North Tyneside Council

Market Position Statement for Specialist Housing
Demand Analysis March 2015
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1. **Introduction**

This document presents information on the current and future housing needs of the following vulnerable groups in North Tyneside:

- Older people
- People with a learning disability
- People with a physical disability
- Young people leaving care

The information comes from a range of sources, for example:

- North Tyneside Strategic Housing Market Assessment
- A housing needs survey of 3,363 residents in North Tyneside
- North Tyneside Joint Strategic Needs Assessment (JSNA)
- Data and intelligence from the Council’s Adult Social Care (ASC) and Children, Young People and Learning (CYPL) services
- National research

The information has been used to inform a Market Position Statement for Specialist Housing. This sets out the type of housing needed in the future for these client groups and highlights opportunities for providers. It will be used by the Council to guide the commissioning of specialist housing.
2. North Tyneside – Context

2.1 Our Borough
North Tyneside is one of five metropolitan districts that comprise the conurbation of Tyne & Wear. It covers an area of 84 square kilometres and has the North Sea to the east, the River Tyne to the south, Newcastle City to the west and Northumberland to the north.

The northern fringe of the borough is open countryside; approximately 1670 hectares (20%) of the borough is greenbelt. The borough has an attractive coastline with cliffs and beaches providing recreational facilities for the wider conurbation and beyond. The River Tyne is a commercial river with shipbuilding, offshore fabrication, fishing and port related industries, it provides opportunities for North Tyneside, but from a housing market point of view it can also act as a barrier between North Tyneside and the south of the region.

The borough is split into 4 locality areas known as North East, North West, South East and South West. The main urban areas, including the towns of Wallsend, North Shields, and Whitley Bay, lie along the river and coastline stretches. There are three other large settlements, Longbenton, Forest Hall and Killingworth. Along the northern edge of the borough are a number of former mining villages. A new settlement with a Metro station and a district centre is being developed between Shiremoor and Backworth and is known as Northumberland Park.

2.2 Our People
The Office for National Statistics 2012 mid-year population estimate suggested North Tyneside had a resident population of around 201,400, which is greater than at any other period since 1981. By 2030 it is predicted that the population will increase to 221,100, an increase of 19,700 people (10% increase).

Figure 1 shows that in 2012 there were more people between the age ranges of 45-49, with an even balance of male and females. By 2030, as the population ages, this will have shifted to the 65-69 age range. One in five children will expect to live until they are 100 and there will be fewer younger people than there are now.
Figure 1: Mid year 2012 population structure for North Tyneside compared with projected population in 2030

Source: Population Projections Unit, ONS. Crown copyright 2014
2.3 Equality and Diversity

Key statistics about our residents include:

- 48% are male, 52% female
- 4.9% are from black and minority ethnic (BME) communities – the main groups being ‘Other White’ (1.2%), Indian (0.5%) and Chinese (0.4%)2
- 21% have a disability or condition which limits their day-to-day activities2
- 11% provide unpaid care2
- An estimated 1% are transgender3
- An estimated 1% are gay or lesbian and 0.5% are bisexual4
- 64% are Christian, 1.7% combined are from other faiths (Muslim, Sikh, Buddhist, Jewish, Hindu or ‘other’) and 28% have no religion2
- 47% are married, 0.2% are in a civil partnership, 32% are single, 10% are divorced, 3% separated and 8% widowed. (2011 Census)

2.4 Households

Whilst demographic structure sets the basic framework for housing demand, it is the number, type and size of households in an area that directly relates to the requirements for housing. The total number of households in North Tyneside was 91,295 in 2011, compared to 84,861 in 2001, an increase of 6,434 households (7.6%).

![Figure 2: Composition of households in North Tyneside](source)

Source: Census 2011, Office for National Statistics

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1 Office of National Statistics- ONS 2012 mid-year population estimate
2 2011 Census
3 Gender Identity Research and Education Society 2011
4 ONS Integrated Household Survey 2011-12
2.5 Life Expectancy

People are living longer in North Tyneside with the average life expectancy currently being 79 years (for men it is 77 and for women is 81)\(^5\). There has been an upward trend in North Tyneside over the last 2 decades. Men consistently have poorer life expectancy than women. There is approximately a 4 year difference in life expectancy between men and women in North Tyneside.

The difference in life expectancy between North Tyneside and England is relatively small. North Tyneside remains slightly below the national average for both men and women. The difference in life expectancy within North Tyneside between the most deprived and least deprived areas is much wider than the gap between North Tyneside and England. Between the most and least deprived sections of the population, there is a life expectancy gap of 11.6 years for men and 9.2 years for women. This gap has remained constant for the last decade. The wards of Riverside, Chirton, Howdon, Wallsend and Longbenton all have significantly poorer life expectancy than the Borough average (79 years). Riverside ward has the lowest average life expectancy in the Borough (73 years) while St Mary’s has a life expectancy of 84 years. This gap will present issues when planning for the housing needs of the older population, with people in the more deprived wards potentially needing to access specialist housing at a younger age than those in the coastal area.

Figure 3: Life expectancy at birth

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\(^5\) North Tyneside Joint Strategic Needs Assessment 2013
2.6 Deprivation

The Index of Deprivation (2010) is a government measure which covers 7 aspects of deprivation including income, employment, health and disability, crime, barriers to housing and services, living environment and education, skills and training. These are broken down into small geographical areas called Lower super output areas (LSOAs) to allow for comparisons. Of the 326 local authorities in England, North Tyneside is 113th most deprived (IMD 2010) and is one of the least deprived areas in the North-East, with only the Northumberland Council area (rank 135) less deprived.

Figure 4 shows deprivation tends to be concentrated along the banks of the River Tyne between west North Shields and Wallsend. Concentrations are also present in the Longbenton and Whitley Bay wards. The most deprived area in the borough is Riverside ward and the least deprived area is St Mary’s ward in Whitley Bay.

2.7 Housing

At 1st April 2014 there were 95,059 homes in the borough. Of these:

- 65% were owner occupied
- 16% were rented from the council
- 13% were rented from a private landlord
- 6% were rented from a Housing Association
During the Census years of 2001 and 2011 there was a shift in the tenure make-up of the borough. The private rented sector doubled in size. This was likely due to the difficulty in accessing mortgages/saving for a deposit to buy a home following the economic downturn. Owner occupation reduced slightly, reversing a long-term trend. This mirrored the national trend. The social housing stock also reduced slightly; this has been a long-term trend due to the impact of the Right to Buy and reduction in the number of new social homes being built.

All social homes in the borough meet the Decent Homes Standard, apart from those waiting refurbishment as part of the North Tyneside Living project. Evidence suggests that properties in the Private Rented Sector are in a greater state of disrepair than properties than those that are owner occupied and social housing\(^6\). It is estimated that 14,344 homes in the private sector have Category 1 Hazards\(^7\), which means that people living in these homes, especially vulnerable people, have a higher risk of developing illness or injury as a result.

\(^6\) Older People’s Experiences of renting privately

\(^7\) North Tyneside Council Private Sector Housing Stock Projections 2011 Update

2.8 Supporting vulnerable groups

On any given day, the Council’s Adult Social Care (ASC) service supports approximately:

- 2,192 clients (73.15%) at home
- 804 clients (26.85%) in permanent care

The net total expenditure in 2013-14 was £52,798,000 (a 10% decrease on previous year). Figure 5 shows the % breakdown of spend according to client group.

\[Figure 5: \text{breakdown of spend according to client group}\]
To be eligible for ASC support, customers must have ‘substantial’ or ‘critical’ needs according to the Fair Access to Care Services (FACS) criteria. From April 2015 eligibility will be determined by National Eligibility Criteria, following the enactment of the Care Act 2014. Figure 6 shows the amount of spend per client group and average cost per client. This shows that spend on supporting people with learning disabilities is 4-5 times the cost of delivering other services.

Figure 6: spend per client group and average cost per client

<table>
<thead>
<tr>
<th>Category</th>
<th>Net Expenditure&lt;sup&gt;a&lt;/sup&gt; £000</th>
<th>Clients in the period&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Average per Client</th>
<th>Proportion of Total Spend</th>
</tr>
</thead>
<tbody>
<tr>
<td>LD 18-64</td>
<td>22,743</td>
<td>575</td>
<td>£39,553</td>
<td>43%</td>
</tr>
<tr>
<td>MH 18-64</td>
<td>2,576</td>
<td>285</td>
<td>£9,039</td>
<td>5%</td>
</tr>
<tr>
<td>PD 18-64</td>
<td>3,626</td>
<td>345</td>
<td>£10,510</td>
<td>7%</td>
</tr>
<tr>
<td>OP 65+</td>
<td>23,215</td>
<td>2,790</td>
<td>£8,321</td>
<td>44%</td>
</tr>
<tr>
<td>Other*</td>
<td>363</td>
<td>40</td>
<td>£9,075</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>52,798</strong></td>
<td><strong>4,035</strong></td>
<td><strong>£13,085</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Source: ASC, 2014

Figure 7 compares the gross cost (net of any client contribution) of home care with residential care for each client group. It shows that supporting people in their home costs 3-4 times less than placing people in residential care. For mental health clients it is 6.5 times less. It should however be acknowledged that people living at home are likely to have lower level needs to those customers who require residential placement.

Figure 7: Comparison of cost by residence

<table>
<thead>
<tr>
<th>Client Group</th>
<th>Unit cost per person per week</th>
<th>Residential and nursing care</th>
<th>Homecare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older People</td>
<td>£504</td>
<td>£147</td>
<td></td>
</tr>
<tr>
<td>People with physical disabilities</td>
<td>£633</td>
<td>£169</td>
<td></td>
</tr>
<tr>
<td>People with learning disabilities</td>
<td>£1,385</td>
<td>£357</td>
<td></td>
</tr>
<tr>
<td>People with mental health issues</td>
<td>£780</td>
<td>£120</td>
<td></td>
</tr>
</tbody>
</table>

Source: PSSEX1 2013-14

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<sup>a</sup> Taken from PSSEX1

<sup>b</sup> Total clients in the period receiving community based services, residential care and nursing care from RAP Table P1
3. Older People approaching later life

3.1 Introduction
This section focuses on the housing needs of ‘older people’. This document mainly focuses on people aged 65 and over although it is recognised that people can access sheltered/extra care schemes from age 55 if their circumstances require it.

There are currently 38,700 people aged 65 and over living in North Tyneside, representing 19% of the population. By 2030 this is expected to rise to 54,000 (a 40% increase) and will then make up 24% of the Borough’s population. It is projected that the most significant increase in the older population will be the over 85s, a 59% (3000) increase by 2030 (see Figure 8) and for the 90+ age group this is 94% (1700). The ageing population will impact on future health and social care budgets due to increased frailty and need for support.

This demographic shift in the older population is mainly as a result of people living longer due to better health care. Migration does play a part but this is relatively small. Internal migration for the year ending in June 2012 shows that there was a net increase of 50 older persons (65 and over) into the borough. The main flow into the borough was from Newcastle (130 older persons) then Northumberland (100 older persons). The main flow out of the borough was to Northumberland (110 older persons) and Newcastle (90 older persons).

Figure 8: Population aged 65 and over, projected to 2030

Source: Population Projections Unit, ONS. Crown copyright 2014

3.2 Types of housing for older people
There is a wide range of housing options for older people outlined in Figure 9. These tend to fall in to 3 categories: mainstream and may be provided within the public or private sectors, be available for rent, part ownership, leasehold, or for outright sale.
Figure 9: Types of housing for older people

Source: HCA HAPPI
Mainstream (general needs) housing
The term general needs housing is used to describe a range of homes that meet the needs of the general population.

- As people age and remain in their homes, general needs housing can become unsuitable for many. As their health deteriorates they may need support to remain in their homes in the form of aids and adaptations and health and social care
- When building new homes measures can be built in to make them more adaptable to peoples future needs. These are known as Lifetime homes

Specialist housing
This is housing that is specifically aimed at vulnerable client groups with access to support and care, for the options are older people:

- Retirement village – Large developments with a range of housing types and levels of care and support on one site
- Sheltered/retirement – Independent living within a grouped dwelling, may include: 24 hour alarm system, warden, lounge, programme of activities
- Very sheltered/assisted living – Independent living with managed care and support services. Features as above, may also include: meals, domestic help, assisted bathing
- Extra care – Independent living with managed care and support services. Features as above, may also include: hairdressing service, 24 hour staff
- Close care housing – Independent living with on-site care and support, linked to a care home
- Co-Housing - intentional communities created and run by their residents. Each household has a self-contained, personal and private home but residents come together to manage their community, share activities, eat together. Cohousing is a way of combating the alienation and isolation many experience today, recreating the neighbourly support of the past

Residential care or care homes
Residential care refers to long-term care given to those who stay in a residential setting rather than in their own home or family home. There are various residential care options available, depending on the needs of the individual.
- Residential homes – accommodation with meals
- personal care, (physical and emotional), staff on call
- Nursing homes – care homes with 24 hour nursing care
- Specialised care homes – care homes for specific needs e.g. dementia

3.3 Where do older people currently live?

Figure 10 shows the distribution of the older population across the borough. There are high numbers of older people living in the North West area of the borough and particularly the coastal areas, although conversely the ward of Whitley Bay is one of the least populated by older people. This is likely due to the high number of bars/shops in Whitley Bay town centre and, until recently, a thriving night time economy influencing older people’s choice of location.

