

Particular Needs Evidence Paper for the Development of the Local Housing Strategy 2016-2021

Housing Development Section

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Contents

- 1. Introduction**
- 2. Legislative and Policy Context**
- 3. Limiting Long Term Health Issues and Disability**
 - Population profiles
 - Health and housing need
 - Specialist stock provision
 - Estimating Need and Demand
 - Adaptations, Care and Repair
- 4. Local initiatives**
- 5. Self Directed Support**
- 6. Supported Employment**
- 7. Learning Disabilities**
- 8. Mental Health**
- 9. Addictions**
- 10. Protected characteristics**
- 11. Ex-offenders and offenders**
- 12. Young people**
- 13. Public Protection**
- 14. Summary of Key Issues/Strategic Considerations**

North Lanarkshire Council
Local Housing Strategy 2016-2021
Particular Needs Evidence Paper

1. Introduction

- 1.1 Good quality, accessible and affordable housing is fundamental in enabling people to live independently in their community safely and well and achieve their full potential.
- 1.2 Accessing appropriate housing is a challenging process for people with particular needs or requirements at times. The various constraints experienced by people with a disability can be grouped into attitudinal, communication, physical and financial in nature¹. They can include the inaccessibility of housing, the attitudes and practices of housing providers and policy makers, the lack of accessible information and advice, and the financial disadvantage faced by many disabled people. These factors affect not just housing choices, but also people's experiences of their homes and impact on their quality of life.
- 1.3 This paper seeks to explore the evidence available, both national and local in relation to meeting the housing needs of people with particular needs. It identifies the key strategic housing issues and actions required to inform the development of the new Local Housing Strategy (LHS) 2016-21. The groups under consideration in this paper are:
- People with a long term health issue and/or disability (physical and learning disability)
 - People with a mental health issue or problem
 - People with alcohol or drug related issues
 - People who share a protected characteristic (as defined by equalities legislation)
 - Ex-offenders and offenders
 - Young people (with specific attention to care leavers and students)
- 1.4 The evidence on the housing need for older people, people who require housing support, people at risk of or experiencing homelessness and Gypsies/Travellers and Travelling Showpeople are contained in separate evidence papers.

2. Legislative and Policy Context

- 2.1 Since the development of the current LHS (2011-2015) there have been a number of key policy changes which have driven developments and improvements in housing for older people and people with particular needs. The two most instrumental changes which have influenced housing in this respect have been the Reshaping Care Programme for Older People (RCOP)

¹ Disabled people and housing, Laura Hemmingway, 2011, policy press

and most recently the Public Bodies (Joint Working) Act 2014 (the integration of health and social care).

- 2.2 RCOP in North Lanarkshire has achieved far reaching change across services and sectors in how we support older people in our communities. The change fund programme (2011-2015) acted as a catalyst for change in our approach to meeting the support and housing needs of older people as a partnership in North Lanarkshire. Substantial investment was placed in a range of housing initiatives which were preventative and anticipatory in nature focusing on low level community supports and housing improvements to enable older people to live independently at home for longer.
- 2.3 This has been an important step in recognizing the housing contribution to achieving Scottish Government’s vision of 'older people are valued as an asset, their voices are heard and are supported to enjoy full and positive lives in their own home or a homely setting'. Further information on the impact of RCOP, change fund and housing can be found in the older people’s evidence paper.
- 2.4 The integration of health and social care (the Public Bodies (Joint Working) Act 2014) is of particular significance and importance going forward. Good partnership working between local authorities and health boards is acknowledged as a prerequisite for achieving good health and social care outcomes. This legislation provides a framework in which to improve the quality and consistency of outcomes for people through the integration of adult health and social care services and requires each Health Board and Local Authority to delegate some of its functions to the Integration Authority. One of the main aims of the Act is to address the challenges associated with current health and social care system in Scotland, including the increasing demand for services arising from an increasing ageing population.
- 2.5 Another key aim is to shift the balance of care from acute settings to more community based settings, focusing on more preventative, ‘upstream’ supports to reduce more costly acute interventions. Also crucially it provides flexibility in use of resources to better meet needs.
- 2.6 For housing the new Act means that certain housing functions will also require to be delegated to the Integration Authority. The housing functions which are compulsory for transfer to the Integration Authority are:

Act	Section(s)	Functions
Housing (Scotland) Act 2001	Section 92	(2)(a): Only in so far as it relates to an aid or adaptation
Housing (Scotland) Act 2006	Section 71	(2)(e) and (f): Only in so far as it relates to an aid or adaptation
Local Government and Planning (Scotland) Act 1982	Section 24	Provision of gardening assistance for people with disabilities and to older people

- 2.7 Specifically this means that Housing Authorities must delegate the resource and lead responsibility for adaptations and equipment to the Integration Authority. The resource for any garden assistance schemes are also included in the housing functions that 'must' be delegated to the Integration Authority.
- 2.8 There are also some housing functions which 'may' be delegated to the Integration Authority. These housing related functions are set out below:

Act	Section(s)	Functions
Housing (Scotland) Act 1987	Sections 4, 5 and 5A and Part II	Power of local authority to provide furniture, etc. Power of local authority to provide board and laundry facilities. Power of local authority to provide welfare services. Homelessness
Housing (Scotland) Act 2001	Sections 1, 2, 5, 6, 8 and 92	Homelessness strategies Advice on homelessness Duty of registered social landlord to provide accommodation Duty of registered social landlord: further provision Common housing registers Assistance for housing purposes
Social Work (Scotland) Act 1968	Section 12	Assessment of need and provision of social welfare services including, residential care, personal care and housing support. (<i>Housing Support is a 'must' be delegated function only in so far as it is provided in conjunction with personal care.</i>)

- 2.9 The delegation of housing support and homelessness related services are discretionary and it is the responsibility of the partnership to decide whether it is appropriate to delegate such functions to the Integration Board.
- 2.10 Whatever the delegated arrangements housing is required to have a much more active role within partnerships with specific representation on the strategic planning board and the production of a revised housing contribution statement for the joint strategic commissioning plan.
- 2.11 For North Lanarkshire the current position is that only the mandatory functions will be delegated to the Integration Authority, with the resource and responsibility for adaptations, aids, equipment and garden assistance scheme transferring to the Integration Authority. Housing support both in respect of

- homeless households and older people will continue to be managed and provided by housing.
- 2.12 The benefits of housing's involvement and role within the Integration Board are clearly articulated in North Lanarkshire, in part a consequence of the active role housing has taken in RCOP over the past four years and the well established community care planning structures.
- 2.13 Our role as a strategic housing authority will be crucial in the partnership going forward with particular importance placed on aligning our strategic planning functions, including the collation and analysis of data across the partnership to inform the most appropriate resource allocation and service provision for localities. For this reason this paper is of particular significance in that it is critical that the key strategic issues identified and actions contained directly correlate with the joint strategic commissioning plan and that the review of actions across plans (both LHS and the joint strategic commissioning plan) are aligned.
- 2.14 Nine national health and wellbeing outcomes have been agreed which set out what health and social care partners are seeking to achieve through integration and the improvement of health and social care services. Housing contributes to each of the ten outcomes in a range of ways but has a particular specific contributory role in two of the outcomes:
- **Outcome 2:** People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
 - **Outcome 5:** Health and social care services contribute to reducing health inequalities
- 2.15 Housing has a pivotal place in communities, providing both the necessary physical infrastructure for people to live safely and well but also crucially a provider of a range of low level, preventative, community supports which are vital in helping to maintain people's health, wellbeing and independence. Housing will be vital going forward as health budgets and partnership resources come under increasing pressure and as a consequence new opportunities will arise for housing and other services to realize their potential in supporting people across our communities to reduce the demand for health and social care services, particularly the higher cost forms of care specifically institutional forms of provision.
- 2.16 Housing will however need to articulate what they can bring to the table and develop a case for what they can do to improve people's quality of life and reduce the demands on health and social care services in order to attract housing investment.
- 2.17 The contribution that housing makes is clear in North Lanarkshire. Key areas in which housing make a contribution include:

- Providing supported housing and support services which help older people with their daily tasks to live independently, safely and well, which includes provision of emergency response services and support to access social opportunities
- Specialist accommodation and support for people with complex needs and people affected by homelessness to help them maintain and secure a tenancy
- Direct health advice, support and promotion through housing support and tenant and resident participation structures
- Provision of adaptations and equipment to improve accessibility
- Creation and maintenance of safe and attractive neighbourhoods which promote health and wellbeing of residents

2.18 Other national policies, strategies and legislation which have also contributed to shaping local housing policy for disabled people and people with other particular needs have included:

- Age, Home and Community (Scotland's national housing strategy for older people)
- Homes fit for the 21st century
- Housing (Scotland) Act 2001
- Housing (Scotland) Act 2006
- Housing (Scotland) Act 2010
- Scotland's national dementia strategy
- Caring Together: The carer's strategy for Scotland (2010-2015)
- Self-directed support: A National strategy for Scotland
- Maximising Recovery, Promoting Independence: An intermediate care framework for Scotland
- The Self Management Strategy for Long Term Conditions in Scotland
- Living and Dying Well
- NHS Quality Strategy
- The Same as You? A National Strategy for Learning Disabilities
- The Keys to Life – Improving Quality of Life for People with Learning Disabilities (the successive strategy to 'The Same as You')
- Mental Health Strategy for Scotland
- The National Telehealth and Telecare Delivery Plan

2.19 The community empowerment bill which gives more power and influence to community groups to inform service and policy development in a number of key areas will also influence how we involve people and community groups in shaping the housing service in the future and will bolster our existing co-production approach in housing to involving tenants and residents in North Lanarkshire.

2.20 Locally our policy objectives across services have reflected national policy priorities and in particular housing and social work services have aligned policy development in order to achieve better outcomes for people. Our approach has for a number of years focused on the promotion of independent

living and supporting people to have independent living arrangements wherever possible. A significant part of this process was the de-registration of residential units for younger adults with learning disabilities in North Lanarkshire and the closure of Hartwoodhill hospital, a long stay mental health institution. The outcomes and data related to housing and other related services need was detailed in the evidence paper for the previous LHS (2011-16) which coincided with the completion of this large scale resettlement project.

- 2.21 Currently, our policy approach is still focused on supporting and enabling independent living wherever possible. Following on from the ‘Same as You’ policy we help promote independent living arrangements for people and tailor support to help them maintain their own living arrangements. As such there is no grouped or specifically designated accommodation for people with disabilities or other particular needs provided by the local authority in North Lanarkshire. Instead in line with our approach, we opt to source housing appropriate for the individual in the first instance with the supports provided or commissioned not linked to the accommodation.

