London Borough of Tower Hamlets

Hostel Needs Analysis

Summary- June 2012

Confidential



Contents

		Page
1	Introduction	2
2	The need for hostel accommodation	2
3	The number and type of hostel units required	4
4	Pathway through the hostel sector	9
5	Financial implications	11
6	Projected need	13
7	Recommendations	15
Append	dix 1 – Assessment Centre Budget	16
Append	dix 2 – Move-on	17

Civis Consultants

Blackfriars Foundry 156 Blackfriars Road London SE1 OQR

www.civis.co.uk 07802 667332 / 07979 534285



1 Introduction

The London Borough of Tower Hamlets has commissioned a hostels needs analysis to anticipate future demand for hostel accommodation in the Borough.

This project has involved an analysis of a large amount of data, including that from the Housing Options for Singles Team (HOST), the Supporting People (SP) client record system, the SP performance returns and the SP financial database.

In addition there has been comprehensive consultation with a larger number of stakeholders including the DAAT, the NHS, other local authorities and providers. As part of the process a focus groups was held with hostel providers. A hostels survey was carried out in October 2011 to understand the needs of those who were being referred into hostels, the extent to which the needs could be met and how successfully planned moves were being achieved. The hostels survey provided invaluable data to fill the gaps identified and to validate the findings.

This report is an update to the Hostel Needs Analysis, completed in January 2012.

2. The need for hostel accommodation

Prior to April 2011 the hostels sector had accepted referrals from a large number of sources including HOST, other Tower Hamlets referral agencies and those from outside the borough. An analysis of hostel placements during 2010/11 showed that 34% of hostel residents came from outside the Borough.

Since 2011 referrals to hostels have almost exclusively been routed through HOST. This change has had a significant impact on the profile of those who are referred to hostels. All those that are referred through HOST have high support, whereas previously those with lower support needs had been able to access hostel accommodation. The resident population in hostels has incrementally changed during 2011/12, with a residual group still living there with lower support needs.

As a consequence the analysis of the need for hostel accommodation has been based entirely on HOST data for 2011/12. This analysis involved removing duplicates, both for referrals and acceptances, so that individual referrals could be identified. The findings of this analysis are summarised in the table below and show that 517 of the 576 people referred by HOST during the year needed hostel accommodation:



		Housed	Unlikely	Referrals requiring
UNIQUE REFERRALS	Total	else- where	to be housed	hostel places
·		where	nouseu	•
Accepted	441	-	-	441
Refused by the hostel	70	-	-	70
Failed to attend / could not be contacted	34	-	34	-
Refused by client	17	-	17	-
Outcome unknown	6	-	-	6
Placed elsewhere	8	8	-	-
Totals	576	8	51	517

Table 1 HOST referrals year ended 31 March 2012

In arriving at these figures it has been assumed:

- The HOST figures represent the full extent of the need for hostel accommodation as HOST has exclusive referrals rights to hostels in Tower Hamlets;
- Those with low and medium support needs are not treated as in need and they are not referred to hostels through HOST
- Those who have been refused by a hostel have been treated as in need;
- Those who have refused an offer, failed to attend or could not be contacted, have not been treated as in need;
- Those who have been placed elsewhere, although in need of accommodation, have not been treated as specifically in need of hostel accommodation.

There has been some debate about whether or not to include those with low or medium support needs within the hostels needs analysis. The consensus reached is that hostel accommodation should be prioritised for those with high support needs, as those with low or medium support needs are assumed to be able to live in independent accommodation with floating support. Although it is recognised that those under the age of 35 will only be eligible for Local Housing Allowance (LHA) at the shared rate, a hostel placement was not considered appropriate in meeting the needs of those who require lower levels of support.

An analysis of HOST referrals was carried out to understand the types of needs being presented. This analysis involved grouping individuals into needs categories based primarily on the needs identified within the HOST referral system. Where a referral was given a generic label such as "ex-offender", the findings of the hostel survey were used to apportion the referrals to a list of agreed needs categories (Table 2).