3.4 What is their housing tenure?

- 14,809 own their homes without a mortgage
- 1,562 own their homes with a mortgage
- 1,328 rent from the Council
- 1,744 rent from a housing association
- 334 live in private rented housing
- 54 live in other types of accommodation (e.g. tied)
Owner occupation
There are high levels of owner occupation in the east of the borough near to the coastal areas. Of the people who own their home, 60% (almost 15,000) have no mortgage.

Renting
Conversely there are higher levels of renting along the River Tyne (particularly Riverside, and Howdon wards).

Renting from a private landlord
Currently 334 older people rent privately. The highest number of private renters is in the wards of Chirton and Wallsend.

Renting from a social landlord
Just over 3,000 older people (almost 26%) rent social housing in North Tyneside. The biggest social housing provider is the Council, with nearly 15,000 properties for rent. Nearly one in three Council tenants is over the age of 65 (4654)\(^{10}\).

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\(^{10}\) NorthTyneside Homes Profile Data May 2014
3.5 What type of property do they live in?

The majority of older people live in houses, but many also live in bungalows and flats\(^\text{11}\):

- 57% live in houses (detached, semi-detached or town houses)
- 22% live in flats (higher than national average of 16%)\(^\text{12}\)
- 20% live in bungalows

Bungalows are the most preferred type of property for older people. In North Tyneside there are around 7,500 bungalows of which over 5,000 are owner occupied, over 1,700 are Council and nearly 600 belong to registered providers.

- Weetslade has the highest number of bungalows - the majority of these are owner occupied
- Data suggests that there is a shortage of bungalows in Chirton, Tynemouth, Wallsend and Whitley Bay wards
- The Council has mainly 1 bed bungalows and these are unpopular because they are very small, Camperdown has the highest number (278)

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\(^{11}\) SHMA 2013

\(^{12}\) A better fit?

Source: Census, 2011

Of the 18.6% of people 65 or over who rent from the Council:

- 43% live in houses
- 29% live in bungalows
- 16% live in flats
- 11% live in sheltered accommodation
- 1% live in other types of accommodation (bedsits/other)
3.6 What size of home do they live in?

The majority of older people (82%) live in a home with two or more bedrooms (Figure 13). Interestingly, the majority of these (84%) feel that their home is a suitable size (Figure 14). This is in line with national research which shows that “Two bedrooms is the minimum that older people will consider, to have enough space for family visitors, a carer, storage, hobbies or spare bedroom”. Analysis of moves by older households in the last five years within the private sector (rent or owner occupier) shows that 87% moved into a dwelling with two or more bedrooms.”

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13 Older people's housing: choice, Quality of life and under occupation
3.7 Property Condition

According to the North Tyneside Housing Survey 2013, the majority of older people are satisfied with the condition of their home; 84% responded that they were satisfied or very satisfied and only 5% responded that they were dissatisfied/ very dissatisfied.

Figure 15 provides a useful summary of people 65 and over by tenure, type of accommodation (house/flat) and number of bedrooms. Note this is the number of older people, not number of households so it does include couples/older people living together. It also includes specialised housing, such as sheltered accommodation, extra care homes but does not include residential care homes.

Source 2011 Census
3.8 Specialist Accommodation for Older People

There are 115 schemes providing 4,203 available beds in sheltered/retirement, extra care and residential/nursing. Of these 2,741, are available for rent and 236 are leasehold as shown in Figure 16.

Figure 16 Supply of specialist accommodation

Sheltered/Retirement Housing

There are 70 sheltered housing schemes providing 2,260 self contained homes; most of these are social housing for rent but 186 (8%) are bought for owner-occupation from providers of specialist retirement housing; these are mainly located at the coast. The social housing developments are located throughout the borough, although there is a greater concentration in the Wallsend area. North Tyneside Council has started work transforming their sheltered homes to provide modern, attractive housing that offers a quality lifestyle for older people. Known as the North Tyneside Living project, it will provide 922 new or refurbished 1 and 2-bedroom apartments and some bungalows over 26 schemes. All schemes are due to be completed by February 2017.

Extra Care schemes

There are 8 extra care schemes providing 335 self contained homes of which 34 are leasehold (10%). Four of the schemes are located in the South East of the borough and there are no schemes in the North East area, where there are large numbers of older people. There is therefore a mis-match between current supply and potential demand. There is a broad age range of
people living in our extra care schemes, ranging from 49 to 104 and a wide range of support needs.

**Residential and nursing care homes**
There are a total of 36 residential and nursing homes for older people that the Council has a care contract with. These provide 1,642 bed spaces. Some of these specialise in dementia care (28 providers), physical disabilities (13 providers), learning disabilities and sensory impairments (7 providers)\(^{14}\). Some people also choose to live in residential care outside of the borough.

The borough’s care homes have an average occupancy rate of 78%. This is based on an average over 6 months\(^{15}\). Popularity of the homes tends to be based on quality and location. The homes located at the coast are usually in higher demand. The distribution of specialised accommodation across the borough is shown in Figure 17 and Figure 18.

\(^{14}\) Figures may not add up as some homes provide more than one speciality.
\(^{15}\) ASC data 2014

Currently there is no specialist housing for people with dementia in North Tyneside, although 8 units are planned in Wallsend.
Figure 17: Residential/care homes & extra care schemes in North Tyneside
Figure 18: Sheltered & age exclusive schemes in North Tyneside
3.9 Factors affecting the ability to live independently

A YouGov survey commissioned by Shelter\textsuperscript{16} found that a big decision facing older people, particularly if they become less mobile and their care needs increase, is whether to stay in their current home or consider a move to a smaller home better suited to their needs. It found that older people value a safe home, an attractive welcoming area with good facilities, transport links and service, and where they will be close to friends and family.

The decision to stay or to go is often described in terms of ‘pull’ and ‘push’ factors. The ‘pull’ factors that compel people to remain living in their home for as long as possible are strong, emotional, powerful and ‘outside the control of policy makers’. Older people’s sense of attachment to their space and possessions, their neighbourhood, community, the sense of having built up a family home and the fear of the unknown, transaction and removal costs, inability to sell and a lack of attractive options all provide powerful ‘pulls’ towards remaining in the same home.

A key factor is the lack of suitable alternative housing. Older people, particularly property owners, “need to be tempted by an appealing lifestyle vision if they are to trade their family homes for something new”.\textsuperscript{17}

In contrast the ‘push’ factors can be a mixture of slow building factors (such as concern for own health, garden maintenance, loneliness / isolation and fear of crime) and / or unexpected and sudden factors (loss of income, bereavement and declining health). “Ironically it is at these times of crisis that moving house is likely to be the most difficult and stressful. These crisis movers are often older (75 and over). Once they have moved older people generally report satisfaction with their decision and their new home but making the decision to do so in the first place is a major barrier.”

\textsuperscript{16} YouGov survey commissioned by Shelter ‘A better fit?’ April 2012

\textsuperscript{17} HAPPI report
“Understanding, addressing and rebalancing these pull and push factors and encouraging people to start thinking about their housing options at an earlier stage would be a positive step; encouraging them to make informed realistic plans while they are well equipped to do so.”

**Poor health and disability**
Poor health and disability can impact on a person’s ability to look after themselves and maintain independence. More than half of older person’s households aged over 85 have someone in their home with a serious illness or disability\(^{18}\), and with the over 85s population projected to increase by 59% by 2030 this will have a greater impact on maintaining independence.

The incidence of almost all the conditions is expected to increase faster than the overall population increase of older people (+40%), due to the higher increase in over 85s. Dementia is projected to see the biggest increase; by 2030 7.6% of older people (shown in Figure 19) will be living with dementia. We also anticipate that the transition from hospital to home care and support for those with no family or friends will increase.

Linked to poor health and disability is the ability to carry out a mobility task, domestic task or self care activity. The number of older people affected by this is projected to almost double by 2030 (see Figure 20 which will put greater pressure on adult social care budgets. Research\(^ {19}\), shows a strong correlation between the average age of admittance into residential care and the provision of a Disabled Facilities Grant. Those who received a DFG went into residential care on average 4 years later than those who did not receive one.

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\(^{18}\) A better fit

\(^{19}\) Neath Port Talbot Council in Wales, and appraised by the Lean Enterprise Research Centre at Cardiff University for the Welsh Audit Office
**Figure 19: Predicted population for those with illness/disability aged 65 and over**

<table>
<thead>
<tr>
<th>Type of Illness/disability</th>
<th>Age</th>
<th>2014</th>
<th>2015</th>
<th>2030</th>
<th>% increase 2012-2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>People living with dementia</td>
<td>65+</td>
<td>2,685</td>
<td>2,730</td>
<td>4,118</td>
<td>53%</td>
</tr>
<tr>
<td></td>
<td>85+</td>
<td>1,211</td>
<td>1,228</td>
<td>1,958</td>
<td>62%</td>
</tr>
<tr>
<td>Moderate or severe visual impairment</td>
<td>65+</td>
<td>3,391</td>
<td>3,444</td>
<td>4,860</td>
<td>43%</td>
</tr>
<tr>
<td></td>
<td>85+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate or severe hearing impairment</td>
<td>65+</td>
<td>16,157</td>
<td>16,635</td>
<td>23,777</td>
<td>47%</td>
</tr>
<tr>
<td></td>
<td>85+</td>
<td>4,244</td>
<td>4,499</td>
<td>6,877</td>
<td>62%</td>
</tr>
<tr>
<td>Moderate or severe learning disabilities</td>
<td>65+</td>
<td>109</td>
<td>111</td>
<td>148</td>
<td>36%</td>
</tr>
<tr>
<td></td>
<td>85+</td>
<td>9</td>
<td>9</td>
<td>15</td>
<td>67%</td>
</tr>
<tr>
<td>People with a limiting long-term illness</td>
<td>65+</td>
<td>20,750</td>
<td>21,102</td>
<td>29,391</td>
<td>41%</td>
</tr>
<tr>
<td></td>
<td>85+</td>
<td>3,597</td>
<td>3,667</td>
<td>5,712</td>
<td>59%</td>
</tr>
<tr>
<td>Stroke</td>
<td>65+</td>
<td>876</td>
<td>900</td>
<td>1,266</td>
<td>45%</td>
</tr>
<tr>
<td></td>
<td>85+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severe Depression</td>
<td>65+</td>
<td>1064</td>
<td>1082</td>
<td>1497</td>
<td>41%</td>
</tr>
<tr>
<td></td>
<td>85+</td>
<td>199</td>
<td>203</td>
<td>316</td>
<td>59%</td>
</tr>
<tr>
<td>Bronchitis/ emphysema</td>
<td>65+</td>
<td>642</td>
<td>660</td>
<td>911</td>
<td>42%</td>
</tr>
<tr>
<td></td>
<td>85+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Falls</td>
<td>65+</td>
<td>10,198</td>
<td>10,493</td>
<td>14,652</td>
<td>44%</td>
</tr>
<tr>
<td></td>
<td>85+</td>
<td>2,150</td>
<td>2,279</td>
<td>3,483</td>
<td>62%</td>
</tr>
</tbody>
</table>

*Source: Poppi Population Projections Unit, ONS. Crown copyright 2014*
Figure 20: Predicted population for those with care needs aged 65 and over

Source: Poppi Population Projections Unit, ONS. Crown copyright 2014
**Dementia**

Nationally there are 835,000 people in the UK with dementia; 1 in 16 people over the age of 65 have dementia and 1 in 3 people over aged 65 will die with a dementia. It costs the economy £26.3 billion a year. With an ageing population the number of people with dementia is increasing and the cost of treating them will impact on budgets.

Nationally, two-thirds of people with dementia live in the community and a third live in care homes. Of the people who live in the community a third live alone in their own homes. People with dementia and family carers can live well if they have access to good quality integrated care that is affordable and they live in a housing environment that meets their current needs. More than half (58%) of people with dementia say they are living well. Less than half of people feel part of their community, 40% feel lonely and 10% only leave the house once a month.

The Alzheimer’s Society’s 2012 report ‘Home Truths’ highlights that people with dementia are more likely to be owner-occupiers and levels of home ownership were reported to be higher among older households in the UK. It also states more is needed to be done to link housing with health and social care services.

Despite being among the best authorities in terms of the diagnosing of dementia, 47% of those with dementia will be undiagnosed. As a person’s dementia worsens their needs grow and they may require 24-hour care. This means most will migrate to residential or nursing care; nationally, 70% of people living in care homes have dementia. However, people will almost always say that they wish to remain in their current home.

**Falls**

Falls are a major cause of disability and the leading cause of mortality due to injury in older people aged over 75 in the UK. Falls account for 40% of care home admissions and the

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20 Dementia 2014: Opportunity for change, Alzheimer’s Society

21 Dementia NE England Projections, Dementia Care
incidence of falls in nursing homes and hospitals is almost three times the rate for community dwellings in over 65s.

Falls are a major cause of the loss of both physical and mental well-being among older people due to the detrimental impact of the fear of falling and the impact of falling on confidence, isolation and depression. Falls and the fear of falling have significant individual human cost. For example fewer than half of older people with a hip fracture return to their usual place of residence.

In terms of the emergency admission rate for over 65’s with fractured neck of femur in 2009-10 North Tyneside had a rate of 505 per 100,000 compared to an England average of 457 per 100,000. The costs of fractured hips in terms of services are also high involving the ambulance service, accident and emergency departments, inpatient beds, rehabilitation and long term follow up health and social care costs.

Figure 21: Location of falls compared with HHSRS Cat 1 hazards

The map above shows the location of the older population 65 and over in the borough compared to homes that have Category 1 Hazards (this includes a difference in levels in the home) and the number of people admitted for falls between 2006 and 2011. The red hatched areas are the areas that have a higher risk of older people falling.
Timely and effective practical support can play a vital role in enabling people to remain in their own homes and can have a significant impact on health and quality of life. Key support requirements highlighted in the 2013 Housing Survey are shown in Figure 22.