3. Limiting Long Term Health Issues, Disability and Long Term Health Conditions

Population Profile

- 3.1 According to the 2011 Census² data 21.4% of North Lanarkshire’s population experience a limiting long term illness in comparison to 19.7% of Scotland’s population overall. This is a slight reduction in comparison to the 2001 Census³ (23.12% and 20.30% respectively).
- 3.2 Of the population in North Lanarkshire who experience a limiting long term illness 11.6% report that they are ‘limited a lot’ in terms of their daily activities and life. This is in comparison to 9.6% of Scotland’s overall population.

Table 1: Population and Limiting Long Term Illness

Area	Total Population	% Limited a lot	% Limited a little	% Not limited
North Lanarkshire	337,727	11.6	9.8	78.6
Scotland	5,295,403	9.6	10.1	80.4

Source: Census 2011

- 3.3 When limiting long term illness is considered by ineconomically active group (i.e. age 16 to 74 years) the difference between North Lanarkshire and Scotland is more marked, with 21.5% of North Lanarkshire’s 16-74 population either long term sick or disabled in comparison to 16.6% of Scotland’s whole

² Census 2011

³ Census 2001

population⁴. This would suggest that there are other factors which influence limiting long term illness in North Lanarkshire which are not age related.

- 3.4 When long term health conditions are explored, the proportion of North Lanarkshire’s residents who report having one or more long term health conditions increases to 29.9% in comparison to 21.4% who report a limiting long term illness. North Lanarkshire is consistent in this respect with the national level with 29.9% of Scotland’s population also reported to have one of more long term health conditions⁵.
- 3.5 When long term health conditions are explored by condition the majority of people categorise their health condition in the ‘other’ category (19.1%) followed by physical disability (7.7%) and deafness or partial hearing loss (6.3%). The least common reported long term health condition were learning disability, for example Down’s Syndrome (0.5%) or developmental disorder, for example Autistic Spectrum disorder or Asperger’s syndrome (0.5%). Table 2 provides a comparison of long term health conditions in North Lanarkshire in comparison to Scotland.

Table 2: Long Term Health Condition Comparison of North Lanarkshire and Scotland

Long Term Health Condition	North Lanarkshire	Scotland
Overall Population	337,727	5,295,403
% with no condition	70.1%	70.1%
% with one or more long term conditions	29.9%	29.9%
% with deafness or partial hearing loss	6.3	6.3
% with blindness or partial sight loss	2.3	2.4
% with learning disability (e.g. Down’s Syndrome)	0.5	0.5
% with learning difficulty (e.g. Dyslexia)	1.4	2.0
% with developmental disorder (e.g. Asperger’s Syndrome)	0.5	0.6
% with physical disability	7.7	6.7
% with mental health condition	4.6	4.4
% with other condition	19.1	18.7

Source: Census 2011

- 3.6 North Lanarkshire has a slightly higher proportion of the population who have a physical disability (7.7% in comparison to 6.7%) and a slightly lower proportion of the population who have a learning difficulty, developmental disorder or blindness/partial sight loss (1.4 compared to 2.0; 0.5 to 0.6 and 2.3 to 2.4 respectively).
- 3.7 In terms of general health the majority of people in North Lanarkshire report as being in very good or good health, 79.2%, in comparison to 82.2% of

⁴ Census 2011

⁵ Census 2011

Scotland's whole population. The proportion of people in North Lanarkshire who consider themselves to be in bad or very bad health is 7.3% which is slightly higher than Scotland's whole population where 5.6% consider themselves within this category.

Table 3: General Health, North Lanarkshire and Scotland

Health	North Lanarkshire	Scotland
Overall Population	337,727	5,295,403
% Very Good	50.7	52.5
% Good	28.5	29.7
% Fair	13.6	12.2
% Bad	5.5	4.3
% Very Bad	1.8	1.3

Source: Census 2011

- 3.8 In terms of caring North Lanarkshire is more or less consistent with the national trends for provision of unpaid care, with the majority of the population not providing a caring function and for those who do, the most commonly provided level of care being between 1 to 19 hours per week (see Table 4 below).

Table 4: Provision of Unpaid Care in North Lanarkshire and Scotland

Provision of Care Level	North Lanarkshire	Scotland
Overall Population	337,727	5,295,403
% Not Providing Care	89.8	90.7
% Providing 1- 19 hours per week	5.0	5.2
% Providing 20 to 34 hours per week	1.1	0.9
% Providing 35 – 49 hours per week	1.0	0.8
% Providing 50+ hours per week	3.1	2.5

Source: Census 2011

- 3.9 The trend in terms of carers profiles is also very similar to the Scottish profile, with the majority of carers being female (59.4%) and employed (53.4%). There is a slight difference in terms of the proportion of carers aged over 60 (17.3% in comparison to 19.3%).
- 3.10 North Lanarkshire has a notably higher proportion of the population who claim key benefits across every age cohort in comparison to national levels, with the most marked difference in the 50-64 age group (25.1% in comparison to 19.0%). Table 5 provides an overview of the comparison by age groups.

Table 5: Benefits Claimants by Age Group

Age Group	North Lanarkshire	Scotland
16-24	17.6	12.7
25-49	19.2	15.4
50-64	25.1	19.0

Source: Scottish Neighbourhood Statistics (2012Q4)

- 3.11 This is not unexpected considering that a higher proportion of North Lanarkshire’s economically active population are considered to be disabled or to have a long term illness in comparison to Scotland’s population overall.
- 3.12 The Scottish Household Survey (2013) reinforces the Census (2011) evidence which suggests poorer health is a greater issue in North Lanarkshire than the rest of Scotland. The survey estimates that there is significantly higher proportion of all household types in North Lanarkshire that have a health issue, with a particularly marked increase in the single person household group,47% in comparison to the Scottish estimate of 29%. Table 6 details health condition by household type.
- 3.13 The survey also estimates that households that are older, smaller or pensioner households are more likely to have a household member that has a long standing illness, health problem or disability⁶ which again is not unexpected considering the correlation between increasing age and health issues.

Table 6: Long Standing Illness/Disability by Household Type

Area	Households with a Long Standing Illness or Disability			
	Single Person Household	Family household	Older/pensioner household	All households
North Lanarkshire	47%	30%	68%	49%
Scotland	29%	22%	52%	34%

Source: The Scottish Household Survey 2013

- 3.14 The survey also provides some insight into the health issues across different tenures. It highlights that 55% of social rented households in Scotland contain someone with a long standing health condition compared to 29% of owner occupiers and 20% of those who rent from the private sector.
- 3.15 Information is only available in respect of owner occupiers for North Lanarkshire, but this indicates that in North Lanarkshire 42% of owner occupiers have a long standing illness, considerably higher than the Scottish figure. This reinforces that poorer health appears to be more prevalent in North Lanarkshire yet accounting for differences across tenures.
- 3.16 In terms of gender it is estimated that more females have a long standing illness than males (30% in comparison to 24%) in North Lanarkshire. This trend is consistent with the national picture (20% in comparison to 18%).
- 3.17 When self perception of health is examined by tenure similar trends are illustrated with owner occupiers have better health in comparison to social renters, both in North Lanarkshire and Scotland. Table 7 provides an overview.

Table 7: Self Perception of Health by Tenure

	Tenure of Household				
	Owner	Social	Private	Other	All

⁶ Scottish Household Survey 2013

	Occupier	Rented	Rented		households
North Lanarkshire					
Very Good/Good	71%	60%	-	-	67%
Fair	22%	21%	-	-	21%
Very Bad/Bad	6%	19%	-	-	12%
Scotland					
Very Good/Good	79%	57%	82%	64%	74%
Fair	17%	25%	14%	18%	18%
Very Bad/Bad	4%	17%	5%	18%	7%

Source: The Scottish Household Survey 2013

Health and Deprivation

- 3.18 When self perception of health is considered in respect of Scottish Index of Multiple Deprivation, there is a greater proportion of people in North Lanarkshire categorized in the 20% most deprived areas who consider themselves to have very bad or bad health (18% in comparison to 12%, table 8).

Table 8: Self Perception of Health by Scottish Index of Multiple Deprivation

Perception of Health	20% Most Deprived areas	Rest of areas	All
Very Good/Good	58%	71%	67%
Fair	24%	20%	21%
Very Bad/Bad	18%	9%	12%

Source: The Scottish Household Survey

- 3.19 North Lanarkshire has 33 defined areas considered to be within the 20% most deprived areas, which is higher than the Scottish average of 21. The impact on environmental influence on health is therefore increased within North Lanarkshire.
- 3.20 Social rented housing is most likely to be categorized within the 20% most deprived areas in North Lanarkshire with 41% of housing within the 20% most deprived areas being classified at social rented. Again this stresses the link between tenure, deprivation and health.

Actions Points and Strategic Considerations

- 3.21 The evidence suggests that limiting long term illness and health problems are more prevalent in North Lanarkshire than the rest of Scotland as a whole. Although there has been a slight reduction in limiting long term illness over the ten period of the two censuses (2001-2011) it remains a significant issue in North Lanarkshire particularly when the extent of ill health and age is considered, with a significantly higher proportion of the economically active population group having a health issue and a greater proportion of people experiencing more serious health issues in North Lanarkshire. This would suggest that health in North Lanarkshire is influenced by a range of much more complex factors.

- 3.22 Tenure also appears to be a key influence in respect of health, with people who reside in the social rented sector much more likely to experience ill health than those in other tenures.
- 3.23 Deprivation is of particular importance. People in deprived areas are more likely to consider themselves to have poor health than other people. North Lanarkshire has a significantly higher proportion of deprived areas in comparison to Scotland which would suggest that the environment is having a very significant impact on health and wellbeing in North Lanarkshire, housing playing a very key role in this.
- 3.24 Considering the greater prevalence of health issues in North Lanarkshire it is reasonable to conclude that there will be a greater demand for more accessible housing, support and health services, and other services such as equipment and adaptations to help people with disabilities or health issues to stay well and live independently.
- 3.25 This increased demand does not cumulate entirely for new wheelchair standard housing. It is recognized that most wheelchair users reside in mainstream housing as opposed to purpose built wheelchair standard housing. As such it is important that social rented new build housing accessibility standards are maximized as much as potentially possible. Review of new build housing plans to maximize accessibility and promote adaptability for a range of needs should be considered.