This approach has enabled the needs profile of the HOST referrals to be identified as shown in the table below:

Referrals requiring hostel places		
People with drug / alcohol problems	242	47%
Homeless / mental health	133	26%
Dual diagnosis	38	7%
Personality disorder	15	3%
People with a Physical or Sensory Disability	16	3%
Other needs	73	14%
	517	

Table 2 Analysis of Need. Based on HOST referrals with analysis of generic referrals based on the hostel survey

3. The number and type of hostel units required

Having identified the level and type of need for hostel accommodation annually a mapping exercise was carried out to identify the type of hostel provision required. The exercise was carried out without reference to existing hostel provision, as the purpose of the needs analysis was to identify the most appropriate types of hostels to meet the needs identified. The types of provision required have been identified through interviews held with stakeholders, and take account of good practice in other local authorities. Details of the service types identified are set out in table 3.



Type of need	Type of provision	Rationale
	Recovery	The most significant need identified was for hostel provision in which recovery could take place before moving onto a more independent setting or longer term hostel accommodation. This provision involves both abstinence hostels as well as those in which use is managed.
Drug and alcohol	Shorter term recovery	It is clear that some individuals do not need to live in a hostel whilst they recover and only require short term accommodation and help to engage with drug or alcohol treatment. Thereafter they can move onto independent accommodation and maintain their treatment programme.
	Longer term	Longer term hostel accommodation is required for a some individuals who find it difficult to move into independent accommodation.
	Dual Diagnosis	Some provision was identified for those who had mental health and drug and alcohol problems.
	Drug and alcohol	There is clearly a need for separate provision for women with drug and alcohol problems.
Services for women	Mental health / other	A need was also identified for provision where the main presenting problem was not drugs or alcohol but could be related to mental health problems or other needs.
Homelessness mental health	Mental health specific services	There is a high level of mental health problems amongst homelessness people which can also include personality disorder. Although many people with mental health problems also use drugs and alcohol this provision is expected to have a strong focus on mental health – some of the provision will need to be drug and drink free.
Other needs	Medium term hostels	Medium term hostels are required for those with multiple needs, including ex-offenders. These needs are not easily categorised but are significant.

Table 3 Proposed service types

A mapping exercise was carried out to identify to extent to which the needs identified fell into the service types identified. The data gathered for the hostels needs analysis and the meetings with stakeholders informed the apportionment of needs across these service types. Ultimately this exercise



does involve some judgement, based on the evidence provided, and there is still an opportunity for the needs to be reapportioned should the Borough identify other evidence.

It is important to make a distinction between the need for hostel accommodation and the need for other services; for instance an individual may only need a hostel for up to a year but require drug treatment for longer period. The field work also identified that some individuals may require support for a number of years to be able to remain drug free but this does not necessarily have to be delivered within a hostel setting.

The results of the mapping exercise are summarised in the table 4:

			Dr	ug and alcoh					
	TOTALS	Reco	very	- Dual	Longer	Services	Other services	Homeless	Medium
			Shorter- term	diagnosis	term	for women	for women	ness / mental health	term hostels
Drug or alcohol problems	242	93	72	-	24	53	-	-	-
Homeless / mental health	133	-	-	-	-	-	29	74	30
Dual diagnosis	38	-	-	30	-	-	8	-	-
Personality disorder	15	-	-	-	-	-	-	11	4
Physical or sensory disability	16	-	-	-	8	-	-	-	8
Other needs	73	-	-	-	-	-	-	-	73
Totals	517	93	72	30	32	53	37	85	115

Table 4 Mapping of Need to Proposed Service Types

Once the needs have been mapped to the service types it is possible to calculate the number of hostel units required. Occupancy and length of stay estimates are used to adjust the number of individuals in need (517) to calculate the number of units required. Based on the occupancy and length of stay assumptions shown in the table below it is estimated that 627 hostel units are required to meet the needs identified.



		Average	Units		
		length	adjusted	Assumed	
		of stay	for length	OCC-	No units
	Referrals	months	of stay	upancy	required
Drug/alcohol recovery	93	15	116	95%	122
Drug/alcohol recovery - shorter term	72	12	72	95%	76
Dual diagnosis	30	15	38	95%	39
Drug/alcohol longer term	32	36	96	95%	101
Drug/alcohol services for women	53	15	66	95%	70
Mental health / other services for women	37	12	37	95%	39
Homelessness / mental health services	85	12	85	95%	89
Medium term hostels	115	9	86	95%	91
	517	14	596	95%	627

Table 5 Number of units required based on service type, length of stay and occupancy

The average length of stay of existing services has been taken into account when estimating the length of stay for the proposed services. This data is shown in the table below and is helpful in providing some guidance to expectations around length of stay, taking into account good practice, to prevent an arbitrary approach being adopted. It is important to point out the purpose of a hostel is to provide relatively short stay accommodation, whilst finding a longer solution for an individual, and is not intended to provide a long-term home. Where individuals wish to live as a group in a supported environment then they would need to move on to supported housing.