Figure 22: In the next five years what do you or other people in your household need?

Wider research\textsuperscript{22} suggests safety and security including neighbourhood wardens, help with laundry, falls prevention and improving energy efficiency help maintain independence. Adaptations can also play a part in supporting people to remain within their home environment preventing and postponing dependency. Key features identified by North Tyneside’s older people include the provision of adapted bathrooms, handrails, a downstairs toilet and security alarms.

Figure 23: In the next five years what do you or other people in your household need?

\textsuperscript{22} Practical Support at home evidence
Preventative measures such as installing adaptations and providing support in the home can save significantly on health care costs, for example, falls are estimated to cost the NHS more than £2.3 billion per year\textsuperscript{23}.

**What the Council spends on supporting older people to live independently**
The total amount spent on services to support older people in 2013/14 by North Tyneside Adult Social Care (ASC) Service was £23.2m.

Figure 24 shows the breakdown of this spend. Overall spending has decreased by 23\% from £42.7 million since 2008. Spending has decreased across most areas of ASC with the exception of Equipment and Adaptations, Home Care and Other Services to Older people.

\textsuperscript{23} NICE clinical guideline 161- Assessment and prevention of falls in older people June 2013
3.10 Housing need and demand

Housing demand is the quantity of housing that households are willing and able to buy or rent. So this would include home ownership or private renting.

Housing need is the quantity of housing required for households who are unable to access suitable housing without financial assistance. So this would include social rented housing.

The demand for market housing
The recent Demos report, *The Top of the Ladder* (Wood 2013), argues that we need to build more retirement housing to attract older owner-occupiers to downsize. Their survey of 1,500 over 60s found that:

- More than half (58%) of people over 60 were interested in moving
- One in four over 60s (3.5 million people) interested in moving would be interested in buying a retirement property (defined as specialist housing for older people, which includes sheltered housing, retirement villages and extra care schemes. A key feature is that the dwellings have their own front door
- Although the main emphasis of the report is on owner-occupied retirement housing, one in four over 60s interested in moving would be interested in renting a retirement property as long as it was on an assured (permanent) tenancy

The report concludes that the government needs to work in partnership with the private sector to improve supply, and to take a ‘whole chain’ view of the housing market, because this should benefit those on “every other step of the ladder”.

Although much recent emphasis has been on building more owner-occupied retirement housing, the need for a larger private rented sector has been gathering momentum, fuelled partly by the interest in encouraging older people to downsize.

Local information shows that the majority of older people would like a bungalow or semi-detached house with 2 or 3 bedrooms. In this report we use ‘retirement housing’ as a generic term for
The need for social housing

There are currently 5,166 people registered with Tyne and Wear Homefinder and 813 of these are older people. 458 (56%) are new applicants and 355 (44%) are existing tenants who have requested a transfer from their existing home. Figure 27 shows this broken down in to age bands with 58% of new applicants being aged 65-74 and 10% over 85+.

As people live for longer and the older person’s population in North Tyneside increases, demand on those Council properties suitable for older people will increase and the Council will be delivering services to an ageing customer base.
Where would older people like to move to?
Older people were asked if they had the chance to move in the next 5 years which parts of the borough they would prefer to move to. Their first choice is reflected in Figure 28.

Figure 28: Where would older people consider living?

Most popular was the East of the borough, towards the coast, with the least popular choices being in the North West (Seaton Burn, Wideopen) and also in the estates of Chirton Grange, New York and Preston (Collingwood ward). Anecdotal reasons for these choices may be down to accessibility, access to services and transport links.

What type of home would older people consider?
Older people were asked about their housing preference for now and in the next 5 years. Figure 29 shows the percentage of older people that would consider certain housing options. 71% said that they would like to continue to live in their current home with support when needed. 23% showed an interest in renting sheltered accommodation and 14% said they would consider extra care.

Source: North Tyneside Housing Survey 2013

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24 Housing Survey 2013
**Figure 29: In the next 5 years what type of housing would you consider?**

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>% would consider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue to live in current home with support when needed</td>
<td>70.5%</td>
</tr>
<tr>
<td>Buying a property on the open market</td>
<td>15.5%</td>
</tr>
<tr>
<td>Rent a property from a private landlord</td>
<td>6.2%</td>
</tr>
<tr>
<td>Rent from HA / Registered Social Landlord / Registered Provider</td>
<td>12.7%</td>
</tr>
<tr>
<td>Sheltered</td>
<td></td>
</tr>
<tr>
<td>To rent</td>
<td>22.7%</td>
</tr>
<tr>
<td>To buy</td>
<td>11.9%</td>
</tr>
<tr>
<td>Shared ownership</td>
<td>6.3%</td>
</tr>
<tr>
<td>Extra care</td>
<td></td>
</tr>
<tr>
<td>To rent</td>
<td>14.2%</td>
</tr>
<tr>
<td>To buy</td>
<td>8.0%</td>
</tr>
<tr>
<td>Shared ownership</td>
<td>3.9%</td>
</tr>
<tr>
<td>Residential care home</td>
<td>4.3%</td>
</tr>
<tr>
<td>Co-housing</td>
<td>7.9%</td>
</tr>
</tbody>
</table>

*Source: North Tyneside Housing Survey 2013*

National Research ‘Better Fit’ found that for nearly three quarters of those who said they were not interested in retirement housing the key reason was because they wanted to stay in their own home. Other reasons included negative views about the size (30%) and affordability (21%) or because they expressed a preference for living in general needs housing or mixed age communities.\(^{25}\)

Bungalows are the most popular housing type of those 65 and over (36.3% of single older people and 49.8% of older couples expect to move to a bungalow\(^{12}\)). However, bungalows generally take up more land than other types of accommodation and can therefore be more costly to deliver than other forms of accommodation.

Staying put (perhaps with adaptations) can be the right choice, offering advantages such as *being able to keep pets (although some schemes do permit pets)*, continuing emotional and practical support (from neighbours, local organisations) and avoiding the inevitable stress and difficulty of such a major transition.

\(^{25}\) Better Fit
What do older people want from their neighbourhood?

The quality of a local area impacts on the choice of home. Being close to shops, services and transport links and a safe and secure neighbourhood are key factors in the choice of a neighbourhood.

Figure 30: Which three neighbourhood features would be the most attractive to older people if they were to move?

![Bar chart showing attractiveness of different features to older people.]

Source: A better fit?

Future need and demand for specialised housing

Figure 31 shows the demand for older person’s specialist accommodation in North Tyneside\(^{26}\). It has been calculated that there is a shortfall of 453 units to meet current demand. This has been calculated for the population that is 75 or over, as our data shows that the average age for people in residential or extra care homes is 82 years of age and over half of people living in the Council’s sheltered housing schemes are 75 or over. Figure 32 shows the projected shortfall or over supply of each type of accommodation.

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\(^{26}\) From the Strategic Housing for Older People Analysis Tool, provided by the Housing LIN. Housing demand is derived from the number of units required per 1,000 of the population aged 75+ (prevalence rates from “More Choice, Greater Voice”) and North Tyneside’s population aged 75 and over at 2012. The data for demand is calculated by applying current prevalence rates to the 2012 based ONS sub-national population projections.
### Figure 31: Estimated number of people aged 75+ who are likely to need specialist accommodation projected to 2030

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2020</th>
<th>2025</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sheltered</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2,250</td>
<td>2,275</td>
<td>2,463</td>
<td>2,988</td>
<td>3,375</td>
</tr>
<tr>
<td>Rent</td>
<td>2,070</td>
<td>2,093</td>
<td>2,266</td>
<td>2,749</td>
<td>3,105</td>
</tr>
<tr>
<td>Lease</td>
<td>180</td>
<td>182</td>
<td>197</td>
<td>239</td>
<td>270</td>
</tr>
<tr>
<td><strong>Extra Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>810</td>
<td>819</td>
<td>887</td>
<td>1076</td>
<td>1215</td>
</tr>
<tr>
<td>Rent</td>
<td>729</td>
<td>738</td>
<td>798</td>
<td>968</td>
<td>1094</td>
</tr>
<tr>
<td>Lease</td>
<td>81</td>
<td>82</td>
<td>88</td>
<td>108</td>
<td>122</td>
</tr>
<tr>
<td><strong>Registered Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1042</td>
<td>1058</td>
<td>1182</td>
<td>1406</td>
<td>1607</td>
</tr>
<tr>
<td>Residential Care</td>
<td>683</td>
<td>693</td>
<td>774</td>
<td>921</td>
<td>1053</td>
</tr>
<tr>
<td>Nursing Care</td>
<td>359</td>
<td>365</td>
<td>408</td>
<td>485</td>
<td>554</td>
</tr>
</tbody>
</table>

Source: Strategic Housing for Older People analysis tool, Housing LIN & POPPI

### Figure 32: Projected Shortfall by 2030 in specialist accommodation for 75+

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2020</th>
<th>2025</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sheltered</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>-15</td>
<td>-203</td>
<td>-728</td>
<td>-1115</td>
</tr>
<tr>
<td>Rent</td>
<td>4</td>
<td>-19</td>
<td>-192</td>
<td>-675</td>
<td>-1031</td>
</tr>
<tr>
<td>Lease</td>
<td>6</td>
<td>4</td>
<td>-11</td>
<td>-53</td>
<td>-84</td>
</tr>
<tr>
<td><strong>Extra Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>-475</td>
<td>-484</td>
<td>-552</td>
<td>-741</td>
<td>-880</td>
</tr>
<tr>
<td>Rent</td>
<td>-428</td>
<td>-437</td>
<td>-497</td>
<td>-667</td>
<td>-793</td>
</tr>
<tr>
<td>Lease</td>
<td>-47</td>
<td>-48</td>
<td>-54</td>
<td>-74</td>
<td>-88</td>
</tr>
<tr>
<td><strong>Registered Care</strong></td>
<td>566</td>
<td>550</td>
<td>426</td>
<td>202</td>
<td>1</td>
</tr>
<tr>
<td>Residential Care</td>
<td>460</td>
<td>450</td>
<td>369</td>
<td>222</td>
<td>90</td>
</tr>
<tr>
<td>Nursing Care</td>
<td>106</td>
<td>100</td>
<td>57</td>
<td>-20</td>
<td>-89</td>
</tr>
</tbody>
</table>

Source: Strategic Housing for Older People analysis tool, Housing LIN & POPPI
There are currently very few robust predictive models which look to establish the future level of service needed for people with dementia and their carers. The only model available currently is ‘More Choice, Greater Voice’ [1] published by the Department for Communities and Local Government. This looks at specialist housing for older people and suggests 10 units of specialist housing for people with dementia for every 1000 people aged over 75. Working on these assumptions this would require 178 units of specialist housing for people with dementia in 2014 in North Tyneside and 195 by 2020. Considering currently there is no specialist housing for people with dementia in North Tyneside (although 8 units are planned in Wallsend) there is clearly a gap in provision.

Many people with dementia (and their carers) want to be supported in their current homes, but others preferred the option of housing with care, where care is available on site. While housing with care may not be suitable for everyone, the Home Truths report says it could potentially fill a gap between mainstream homes and care homes for some people with dementia. There are mixed experiences of accessing information and advice on housing and housing options and strong support for access to funding and support to make adaptations to the home. More needs to be done to ensure homes are designed and built with the needs of people with dementia in mind.

3.11 Income and Equity

The amount of income and equity an older person has impacts on the housing choices available to them. Those who do not have enough income or capital to buy a home will rely on social or private rented housing to meet their needs and are likely to be housing benefit eligible. Nationally 23% of older people live below the Poverty Line [27]. These people are likely to have no assets and a low income, relying on their state pension and possibly other benefits for income. In North Tyneside the majority of older person households have an annual gross income between £7,800 – £13,000 per annum suggesting an average income of around £175 per week.
Figure 33: Gross income of older person households in North Tyneside

According to Age UK, as people age generally their equity increases. North Tyneside data supports this national picture; 61% of people 65 and over own their own home without a mortgage.

Source: North Tyneside Housing Survey 2013

Equity can be used to purchase a more suitable home, provided the right housing options are available at the right cost. However, often the equity will not release enough capital on the sale of a home to purchase another, especially if there are high service costs included in the proposed new home. This can impact on the decision to move or not and can mean the person contemplating a move to consider ‘staying-put’ in their existing home, even though it may not be suitable for them.

Source: Census 2011
3.12 The cost of different types of housing

The cost of older people’s housing can be thought of as a blend of elements of ‘accommodation’, ‘care’ and ‘support’. These individual ‘elements’ can be funded through a mixture of self finance / equity, housing benefits, Adult Social Care support (through Council Managed Service, Individual Service Fund or Direct Payment) or NHS Funding.

General Needs Housing

General needs housing (both private and social) may be paid for through either the individual, the Government (through housing benefit) or a mixture of the two. As mentioned earlier, 67% of older people own their home, and of these 61% own it outright. For these there will be little or no housing costs other than bills. For those who don’t own their home then renting is the only option.

Figure 35 sets out the average rents for 1 and 2 bedroom rented homes in North Tyneside.