Health and Housing Need

- 3.26 There are 2,821 applicants on the Council's Common Housing Register (CHR) that have health points awarded (as at March 2015). This equates to 19.9% of all applicants (2,821 of 14,161). There has been a steady increase in the proportion of applicants with health points over the past five year period of the current Local Housing Strategy, with the proportion of applicants with health points now almost double the percentage of the proportion of applicants with health points five years ago. This may be attributed to a better understanding of the impact of housing on health by assessing staff or it may be attributed to more applicants articulating their health issues. The proportion of applicants with health points on the CHR is now much closer to the population profile of people with health needs (21.4% as cited in the 2011 Census). Table 9 below provides an overview of the change over the past five years.

Table 9: CHR Applicants by Health Priority

Year	Low health priority (10 points)	Medium health priority (40 points)	High health priority (90 points)	Overall number of applicants with health points	Overall number of applicants on chr	% of applicants with health points as proportion of all applicants on CHR
2010	940	657	59	1656		9%

2014	1,278	1,385	158	2,821		19.9%
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Source: North Lanarkshire Council CHR (2010 – 2014)

- 3.27 The current majority of applicants with health points have been assessed as having medium priority to move (49.1% of all applicants with health points), followed by applicants that have a low priority to move (45.3%). The lowest proportion of applicants with health points are those with high health priority which accounts for just 5.6% of all applicants awarded health points.
- 3.28 387 applicants have requested wheelchair standard accommodation, 2.7% of all CHR applicants. However, 135 of these applicants have no health points for moving (34.8% of all applicants requesting wheelchair standard housing).
- 3.29 Table 10 details the applicants who have requested wheelchair housing by LHMA.

Table 10: Applicants Requesting Wheelchair Housing by Locality

LHMA	No. of health points					% of all applicants requesting wheelchair housing
	0	10	40	90	Total	
Airdrie	11	4	16	15	46	11.9%
Bellshill	11	5	12	8	36	9.3%
Coatbridge	17	11	21	3	52	13.4%
Cumbernauld	24	9	26	14	73	18.9%
Kilsyth	9	2	5	0	16	4.1%
Moodiesburn	13	9	11	1	34	8.8%
Motherwell	16	10	12	1	39	10.1%
Shotts	7	3	3	1	14	3.6%
Viewpark	3	1	11	3	18	4.7%
Wishaw	24	7	22	6	59	15.2%
Total	135	61	139	52	387	100%

Source: North Lanarkshire Council CHR 2014

- 3.30 It is evident that the greatest demand for wheelchair housing is in the Cumbernauld LHMA (18.9%) followed by Wishaw LHMA (15.2%) and Coatbridge LHMA (13.4%). The lowest pressure is in Shotts LHMA (3.6%).
- 3.31 There are 461 applicants that have points awarded for moving to give or receive support. This equates to 3.3% (461 of 14,161) of all CHR applicants. The table below illustrates the number of applicants moving to give or receive support by locality.

Table 11: Applicants Moving to Give or Receive Support by Locality

LHMA	No. of applicants awarded 10 points for moving to give or receive support	% of all applicants moving to give or receive support
Airdrie	58	12.6%
Bellshill	72	15.6%

Coatbridge	42	9.1%
Cumbernauld	70	15.2%
Kilsyth	12	2.6%
Moodiesburn	31	6.7%
Motherwell	83	18.0%
Shotts	7	1.5%
Viewpark	30	6.5%
Wishaw	56	12.1%
North Lanarkshire	461	100%

Source: NLC CHR 2014

3.32 Motherwell has the greatest level of pressure of applicants wishing to move to give or receive support (18% of the total). Shotts has the lowest pressure (1.5% of the total).

3.33 Applicants can also be awarded 'protocol' points for the following reasons:

- Foster carers
- Care leavers
- Hospital discharge
- MAPPA protocol
- Supported living

3.34 Applicants awarded points under the 'supported living' protocol arrangements will have an identified need for independent living and either have a service commissioned by the council to meet their needs or an individual budget. The supported living protocol was initially developed in response to the closure of the long stay hospitals and residential units in North Lanarkshire which meant that many individuals required housing to be sought. Awarding protocol points meant that this could be achieved through the main housing waiting lists as opposed to applicants applying as homeless. This system gave sufficient priority to enable people to achieve their individual housing solutions. The closure programme is now complete and any applicants with protocol points for supported living will all reside within the community currently but do not have their own individual living arrangements.

3.35 There are currently 17 applicants awarded points for supported living. Table 12 below provides an overview by locality.

Table 12: Supported Living Applicants by Locality

LHMA	Supported Living Applicants	% of all Supported Living Applicants
Airdrie	2	11.8%
Coatbridge	4	23.5%
Cumbernauld	4	23.5%
Moodiesburn	2	11.8%
Motherwell	2	11.8%
Viewpark	2	11.8%
Wishaw	1	5.9%
North Lanarkshire	17	100%

Source: NLC CHR

- 3.36 There are currently no applicants with supported living protocol points in the Bellshill, Kilsyth or Shotts locality. The greatest pressure is in Coatbridge and Cumbernauld (both 23.5%).

Specialist Stock

- 3.37 There are 116 amenity properties in North Lanarkshire. Although it should be noted that this may in fact underestimate the proportion of specialist stock, as it is likely that variations exist across RSLs in the recording of amenity and wheelchair standard properties.

Table 13: Specialist Stock by Locality

LHMA	Amenity	As % of mainstream by LHMA	Ground Floor	As % of mainstream by LHMA	Mainstream	Total particular needs stock as % of mainstream for LHMA
Airdrie	23	0%	1768	24.81%	7127	25.13%
Bellshill	3	0.06%	1122	24.30%	4618	24.36%
Coatbridge	21	0%	1476	20.65%	7148	20.94%
Cumbernauld	11	0%	542	13.23%	4098	13.49%
Kilsyth	7	0%	476	28.50%	1670	28.92%
Moodiesburn	1	0%	328	22.78%	1440	22.85%
Motherwell	8	0%	993	13.77%	7212	13.88%
Shotts	0	0%	483	22.59%	2138	22.59%
Viewpark	5	0%	201	10.96%	1834	11.23%
Wishaw	37	1%	1511	21.79%	6933	22.33%
North Lanarkshire	116	0.26%	8900	20.13%	44218	20.39%

Source: NLC Stock Data⁷

- 3.38 Kilsyth LHMA has the highest level of stock as a proportion of their mainstream stock that meets particular needs (28.92%). Viewpark LHMA has the lowest level of stock as a proportion of their mainstream stock that meets particular needs (11.23%). Overall it is estimated that 20% of North Lanarkshire's stock can potentially meet particular needs. However, it should be noted that this assumes that all ground floor properties are suitable and also does not include any RSL properties that are not part of the CHR, which could underestimate the overall level of housing that meets particular needs. Therefore a degree of caution must be exercised when using this data.
- 3.39 It is important to note that this does not include assisted living, sheltered or very sheltered provision, some of which are designed to meet wheelchair

⁷ Mainstream excludes assisted living properties, sheltered and very sheltered housing. Ground floor includes bungalow, ground floor flat, ground floor maisonette, lower 4 in a block.

accessibility standards, and does also not include any private sector provision which may meet particular needs.

- 3.40 When specialist stock is considered in respect to the proportion of applicants who have requested wheelchair standard housing there is some evidence of mismatch of supply and demand within the Cumbernauld Housing Sub Market. Shotts also has a relatively high level of provision of specialist stock in comparison to applicants that have requested wheelchair standard housing with the lowest proportion of wheelchair applicants of all localities and above North Lanarkshire average of specialist stock (22.59% compared to 20.39%).
- 3.41 It is also noteworthy to mention the high levels of older people with limiting long term illness makes the process of separating out the housing need of older people and people with disabilities intractable. This in itself creates difficulty in estimating need and provision specifically for people with long term health issues or disabilities, as some level of housing needs of people with disabilities may be met through sheltered or very sheltered provision. It is therefore difficult to ascertain with real accuracy the level of exact provision that meets particular housing needs.

Estimating Need and Demand

- 3.42 The Scottish House Condition survey (2010-12) estimates that 23% of dwellings in North Lanarkshire are adapted. This compares to 21% of dwellings across Scotland that are adapted. Of this 18% are in the private sector and 32% are in the public sector in North Lanarkshire, which is on par with the Scottish level.

Table 14: Adapted Dwellings by Tenure

	% of all Stock	% all owner occupier	% of all social rented
North Lanarkshire	23%	18%	31%
Scotland	21%	17%	33%

Source: SHCS Local Authority Tables 2013

- 3.43 The survey also estimates that 7% of dwellings in North Lanarkshire require an adaptation. This compares to 5% of dwellings nationally. The Glasgow and Clyde Valley Housing Need and Demand Assessment (2015) estimate the need for between 5 and 8% of dwellings across the GCV area require adaptations.

Table15: Dwellings where Adaptations are Required by Householders

	Adaptations Required			
	Yes		No	
	Number (000s)	%	Number (000s)	%
North Lanarkshire	10	7%	134	92%
Scotland	129	5%	2,233	94%

Source: SHCS 2010-12, table 5.15

- 3.44 There are an estimated 119,800 wheelchair users in Scotland of whom 17,000 wheelchair users in Scotland with unmet housing needs.⁸
- 3.45 The GCV HNDA estimates that in line with household population around 33-35% of the Scottish unmet need could be located in the GCV area, which would be around 5,600 to 5,900 units. When this is estimated in a North Lanarkshire context this equates to around 1,000 wheelchair units.

Action Points/Strategic Considerations

- 3.46 The number of applicants with health needs points on the Common Housing Register is much more representative of North Lanarkshire's population in comparison to the number of applicants with health points five years ago. It is not clear what has specifically attributed to this but it is thought that the current housing need based allocation policy approach has embedded itself further since the writing of the last LHS resulting in much more sound understanding of health and housing need issues and as such brought about by joint training and more robust involvement of housing in community care planning structures (specifically the locality planning groups).
- 3.47 It is apparent that there is some disparity in terms of provision and levels of need for specialist provision across localities. As such consideration should be given to increasing the provision of wheelchair housing in the areas with identified shortfalls given the significant disparity between potentially accessible stock and demand for wheelchair standard housing. It is likely that this is partly attributable to the population profile in such areas i.e. greater proportion of older households.
- 3.48 It is reasonable to set a minimum target of 5% for additional wheelchair units considering the need for adapted dwellings and the estimated level of unmet need.