	Estimated	Total
	average	hours
	length	client
	of stay	per
	(days)	week
Aldgate Hostel	11	6.5
Booth House	13	8.5
Caplin House	8	4.6
Daniel Gilbert House	16	6.1
Dellow Centre	16	9.1
Edward Gibbons House	18	15.2
Hackney Road Project	30	14.0
Hopetown Hostel	20	8.2
Nacro	24	7.4
Rh-Riverside House	6	8.9
Totals	14	8.8

Table 6 Existing services – estimated average length of stay and hours per client per week



A broad service specification has been developed for each type of hostel service, which identifies the level of staff required as shown in table 7.

	Support hours			
	per	Staff:	residents	
	client	Waking	Sleep-	
	per	night	in	
	week	cover	cover	
Drug/alcohol recovery	8.0			1: 30
Drug/alcohol recovery - shorter term	8.0			1: 30
Dual diagnosis	9.0	1: 30		1: 60
Drug/alcohol longer term	6.0	1: 30		1: 60
Drug/alcohol services for women	8.0			1: 30
Mental health / other services for women	7.5			1: 30
Homelessness / mental health services	7.5			1: 30
Medium term hostels	7.0			1: 30

Table 7 Outline proposed service specification

For costing purposes, the following hourly rates have been assumed:

Day time support services: £18.50 per hour Waking night cover: £12.10 per hour Sleep-in cover: £ 9.00 per hour

It is recognised that the re-modelling of the hostels sector is likely to identify new approaches to staffing services and the specifications can only provide an indication of the level of input required to provide a safe environment and to work effectively with hostel residents.

Although the hostel services required are based on the needs analysis, and not on existing provision, it will be important to take account of what provision already exists when implementing the new approach. Within the context of diminishing capital funding, high London property prices and planning concerns, the use of existing resources will be an important feature. The consultation undertaken for the hostels needs analysis identified that existing hostels could potentially be broken into clusters, with a limited amount of capital funding, to reduce their size and enable them meet needs more effectively.



4. Pathway through the hostel sector

A key concept underpinning the hostels needs analysis is to create a housing and support pathway through the hostels sector into longer term housing and support options. Alongside this pathway there will need to be engagement with statutory services. Therefore the time that an individual spends in the housing and support pathway should bear no relationship with how long people require statutory services. The pathway should enable individuals to consistently engage with statutory services, while at the same time moving them on from a hostel to more secure forms of accommodation.

There are two key aspects to the pathway. First the needs of individuals should be fully assessed and they should only be placed in a hostel once this assessment has been completed. Second, there should be a planned approach to moving individuals through the hostels pathway, based on their needs, and then onto independent move on accommodation.

The needs analysis has identified that a short term assessment centre can play an important role in being able to assess needs effectively and to make appropriate placements. Although HOST will have carried out an initial assessment, the purpose of the assessment centre will be to engage people with other services prior to moving them onto a hostel. Potentially HOST could adopt the role of overseeing, or monitoring, that the individuals referred move along the housing and support pathway onto independence. The pathway is illustrated in the diagram below (Figure 1)

It is proposed that the assessment centre should have a capacity of 38 - 43 units with a maximum stay of six weeks to manage the volume of referrals. Some referrals may only stay a few days, some could stay the full six weeks and others may simply receive a virtual assessment.

An efficient hostels sector needs to move people through to more independent accommodation to prevent the hostels from silting up. Research carried out by the University of Cambridge shows that the private rented sector will become increasingly unaffordable to claimants living in the Borough. Therefore it is likely that some hostel residents may need to move out of the borough to obtain affordable accommodation in the private rented sector.