<table>
<thead>
<tr>
<th></th>
<th>1 Bedroom</th>
<th>2 Bedroom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Rent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flat</td>
<td>64.36</td>
<td>80.01</td>
</tr>
<tr>
<td>House</td>
<td>61.55</td>
<td>81.18</td>
</tr>
<tr>
<td>Affordable Rent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flat</td>
<td>£80</td>
<td>£86</td>
</tr>
<tr>
<td>House</td>
<td>£91</td>
<td>£106</td>
</tr>
<tr>
<td>Private Rented Sector</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flat</td>
<td>£100</td>
<td>£107</td>
</tr>
<tr>
<td>House</td>
<td>£114</td>
<td>£132</td>
</tr>
</tbody>
</table>

Source: NTH, 2014, SHMA, 2014

Care Costs in General Needs Housing

We are aware that many older people who live in general needs housing and who have a care need satisfy that need without help from the Council. For example they rely on family or friends for help, or pay for support themselves. The Care Act 2014 means that anyone, regardless of their financial status, will be able to receive an assessment of need from the Council’s Adult Social Care (ASC) service. For those who are assessed by the Council as needing support this may be provided through:

- **Direct Payment**, where funds are transferred to a Service User (or their family where agreed and appropriate) to commission a Service from a Provider;
- **Individual Service Fund**, where funds are transferred to an agreed Service Provider (where agreed and appropriate) to deliver a Service;
- **Council Managed Service**, where Adult Social Care commission a Service from a Provider; or
- A combination of the above.

The main 5 categories of clients which are supported at home are shown below:

*Figure 36: No. of clients supported at home*

<table>
<thead>
<tr>
<th>Client Group</th>
<th>Numbers supported at home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Disability</td>
<td>1061</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>513</td>
</tr>
<tr>
<td>Mental Health</td>
<td>380</td>
</tr>
<tr>
<td>Frailty</td>
<td>154</td>
</tr>
<tr>
<td>Sensory</td>
<td>54</td>
</tr>
</tbody>
</table>

*Source: ASC, 2014*

In 2013-14 £6.7m was spent on supporting people in their home. This covers people living in general needs housing, sheltered housing and extra care schemes. £2m of this (around 30%) was paid by the client and the remaining £4.7m was paid by ASC.

We know that, of the £6.7m above, around £5.5m was for providing care to people living in general needs homes and sheltered homes. For this group of people, there are currently around 1200 customers at any one time receiving care at home paid for by ASC. These receive on average 6–7 hours care support per week and the average cost for this is per person is £4,583 per annum. In some cases the Council arranges the care and pays for it upfront, but then re-charges the client back.

Added to this the costs of renting a 2-bed house at an affordable rent (most older people live in houses with at least 2 bedrooms) of £5533 then the average annual cost to enable someone to remain at home with around 6-7 hours care per week is around £10,116. As people are ageing and remaining in their homes for longer demand for social care support and services is increasing.
Sheltered Housing

Sheltered housing usually consists of a ‘basic rent’ element, service charge payment for the services of a sheltered housing officer and water and heating bills. Average weekly costs for three Council-run schemes (refurbished and new build) are shown below. For those on low income the basic rent and some other charges (e.g. service charge) are housing benefit eligible.

<table>
<thead>
<tr>
<th></th>
<th>1 bed – refurbished</th>
<th>1 Bed New Build</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic rent</td>
<td>65.62</td>
<td>73.52</td>
</tr>
<tr>
<td>Heating</td>
<td>9.66</td>
<td>9.47</td>
</tr>
<tr>
<td>Lift</td>
<td>1.06</td>
<td></td>
</tr>
<tr>
<td>Service Charge</td>
<td>16.02</td>
<td>18.55</td>
</tr>
<tr>
<td>Sheltered Housing Officer</td>
<td>9.53</td>
<td>9.53</td>
</tr>
<tr>
<td>Water</td>
<td>5.91</td>
<td>5.91</td>
</tr>
<tr>
<td>Total</td>
<td>107.8</td>
<td>116.98</td>
</tr>
</tbody>
</table>

Source: NTH, 2014

If we add to the housing costs the average annual cost of providing care at home (discussed earlier) of £4,583 per annum the average annual cost to enable someone to remain in their sheltered home with around 6-7 hours personal care per week is around £10,689 (£6,106 housing costs + £4,583 care costs). North Tyneside Council has started work transforming their sheltered homes to provide modern, attractive housing that offers a quality lifestyle for older tenants. Known as North Tyneside Living, it will provide 922 new or refurbished 1 and 2-bedroom apartments and some bungalows. All schemes are due to be completed by February 2017. The benefit of this type of accommodation is the facility of a warden during the day, level access accommodation and greater safety/security through living in a grouped dwelling.

Research has been carried out into the cost of private retirement housing in the North East area of the borough. A one bedroom apartment costs £189,999 with a monthly service charge of £166.56 and a ground rent £35.42; annual costs will total £2,424. A two bedroom apartment costs £249,999 with a monthly service charge of £249.85 and a ground rent £41.25; annual costs will total £3,493. The service charge includes a range of services including buildings insurance, water rates, under floor heating, gardening services, servicing of lifts and a laundry.
In comparison an average house price in North Tyneside is £164,233\textsuperscript{28} this would not provide enough equity to purchase one of these apartments.

**Extra Care Housing**

Extra care schemes are intended to cater for people who have some support need. The level of need varies between clients. It ranges from one or two hours up to over 60 hours per week, depending on their individual need. On average a person receives 11 hours of support per week. An important point to note is that in extra care schemes there is 24-hour on-site presence provided by care staff, unlike general needs housing and most sheltered housing schemes in NT.

Historically there has been an ad-hoc approach to the development and commissioning of extra care housing in North Tyneside. This has resulted in 5 purpose built schemes and two ‘Very Sheltered Housing’ schemes, which were previously residential care accommodation but were re-modelled to provide bed-sit accommodation. Moving forward we recognise that this type of accommodation may not be fit for purpose over the longer term.

In Extra Care Schemes, costs are made up of a ‘tenancy’ element (some of which may be housing benefit eligible) and a ‘care’ element.

The traditional approach to commissioning the care and support services in extra care schemes has been through the use of a mix of ‘block’ and ‘spot’ contracts. This involves the Council funding the total cost of the care and support and then recovering charges, but only from those tenants who are receiving planned care and only to the extent that those individuals are assessed as being reasonably able to afford to pay. In practice this means that whilst all tenants benefit from the peace of mind of having 24/7 support on hand if needed only those who receive planned services contribute towards its cost.

Recently however we have piloted a new approach to commissioning and funding care and support services and this now means that there are now two different models of Extra

\textsuperscript{28} Right Move Nov 2014
Care housing operating in North Tyneside; ASC Commissioned Care and Landlord Commissioned Care.

**ASC Commissioned Care**

In the ASC Commissioned Care model, the housing provider is responsible for the tenancy elements of the scheme and ASC is responsible for commissioning the care within the scheme. The cost of this care is then made up of a ‘block payment’, paid to the care provider (which may or may not be the landlord) regardless of occupancy levels. This is then supplemented by an hourly care and support charge for residents, the amount depends on how much care an individual needs. The total spend on care within these types of Extra Care Schemes is forecasted to be £1.9million for 2013/14 and the average cost per unit is £6,981 p.a.

ASC has a Framework Agreement in place for the care and support element of this extra care model. Three providers sit on the Framework, two of which are currently supporting schemes at Linskill Park and Rowan Croft (new build schemes). In 2012 a mini tender from the Framework was used for three schemes (Fontburn; Sandringham; and Thomas Ferguson House) which were being delivered by the Council’s own service. Most schemes are well established and have an established staff team (both landlord and provider). There’s high demand for some schemes and few issues are raised by residents. However, there can be problems with this model.

If the landlord and care/support provider do not have a good working relationship it can have an impact on the whole scheme and the relationship the Council has with the scheme. Some care providers are telling us it is difficult to recruit good quality staff. Nationally Councils have been criticised for enabling a landlord to invest capital in a scheme but not enabling them to have a role in delivering care services. This model can be costly to the Council because:

- There can be customers with either no care needs or a lower level of care needed than is provided
- Through the ‘block’ payment, the Council covers the cost of the 24-7 service when there are voids in the scheme

**Landlord Commissioned Care**

In the landlord commissioned care model, the housing provider is responsible for both the tenancy element of the scheme and
for commissioning the care within the scheme, which ASC pays at an hourly rate. The landlord can choose to deliver the care and support service or contract this to another provider. All care providers must go through the Council’s accreditation process. The provider sets the hourly rate of pay but this must be fair and offer value for money to customers. All customers receiving this care have an Individual Service Fund.

With the landlord commissioned care model, ASC does not make a block payment for the core care element. This is paid for by the tenant and is housing benefit eligible. Moving forward the preferred method for commissioning care and support in Extra Care will be through the Landlord Commissioned Care model. The Council is currently working with extra care schemes on a new extra care model for the future.

**Residential and Nursing Homes**
Residential and Nursing Homes may either be paid for privately or through Adult Social Care, NHS or Shared Care (where the NHS and ASC split the responsibility for payments depending on the needs of the individual).

For clients who are living in permanent care the table below shows the breakdown in type of specialist care they receive:

<table>
<thead>
<tr>
<th>Service Type</th>
<th>No of Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing - Elderly Mental Infirm</td>
<td>96</td>
</tr>
<tr>
<td>Nursing - Mental Health</td>
<td>9</td>
</tr>
<tr>
<td>Nursing - Older People</td>
<td>164</td>
</tr>
<tr>
<td>Nursing - Physical Disability</td>
<td>7</td>
</tr>
<tr>
<td>Older People - Self Funder – PCT</td>
<td>4</td>
</tr>
<tr>
<td>Residential - Elderly Mental Infirm</td>
<td>184</td>
</tr>
<tr>
<td>Residential - Learning Disability</td>
<td>72</td>
</tr>
<tr>
<td>Residential - Mental Health</td>
<td>40</td>
</tr>
<tr>
<td>Residential - Older People</td>
<td>208</td>
</tr>
<tr>
<td>Residential - Physical Disability</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>804</strong></td>
</tr>
</tbody>
</table>

*Source: ASC, 2014*

The financial assessment used for residential care is different to the one used for other services, which are assessed using FACS. With residential care, a person can only receive £23 of their benefits (with FACS a person keeps more of their benefits). It is financially beneficial to the customer to be in
their own home. Note that if someone funds the care themselves they pay private rates, not those of the Council. Although they will have the option to pay the Council rate when the Care Act is implemented.

Providers of residential care may be registered as both a nursing and a residential home and rates may be different according to whether it is residential or nursing care required. These rates are set by the Local Authority and are based on a banding of 1-4, with Band 1 being the most expensive and Band 4 the least. There are no care homes that are assessed as Band 4 that the Council contracts with. The monitoring and subsequent banding takes into consideration 3 separately assessed elements:

- Outcome measures
- Physical environment
- Independent observer assessment

**Figure 39: Residential and Nursing Home Rates (weekly)**

<table>
<thead>
<tr>
<th>Band</th>
<th>Providers</th>
<th>NTC Funded Places</th>
<th>Weekly cost</th>
<th>Annual cost</th>
<th>Total cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>13</td>
<td>168</td>
<td>£467</td>
<td>£24,281</td>
<td>£4,079,208</td>
</tr>
<tr>
<td>2</td>
<td>14</td>
<td>150</td>
<td>£449</td>
<td>£23,348</td>
<td>£3,502,200</td>
</tr>
<tr>
<td>3</td>
<td>8</td>
<td>71</td>
<td>£421</td>
<td>£21,867</td>
<td>£1,552,557</td>
</tr>
<tr>
<td>4</td>
<td>0</td>
<td>0</td>
<td>£397</td>
<td>£20,631</td>
<td>£0</td>
</tr>
</tbody>
</table>

Source: North Tyneside Residential Fee Schedule April

Additional nursing costs may also be charged at a standard rate (£110.89). If customers are paying privately they may be charged at different rates. Residential and Nursing Homes may also provide ‘extras’ or add-ons which customers can choose to pay for out of their own funds.
Figure 40: Total cost of housing and care for older people per annum

General Needs - Social rent (2 bed house) £4,221 £4,583
General Needs - Affordable rent (2 bed house) £5,512 £4,583
General Needs - Private Rent (2 bed House) £6,864 £4,583
Sheltered Accommodation £6,106 £4,583
Extra Care - ASC Commissioned Care £9,696 £4,583
Extra Care - Landlord Commissioned Care £9,852 £5,616
Nursing / Residential Grade 3 £22,733
Nursing / Residential Grade 2 £24,197
Nursing / Residential Grade 1 £25,149

Source: ASC, 2014

Note – for the nursing/residential care services the accommodation element is included in the total cost and paid and is not housing benefit eligible
3.13 Key Issues:

- The message is very clear – there is an ageing population and the housing needs of this population will change quickly in the next 16 years. Councils and providers of housing must consider policy, planning, and delivery of housing options in the wake of these significant changes.

- By 2030 there will be 17,100 additional older people in the borough. Whilst the positive contribution older people make to society is recognised, as people age their health deteriorates, this will put pressure on local services for social care and health care.

- 1 in 16 people over the age of 65 have dementia and this number is increasing. 70% of people living in care homes have dementia even though people with dementia generally want to remain in their current home. As the cost of keeping someone in a care home is £8-10k more than extra care this is putting pressure on the Council’s budgets.

- The majority of older people want to remain in their own home and more people are being supported to do this.

- There are preventative measures that can be taken to enable people to remain in their homes for as long as possible and maintain independence, e.g. aids and adaptations, handyperson schemes, adopting design principles such as Lifetime Homes.

- When older people can no longer manage to remain at home there needs to be a range of housing options to meet need, specialised housing such as sheltered housing and extra care schemes through to residential care.