Adaptations and Equipment/Care and Repair

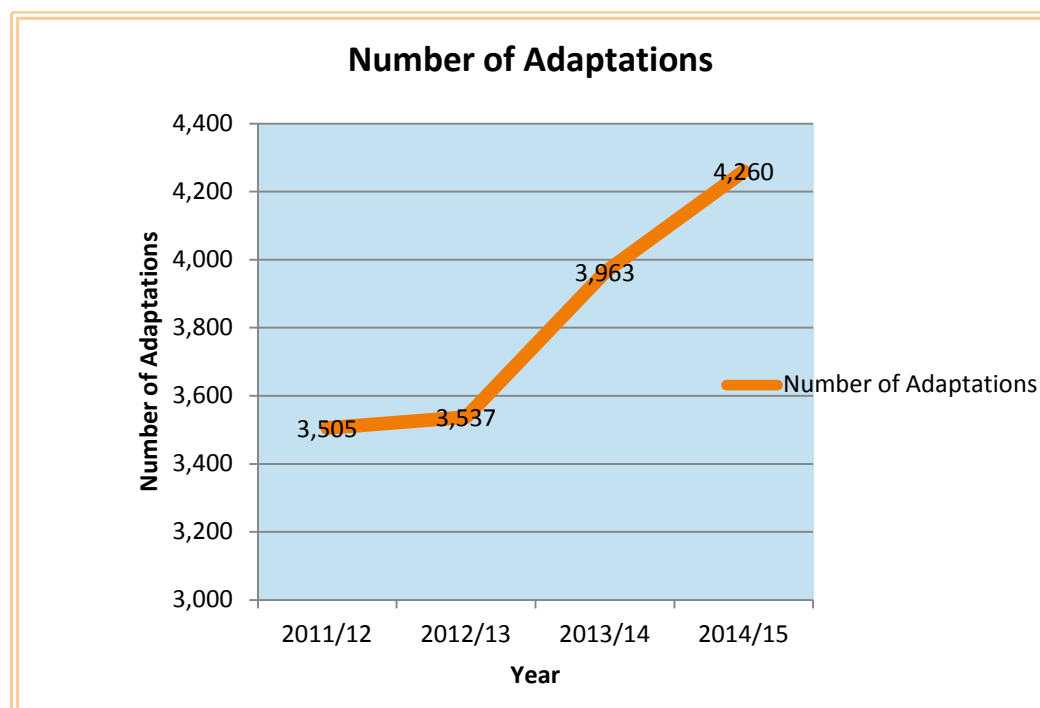
- 3.49 North Lanarkshire Council operates an integrated equipment and adaptations service which was established in 2010. It is one of the best examples of integration in North Lanarkshire prior to integration becoming compulsory for partnerships. It is jointly funded by NHS Lanarkshire and North Lanarkshire Council and demonstrates flexibility in use of resources to provide better outcomes for people.
- 3.50 It consists of four key elements: NLC private housing grants section; NLC housing adaptations; housing association adaptations and has a joint management board and funding arrangements. The service acts as a single point of contact and it ensures available stock, delivers, tracks, collects and recycles equipment, provides advice, assistance and support across tenure.

⁸ Mind the Step: an estimate of housing need among wheelchair users in Scotland (Horizon Housing and CIH Scotland) 2012

3.51 It is a marked shift from the previous arrangements and crucially has made a significant difference to both service users requesting adaptations and assessment staff, as the single point of contact the system has provided a more transparent and helpful way of providing information and accessing services in a more timely way. Importantly it also focuses on the broader range of housing options for individuals as opposed to simply focusing on the request, assessment and provision of adaptations for people. This is of particular significance in meeting the housing needs of disabled people or people with other particular needs as often housing solutions are not always straight forward and can require in some instances a more innovative approach to achieving the right housing solution to ensure the best outcome for the person.

3.52 Figure 1 provides an overview of the number of requests and adaptations provided across tenure over the past 4 years. There has been a steady increase in the provision of adaptations over the period, an increase of 20.7%. It should be acknowledged however that the establishment of the new service and delivery of the service is set against a background of increasing demand associated with both demographic change i.e. older people living for longer and also our strategic and policy approach in North Lanarkshire to support older people at home rather than a residential or care home setting is of importance.

Figure 1: Adaptations Provision



Source: North Lanarkshire Integrated Equipment and Adaptation Service 2011-15

3.53 The Scottish House Condition Survey provides an estimate of the need for adaptations. It estimates that social rented housing has the greatest requirement for adaptations across tenure and that when household type is

considered pensioners are in the greatest need. Furthermore it also suggests that there is more than double the level of requirement for adaptations for pensioner households in North Lanarkshire in comparison to the rest of Scotland (Table 14).

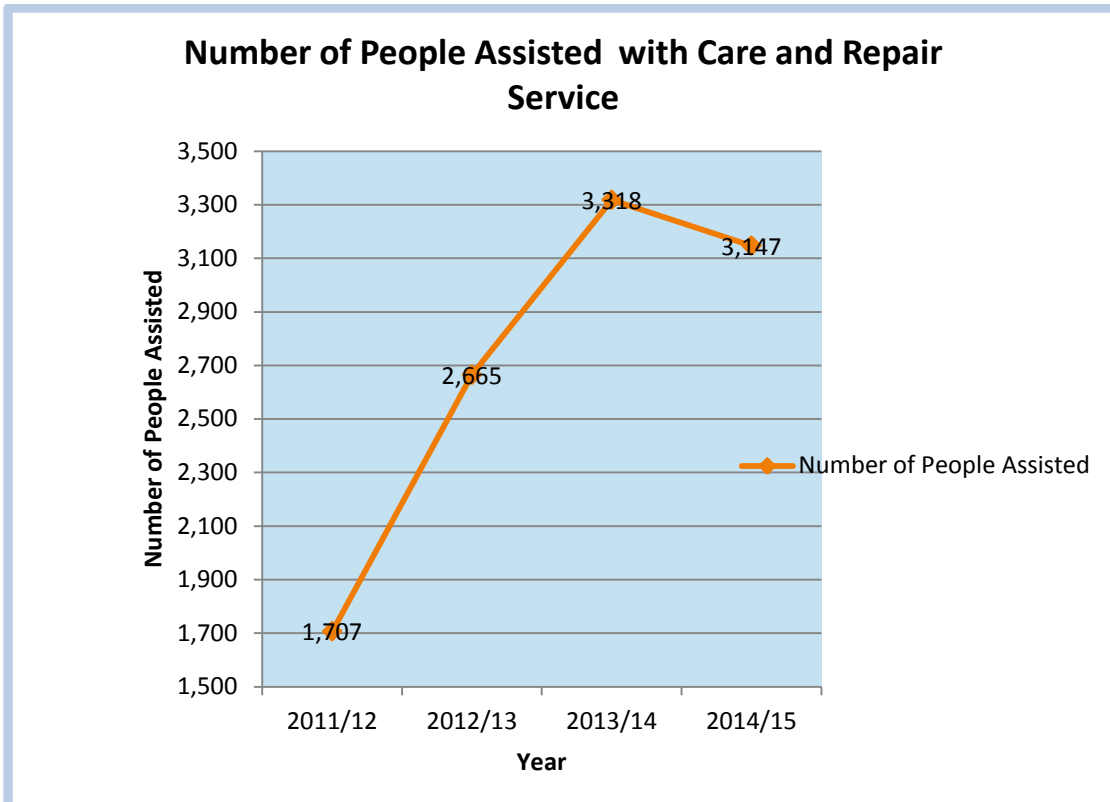
Table 16: Dwellings Requiring Adaptations by Household Type and Tenure

Area	Tenure			Household Type		
	Owner Occupier	Social Rented	Private Rented	Families	Pensioners	Adult Only
North Lanarkshire	4%	7%	*	2%	9%	2%
Scotland	2%	6%	1%	2%	4%	2%

Source: Scottish House Condition Survey Local Authority Tables 2013

- 3.54 Making Life Easier has been an important development for the Council over the past five years and is a vital component of the integrated equipment and adaptations service. Making Life Easier is an online guided self assessment tool which provides access to a broad range of equipment and adaptations as well as information, advice and practical assistance. It also signposts people to services for further assessment when this is identified as required. Crucially this service has made significant progress in changing the culture and attitude to how we meet and identify the needs of service users. It empowers individuals to have more control and choice to find a solution that helps them through harnessing digital technology. Development is underway to enhance the system further, with the aim of Making Life Easier increasingly becoming the first point of contact for both staff and service users to get help with health and social care.
- 3.55 There has been a notable increase in the number of older people and people with disabilities in the private sector assisted with repairs and maintenance through the care and repair service with a vast increase of 84.4% observed over the past four year period. Figure 2 illustrates the increase over the period.

Figure 2: Number of Older People and People with Disabilities Assisted with Repairs and Maintenance through the Care and Repair Service



Source: LHS Annual Review 2014-15

3.56 It is evident that a significant increase in the number of people assisted has been observed year on year, with a slight reduction last year of 5.6% from the previous year (3,147 in comparison to 3,318).

Action Points/Strategic Considerations

3.57 It is acknowledged that more accessible homes will also be required in existing housing stock in addition to new provision. As such there needs to be continued focus on the provision of equipment and adaptations in meeting the needs of people with a health and housing need. An integrated approach across tenure is already in place in North Lanarkshire. Consideration needs to be given to increasing the scope of holistic housing options advice and information and signposting to relevant housing services as part of the range of integrated services. Further development of 'Making Life Easier' will present a number of opportunities to achieve this.

3.58 In order to make better use of existing stock in meeting need we also need to ensure that there is an effective asset management system in place which records adapted properties.

3.59 Housing support services such as the care and repair service are of significant importance in helping older people and people with disabilities maintain their home and maintain or indeed improve the health and wellbeing. Considerable growth has been evident in this service over the 2011-14 period. Further exploration is required to ascertain the reasons for the recent decline.

It is important that there is a robust marketing/approach to promotion to ensure that people and services are aware of the care and repair service and how it can contribute to helping people in a range of ways.

- 3.60 It is also important that in line with projected demography of an increasing older population and levels of poorer health in North Lanarkshire and as such anticipated continued demand and indeed increased demand on the care and repair service that consideration is given to how the service can branch out to maximize better outcomes for people.

4. Local Initiatives

- 4.1 As highlighted previously in this paper RCOP has influenced a whole range of projects to help support older people live independently for longer in a homely setting with the aim of shifting pressure away from acute, more costly interventions to community based supports to reduce the pressure arising from the increasing demand from an increasing older population.
- 4.2 Many of these work streams and learning from these are now being transferred (where appropriate) to meet the needs of wider younger adult population groups.
- 4.3 Housing initiatives that have been successful through RCOP and meet the needs of disabled people as well as older people include a range of accessibility improvements to multi storey towers as well as the development of respite flats, which were later remodeled to provide 'community resource flats'.
- 4.4 Five community flats were established to provide respite accommodation across five localities for older people or their carers to improve the range of community respite/short break options. Demand for these flats was relatively low for respite purposes solely and as such the flats were remodelled to widen the scope of usage to include accommodation for reasons that included hospital discharge, decant for major repair issues, assessment and rehabilitation as well as respite purposes.
- 4.5 Usage of the flats has since increased significantly. Table 14 provides an overview of usage since remodeling to provide 'community resource flats'.