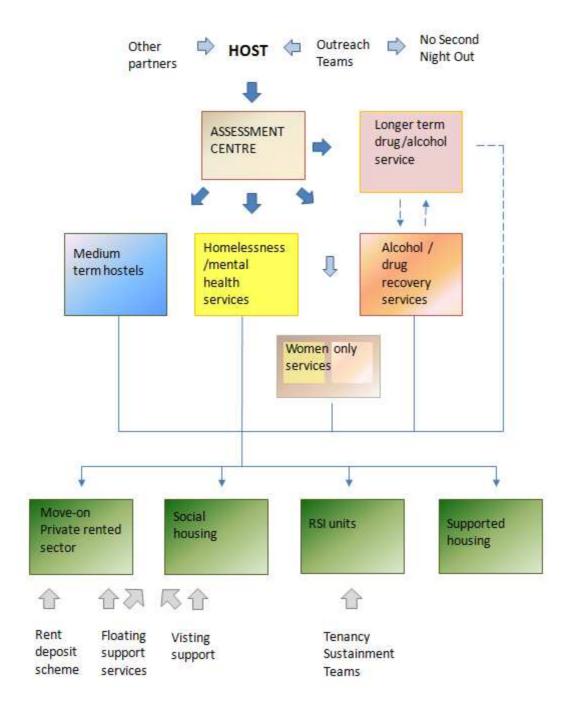


Figure 1 Proposed Pathway

Although the private rented sector is the most significant source of move on accommodation there are other move on options available. Tower Hamlets currently has a hostels quota to move people into social housing. Hostel residents can also apply to the choice based letting scheme, although only those that achieve a high banding are likely to receive an offer. Access into supported housing is also an important option, for those who need to live in a supported environment.



For an effective approach to be developed to move on accommodation there needs to be greater incentives for private sector landlord to accept individuals. One approach is to develop a rent deposit scheme using resources released from remodelling the hostels sector.

Furthermore, some individuals require continuing support after they have moved on and access to support can provide landlords with some reassurance. Although Tower Hamlets currently funds a floating support service, there are some individuals who move on from hostel who are likely to require longer term support in the form of visiting support (e.g. similar to the Housing First model) Floating support is defined as short term support which moves to another service user as soon as an individual has established themselves in independent accommodation whilst visiting support provides longer term regular support to the individual to ensure they sustain their accommodation.

5. Financial implications

1) Budget for Proposed Services

The budget required for a remodelled hostels sector together with an assessment centre and move on costs would be approximately £5.6m.

		Support	Night	Move
	Total	service	cover	on
	£ 000s	£ 000s	£ 000s	£ 000s
Drug/alcohol recovery	1,030.6	938.9	91.7	
Drug/alcohol recovery - shorter term	653.7	584.9	68.8	
Dual diagnosis	391.5	337.7	53.8	
Drug/alcohol longer term	721.4	583.0	138.4	
Drug/alcohol services for women	584.6	538.7	45.9	
Mental health / other services for women	304.3	281.4	22.9	
Homelessness / mental health services	710.9	642.1	68.8	
Medium term hostels	681.6	612.8	68.8	
Assessment Centre	397.6	335.9	61.7	
Visiting support*	50.0			50.0
Move on rent deposit / subsidy*	38.6			38.6
Total	5,564.8	4,855.4	620.8	88.6

^{*} average for years 1 - 3

Table 8 Budget for Proposed Service

The budget is based on the service specification (table 6), the estimated cost of an Assessment Centre (Appendix 1) and Move-on services (Appendix 2).



2) Comparisons with the existing budget and projection	2)) Comparisons	with the	existina b	oudget and	projections.
--	----	---------------	----------	------------	------------	--------------

	Total	Effective		Proposed
	current	current		service
	cost	cost		estimate
Services included in the need	£	£		£
Aldgate Hostel	1,065,066	415,066	Assessment Centre	397,582
Booth House	998,802	998,802	Drug / alcohol services	2,797,085
Caplin House	43,680	43,680	Services for women	888,901
Daniel Gilbert House	627,199	627,199	Medium term/ MH services	1,392,521
Dellow Centre	547,959	547,959	Move on / inc. rent deposit	88,624
Edward Gibbons House	568,767	568,767		
Hackney Road Project	533,933	533,933		
Hopetown Hostel	752,740	752,740		
Nacro	162,524	162,524		
Rh-Riverside House	278,162	278,162		
Buxton	84,084	84,084		
Carr Gomm om House	46,087	-		
Spitalfields Bridge House	15,904	15,904		
TH Mission Terrace	94,187	94,187		
Providence House	343,980	343,980		
Culham & Sonning	77,204	77,204		
New Belvedere	159,737	-		
Totals	6,400,015	5,544,191		5,564,713

Table 9 Comparison with current service costs

The proposed service budget would exceed the effective existing service budget, which takes into account closures and savings, by £20,522 (table 9). The budget includes average move on costs for the first three years.