- Homes should be provided across all tenures to meet need; social, intermediate and outright sale.
There is capacity for some older people to satisfy their own housing needs – 61.6% currently own their own home without a mortgage. However, the high cost often associated with purchasing specialist older persons housing and the service charge means these homes are still out of the reach of many home owners. Intermediate housing could bridge this gap.

Coastal areas are in the highest demand and less accessible areas such as the North West of the borough are not as popular.

57% of older people live in houses - stairs could become a hazard as people age and this will increase the demand for adaptations and bungalows and also increase crisis situations.

A large number of older people live in a 2 or 3 bed home yet when asked about the size of their homes they say it is a suitable size. This shows that older people do want space and not 1 bed smaller accommodation.

Research shows that older people are often reluctant to move because of the hassle and the fear of change. However once the step has been taken to move to a more suitable home evidence suggests there is improved quality of life.

Providing services that assist people to move might be something to consider in the future, alongside initiatives that show case what is on offer or enable people to try out the accommodation.

There is significant demand for extra care accommodation in the short, medium and long term, especially in the Whitley Bay and Wallsend areas. There is demand for sheltered accommodation in the medium to long term. There is no demand for residential care accommodation until well into the future.

There needs to be a shift from the provision of residential care beds to nursing beds to satisfy demand in the longer term.
4. People with a learning disability

4.1 Introduction
This section focuses on the housing needs of people who have a learning disability. A learning disability is defined as affecting the way a person understands information and how they communicate. This means they can have difficulty understanding new or complex information, learning new skills or coping independently.29

A learning disability can be mild, moderate or severe. Some people with a mild learning disability can talk easily and look after themselves, but take a bit longer than usual to learn new skills. Others may not be able to communicate at all and have more than one disability. People may have other needs over an above the learning disability that affect how they live and deal with a range of daily activities, this includes physical disability, behaviours that challenge, mental health issues, physical health issues, autism etc.

‘All people with a learning disability should have the opportunity to live on an ordinary street, in an ordinary house, just like everyone else.’ Improving access to suitable housing for people with a learning disability can enable an individual to live a more independent and fulfilling life.30

National prevalence data on learning disability shows that approx 2% of the population has a form of learning disability with approx 0.5% of those individuals known to Adult Social Care. Across the UK 1.5 million people are thought to have a learning disability and 350,000 have severe problems. This figure is increasing.31

There are currently estimated to be 3,817 people with a learning disability living in North Tyneside. Figure 41 below

29 Department of Health definition 2001
30 Mencap
31 NHS
provides a breakdown of these numbers according to the type and level of LD.

*Figure 41: Breakdown of learning disabilities*

<table>
<thead>
<tr>
<th>People in North Tyneside with:</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>learning disability, of which:</td>
<td>3,817</td>
</tr>
<tr>
<td>Mild learning disability</td>
<td>3021</td>
</tr>
<tr>
<td>Moderate learning disability</td>
<td>616</td>
</tr>
<tr>
<td>Severe learning disability</td>
<td>180</td>
</tr>
</tbody>
</table>

*Source: Projecting Adult Needs and Service Information (PANSI) 2014*

Where people have low or moderate needs the Council signposts them to organisations providing services to meet these needs, where they fund their own care and support. For those people that meet the Fair Access to Care Services (FACS) criteria of critical and substantial needs the Council funds their care and support. The chart below shows the proportion of the LD population who are known to the Council.

*Figure 42: Estimated prevalence of LD in North Tyneside*

*Source: ASC 2014*
4.2 Types of housing for people with a learning disability

Most people with a learning disability want to live independently - either by themselves or sharing a home with friends. Independent living is about ‘disabled people having the same level of choice, control and freedom in their daily lives as any other people. It does not mean that someone has things done for them or that they live alone. Instead, it means that they have choice and control over the assistance and/or equipment they need to go about their daily life, and that they have equal access to housing, transport, health, employment and education, and training opportunities’. The majority of people with a learning disability live in one of three types of accommodation: with families, in registered care homes or in supported accommodation, although other types of accommodation are available.

Menu of Housing Options:

- **Individual placement** – the individual lives with a person or family who provide accommodation and support in ordinary housing.
- **Self-contained independent housing** – self-contained accommodation usually unregistered, various forms of care and support are possible.
- **Locally based housing** – properties grouped in a small geographical area, self-contained or shared. A central resource, which can be shared facilities and/or staff can be used by residents. Accommodation is usually rented and may be registered or not.
- **Single site self-contained or shared housing** – larger scale building with a number of self-contained flats/bedsits or shared properties. Staff are present in the building with sleep-in facilities and there are some shared facilities, e.g. launderette, lounge
- **Small shared housing** – typically no more than four people with shared living and shared facilities (can be registered or unregistered). Although there may be some private facilities e.g. cooker, en-suite bathroom, it is not

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32 Mencap housing for people with a learning disability 2011
fully self-contained accommodation. Staff may be visiting or permanently on site.

It is worth noting that independent housing is of limited use if the right support is not available. Adult Social Care is responsible for meeting the eligible care and support needs of individuals and this includes the commissioning or provision of a range of service to meet needs. Alternatively people can take a personal budget and use the money to buy services to meet needs.

Adult Social Care is keen to promote a range of options and where possible for people to be signposted to generic community based services.

Menu of support options:
The support options outlined below can be used in combination with each other and are not necessarily stand alone options.

- **Family carers and informal support** - people with a learning disability are supported by relatives and other informal family carers. Carers may do some of the care with the individual also receiving some other care.
- **Domiciliary and personal care services / Floating support** – provision of a service in a person’s home typically to deliver personal and social care. Can be from an organisation/agency or from an individual and care is tailored to meet needs. Support is not tied to renting/buying a particular property.
- **Community support** – people accessing a range of community based services / activities, some of which may be low level and accessed by the wider community, ie gym, library, swimming pool, community centre.
- **Support tenants** - Some disabled people share their house with someone who is also a lodger. Arrangements vary but typically in return for providing some support – like helping to make a meal several times a week – the support tenant lives rent free. They may also get a small payment but contribute to household bills. This type of support service is usually managed by a service provider responsible for recruiting, vetting and managing the quality of the service provided.
• **Assistive Technology (AT)** - a wide range of AT is available. ‘Telecare’ links to a dispersed alarm unit that calls for help if needed from nearby staff, relatives or a Central Control monitoring service. Alarms can include intruder, smoke, fire, temperature extreme alarms and other devices can monitor or assist a person, such as fall detection monitors, enuresis alarms and epilepsy alarms. There are also “Telehealth” devices that can monitor health remotely. This is a growing service area with developments in technology happening at a pace to support people to live independently.

4.3 **Current housing provision for those supported by ASC**

In North Tyneside there are 553 people with a learning disability who are known to ASC and who receive support. Services cover different types of learning disability and different levels of need, for example:

- Complex needs
- Behaviours that challenge
- Physical needs
- Autism

Of the 553 supported, 119 people have no housing need at the present time and 434 people are currently housed as follows:

- 121 (28%) are living in the family home with carers
- 219 (50%) are living in independent supported living (ISL) services across 118 properties
- 9 (2%) of people are living in ISL services out of the borough
- 85 (20%) are living in 33 residential care services, 16 of these people are outside of the area

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33 ASC data at 31st October 2014
People living with carers

There are 121 adults with a LD living with carers; the age group of those carers is shown in Figure 44:

At least 17 clients are living with a carer that is aged 65 or over. According to research by Mencap 56% of parents aged 70 and over who are a carer for a son or daughter with a LD do not have plans in place for their future care needs. This makes it harder to plan strategically for the future; people in these circumstances are likely to approach the Council for housing and social care support in a crisis. In this situation it is harder to ensure that the best housing option is provided and that individuals are fully involved in decisions about their housing arrangements.

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34 ASC data September 2014

35 Housing for people with a learning disability
Independent Supported Living (ISL) Services
Independent supported living is defined as people who have their own tenancy with support, linked to their assessed and eligible needs. There are a total of 118 ISL services in North Tyneside providing support for 228 people with learning disabilities.

**Figure 45: ISL accommodation size**

<table>
<thead>
<tr>
<th>No. of people sharing</th>
<th>Supported living accommodation</th>
<th>Available beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single person services</td>
<td>51</td>
<td>51</td>
</tr>
<tr>
<td>Single person services in shared schemes with shared hours e.g. Linskill</td>
<td>19</td>
<td>35</td>
</tr>
<tr>
<td>2 person shared house</td>
<td>27</td>
<td>54</td>
</tr>
<tr>
<td>3 person shared house</td>
<td>8</td>
<td>24</td>
</tr>
<tr>
<td>4 person shared house</td>
<td>16</td>
<td>64</td>
</tr>
<tr>
<td>Total</td>
<td>118</td>
<td>228</td>
</tr>
</tbody>
</table>

Source: ASC, 2014

Arrangements are ad hoc, delivered by a mix of housing providers who provide services to either a single person or two, three, four or more sharers. 46 shows these services are dispersed across the borough, with the majority in the North Shields, Monkseaton and Wallsend areas and are currently being reviewed. At least four ISL schemes are not fit for purpose. The fact that many schemes are geographically close to one another provides the opportunity to look at the future service delivery model and how the right type of high quality housing in the right place can support this.

Residential Care
There are a number of registered residential care services that support people with a range of different needs. A total of 85 people are in residential care and 24 of these are living out of the borough. Adult Social Care is currently reviewing all of the placements to ensure they not only continue to meet the needs of the people living there but also to challenge the service delivery model and costs associated with the provision. This work will be undertaken in 2014/15 and provides opportunity for:
Some people to be considered for a move back into a service in North Tyneside

The costs associated with the services to be reviewed

Some people to move from residential care into independent supported living

Shared Lives

Shared Lives is an alternative to residential care and supported living and is the adult equivalent to foster care. Shared Lives carers are recruited, vetted, trained and supported by the Local Authority. A Shared Lives carer and someone who needs support get to know each other and, if they both feel that they will be able to form a long-term bond, they share family and community life. This can mean that the individual becomes a regular daytime or overnight visitor to the Shared Lives carer’s household, or it can mean that the individual moves in with the Shared Lives carer. Currently North Tyneside Council has 25 people on this scheme. The Council wants to expand this service and recruit more Shared Lives Carers, thus reducing the need for residential care and independent living services. This can save around £50k per annum, as it costs around £20k per annum for Shared Lives compared to £70k for a single person ISL service.
Figure 46: Location of ISL services for people with learning disabilities
People with a Learning Disability in hospital
At any given time there are people in Northgate Hospital providing specialist learning disability services (Northgate is located out of the borough), who will require accommodation based services on discharge.

As part of the Winterbourne View work, Adult Social Care and the Clinical Commissioning Group are closely reviewing all of those individuals who have been in hospital for more than 12 months. At November 2014 this number was 10, which includes people in assessment / treatment beds and locked rehabilitation beds. It also includes a number of forensic clients in services commissioned by the NHS Specialist Commissioning Team where there is a much longer timeline for a move out of hospital and into the community.

A number of people coming out of hospital will require specialist / dedicated provision and services in line with Ministry of Justice restrictions. For most people, they should not be in hospital for more than 12 months, although some have been in longer than this. The aim is to stop people going into hospital in the first instance wherever possible, as it can cost from £2,000 to £4,000 per week.

A person’s individual circumstances will affect the type of housing provided so it is important to ensure access to a range of housing options to meet individual needs. Of those currently in hospital, in all cases properties would need to be carefully chosen to meet individual needs, due to the nature of the client’s learning disability.

Younger people with a learning disability
Adult Social Care is currently tracking children with a learning disability who are likely to need an ASC care package from the age of 16. On average there are 15 to 20 children in transition from children’s to adult’s services in any one year. Not all of these individuals will have a housing need at the age of 18 as some will continue to live with parents or go to college / further education.

However a small number will have a housing need and this generally follows a small cohort of individuals going to college
together and then moving as a group into supported living when their college course comes to an end. This should be considered in the transition planning.

4.4 Factors affecting the ability to live independently

There are four main areas that can influence people with learning disabilities being able to live independently. These are outlined below:

Resources - With growing demands on housing and support services, alongside reductions in local budgets, local authorities are finding it increasingly difficult to house people with a learning disability and support them to live independently. For cases where the Council has a statutory duty, this will be met in the context of ensuring value for money. With less than 7% of people with a learning disability in paid employment, there is a widespread reliance on benefits to support living arrangements. As the squeeze on budgets continues there will be greater emphasis on supporting those people with high level learning disabilities and reducing benefits for those with low to medium needs.

Planning - Lack of planning, both by local authorities and families can lead to people with a learning disability reaching crisis point and, therefore, to high-cost emergency housing solutions.

Complex needs - Some groups of people with a learning disability face greater barriers to independent living than others. This is largely due to available appropriate services, lack of resources and planning. The groups affected include: people with profound and multiple learning disabilities; and people with a learning disability and behaviour that challenges.

Lack of appropriate housing - 61% of local authorities believe that local housing arrangements do not meet the needs of people with a learning disability. This has led to long waiting lists, large numbers of people living far away from family and friends, and a high number of people living in arrangements...
that do not promote independent living. However, in North Tyneside generally there is good access to housing through working closely with the Council’s landlord service and Registered Providers.

4.5 What the Council spends on services for people with LD

In 2013-14 the Council’s ASC service spent £22,743,000 on supporting people with a Learning Disability. This represented 43% of the total ASC budget and was the second largest spend next to older people (44% of the budget). Whilst it was the second largest spend the number of clients that were helped was much smaller than the older people client group: 575 compared to 2790 respectively. The average cost per client for LD is £39,553 compared to an average of £9,236 for the 3 main client groups (older people, mental health and physical disabilities). Figure 47 provides a breakdown of spend on services for learning disabilities.