Table 17: Community Resource Flat in Comparison to Respite Flat Usage

Average quarter usage of respite flat (no days)	Average quarter usage of revised resource flat model (no days)	Average quarter usage of respite flat (no service users/carers)	Average quarter usage of revised resource flat model (no service users/carers)	+/- days used following revised resource flat model	% change	+/- no service users/carers accessing following revised resource flat model	% change
75	200	5	8	+125	267%	+3	160%

Source: NLC Housing and Social Work Services 2014

- 4.6 The decrease in delayed discharge timescales over the past 4 years which has reduced from 6 weeks to the current 2 week target for discharge for any patient who is clinically ready for discharge has influenced the usage of the flats, with the predominant reason for usage since the start of 2014/15 being attributed to 'hospital discharge' reasons.
- 4.7 The flats are currently located in sheltered housing complexes and although are still aimed at older people, the learning from this community project has been instrumental in exploring options for the wider adult population group.

Assistive Technology and Telehealth care

- 4.8 North Lanarkshire Council has a well established infrastructure to support the use of assistive technology as part of the arrangements to monitor people's welfare, enhance their support, care and independence and provide reassurance to carers. In respect of operational arrangements there are a minimum of two assistive technology advisors in each of the six social work localities and one in Monklands Hospital and Wishaw General Hospital. The role of advisors includes providing advice on practical, technical and ethical issues and alternative practical solutions.
- 4.9 The assistive technology advisors and senior officer older adults have a specific role to raise awareness about assistive technology at a wide range of events and training sessions across North Lanarkshire to colleagues, partners and the public.
- 4.10 As detailed in table 15 the use of assistive technology has increased significantly over the past three years, with an overall increase across localities of 32%.

Table 18: Technology Provision by Locality

Locality	Year		
	2012/13	2013/14	2014/15
Airdrie	122	153	193
Bellshill	78	103	129
Coatbridge	139	128	155
Cumbernauld	176	186	223
Motherwell	130	130	165
Wishaw	176	184	219
North Lanarkshire	821	884	1084

Source: NLC Social Work Services Assistive Technology Report 2014-15

- 4.11 The greatest provision is in the Cumbernauld locality which accounts for 20.5% of all technology provided. The lowest level of provision is in the Bellshill locality which accounts for 11.9% of all technology provision.
- 4.12 When technology is broken down by age for the 2014-15 period the greatest provision is for people aged 65 and over, which accounts for 52% of all

technology provision. Table 16 details technology provision by age group and locality.

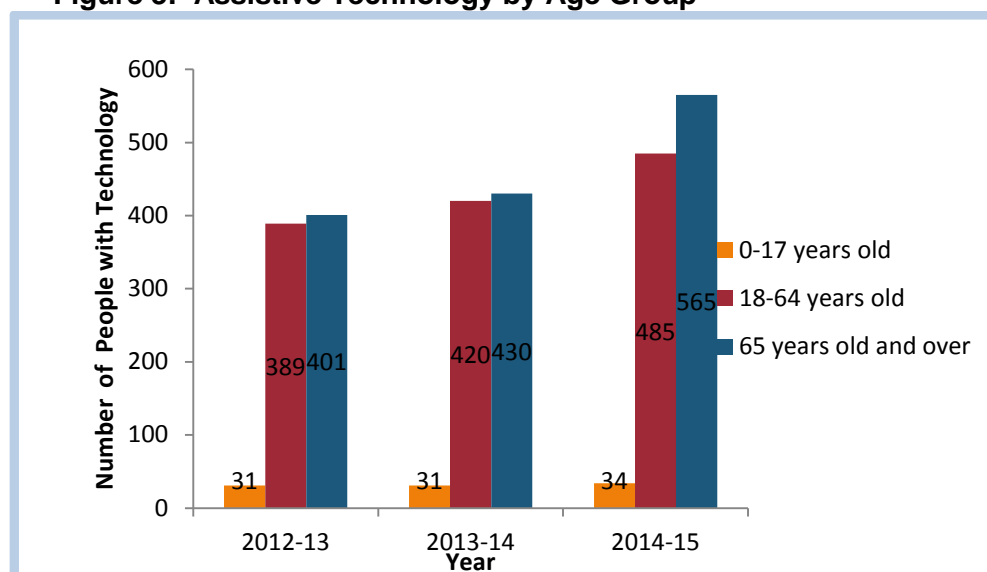
Table 19: Technology Provision by Age Group and Locality

Locality	Age Group			Total
	0-17 years	18-64 years	65 years and over	
Airdrie	7	70	116	193
Bellshill	5	51	73	129
Coatbridge	4	78	73	155
Cumbernauld	8	113	102	223
Motherwell	7	77	81	165
Wishaw	3	96	120	219
North Lanarkshire	34	485	565	1084

Source: NLC Social Work Services Assistive Technology Report 2014-15

4.13 When age groups are considered significant increases can be seen across both the 18-64 and 65 and over age group with the number of children with assistive technology remaining steady over the period (Figure 3).

Figure 3: Assistive Technology by Age Group



Source: NLC Social Work Services Assistive Technology Report 2014-15

4.14 Within the last year funding has been agreed from the Technology Enabled Care (TEC) programme to expand the use of telehealth and telecare in Lanarkshire. In North Lanarkshire this funding will be used to develop applications for 'Making Life Easier', including applications with language interpretation, information videoclips and how to use equipment matched with solutions.

4.15 There has been growth in the third sector promoting digital inclusion amongst community groups and partly as a result of this it is likely that our third sector partners will support people to use digital technology to access 'Making Life Easier' and other technology developments through the TEC programme.

- 4.16 Other developments with technology linked to the TEC programme in North Lanarkshire over the period of the new LHS will include the expansion of the current 'safer walking' technology for younger adults. This technology is currently used for older adults, many of whom are living with dementia.
- 4.17 In respect of specific housing projects, a 'Smart Homes' working group identifies opportunities for technological developments within housing, linking a number of work streams to provide enhanced services and promote independence, health, safety and wellbeing amongst tenants and residents in North Lanarkshire. Future planned technological advances within housing include the installation of cabling infrastructure to provide a digital platform on which a range of technology can be linked to within tower blocks. The principle aim being to provide the tools to help people manage their own tenancy and live safely, independently.

Action Points/Strategic Considerations

- 4.18 It is clear that RCOP has influenced a number of successful housing initiatives which have achieved a range of positive outcomes for people and services alike. In line with the integration agenda it is necessary for this learning to be utilized in the context of the wider adult population. It is therefore recommended that successful projects be considered in respect of meeting the needs of younger adult population groups to improve outcomes across care groups.
- 4.19 Technology has increased steadily over the past five years with the greatest provision evident in the older population group. It is anticipated that growth in technology sector as one of a range of support to promote independent living will continue in line with national strategic and investment direction. As such it is necessary to explore ways in which to expand technology provision to support people to live independently. This is in keeping with the least restrictive interventions, increased control and choice for service users and effective use of resources in a period of budgetary constraints. Specific attention should be given to housing's contribution and role in relation to technological expansion to support independent living.

5. Self directed support

- 5.1 There are currently 909 younger adults (aged 16-64) with self directed support arrangements in place in North Lanarkshire. This has increased significantly over the past three years by a considerable 49.8%.

Table 20: Self Directed Support by Locality

Locality	Year		
	2012/13	2013/14	2014/15
Airdrie	56	115	115
Bellshill	53	94	99
Coatbridge	65	147	150
Cumbernauld	129	235	239
Motherwell	71	134	138

Wishaw	82	156	168
North Lanarkshire	456	881	909

Source: NLC Social Work Performance Score Card, Annual Report

- 5.2 Cumbernauld has the highest number of adults with self directed support in place (26.3%) and Bellshill has the lowest number of adults with self directed support (10.9%).
- 5.3 There are 155 younger adults who receive a direct payment. Again Cumbernauld has the highest proportion of adults with direct payment accounting for 29.7% of all adults with a direct payment in North Lanarkshire and Bellshill has the lowest proportion accounting for 9.7%.

Table 21: Direct Payments by Locality

Locality	Year		
	2012/13	2013/14	2014/15
Airdrie	17	26	29
Bellshill	9	16	15
Coatbridge	11	24	21
Cumbernauld	36	56	46
Motherwell	16	18	24
Wishaw	10	17	20
North Lanarkshire	99	157	155

Source: NLC Social Work Performance Score Card, Annual Report

- 5.4 There are 356 people (aged 16-64) that access day opportunities in North Lanarkshire. This number has remained relatively static over the past three years when averaged, with a slight peak in 2013/14.

Table 22: Day Opportunities by Locality

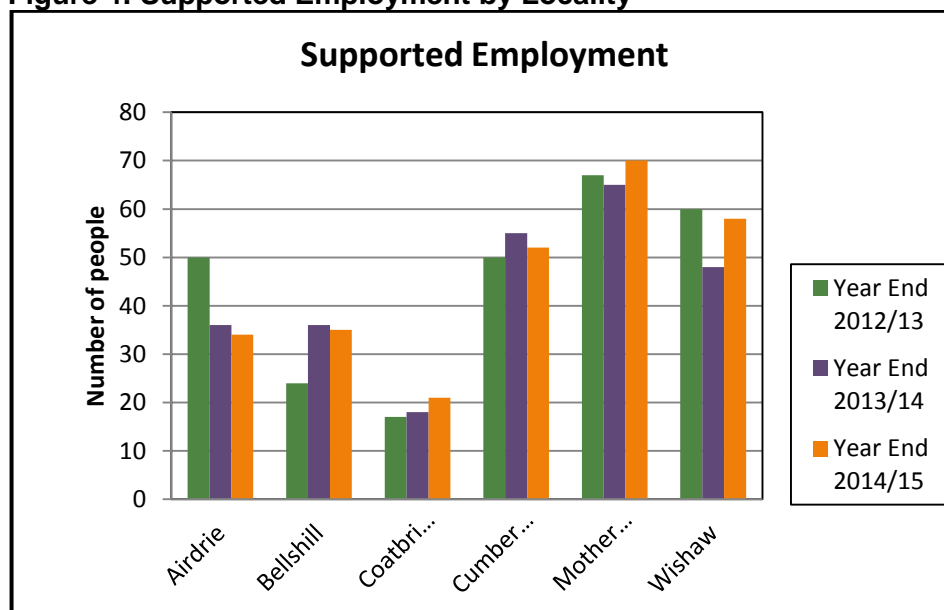
Locality	Year		
	2012/13	2013/14	2014/15
Airdrie	60	82	85
Bellshill	60	56	64
Coatbridge	81	73	75
Cumbernauld	60	72	79
Motherwell	38	44	53
Wishaw	98	82	Info not available
North Lanarkshire	397	409	356

Source: NLC Social Work Performance Score Card, Annual Report

6. Supported Employment and Employment Outcomes

- 6.1 The number of younger adults in the Council's supported employment programme has remained relatively static over the past three years, ranging from 268 in 2012/13 to 270 in 2014/15. There is however a noticeable difference in terms of localities with the Motherwell locality consistently accounting for the greatest proportion of younger adults in supported employment over the past three years. This is illustrated in the graph below.

