with support needs feel their current property is not suitable for them. Reasons ranged from property condition, size, affordability, and location to specifics such as difficulties managing stairs and not having shared interests with housemates.
17. A large proportion of those with support needs are considering moving in the future, and half of those with support needs are considering a move into supported accommodation in Trafford.
18. Of those wanting to move into supported housing, the majority currently live with parents / family members.
19. The majority of those who require supported housing in Trafford would like a 1 or 2 bedroom property in either Sale, Altrincham, or Urmston.
20. The preferred type of support is 24-hour onsite support, with options for floating support or a combination of floating and on-site support being less favoured.
21. Half of those who require supported accommodation would be willing to consider shared housing. Having a private bathroom, good technology capabilities, access to activities, housemates with shared interests and access to good transport links are all important factors for those willing to consider shared supported accommodation.
22. When it comes to shared housing, most people with support needs would prefer housemates of a similar age, but do not appear to have a preference in terms of gender or sexual orientation of their housemates.