3) Benefits of the New Arrangement

The following are the key benefits that would arise from a remodelled hostels sector:

- The approach is planned to achieve a full assessment of need for each individual and a
 placement with an appropriate hostel. This will ensure that the resources are allocated
 effectively.
- The housing and support pathway will ensure that individuals move through the hostels sector rapidly and do not end up living in a hostel as their long term home. This will ensure that resources are focused on those who require a hostel rather than those who could live independently with on-going support where necessary.
- People will be linked to statutory services so that their care and health needs can be more effectively met, breaking the pattern whereby individuals are often passed around services at considerable cost to the public purse.



- The importance of move-on accommodation will be fully recognised so that high cost
 hostel accommodation can be released and individuals can achieve the stability that will
 allow them to make a contribution to the community and potentially become economically
 active.
- The new arrangement would strengthen the support available for people moving on and would reduce the costs associated with tenancy breakdown and a return to hostel accommodation.

The year one budget shows an overspend of £21k compared to the effective budget for current services. Although it is not possible to put a figure against the savings that would arise from the benefits of the new system, it is certain that by focussing the hostel sector on people who really need hostel accommodation, introducing changes to target services more effectively and supporting move on arrangements will help to limit any growth in the hostels sector as the population increases.

6. Projected need

The projected need has taken into account population growth based on GLA projections. Rapid growth, particularly over the next five years, is anticipated with growth concentrated in the Isle of Dogs, Lower Lea Valley and City Gateway. The lower GLA projections show Tower Hamlets growing by 27% by 2023 compared to 8% for London as a whole. The adult population (all over 18) has been taken as the basis for the projections in this report.

The number of HOST registrations has been used as a measure of the population at risk of being in need of hostel accommodation and it has been assumed this number will grow pro-rata to the population (around 1.8% of the adult population). Many of the current economic, social and government policy changes will already have had an impact on the number of registrations. These include changes to the method for calculating the local housing allowance, the cap on housing benefit for under 35 year-olds and the general economic conditions. The effect of the overall benefit cap may yet to be reflected in the figures.

It is also projected that while the population is growing, the Borough is likely to become less and less affordable, with just 17% of the Borough's private sector lettings being affordable in 2016 compared to 51% in 2010¹.

The change in affordability suggests either that the growth projected by the GLA will be tempered or that people moving in to the Borough may be less likely to need hostel services. It has therefore been assumed that the population with mental health needs, personality disorder, dual diagnosis and physical or sensory disability will grow pro-rata to the population "at risk" with small reductions in those with drug or alcohol problems (from 8.6% to 7.5% over ten years). This will mean the demand for places for drug and alcohol services (all need levels) would increase from 247 to 270 referrals.

_



¹ Housing Benefit Reform and spatial segregation of low income households in London – Cambridge Centre for Housing Planning and Research (2011)

Similarly it has been assumed there will be a reduction in "other needs" from 2.6% to 2.3% of the population "at risk" resulting in a growth in the number of units from 73 to 80 units. The projections of need and associated costs if the need were to be met in full are shown table 10.