Figure 4: Supported Employment by Locality



Source: NLC Social Work Performance Score Card Annual Report

- 6.2 There is a similar trend with the number of people supported into employment, with a relatively static numbers over the past three year period (152, 157 and 161 for the respective periods, 2012/13; 2013/14 and 2014/15).
- 6.3 Motherwell and Wishaw have the highest proportion of younger adults supported into employment (both 23.6%). Coatbridge has the fewest number of younger adults supported into employment (6.2%).

Table 23: Supported Employment by Locality

Locality	Year		
	2012/13	2013/14	2014/15
Airdrie	32	30	18
Bellshill	7	20	24
Coatbridge	11	7	10
Cumbernauld	29	24	33
Motherwell	42	40	38
Wishaw	31	36	38
North Lanarkshire	152	157	161

Source: NLC Social Work Performance Score Card, Annual Report

- 6.4 Supported employment has been shown to increase the chances of successful employment for people with learning disabilities and to be cost effective. Beyer (2008)⁹ evaluated the outcomes of supported employment in North Lanarkshire and found that on average people with learning disabilities who used the supported employment service were:
- working for 24 hours a week; and
 - 95% better off before tax and 87% better off after tax

⁹ Same as You Consultation Report

6.5 Beyer also found that supported employment represented a significant saving to the local authority. The cost of a supported employment place was in the region of £4,000- £7,000 a year compared to £15,000 a year for 20 locality support services e.g. day centres. Beyer attributed the success of Supported Employment in North Lanarkshire to the council investment in time and resources, the time dedicated to understanding the capacities of each individual and expert welfare rights advice.

Action Points/Strategic Considerations

6.6 The greater number of adults with self directed support and direct payments in Cumbernauld may be attributed to the scale of residential closures in the Cumbernauld locality, with Cumbernauld having the largest residential reconfiguration of all localities for young adults with learning disabilities.

6.7 Further consideration needs to be given to housing’s role in the self directed support process and the impact in relation to housing support functions.

6.8 Supported employment has been shown to be beneficial both for people themselves and for the Council in terms of outcomes and investment. There is strong evidence which identifies the individual health benefits and community benefits from people being employed, contributing to stronger, more resilient communities. Housing has some involvement in the supported employment programme mainly in respect of a limited number of employment placements. Given the scope and range of housing services and their pivotal place within communities as community anchors there is potential for the benefits of this programme to be increased significantly. Attention should therefore be given to how housing can play a fuller role in this process capitalizing on its opportunities.

7. Learning Disability

7.1 It is widely acknowledged that assessing the number of people with learning disabilities in housing need can be difficult. Overall there are 26,236 adults with learning difficulties known to Local Authorities in Scotland. This equates to 5.9 people per thousand of the population and is a 0.5% increase in the number of known adults compared to 2012 data¹⁰.

7.2 In North Lanarkshire there are 1,581 known adults with learning difficulties or 5.8 per thousand of the population. This is only those who are in receipt of a service funded by the council and therefore is likely to be an under-estimate of the overall number.

Table 24: Accommodation type for adults with learning disabilities (2013)

		North Lanarkshire	Percentage	Scotland	Percentage
Mainstream Accommodation	With Support	813	51.5%	4,603	17.5%
	With No Support	727	46.0%	8,122	31.0%

¹⁰ Scottish Consortium for Learning Difficulties eSay Statistical Release 2013

Support				
Support Status not recorded	0	0.0%	2,727	10.4%
Supported Accommodation	0	0.0%	4,361	16.6%
Registered Adult Care Homes	32	2.0%	2,001	7.6%
Other	5	0.3%	1,542	5.9%
Not Known	2	0.1%	2,880	11.0%
All Adults	1,581	100.0%	26,236	100.0%

Source: eSAY 2013

- 7.3 Over half of adults with learning disabilities for whom Scottish Index of Multiple Deprivation (SIMD) information is known, (12,945; 52.9%) live in the 40% most deprived areas in Scotland.
- 7.4 In 2013, 66.2% of all adults with learning disabilities across Scotland lived in mainstream accommodation, 18.7% lived in supported accommodation and 8.6% lived in registered adult care homes.
- 7.5 Just over a third of adults with learning disabilities (9,142; 34.8%) known to local authorities live with a family carer and just over a fifth of adults with learning disabilities (5,720 people; 21.8%) live with at least one other person with learning disabilities. Mencap¹¹ report that most people with a learning disability live with their parents, many of whom may be ageing and have health needs of their own. There are an estimated 29,000 people with a learning disability that live with older parents in Britain.
- 7.6 The fact that people with learning disabilities are now living much longer than they did in the past makes it more likely that they will outlive their parents, and the need to plan for a future without parental carers is therefore even more vital¹².
- 7.7 A report exploring planning for the future with adults with a learning disability and their family/carers showed generally people with learning disabilities were very conscious of the need for alternative housing or support in the future¹³.
- 7.8 They also had very clear preferences about their options, but that their willingness to plan for this was often influenced by their concern for family carers.
- 7.9 The 'Thinking Ahead' report¹⁴ identified a significant gap in both policy and practice regarding responsibilities and guidance for supporting families to plan for the future. Although substantial resources have been allocated to developing policy and support at the time of transition from children's to adult services, there is little provision for people with learning disabilities planning

¹¹ The Housing Time Bomb, Mencap, 2002

¹² Thinking Ahead: Improving support for people with learning disabilities and their families to plan for the future, Foundation for People with Learning Disabilities, 2013

¹³ Adults with a Learning Disability Living with Elderly Carers Talk about Planning for the Future: Aspirations and Concerns, Bowey and McGlaughlin, 2002.

¹⁴ Thinking Ahead: Improving support for people with learning disabilities and their families to plan for the future, Foundation for People with Learning Disabilities, 2013

their future during their adult lives, such as when they move away from the family home.

- 7.10 In June 2013, the Scottish Government launched its new strategy for people with learning disabilities in Scotland, 'The keys to life: Improving quality of life for people with learning disabilities'¹⁵. 'The keys to life' sets out 52 new recommendations for action by the Scottish Government, local authorities, NHS Scotland and academic and voluntary bodies.
- 7.11 The strategy recognises that the great majority of people, including those with learning disabilities, already live in ordinary housing - not in hospitals or care homes - and this is where they want to stay. The need for quality housing and housing services will become more important over the next decade as a result of both the increase in the number of older people and the long standing policy objective of the Scottish Government to shift the balance of care still further away from institutional settings. It will also be important to mitigate the effects of welfare reform on those who use social housing.
- 7.12 North Lanarkshire Council completed its residential reconfiguration programme in 2011 which evolved following the recommendations made in the "Same as You" report published in 2002¹⁶ which included that no person with a learning disability should have a hospital or institution as their home. We now have no residential provision for younger adults in North Lanarkshire, apart from temporary respite facilities. Individual living arrangements have been the preferred arrangements for younger adults and will continue to be going forward.
- 7.13 Adults with Down's syndrome are more likely than adults in the general population to develop dementia. Around 55% of people with Down's syndrome aged 60 or over develop dementia, compared with just 5% of the general population aged 65 or more. Dementia in people with Down's syndrome is typically earlier in onset and shorter in duration than in the general population. Dementia may also be more common among other people with learning disabilities than in the general population (Strydom et al, 2007).
- 7.14 Longer life expectancy for people with learning disability and dementia means that the problem is becoming more visible and has implications for housing, health and social care as well as carers/families. Forbat and Wilkinson (2007) found a need for greater awareness-raising about dementia among people with learning disabilities, particularly in environments where there may be people with learning disabilities both with and without dementia.
- 7.15 The population profile of North Lanarkshire shows that there are increasing numbers of older people with learning disabilities for whom it is necessary to ensure future plans are in place. There are two main factors that will create additional demand for support in future, due to improved healthcare:

¹⁵ Scottish Government, The keys to life - Improving Quality of Life for People with Learning Disabilities, June 2013

¹⁶ Same as You Report, 2002, Scottish Government

- The number of young people with learning disabilities who can expect to live full adult lives with long term conditions
- The increased longevity of people of learning disabilities, and the associated rise in incidence of early onset dementia.

7.16 This is a crucial issue which all services including Housing need to consider in planning for the future needs of people with learning disabilities.

Action Points/Strategic Considerations

7.17 It is acknowledged that the majority of adults with a learning disability live in ordinary housing and that for many adults with a learning disability they live with either a parent or carer, many of whom are ageing and may have their own health needs. National evidence has shown that people are very much aware of the need for housing options advice and alternative housing options to plan for the future.

7.18 As life expectancy is increasing through public health promotion and improved health care it is likely that younger adults with learning disabilities will live longer than their parents or carers.

7.19 A complex mix of other factors are also of importance with adults with Down's Syndrome much more likely to develop cognitive conditions such as dementia in comparison to the general population which would indicate that much greater attention and focus should be placed on the future planning to meet the housing and support needs of adults with learning disabilities.

7.20 It is therefore vital that housing service become much more actively involved in providing holistic housing options advice for younger adults with learning disabilities to avoid any potential crisis situation arising from the absence of future planning. In order to do this effectively however we need to identify the relevant individuals/households. The existing community care planning structures in North Lanarkshire already provide a good platform in which to do this with housing staff already active members on locality planning groups. Housing services should therefore consider how to make better use of the locality planning groups (LPGs) to target services and information better and also crucially to link to investment plans and inform new provision.

7.21 It is anticipated that as the new integrated arrangements become embedded strategic planning processes will become more aligned across health, social care and housing. This will be beneficial for all services but particularly so for housing in that the knowledge and data held in respect of people with long term conditions, disabilities or other health issues will be of paramount importance in informing how housing services strategically plan to meet unmet needs for specialist provision.