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Amount £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Care</td>
<td>5,197,740</td>
</tr>
<tr>
<td>Supported Living</td>
<td>10,206,705</td>
</tr>
<tr>
<td>Day / Community Services</td>
<td>1,443,508</td>
</tr>
<tr>
<td>Direct Payments</td>
<td>3,263,916</td>
</tr>
<tr>
<td>Individual Service Fund</td>
<td>600,000</td>
</tr>
<tr>
<td>Shared Lives</td>
<td>700,000</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>152,100</td>
</tr>
<tr>
<td><strong>Total Commissioning Budget</strong></td>
<td><strong>21,563,969</strong></td>
</tr>
</tbody>
</table>

Source: ASC, 2014

In the majority of cases the Local Authority leads on the commissioning arrangements where people have health and social care needs or where care packages / services are jointly funded between the LA and the NHS.

Compared to other Local Authorities in the region we have a higher unit cost for residential care, direct payments and day care. The residential / nursing care data will include supported living services and costs (Figure 48).

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36 Mencap housing for people with a learning disability 2011
The main reason why the overall average unit cost is high relates to service volume (numbers of units of service that are commissioned / provided) and unit cost (what we are paying for each unit of service delivery).

The work over the last year has been to review and reduce service levels and also review unit costs so that they are more in line with regional comparators.

![Cost of accommodation by type](image)

Source: ASC, 2014

In order to understand the demand for social care services and the numbers and costs associated, work has been completed on demand hierarchies.

These set out the numbers and costs at different levels with tier one at the bottom of the triangle covering basic care, increasing to tier 4 which covers specialist services. It is also important that there are gateways in place between each level and the aim would be to move the numbers and costs down from tier 3 to tier 2, from tier 2 to tier 1. Most accommodation based provision (residential care and independent supported living) is in tier 3.
Tier 4 (Severe and Complex) – NHS in-patient and step down provision. Average £104,000 per person pa.

Tier 3 (Moderate to Severe) – Registered residential and nursing care services and also higher level accommodation based supported living services. Average £59,376 per person.

Tier 2 (FACS eligible – low level support) – People living at home with low level needs and support who need to access a range of community based services (day services, respite, community enablement). Average £10,598 per person.

Tier 1 – People living in the community with no commissioned services / support, low level needs, supported by family / carers / others and accessing generic community based services, possibly supported by primary care services.

Cost Benefit Analysis

The average cost of a residential care service is £65,000 per annum with a starting cost of approx £40,000 and a high end cost of £216,000. A review of these costs is currently taking place.

The cost of a single person ISL service can be up to £77,000 per year. Where people are sharing some of the core costs and still receiving some direct support that cost can reduce to:
• £51,000 per person where two people are sharing
• £38,000 per person where three people are sharing
• £32,000 per person where four people are sharing

It is therefore really cost effective to maximise the numbers sharing and identify the core service level and cost associated with this. In a lot of cases these costs far exceed the available personal budget that is calculated via the Resource Allocation System. By delivering high quality affordable housing within an overall cost effective service model we can demonstrate that needs can be met more cost effectively and this will reduce the need for single person / two person supported living services. However if the assessment supports the need for single or two person services this will be commissioned.

4.6 Future housing need
Planning to meet the housing needs of people with a learning disability can be complex due to the wide range of needs of this client group.

National research shows that almost 20% of people are living somewhere that is not meeting their needs. One in four people live in registered care homes or continue to live with family due to the lack of suitable housing. However, the majority of people with a learning disability say they want to live independently either by themselves (40%) or sharing a home with friends (30%).

What we do know from people locally is that most people with a learning disability want to live as independently as possible and the Council wants to support them to do this. They want a range of homes – houses, flats and bungalows near to transport links and shops. Many would like a garden or

37 Note figures above assume:
Single person service - £12.50 x 98 hours + £36 x 7 sleep in per week
Two person plus – above plus 20 hours additional 1:1 support per person

38 Mencap housing for people with a learning disability 2011
39 The North Tyneside Learning Disability User Forum 2013
some outdoor space to sit and also to grow things. The most popular areas are Whitley Bay, Shiremoor, New York, Howdon and North Shields. The North West area of the borough such as Dudley and Seaton Burn was in less demand to people with learning disabilities. Feed back from service users found:

**What would your ideal home look like**\(^{40}\)?

- Facilities nearby
- Near family and friends
- Appropriate support
- Be part of a community
- Choose who you live with if you are sharing
- Having your own bedroom

**What has stopped you being able to move?**

- Lack of choice
- Knowing who to contact for help in finding a new home
- Fear/isolation
- Cost/funding

---

40 Learning disability event 2011 service users

- Location

The views on sharing accommodation were mixed. Some people were not keen on sharing their home whilst other people weren’t bothered about this. If they did have to share they would want to know quite a bit about the person or people they would be living with, for example if they smoked or if they were loud. The compatibility of individuals is crucial to ensuring a safe, secure and happy living environment for all residents, so the matching of clients needs to be considered carefully. This may not be achieved quickly, impacting on the length of time rooms can remain void. It is easier to manage voids if they are self contained units rather than shared units.

Sharing care and support arrangements is more cost effective than delivering them individually. So the challenge is to get the balance between independent living, so that clients have their own home but the home is grouped in a way to provide economies of scale in terms of delivering support services. The factors that support the delivery of a cost effective supported living model include the following:
• Shared provision and shared core costs
• Self contained properties to minimise matching issues for individuals
• Assistive technology as an integral part of the service offer
• People are supported to access a range of community based services
• Family are encouraged and supported to be part of the care network, especially where the cost of the service exceeds the available personal budget

In line with the general population, the number of people with a learning disability is projected to increase\textsuperscript{41}. Figure 50 shows the number of people predicted to have a moderate or severe learning disability broken down by age band. This group is most likely to be accessing Council services. Projections show the 18-24 age group will increase only very slightly (1\%) by 2030. However, projections show significant increases (94\%) in the

\textsuperscript{41} PANSI 2014
Figure 50: People predicted to have a moderate or severe learning disability

<table>
<thead>
<tr>
<th>People predicted to have a moderate or severe learning disability, and hence likely to be in receipt of services, by age</th>
<th>2014</th>
<th>2015</th>
<th>2020</th>
<th>2025</th>
<th>2030</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>94</td>
<td>94</td>
<td>87</td>
<td>87</td>
<td>95</td>
<td>1%</td>
</tr>
<tr>
<td>25-34</td>
<td>141</td>
<td>141</td>
<td>145</td>
<td>143</td>
<td>135</td>
<td>-4%</td>
</tr>
<tr>
<td>35-44</td>
<td>167</td>
<td>167</td>
<td>168</td>
<td>177</td>
<td>183</td>
<td>9%</td>
</tr>
<tr>
<td>45-54</td>
<td>158</td>
<td>158</td>
<td>151</td>
<td>144</td>
<td>147</td>
<td>-7%</td>
</tr>
<tr>
<td>55-64</td>
<td>127</td>
<td>129</td>
<td>143</td>
<td>145</td>
<td>137</td>
<td>7%</td>
</tr>
<tr>
<td>65-74</td>
<td>73</td>
<td>75</td>
<td>83</td>
<td>85</td>
<td>95</td>
<td>23%</td>
</tr>
<tr>
<td>75-84</td>
<td>27</td>
<td>27</td>
<td>29</td>
<td>36</td>
<td>39</td>
<td>31%</td>
</tr>
<tr>
<td>85+</td>
<td>9</td>
<td>9</td>
<td>11</td>
<td>13</td>
<td>15</td>
<td>40%</td>
</tr>
<tr>
<td>Total</td>
<td>796</td>
<td>800</td>
<td>817</td>
<td>830</td>
<td>846</td>
<td>6%</td>
</tr>
</tbody>
</table>

Source: PANSI, 2014

Whilst these are not big increases in terms of numbers of people, the cost of providing an increased level of service is expensive; this older age group will have higher service requirements as it is less likely they will receive care from parents and there is an increased likelihood of health problems related to old age.

Some people have a severe learning disability with complex needs and often this means they cannot live on their own, even with support, nor can they share accommodation. For this group homes are needed that enable support workers to live in the same home as the client.

What is needed is a range of housing options that will:

- Provide a model of housing and care that will give people what they want but at the same time deliver improved value for money – i.e. people having their own home with staffing shared across a number of dwellings to deliver good value packages of care
- Recognise that the diverse nature of this client group will require homes that offer either shared living or individual living with facilities for live-in support workers. There is already a good supply of this type of accommodation that is accessed when needed through Tyne & Wear Homes, the Council’s Choice Based Lettings system and
direct letting of social homes and the private rented sector.

- Ensure housing is accessible, providing level access homes that are close to local services and transport links. This is also important for support workers who will need to get to and from work both early and late each day.
- Provide some outdoor space
- Ensure homes are of a good quality and fit for purpose
- Have affordable rents within housing benefit levels
- Mainly for rent but there may be some opportunity for shared ownership
- Recognise that the Council will still need to access suitable housing at short notice, as some moves cannot be planned due to individual circumstances
4.7 Summary of Housing Need

Taking into account the information we have gathered and acknowledging that the Council is generally able to access social housing at short notice in emergency situations we estimate there is an annual requirement for an additional 20 homes, which includes provision for:

- People in transition from children’s services
- People coming out of hospital
- People who are leaving the family home to live independently
- People in residential care who are to move into supported living (in borough and out of borough placements)
- People moving from current houses due to compatibility issues or property not suitable as their needs change

Creating services of 12 to 16 units, either through the provision of self-contained flats within a block or a core and cluster model, where properties are next to one another with one property being used for support workers would ensure services are maintained, will give residents the independence they want and provide economies of scale. If more specialist care is needed for the individuals then this can be done through personal budgets.

There is a model within the Wallsend area that works very well. Known as Beardall Court it provides 8 x 1-bed apartments in a block covering 2 floors which is lift served. There is 24-hour on-site support. A housing association owns and manages the scheme and the support service is commissioned via ASC. The scheme is very popular with residents and there is high demand. This type of model is needed in other areas of the borough, especially the North East area of the borough.
4.8 Key Issues:

- There are around 3,800 people in North Tyneside with a learning disability; 14% of these (553) are receiving support from the Adult Social Care service.

- At least 17 clients are currently living with a carer who is aged 65 or over – if they are unable to remain caring for them, a crisis situation is likely to arise, resulting in housing provision that is not properly planned for and may not be best suited to the needs of the individual.

- On average there are 15-20 children in transition from children’s to adult’s services in any one year.

- At any given time there are people in hospital who will require accommodation based services on discharge.

- The average cost of supporting someone with a learning disability is £39,553. This is over 4 times the cost of supporting other client groups, which averages £9,236.

- Projections show that by 2030 there will be an additional 50 people with a moderate or severe learning disability in North Tyneside. With support costs averaging £39.5k per person and at today’s costs the Council would need to spend around £2m more than it does currently.

- Research tells us that people with learning disabilities want the opportunity to live independently, and this is supported by their family.

- A range of accommodation and support options is needed to meet individual need: homes for people who are unable to share, shared living opportunities through to grouped living schemes.

- The average cost of supporting someone in residential care is £1,385, four times the cost of supporting someone at home, which is £357.
- There are 118 Independent Supported Living services providing support for 228 people; 51 of these are in single person accommodation

- Supported living is more cost effective in situations where core service levels can be maximised and costs shared across all people living in the service

- People tell us homes should be near to transport links and shops, and have some outdoor space. The most popular areas are Whitley Bay, Shiremoor, New York, Howdon and North Shields

- Expanding the Shared Lives service provides the opportunity to move people from a residential care setting to host families, potentially saving £50k per annum
5. People with physical disabilities

5.1 Introduction

This section focuses on the housing needs of people with physical disabilities. For adults the age range is 18-64. For the purpose of this document a physical disability has a substantial and marked adverse impact on daily life and the person is unlikely to be able to participate in normal activities for the foreseeable future.

In North Tyneside there are currently 13,018 people with a physical disability, this represents 10% of the borough’s population. Of these, 10,000 (8%) of people aged 18-64 have a moderate physical disability and 3,000 of this population (2.4%) have a serious disability. The highest number of people with a disability (41%) covers the 55-64 age range.

Studies have shown that there are now high rates of survival for many children born with congenital anomalies, so the number of people with a physical disability is increasing and as people age the prevalence of physical disabilities increases.

5.2 Housing for people with a physical disability

If someone has a disability, the right home environment is crucial to enable them to manage normal daily activities. Two issues need to be considered:

- Can the existing home be successfully adapted, so that it makes living there more comfortable? If so, will it meet the person’s needs in the future?
Would a person’s needs be better met by moving to purpose built or other housing that may already have adaptations or could be more easily adapted to suit?

Adapting a property- to meet the occupier’s needs can range from something straightforward like widening of doorways, an over bath shower or stair lift to more complicated and expensive adaptations e.g. ramps, level access shower, through floor lift, or ground floor extensions that may provide special kitchens or a bedroom/bathroom.

Purpose built homes - provides features that help a wheelchair user live as independently as possible. For people who need help with daily living tasks e.g. getting up, going to bed, dressing, bathing or preparing meals the Council can assess needs and identify what options are available to enable them to manage more easily at home. For those who require care they will receive a personal budget to fund needs that are eligible for assistance.