	2011/	2012 /	2013/	2014/	2015 /	2016/	2017/	2018/	2019 /	2020/	2021/
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Adult population (000s)	154	158	163	167	171	176	180	183	187	191	193
Projected HOST registrations	2,810	2,898	2,978	3,053	3,130	3,212	3,289	3,355	3,425	3,491	3,527
Population "at risk"	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%	1.8%
Population in need (referrals)	517	533	538	546	553	562	568	575	583	589	594
Projected referrals:											
Alcohol / drug recovery	91	94	94	95	95	96	96	97	98	98	98
Recovery shorter term	73	75	75	75	76	76	77	77	78	78	78
Longer term alcohol / drug	32	33	33	34	34	35	35	35	36	36	36
Drug / alcohol (women only)	54	56	56	56	56	57	57	57	58	58	58
Mental health / Other (women)	38	39	40	41	42	44	45	46	46	47	48
Homeless / mental health	84	86	89	91	93	96	98	100	102	104	105
Dual diagnosis	30	30	31	32	33	34	35	35	36	37	37
Medium term hostels	116	119	120	121	123	125	127	128	130	131	134
Total referrals	517	533	538	546	553	562	568	575	583	589	594
Projected no units required:											
Alcohol / drug recovery	120	123	124	124	125	126	126	127	128	129	129
Recovery shorter term	77	79	79	80	80	80	81	81	82	83	82
Longer term alcohol / drug	102	105	106	107	108	109	110	111	113	114	114
Drug / alcohol (women only)	71	74	74	74	74	75	75	76	76	77	77
Mental health / Other (women)	40	41	43	44	45	46	47	48	49	50	50
Homeless / mental health	88	90	93	95	98	100	103	105	107	109	110
Dual diagnosis	38	40	41	42	43	44	45	46	47	48	48
Medium term hostels	92	94	95	96	98	99	100	101	103	103	106
Total units required	627	647	653	661	670	679	687	695	704	712	716
Projected costs (@ 2012 levels) £	000 s										
Alcohol / drug recovery	1,031	1,063	1,065	1,071	1,076	1,083	1,086	1,094	1,103	1,110	1,107
Recovery shorter term	654	674	675	679	683	687	689	694	700	704	702
Longer term alcohol / drug	721	744	750	758	766	774	781	790	799	807	807
Drug / alcohol (women only)	585	603	604	607	611	614	616	621	626	630	628
Mental health / Other (women)	304	314	323	331	339	348	356	363	371	378	382
Homeless / mental health	711	733	754	773	792	813	832	849	866	883	892
Dual diagnosis	391	404	415	425	436	448	458	467	477	486	491
Medium term hostels	682	703	704	715	726	738	748	755	763	770	787
Assessment Centre	398	398	398	398	398	398	398	398	398	398	398
Move-on *	33	88	144	185	201	206	209	212	215	218	220
Total units required	5,509	5,723	5,831	5,941	6,027	6,107	6,173	6,243	6,317	6,383	6,416

^{*} Move on costs in table 9 have been shown as the average for the first three years





7. Recommendations

The following recommendations arise from the hostel needs analysis:

- 4) Tower Hamlets should develop ahousing and support pathway through the hostels sector in the Borough;
- 5) An assessment centre is a key element of the pathway as it can carry out a more detailed assessment of need and engage service users with appropriate statutory services prior to their move into an appropriate hostel;
- 6) The role of HOST should not only include referring individuals to the assessment centre but also involve tracking individuals through the pathway to identify any barriers to moving onto independence;
- 7) Hostels should provide short term accommodation and not a long term home. There may be a few individuals who require longer term support in a hostel setting; the purpose of such hostels should be to move people onto independence including supported housing;
- 8) The hostels sector in the Borough needs to be remodelled to become more specialised to more effectively meet higher support needs;
- 9) Existing hostel buildings should be remodelled/redeveloped, wherever necessary and possible, bearing in mind planning and capital funding constraints on the development of new hostel provision;
- 10) A rent deposit scheme should be developed to facilitate moving hostel residents on to the private rented sector;
- 11) A budget for visiting support should be developed in recognition of the fact that some hostel residents require longer term support once they have moved into independent accommodation;
- 12) Although the population in the Borough is projected to grow significantly it is unlikely to have much impact on the need for hostels as there will be an increasingly limited supply of affordable accommodation for claimants and those on low incomes to move into.



Appendix 1 – Assessment Centre Budget

Taking account of population growth, demographic changes and economic conditions, it has been assumed that the number of referrals would rise from 517 to a maximum of 595 over the ten years to 2022. Some referrals will be made directly from HOST to the hostels; it has been estimated that this will range from 5% to 35% depending on the needs group. Therefore 410 people would pass through the Assessment Centre in year 1, rising to a maximum of 472. The planned length of stay ranges from 3-5 weeks and this would mean between 38 and 43 bed spaces would be needed.

The budget has been based on 8.5 hours per bed space per week at an average of £20.00 per support hour. The rate is higher than for the proposed hostels budget because of the specialist nature of the work, rapid turnover of clients and the need for wide ranging skills. Waking night cover would be provided by two members of staff.