8. Mental Health

National Evidence

- 8.1 In the UK in 2010–11 around a fifth (19%) of individuals aged 16 and over had some indication of anxiety or depression with a higher proportion of women than men and a higher proportion of those aged between 40 and 59 or aged 80 and over¹⁷.
- 8.2 Around three in ten (28%) reported restrictions in moderate daily activities: the percentage reporting restrictions increased considerably with age from 13% of those aged 16 to 24 to 77% of those aged 80 and over.
- 8.3 The ISD (part of NHS National Services Scotland)¹⁸ reports during the quarter ending December 2014, just over 10,500 people started treatment for psychological therapies in Scotland. 1,020 (9.7%) of these were within NHS Lanarkshire.
- 8.4 There were 19,265 inpatient admissions to mental health hospitals in Scotland during the year ending 31 March 2012¹⁹. This figure excludes activity for NHS Ayrshire & Arran however making the data for the latest year are not directly comparable to previous years (21,231 admissions in 2011). Nevertheless, the downward trend in the number of admissions appears to be continuing.
- 8.5 Alcohol or drug related problems were reported as accounting for 16.4% of all diagnoses and schizophrenia for 13.9%. Dementia accounted for 11.9% of all diagnoses and mood (affective) disorders accounted for 26.5% of diagnoses recorded²⁰.
- 8.6 Alcohol/drug related or schizophrenia diagnoses amongst patients discharged from psychiatric hospitals were significantly higher in males than in females, (22.2% compared to 10.6%) and (19.9% compared to 7.6%) respectively.
- 8.7 The Mental Health Strategy for Scotland: 2012-2015 outlines a steady reduction in the number of people being discharged and then readmitted to services, following work on inpatient and community settings and better discharge planning, in which Housing plays an important role.
- 8.8 The Strategy suggests that people with mental disorders account for as much as 43% of social welfare benefits or disability pensions in Scotland.
- 8.9 We know, from a range of evidence, that mental ill-health is closely linked with socio-economic disadvantage and that the scale of mental ill-health is both a national and a local problem because of high prevalence rates, duration and the range of ways it can have an adverse impact on a person's life e.g. physical health, education, employment, income, personal relationships and social participation.

¹⁷ The Office for National Statistics Measuring National Well-being - Health, 2013

¹⁸ IDS Scotland: Psychological Therapies Waiting Times in Scotland Quarter ending 31 December 2014, 24 Feb 2015

¹⁹ IDS Scotland SMR04

²⁰ IDS Scotland Psychiatric hospital discharges by diagnosis, type of admission and gender - years ending 31 March 2008 - 2012.

- 8.10 However both nationally and in North Lanarkshire less is known about the link between wider environmental factors and mental health. For example the impact of poor quality housing and neighbourhoods on mental health. Or indeed the causal relationship between mental health and homelessness or vice versa. Specifically anti-social behaviour can impact on both an individual and communities mental health.
- 8.11 It is widely acknowledged that there is an important link between the environment and mental health. Key to achieving the mental well being outcome is improving the quality of our physical environments. This includes areas such as the layout and design of buildings, access to green spaces and community facilities, access to secure and good quality housing and transport systems.
- 8.12 It is important to highlight that mental health issues do not necessarily translate to a particular housing need i.e. do not lead to some form of housing crisis. However mental health issues can increase the risk of homelessness and lead to an actual incidence of homelessness. Similarly families becoming homeless can be at greater risk of experiencing other health and welfare problems. Where this occurs meeting particular housing needs requires to be focused on early intervention and appropriate accommodation solutions. Housing support may also be required to ensure that families are re-settled appropriately and are not at risk from the revolving door of homelessness.

Housing Need and Mental Health

- 8.13 In terms of capturing information on mental health and housing need, our current housing allocation system doesn't differentiate between different types of disability, i.e. although priority is awarded for impact on mental health by current housing situation, there is no method for distinguishing the number of people awarded points for physical health impact and for those for mental health impact caused by their current housing situation. It is therefore difficult to measure and map the housing need and demand for individuals who have mental health problems.
- 8.14 A joint analysis exercise of health needs amongst homeless applicants is underway, carried out by housing services and NHS Lanarkshire. This exercise will be particularly useful in identifying how we can better meet the needs of individuals with more complex needs.

Action Points/Strategic Considerations

- 8.15 Housing can have a major impact on health with national evidence highlighting the link between mental health and increased risk of homelessness. Access to good quality homes, green spaces and amenities are important in maintaining and improving mental health in our communities. Significant progress has been made to better identify the impact of housing on mental health and address housing needs in North Lanarkshire through the revised housing allocation policy and joint planning at mental health locality planning groups. There is scope to further improve housing outcomes for people with mental health issues through better use of information and data across services. The current analysis of health needs amongst

homelessness applicants underway across housing services and NHS Lanarkshire will provide some insight into how we can develop services to better meet the needs of people with complex needs, many of whom have mental health issues.

9. Addictions

- 9.1 It is widely acknowledged the links between homelessness and substance misuse, and it is now accepted that access to good quality housing and housing support play a crucial role in helping people with substance misuse problems maintain their accommodation.
- 9.2 There exist strong links between poverty, deprivation, widening inequalities and problem drug or alcohol use. Marginalised people are most at risk of developing drug or alcohol problems, this includes people who are homeless or at risk of becoming homeless and people in care²¹.
- 9.3 There has been a slight decrease in the overall number of drug and alcohol referrals received across North Lanarkshire from 2012/13 (3037 referrals) to 2013/14 (3000 referrals). The table below details the number of drug and alcohol referrals by locality over this period.

Table 25: No. of Drug Referrals per Addiction Service

Locality Integrated Addiction Service	Drug referrals (12/13)	Drug referrals (13/14)	Alcohol referrals (12/13)	Alcohol referrals (13/14)	Total referrals (12/13)	Total referrals (13/14)
Airdrie	174	170	304	280	478	450
Bellshill	188	170	250	256	438	426
Coatbridge	199	195	382	324	581	519
Cumbernauld	172	180	319	340	491	520
Motherwell	208	229	266	277	474	506
Wishaw	231	281	344	298	575	579
	Drug referrals		Alcohol		Total referrals	
All localities (2012/13)	1172		1865		3037	
All localities (2013/14)	1225		1775		3000	

Source: North Lanarkshire Substance Misuse Service Local Improvement Targets 12/13 and 13/14

- 9.4 It is evident that there are variations in the extent of substance misuse issues across localities, with Bellshill having the lowest incidence of referrals for drug and alcohol issues (426), and Wishaw having the highest (579). Airdrie, Bellshill and Coatbridge have all seen a reduction in the number of referrals from 2012/13 while the other three areas; Cumbernauld, Motherwell and Wishaw have all seen an increase.

²¹ Drug Misuse Scotland 2008 report ISD Scotland

9.5 It is also apparent that alcohol issues are more prevalent across North Lanarkshire than drug issues, with alcohol referrals accounting for 59.2% of all referrals.

9.6 The overall figure has dropped by 22% since 2009/10 (3673 referrals).

Action Points/Strategic Considerations

9.7 Similarly to mental health substance misuse issues also have a direct correlation with housing issues such as homelessness and deprivation. National evidence also highlights that mental health issues and substance misuse issues can be interlinked with people who have a substance misuse issue more likely to experience a mental health issue.

9.8 It is evident that alcohol issues are more prevalent than drug issues and that the number of referrals have reduced by over a fifth in the past five years. The reason for this is unclear and it is important that assumptions are not made to conclude that the scale of substance misuse issues are reducing. There have been a range of other community supports developed over the past five years and it may be possible that a number of previously routed referrals are being directed to alternative supports.

9.9 Housing support plays a vital role in helping people with substance misuse issues maintain their tenancy. It is therefore imperative that further work is carried out to identify households with addiction issues and housing support requirements. Work is currently underway in the prevention and sustainability framework which should capture this (ref see housing support paper).

10. Protected Characteristics

Ethnic Minority Groups

10.1 The 2011 census revealed that Scotland became a more ethnically diverse country in the decade from 2001. Scotland's minority ethnic (BAME) population doubled, from 2% to 4% of the total population (from around 102,000 to 211,000 people). The non-British white group also increased, from 3% to 4% of the population (127,000 to 222,000 people).

10.2 In the Glasgow and Clyde Valley Region, the number of ethnic minority (BAME) people rose from 49,000 (2.8% of the population) in 2001 to 100,000 (5.6% of the population) in 2011. The number of "Other White" people rose from 20,000 in 2001 to 39,000 in 2011 across Glasgow and the Clyde Valley (from 1.2% in 2001 to 2.2% of population in 2011).

10.3 The table below details the population of North Lanarkshire by ethnicity based on the 2011 census data.

Table 26: Population by Ethnicity in 2011 - North Lanarkshire

Ethnic Group	Population	% of Minority Ethnic Population
White (Sc/Br/Irish)	325,642	96.4%
Scottish/ British	321,248	95.1%

Irish	4,394	1.3%
Other White	5,037	1.5%
Gypsy/ Traveller	205	0.1%
Polish	3,009	0.9%
Other White	1,823	0.5%
BAME Population	7,048	2.1%
Mixed Ethnic Groups	708	0.2%
Pakistani	3,003	0.9%
Indian	997	0.3%
Bangladeshi	42	0.0%
Chinese	898	0.3%
Other Asian	445	0.1%
African	532	0.2%
Caribbean or Black	171	0.1%
Arab	134	0.0%
Other	118	0.0%
Total	337,727	100.00%

Source: Strategic Development Plan MIR - Background Report 1, January 2015; 2011 Census

- 10.4 The BAME community accounted for 4.9% of the resident population in North Lanarkshire. White Irish (15.4%) and White Polish (10.5%) account for 25.9% of the BAME communities. Pakistani is the next dominant BAME community with 10.5% of the total.
- 10.5 The Census (2011) did not show any particular concentration of the general BAME community within any particular housing sub-market area (HSMA) in NL. However the Motherwell HSMA has historically provided a focus for the Muslim community as a mosque has been located in the area for a number of years.

Table 27: Geographical location by BAME Population, 2011

Council Sub-Area	2011 Population	BAME Numbers	BAME % of Population	Other White Numbers	Other White % of Population
Airdrie & Coatbridge	106,548	1,773	1.8%	1,878	1.8%
Cumbernauld	84,774	2,013	1.1%	917	1.1%
Motherwell	146,405	3,262	1.5%	2,239	1.5%
North Lanarkshire	337,727	7,048	1.5%	5,034	1.5%

Source: Strategic Development Plan MIR - Background Report 1 Table A1.0, January 2015; 2011 Census

- 10.6 As at the 31 March 2014 there were 14,161 applicants recorded on the Council's CHR. The majority were from a White Scottish Background 58.7% (8,315) although around 36% of applications did not have an ethnicity recorded. Just under 3% were recorded as from a BAME group.