New homes for general needs that are built to Lifetime Homes standard makes it easier for them to be adapted in the future, for example strengthening joists in bathrooms to be able to take hoists.

For those with more severe disabilities requiring a high level of support other accommodation options may be the best way of meeting need. These include:

Supported accommodation- bungalows or flats where people live together, in single or twin rooms, with support staff that help with cooking, cleaning and general independent living.

Residential care homes – these provide long-term care with a range of options depending on individual needs:

- Accommodation with meals, personal care, (physical and emotional), staff on call.
- Nursing homes – care homes with 24 hour nursing care.
- Specialised care homes – care homes for specific needs
5.3 Where do people with physical disabilities currently live?

There is national research providing general information on the housing occupied by those with a disability.

Tenure

Housing in England 2007-08 (based on the Survey of English Housing) revealed 6 million households with at least one person with a disability or serious medical condition. Of these:

- 50% live in social housing.
- 28% are owner occupiers.
- 21% rent in the private sector.

24% required specially adapted accommodation; of those 83% were over 45, and 51% were owner occupiers.

Although the gap in non-decent accommodation has closed over recent years, 1 in 3 households with a disabled person still live in non-decent accommodation.

In North Tyneside there are 326 adults with a long-term physical disability who are known to the Council’s Adult Social Care service and who receive support; this can be community support, residential care or nursing care (Figure 53). The majority of people receive community based services, which is mainly homecare; 11.3% of clients receiving community based services live outside North Tyneside.
Figure 53: Clients aged 18-64 receiving services during 2013/14

<table>
<thead>
<tr>
<th></th>
<th>Community based services</th>
<th>Residential care</th>
<th>Nursing care</th>
<th>Total clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical disability, frailty and/or temporary illness</td>
<td>296</td>
<td>24</td>
<td>9</td>
<td>326*</td>
</tr>
<tr>
<td>Hearing impairment</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Visual impairment</td>
<td>7</td>
<td>1</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Dual sensory loss</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>6</td>
</tr>
</tbody>
</table>

Source: ASC, 2014

*Does not total the sum of the previous three columns as clients may move from residential/ nursing care to community based services (or vice versa) during the year.

Figure 54 shows the locality of those receiving a community based service.

As stated earlier, adapting a home can help someone live independently. Demand for adaptations is increasing nationally, in response to changes in demographics and medical advances. Specialist disability equipment and adaptations that cost less than £1,000 are provided and fitted free of charge, if the Council has assessed that the customer needs them. Small adaptations include fitting a grab rail, short ramp, dropped curb,
lever taps or external lighting. Their main benefit is that they can be installed relatively promptly, unlike other grant-funded adaptations, which can take several months to process and complete.

Disabled Facilities Grants (DFGs or loans, may be available for larger adaptations and equipment, provided eligibility criteria are met. DFGs are means-tested, so income and capital may affect how much funding is awarded. There is also an upper limit on the amount that is paid, usually £30k. DFGs can be used to:

- Widen doors and install ramps
- Improve access to rooms and facilities - e.g. stair lifts
- Provide a downstairs bathroom
- Provide a heating system to meet specific needs
- Adapt heating or lighting controls to make them easier to use

In North Tyneside DFGs are used to carry out adaptations to private homes (both owner occupied and privately rented) and housing association homes. Figure 55 shows the locality of applicants for DFGs from January to December 2014.

Figure 55: Applications for DFGs between 1/1/2014 and 4/12/2014

The maximum amount that can be claimed for a DFG is £30k. However, where two people in the same home are entitled to a DFG the amount of grant could potentially be as much as £60k. Better co-ordination between commissioners of new homes and staff providing services to people with disabilities will provide better value for money - better outcomes for clients and save on budgets.
For Council homes, adaptations are paid for from the Council’s adaptations budget. Currently there are 27 applicants that require fully adapted housing; 23 of these require 1 or 2 bedroom homes, 3 require 3 bedroom homes and 1 requires a 4 bedroom home. It is not possible to say exactly which area these applicants want as that information is not recorded. However, research shows that people with a disability generally want to live close to their existing locality and support networks.

Figure 56 shows the locality of applicants currently waiting to have wheelchair accessible social housing, at December 2014.

Figure 57 shows the location of residential care homes for those with physical disabilities in North Tyneside.

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42 December 2014
Figure 56 - the locality of applicants currently waiting to have wheelchair accessible social housing, at December 2014
Figure 57: Physical disabilities care homes
5.4 Cost of supporting people with a physical disability

The table below sets out the average weekly costs broken down into type of care.

<table>
<thead>
<tr>
<th>Service</th>
<th>Unit cost (Per person per week)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing care for adults with a Physical disability</td>
<td>£900</td>
</tr>
<tr>
<td>Residential care for adults with a Physical disability</td>
<td>£592</td>
</tr>
<tr>
<td>Adults with a Physical disability receiving home care</td>
<td>£169</td>
</tr>
<tr>
<td>Adults with a Physical disability receiving direct payments</td>
<td>£226</td>
</tr>
<tr>
<td>Adults with a Physical disability receiving day care</td>
<td>£100</td>
</tr>
</tbody>
</table>

Source: ASC, 2014

In 2013-14 3,772 adaptations (including stair lifts) were carried out costing a total of £1,322,842. This represents an average of £351 per adaptation.

Disabled Facilities Grants (DFGs) 2013-14 spend was 915K this was made up of £792K for 150 major DFG’s and £123k of minor for 267 completions). The major DFG’s are all above £1k in value. The minor are generally less than £1k carried out by the Council’s Adaptation and Loan Equipment Service Ies e.g. urgent cases, to facilitate hospital discharge etc. The demand over last couple of years has been similar e.g. 140 majors/212 minors in 2012/13.

5.5 Factors affecting the ability to live independently

More people of all ages with significant disabilities are being encouraged to live independently, and indeed are living longer. National research\(^{43}\) on the housing needs and experiences of people with disabilities demonstrates common issues around:

- Definitions of disability which shape responses in housing provision
- Restrictions in choice – type and tenure

\(^{43}\) CIH Disabled People Housing Needs study 2012
• Poor quality and conditions – in terms of decency standards and suitability for needs
• Problems of access, location, ease of movement within the property and difficulty with facilities (kitchens and bathroom) to facilitate independent living
• Barriers to effective solutions, including advice and information and access to finance
5.6 Future Housing Need

At current prevalence rates the number of people aged 18-64 with a serious physical disability will increase by 3%.

Figure 59: People aged 18-64 predicted to have a moderate or serious physical disability, by age, at 2030

<table>
<thead>
<tr>
<th>Age group</th>
<th>Moderate</th>
<th>Serious</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>% Change</td>
</tr>
<tr>
<td>18-24</td>
<td>615</td>
<td>0%</td>
</tr>
<tr>
<td>25-34</td>
<td>1,058</td>
<td>-5%</td>
</tr>
<tr>
<td>35-44</td>
<td>1,641</td>
<td>9%</td>
</tr>
<tr>
<td>45-54</td>
<td>2,638</td>
<td>-10%</td>
</tr>
<tr>
<td>55-64</td>
<td>4,187</td>
<td>9%</td>
</tr>
<tr>
<td>Total</td>
<td>10,139</td>
<td>1%</td>
</tr>
</tbody>
</table>

Source: PANSI, 2014

Currently there is not much local data on the housing needs of people with a physical disability. However, the findings from research undertaken by Derby Council are likely to be reflected in most areas.

Where would people with physical disabilities consider moving to⁴⁴?

- 40% want to move within the local area (within 10 miles)
- 56% require 2 or more bedrooms, with 47% needing those bedrooms on the ground floor
- 75% prefer a bungalow but only 52% believe they could afford it
- 42% would like to own their property outright, reflecting concerns about mortgage affordability
- 39% would place renting from the council as second only to owning outright; this is often seen as the only option for younger people
- Home owners are more likely to want to remain and make adaptations

⁴⁴ Taken from a survey from Derby Council Disabled People Housing Needs Strategy 2012
Anecdotal information from the Council’s Adult Social Care Team shows that independent living opportunities for younger people with physical disabilities are currently limited in the Borough. Because of this there are a number of young people who are living within residential care settings, both in and out-of borough, where the accommodation is not appropriate for the age group. There are also a number of younger people who are coming through transition to adulthood and who will be looking to secure independent accommodation.

A strategic priority for NTC is to reduce the number of people who live in residential or nursing home care. This is not purely for financial reasons (i.e. the high cost of placements) but because many people have been receiving the same level of support for a long time without a comprehensive review of whether that level of service is still needed. Often they become dependant (and institutionalised) on a service, and not enabled to become more independent. The key messages are:

- Provide appropriate accommodation
- Provide an appropriate level of service to meet needs
- Make better use of assistive technology to enable a person to be more independent

There is currently 1 scheme within the borough, in North Shields, which provides a cluster of 8 bungalows specifically for people with physical disabilities. This works well and is in demand.

What is needed is another scheme of this type for those younger people with physical disabilities who need some care and support to enable them to live independently but not necessarily on a 24/7 basis. This could be 6 or 8 x 1 bedroom wheelchair user flats, lift served with communal facilities in an accessible location, i.e. close to Metro, shops and health services. In addition, the provision of fully wheelchair accessible homes (flats or bungalows) in areas of demand should be a standard part of affordable housing schemes. This means having discussions early on with ASC and CYPL to commission the right size of home in the right location.
Children and young people with a physical or learning disability.

New legal duties came into force in September 2014, through the Children and Families Act to reform the way support is provided for children and young people with special educational needs and disabilities. The reforms are some of the biggest changes in 30 years to Special Educational Needs and Disability provision. The aim is for every child and young person with Special Educational Needs and Disability (SEND) or a disability to be able to develop their potential and live happy and fulfilled lives. The Act places the views, wishes and aspirations of children, parents and young people up to the age of 25 at the heart of the system and requires a culture change in the way in which professionals work with families and with each other.

The table below provides information on the number and age of Children and Young People who are receiving a service from the Children's Disability Team at November 2014 – this covers both physical and/or learning disabilities.
The location of applicants is shown in Figure 61 and will be used, along with data on DFGs, adaptations and adults receiving services, to commission homes suitable for disabled people in the right locations.

Figure 61: Location of Clients receiving a service from the Children’s Disability Team at November 2014

5.8 Key Issues

- The number of people with a physical disability is increasing, mainly due to advances in medical technology. Consequently, demand for adaptations is increasing

- As people age, so does the prevalence of physical disability

- There is not enough accommodation in the borough to meet the needs of people with a physical disability, especially young people. In some cases, people are in the wrong accommodation because there are not enough housing options to meet their needs

- There needs to be better co-ordination between the commissioning of new homes and services dealing with those who are in need of major adaptations, based on the maps identifying areas of need
6. Young People Leaving Care

6.1 Introduction
This section focuses on children who are in the care of the local authority, i.e. ‘looked after’ and who are making the transition from childhood to adulthood and thus leaving care.

There are a number of reasons why a child may be ‘looked after’ by the local authority. Most often it is because the child’s parents or the people who have parental responsibilities and rights to look after the child are unable to care for or have been neglecting him/her. At 30th June 2014, 314 children were ‘Looked After’ by North Tyneside Council. The rate of Looked After children remains fairly stable at 77.9 per 10,000, above the national average of 60 but below the regional average of 80.

Around 10,000 young people leave care in England each year aged between 16-18 years old.45 When they leave care, they need somewhere safe and secure to live. The Children (Leaving Care) Act 2000 imposes a statutory duty on local authorities to assess the needs of young people in care when they reach 16, including their capacity to live independently and manage their own finances.

6.2 The Children (Leaving Care) Act 2000
The Act requires a local authority to provide relevant children with, or maintain them in, suitable accommodation. Bed and breakfast accommodation is not considered to be suitable.

Regulation 9(2) of the Care Leavers Regulations defines what is meant by ‘Suitable accommodation’. It is accommodation:

45 On my own: The accommodation needs of young people leaving care in England June 2014
• Which, so far as reasonably practicable, is suitable for the child in light of his/her needs, including health needs
• In respect of which the responsible authority has satisfied itself as to the character and suitability of the landlord or other provider
• Complies with health and safety requirements related to rented accommodation; and
• In respect of which the responsible authority has, so far as reasonably practicable, taken into account the child’s
  o wishes and feelings; and
  o education, training or employment needs

6.3 Criteria for a ‘Care Leaver’

The Act requires the responsible authority to continue to provide various forms of assistance to care leavers from the age of 18, if they have previously been ‘eligible’ or ‘relevant’ children.

• Eligible child - A child aged 16 and 17 who has been looked after for at least 13 weeks since the age of 14 and who is still looked after.

• Relevant child - a child aged 16 and 17 who has been looked after for at least 13 weeks since the age of 14 and who has left care. This also includes young people who were detained (e.g. in a youth offending institution or hospital) when they turned 16 but immediately before that were looked after.

• Former relevant child - a young person over 18 who was previously ‘eligible’ or ‘relevant’. Local authorities support this group at least until age 21 or longer if in education or training.

• Qualifying child - any young person under 21 (or 24 if in education or training) who ceases to be looked after or accommodated in a variety of other settings, or privately fostered, after the age of 16. This also includes young people who are under a special guardianship order.
6.4 Number of ‘Care Leavers in North Tyneside’

In 2013 there were 155 young people in North Tyneside who met the criteria as a ‘Care Leaver’: 95 were male and 60 were female (Figure 62 and Figure 63).