					Res assessment							
					Numbers					Units needed		
		Max	%	% needing		Max					Max	
		2012-	referred	residential		2012-	No	Occ-			2012-	
	Year 1	2022	directly	assessment	Year 1	2022	weeks	upancy		Year 1	2022	
People with drug / alcohol problems	242	261	15%	85%	206	222	4	95%		17	18	
Homeless / mental health	133	167	25%	75%	100	125	5	95%		10	13	
Dual diagnosis	38	48	15%	85%	32	41	5	75%		4	5	
Personality disorder	15	19	5%	95%	14	18	5	75%		2	2	
People with a Physical or Sensory Disab	16	20	30%	70%	11	14	3	75%		1	1	
Other needs	73	80	35%	65%	47	52	4	95%		4	4	
Ī	517	595			410	472				38	43	
-									•			
Support hours per unit per week										8.5	8.5	
Rate									£	20.00	20.00	
Night cover												
Waking night										2.0	2.0	
Rates												
Waking night									£	12.10	12.10	
5 5												
Support / assessment contract									£	335,920	380,120	
Night cover									£	61,662	61,662	
									£	397,582	441,782	

Table 11 Proposed Assessment Centre

The cost of the Assessment Centre would range from £398k - £442k (at year 1 prices) based on the assumptions above.



Appendix 2 - Move-on

	1	2	3	4	5	6	7	8	9	10	11
	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Unplanned moves (no.)	46	74	80	82	83	84	85	86	87	88	89
Choice-based lettings	9	16	17	17	17	17	17	17	17	17	17
RSI social housing lettings	43	43	43	43	43	43	43	43	43	43	43
Other supported housing	26	42	45	46	47	48	49	50	51	52	53
Private sector lettings	184	320	350	356	361	367	373	377	382	387	391
Total departures	309	496	536	544	551	559	566	573	580	587	593

Table 12 Projected Departures

The number of departures, based on the planned average length of stay and the service specifications in section 3 would rise from 309 in year 1 to 593. It has been assumed that the number of unplanned moves would fall from around 22% to 15% as a result of more targeted services and the work of the Assessment Centre in ensuring service users are directed to the most appropriate service. The estimates to not take account of the move on requirement for people who moved in to a hostel in earlier years.

A fixed number of RSI lettings (43 per annum) has been assumed, together with a small number of choice-based lettings. It is expected that around 8-9 % of the total number of departures – mainly those with mental health needs - will move on to supported housing. The "hostels quota" of social housing lettings has not been included as its future is uncertain. This leaves the number private sector lettings required rising from 184 in the first year to 390 per year in the longer term.

The cost implications of move-on are anticipated to include:

• A rent deposit scheme

The annual subsidy per letting has been included at £1,000 and would last for an average of four years. Beyond that point it has been assumed the ex-hostel resident would have again moved on or their circumstances would have stabilised. An allowance of claims amounting to 15% of the outstanding deposits has been assumed in the financial projections.

Visiting Support

It has been assumed that visiting support for around 35 people² in choice based or private sector lettings will be needed for an average of 3 years. Based on $1\frac{1}{2}$ hours per person per week at £18.50 per hour and with a drop-out rate of 15% per annum, the costs would rise from around £50k on average for the first three years, rising to just under £100k over ten years.

² The number in need of the visiting support service will plateau at around 70 individuals, taking account of the planned three year service and anticipated drop-out rate.



17

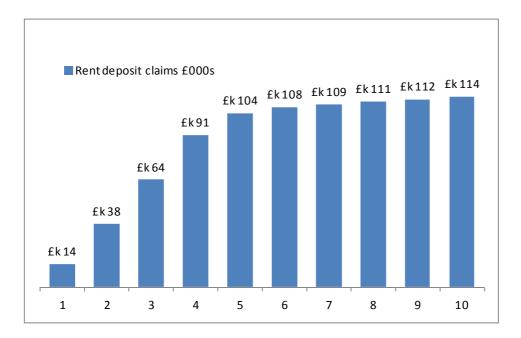


Figure 2 Rent deposit scheme cost projections

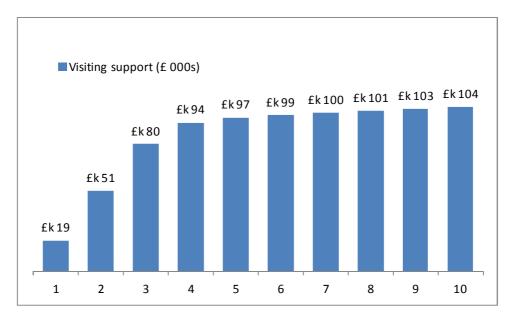


Figure 3 Visiting Support @ $1\frac{1}{2}$ hours per week for 3 years (less 15% of clients assumed to drop out in each year)