Figure 62: Proportion of care leavers by gender

Care leavers are a vulnerable group of young adults who have particular needs in relation to housing. Unlike their peers who normally remain in the family home, care leavers will often be living independently at age 18. Research shows that many care leavers feel that they leave care too early and often feel isolated and lonely.\(^{46}\) They are more at risk of becoming homeless; around a quarter of those living on the streets have a background in care.\(^{47}\)

Figure 63: Care Leavers categories

<table>
<thead>
<tr>
<th>Care Leaver's categories - Children (Leaving Care) Act 2000</th>
<th>Number of young people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible</td>
<td>37</td>
</tr>
<tr>
<td>Relevant</td>
<td>6</td>
</tr>
<tr>
<td>Former Relevant</td>
<td>93</td>
</tr>
<tr>
<td>Qualifying</td>
<td>19</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>155</strong></td>
</tr>
</tbody>
</table>

Source: CYPL, 2014

Stable housing has been identified as a critical element for a successful transition from care\(^{48}\) yet research undertaken by

\(^{46}\) Children’s Rights Director’s surveys on care leavers and Children in Care Council (CICC)
\(^{47}\) The Hidden Truth About Homelessness; Crisis 2011
\(^{48}\) In Loco Parentis – Demos and Barnados; 2010
Barnados\textsuperscript{49} found that difficulty with housing was one of the major issues identified by young care leavers. It found that young people are most concerned about:

- Having a choice in their housing
- Finding appropriate and safe accommodation
- Managing to live alone
- The risk of being made homeless

Statutory guidance does not stipulate any particular type of accommodation for care leavers, but regulations say that care leavers must be appropriately accommodated and supported.

All eligible, relevant and former relevant children must be provided with a pathway plan by their local authority that sets out the accommodation they will live in and financial support they will receive after leaving care\textsuperscript{50}. For those leaving care before they reach the age of 18, the plan should set out how the local authority children’s services will meet their accommodation and maintenance costs.

For those over the age of 18, the plan should be clear about the mainstream services that will be provided, including accommodation. A local authority must listen to the views of a care leaver when deciding on the type of accommodation to be offered to them and whether it is suitable for their needs.

Housing costs for those over the age of 18 are usually met through housing benefit. A care leaver’s personal adviser should carry out regular reviews of the plan and check that the accommodation is suitable and that the care leaver is managing their financial commitments. Care leavers should also receive a setting up home allowance (a ‘leaving care grant’) from their local authority to help them furnish and settle into their new accommodation.

\textsuperscript{49} On my own: The accommodation needs of young people leaving care in England June 2014
\textsuperscript{50} Department for Education, 2014
6.5 Housing options for young people leaving care

Figure 64: Housing options

Staying Put - From the age of 18, young people are no longer legally “looked after” and therefore fostering arrangements no longer apply. However, for young people with a stable foster placement, continuing to live in their former foster home (termed ‘Staying Put’) can offer a transition to independence closer to that experienced by most other young people. There is now a statutory responsibility (April 2014) placed on Local Authorities to offer Staying Put arrangements.

Residential Care - Young people are able to remain in their placements up to their eighteenth birthday.

Living with family or friends - Some care leavers may choose to return to the family home when they leave care. Under the Children (Leaving Care) Act, returning to live with family can affect eligibility for services. If a young person aged 16 or 17 returns home successfully to a parent (or someone with parental responsibility) for a continuous period of six months, they can no longer be treated as a ‘relevant child’. They would instead be a ‘qualifying’ child. The local authority would have the power to advise and assist the young person, but there would no longer be any statutory duty to maintain the Pathway Plan.
Supported housing and Foyers - these offer young people an opportunity to live independently whilst still having other people around (staff and peers). They help young people develop independent living skills and work towards their goals in education, training, employment and other areas of life. In exchange for services tailored to their needs, residents are expected to actively engage in their own development and make a positive contribution to their community. Schemes vary widely, for example, in the number of people living there, nature of the accommodation itself (e.g. self contained or with shared facilities), level of support provided and expected duration of stay.

Supported Lodgings - provide accommodation within a family home. The young person will have a degree of independence with their own room and will share the kitchen and bathroom facilities with the family or householder – or "host". Hosts can be families, couples or single people.

Living independently - In the majority of cases, independent living will entail the young person becoming a tenant in their own right. Tenancies are available in both the social and private rented sectors and each has a range of potential benefits and disadvantages. For example, tenancies in the social sector offer lower rents, greater security of tenure and social landlords are subject to a higher degree of regulation of standards than private landlords. However, the private rented sector can offer quicker access, greater flexibility, a greater choice of locations and opportunities to share with friends.

Trainer Flats - where young people can ‘practice’ living more independently without compromising their future housing options

6.6 Housing options for care leavers in North Tyneside

The Council’s Leaving Care Team support young people from their 16th birthday. For the majority the transition to independent living is well planned and takes place when they are ready and prepared. Figure 65 shows the type of accommodation that are leavers occupied in North Tyneside over the past 5 years.51

51 CYPL data 2014
**Figure 65: Care leavers' accommodation, 2009-13**

<table>
<thead>
<tr>
<th>Care leavers' accommodation</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care (16-18 year olds and Staying Put arrangements)</td>
<td>26</td>
<td>28</td>
<td>19</td>
<td>27</td>
<td>33</td>
</tr>
<tr>
<td>Residential Care (16-18 year olds)</td>
<td>5</td>
<td>8</td>
<td>11</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Supported Accommodation</td>
<td>9</td>
<td>13</td>
<td>14</td>
<td>8</td>
<td>15</td>
</tr>
<tr>
<td>Trainer Flats/supported tenancies</td>
<td>10</td>
<td>6</td>
<td>5</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>Family and Friends</td>
<td>15</td>
<td>17</td>
<td>17</td>
<td>28</td>
<td>28</td>
</tr>
<tr>
<td>Restricted Liberty</td>
<td>9</td>
<td>8</td>
<td>10</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>University Halls</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Adult placements</td>
<td>9</td>
<td>6</td>
<td>6</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Temporary Accommodation</td>
<td>5</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Living Independently</td>
<td>49</td>
<td>54</td>
<td>57</td>
<td>51</td>
<td>48</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>138</strong></td>
<td><strong>143</strong></td>
<td><strong>143</strong></td>
<td><strong>154</strong></td>
<td><strong>155</strong></td>
</tr>
</tbody>
</table>

Source: CYPL, 2014

Additional funding from the Government’s ‘Staying Put’ and Right2BeCared4 pilots enabled significant and sustainable practice changes to support young people to move to independence in a planned way when they are ready and prepared rather than because they have reached a certain age. This ethos is now embedded in service delivery.

For those who do not ‘stay put’ or do not choose to live at home, care leavers have access to a range of housing options in North Tyneside are provided by social landlords, private landlords and the voluntary sector:

**Residential Care**

Edmund House provides opportunities for those who want to remain in residential care (4 bed spaces are provided).

**Foster Care**

10 young people ‘stayed put’ with foster carers in 2013

**Voluntary sector provision**

- **Compass Project** is run by homeless charity DePaul UK. It provides 24 hour on site support to young people. It is currently being refurbished to increase capacity from 8 units to 14 units providing en-suite accommodation.
• **Supported Lodgings Scheme** – provides 9 young people with a home within the community through host families, run by DePaul UK

• **Insite Project** – provides accommodation for 12 young people in shared houses with daily visits, run by Depaul UK

• **Inline Project** – provides outreach support for 144 young people, run by DePaul UK

• **Maritime Court** – provides 9 x 1-bedroom flats with on-site 24 hour support. It is owned and managed by Isos Housing and Places for People provide the on-site support

• **Crash Pads and Nightstop Schemes** – these schemes provide emergency accommodation for young people at risk and are run by Barnados and DePaul UK

**Private rented sector provision**

• Multi-occupancy Supported Accommodation

• 2 x 2-bedroom trainer flats in North Shields, commissioned through the leaving care team

• **Supported tenancies** – RIAS, NEST, New Keys and Stay North East providing an outreach support package

• **Private tenancies**

**Social Housing**

• Temporary accommodation may be provided through dispersed properties

• Care leavers can apply to Tyne & Wear Homes for a Council or Housing Association tenancy. They are given higher priority (Band 2) than general needs applicants. This is also the case if they are leaving supported housing to take up their own social tenancy

**Temporary Accommodation**

There are two establishments in the Whitley Bay area that are used as temporary accommodation, where additional services that are commissioned by the Council (support, meals, washing etc) provide a supported housing environment.
Figure 66: Location of care leavers accommodation in North Tyneside

Legend
Care leavers accommodation
- 1, Edmund House, 1
- 2, Compass Project, 14
- 3, Front Terrace, 2
- 4, Maritime Court, 9
- 5, YMCA, 15
6.7 Cost to the Council to support care leavers

Figure 67: Average cost per type of accommodation

<table>
<thead>
<tr>
<th>Type of Accom</th>
<th>Weekly cost</th>
<th>Ave Cost pa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster placement</td>
<td>£11,500</td>
<td></td>
</tr>
<tr>
<td>Supported</td>
<td>£350 - £385</td>
<td>£19,240</td>
</tr>
<tr>
<td>Semi supported</td>
<td>£450</td>
<td>£23,400</td>
</tr>
</tbody>
</table>

Source: CYPL, 2014

The cheapest option, foster care at £11,500, is also the option that generally provides better outcomes. So the drive is to encourage young care leavers to stay put in foster care where possible.

6.8 Future housing need

The top ten most concerning factors about leaving care, reported by young people all relate to accommodation and young peoples’ ability to cope with independent living:

1. Being on your own
2. Not being able to cope
3. Not being able to get help when you most need it
4. Not having enough money to live on
5. Cleaning up after yourself
6. Leaving care before you’re ready
7. Having nowhere to go/come back to
8. Being put in a ‘dodgy’ place
9. Having nowhere to live
10. Not being settled anywhere and having to keep moving around

The trend in North Tyneside over the past 5 years shows a 12% increase in the number of care leavers – from 138 in 2009 to 155 in 2013; an additional 17 care leavers.

In 2008 the Department for Communities and Local Government and the Department for Children Schools and Families published joint guidance ‘Joint working between Housing and Children’s Services’ which recommended that Housing Authorities and Children's Services should have joint

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52 Children’s Rights Director’s surveys on care leavers and Children in Care Council (CICC)
protocols in place to ensure that each play a full role in providing support to vulnerable young people.

In North Tyneside we have a young person’s joint protocol, which is an agreement that sets out the roles and responsibilities of different agencies towards homeless 16 and 17 year olds. It outlines the respective statutory responsibilities of North Tyneside’s Preventative and Safeguarding Services and the Council’s Housing Service. The protocol promotes an effective assessment to ensure that the needs of each young person are met.

The Southwark Judgement, made by the Law Lords in May 2009, is a piece of case law that obliges children’s services to provide accommodation and support to homeless 16- and 17-year-olds. Since the judgement, councils have had a legal obligation to provide accommodation and leaving care services to this group of young people. The Council aims to provide for those 16 and 17 year olds who are in need and would otherwise be homeless; thus responding to the additional demand for 16 plus accommodation arising from the Southwark Judgement. The increase in the number of care leavers reflects this approach. This has increased the demand for suitable accommodation and increased the cost pressures on the Council.

For young people who cannot live at home, what is needed is clear and flexible accommodation and support pathway towards independent living, consisting of:

- Suitable emergency accommodation such as Nightstop, Crashpad or young people’s direct access accommodation
- Supported lodgings
- Building-based supported accommodation including foyers
- Move-on protocols from supported accommodation
- Floating support
- Provision for young people with multiple needs.
Much of this accommodation is already available in North Tyneside and more is planned; a new facility run by YMCA North Tyneside will provide 15 x 1 bedroom apartments for vulnerable young people, including care leavers. It is in a town centre location and is due for completion early 2015. This will be similar to the Maritime Court model, providing 24-hour on-site support.

Information from the Leaving Care Team highlights that some young people do not have the skills to sustain a tenancy and are therefore losing their accommodation as a result of this.

Gaps in current provision have been identified by the Council’s Leaving Care Team. What is needed over the next 5 years is:

- A multi-occupancy supported accommodation scheme consisting of 5 units, owned and managed by the Council to provide operational flexibility, so that the Council has access to and control of resources when they are needed. This needs to be in an accessible location, close to Metro links but not close to existing provision for young people
- On the same site/in close proximity to this facility 4 x 1-bedroom flats are needed to provide move-on accommodation and where floating support can be provided
- Move on accommodation, preferably one bedroom flats which are more affordable in light of housing benefit regulations for young people under the age of 35
- More training to help young people sustain a tenancy, for example budget management, understanding their obligations under a tenancy agreement etc.
6.9 Key Issues:

- Over the past 5 years the number of care leavers has risen slightly each year; there are now 17 more care leavers than 5 years ago.

- The additional 3-4 care leavers per annum will mean increased costs on the leaving care budget. This could be as much as £78k per annum if all wanted to live in supported accommodation (average 23k x 3.4).

- There is a good range of accommodation options for young people leaving care.

- More young people are staying put with foster carers or living with family and friends than in previous years.

- Staying put with foster carers costs half what it costs to support a young person in supported accommodation or semi-supported tenancies and can provide a more stable environment post 18.

- The Southwark ruling is increasing the numbers of young people that the Council has a duty to support.

- Young People are only placed in temporary accommodation or B&B when all other options have been exhausted and the consequence of not providing accommodation would result in the young person being street homeless.

- A small supported housing scheme is needed (providing around 5 units of accommodation) with linked tenancies to provide move-on accommodation with support as a step towards independence.