Table 28: Applications by Ethnicity (31 March 2014)

Ethnicity	No. of Applications	Percentage of total
BAME	409	2.9%

White Other British	314	2.2%
White Other Scottish	8,315	58.7%
Not Known	3	0.0%
Refused	4473	31.6%
Blank	647	4.6%
Total	14,161	100.0%

Source: Common Housing Register

- 10.7 A more detailed breakdown of applications by minority ethnic group can be seen below.

Table 29: Applications by Minority Ethnic Group (31 March 2014)

Ethnicity	No. of Applications	Percentage of Total Applications from Minority Ethnic	Percentage of Total Applications
African - African Scottish or African British	9	2.2%	0.06%
Arab - Arab Scottish or Arab British	2	0.5%	0.01%
Bangladeshi - Bangla. Scottish or Bangla. British	4	1.0%	0.03%
Black - Black Scottish or Black British	1	0.2%	0.01%
Caribbean - Carib Scottish or Carib British	1	0.2%	0.01%
Chinese - Chinese Scottish or Chinese British	6	1.5%	0.04%
Gypsy/Traveller	3	0.7%	0.02%
Indian - Indian Scottish or Indian British	10	2.4%	0.07%
Irish	27	6.6%	0.19%
Mixed or multiple ethnic group	3	0.7%	0.02%
Other African	7	1.7%	0.05%
Other Asian - Asian Scottish or Asian British	2	0.5%	0.01%
Other Caribbean or Black	6	1.5%	0.04%
Other Ethnic Group	50	12.2%	0.35%
Other White Ethnic Group	72	17.6%	0.51%
Pakistani - Pakistani Scottish or Pakistani British	36	8.8%	0.25%
Polish	170	41.6%	1.20%
Total	409	100.0%	100.0%*

Source: North Lanarkshire Council Common Housing Register

*(including 36.8% unknown, 2.22% white other British, 58.72% white Scottish)

- 10.8 It can be seen that the highest proportion of applicants from a minority ethnic background are Polish (41.6%). This is followed by the white other category (17.6%)

- 10.9 During 2013-14 there were 3,527 allocations, of which 1,979 have known ethnicity (56.1%). Of those where ethnicity is known, 163 offers were made to applicants from minority ethnicity groups (8.2%).

Table 30: Offers by Ethnicity (31 March 2014)

ME Group	No. of Offers	Percentage of Offers made to ME applicants	Percentage of Total Offers made to all applicants (where ethnicity known)
African - African Scottish or African British	2	1.2%	0.10%
Caribbean - Carib Scottish or Carib British	1	0.6%	0.05%
Gypsy/Traveller	2	1.2%	0.10%
Irish	5	3.1%	0.25%
Mixed or multiple ethnic group	2	1.2%	0.10%
Other African	3	1.8%	0.15%
Other Ethnic Group	10	6.1%	0.51%
Other White Ethnic Group	22	13.5%	1.11%
Pakistani - Pakistani Scottish or Pakistani British	3	1.8%	0.15%
Polish	113	69.3%	5.71%
Total	163	100.0%	100.0%*

Source: North Lanarkshire Council Common Housing Register

*(including 87.82% white Scottish and 3.94% Other British)

- 10.10 The highest proportion of offers made amongst BAME groups were to the Polish Group (69.3% of BAME applicants or 5.71% of all applicants). Previously Polish people were included within the 'White Other' category which in total only made up 2.8% of all applicants in 2009-2010.
- 10.11 The following table shows the breakdown of allocations by area and ethnicity. A third (33.7%) of all allocations made to the BAME group were in the Motherwell area, followed by Coatbridge (21.5%) and Airdrie (17.2%). There were no recorded allocations to BAME groups in Kilsyth or Moodiesburn.

Table 31: Allocations by Area and Ethnicity (March 2014)

Ethnicity	Area Housed										
	Airdrie	Bellshill	Coatbridge	Cumbernauld	Kilsyth	Moodiesburn	Motherwell	Shotts	Viewpark	Wishaw	Total
African - African Scottish or African British	2										2
Caribbean - Carib Scottish or Carib British										1	1
Gypsy/Traveller							1			1	2
Irish		2	1				2				5
Mixed or multiple ethnic group							1			1	2
Other African			1				2				3
Other Ethnic Group	4	1		1			4				10

Other White Ethnic Group	4	4	3				7		1	3	22
Pakistani - Pakistani Scottish or Pakistani British	1	1					1				3
Polish	17	1	30	1			39	7	1	17	113
Total	28	9	35	2	0	0	55	9	2	23	163

Source: Common Housing Register

Action Points/Strategic Considerations

- 10.12 National evidence shows that Glasgow and the Clyde Valley area is becoming a much more culturally diverse place. In North Lanarkshire the 'White Irish' group and 'White Polish' group account for a largest proportion of BAME groups. The evidence shows that there isn't any particular concentration in any one LHMA but also shows that highest proportion of CHR applicants are from Polish applicants accounting for a vast 41.6%. This would suggest that Polish people still opt for social rented housing as their preferred housing choice across tenures and may suggest an over-representation of the Polish community in social rented housing.
- 10.13 Five years on from the last LHS and it the evidence shows that the Polish community continues to utilize housing services well. It is therefore important that thought is given to how we can involve BAME groups more in shaping housing policy and identifying their housing needs (service user profiling) to help ensure fair access to our services. Particular focus should be given to involving the Polish community given the particularly high numbers of CHR applications .

11. Ex-offenders and Offenders

- 11.1 Homelessness and prison are linked: time in prison can cause unstable housing, and homelessness can lead to reoffending²².
- 11.2 Acquiring and maintaining accommodation is therefore a key factor in resettlement for offenders and a critical part of rehabilitation. Prisoners who become homeless on release are more likely to be re-convicted²³. It is imperative, therefore, that we look to prevent offenders becoming homeless on release from prison. Prisoners can, and often do, lose their housing tenancy during custody, indeed; some will have had no stable accommodation prior to their imprisonment. Prisoners may also find severe difficulties accessing housing on release and the need to look for housing makes it hard to find employment.
- 11.3 It is reported that support services are not always joined up which can make it hard for ex-offenders to navigate the system and find the services they need on release²⁴. It is therefore important that there are good links between prisons, probation services and housing providers to ensure that appropriate

²² Crow, I (2006) *Resettling Prisoners: A Review*, the University of Sheffield and NOMS: the National Offender Management Service

²³ The provision of Housing Advice to Prisoners in Scotland, Scottish Executive 2004; SPS 'Making A Difference' Brochure

²⁴ The Big Lottery Fund, Offending and rehabilitation: Learning from supporting ex-offenders, July 2013

information and advice is provided to people whilst in prison to enable them to have access to right services including accommodation on release.

- 11.4 There were 45 homeless applications from prison leavers in 2012/13 within North Lanarkshire, which is below the average across the last 5 years of 58.

Table 32: Homeless applications from prison leavers, 2008/9 – 2012/13

	2008/09	2009/10	2010/11	2011/12	2012/13	% of GCV
North Lanarkshire	43	77	65	62	45	4%
GCV Area	1,073	1,075	1,108	1,112	1,159	100%

Source: GCV HNDA, January 2015; The Scottish Government, March 2014, Homelessness Statistics

- 11.5 There were 2,561 CJSW applications submitted during 2014/15. Airdrie had the highest proportion of submissions, 18.9% and Bellshill had the lowest, 9.0%.

Table 33: CJSW Applications

Locality	Year		
	2012/13	2013/14	2014/15
Airdrie	546	531	484
Bellshill	330	303	231
Coatbridge	461	332	359
Cumbernauld	501	509	475
Motherwell	428	461	363
Wishaw	631	616	395
Headquarters	5	31	254
North Lanarkshire	2902	2783	2561

Source: NLC Social Work Performance Score Card, Annual Report

- 11.6 Table 34 details the main outcome of the CJSW applications. When recorded as a snap shot at March 2015, following 'not yet known' outcomes the majority of outcomes were a CPO supervision and unpaid work (19.4%, 111). The least were no community service orders, or deferred sentences.

Table 34: CJSW Outcomes

CJSW Outcome	Year		
	2012/13	2013/14	2014/15
Admonition	15	11	10
Community service order	5	5	0
Compensation	0	8	3
CPO unpaid work or other requirement but no supervision	81	69	74
CPO supervision, no unpaid work or other requirement	40	44	55
CPO supervision and unpaid work or other requirement	119	130	111

Custody	107	0	81
Deferred sentence	0	103	0
Drug treatment and testing order	0	0	1
Monetary penalty	31	17	26
No preferred option	0	0	0
Not yet known	204	200	184
Probation order with additional conditions	0	0	1
Probation order with standard conditions	2	1	1
Restriction of liberty order	0	5	15
Structured deferred sentence	18	28	9
Other outcome	15	4	1
Total	638	625	572

Source: NLC Social Work Performance Score Card, Annual Report

- 11.7 There have been an increased number of community payback orders over the past three year period (increase of 21.5%). Headquarters have the greatest proportion, 59.6%, and Bellshill has the lowest 2.6%.

Table 35: Community Payback Orders

Locality	Year		
	2012/13	2013/14	2014/15
Airdrie	147	151	162
Bellshill	95	100	49
Coatbridge	148	121	122
Cumbernauld	153	150	175
Motherwell	123	132	106
Wishaw	232	267	161
Headquarters	681	1299	1143
North Lanarkshire	1579	2220	1918

Source: NLC Social Work Performance Score Card, Annual Report

Actions/Strategic Considerations

- 11.8 Robust, joint working between prisons, probation services and housing providers is of crucial importance in ensuring that ex-offenders have the best life opportunities on release. Access to appropriate accommodation on release is vital to improve tenancy sustainment and reduce any potential re-offending behavior.
- 11.9 Consultation carried out as part of the current LHS involvement process has highlighted the need for services to be more aligned in their discharge planning processes from prison and from other judiciary settings. It is important that we consider the current processes and systems in place between prisons, probation services and housing services to ensure they deliver effective information provision and follow up support to access appropriate accommodation and supports for ex-offenders.

12. Young People

- 12.1 42,168 Young People aged 16 – 25 live in North Lanarkshire (21,520 male/ 20,648 female). This represents 12.5% of the total population of North Lanarkshire²⁵.
- 12.2 Approximately 5.8% of North Lanarkshire Council tenants are aged 16–25 (2,076)²⁶. As at 31st Dec 2014 there were 2,341 young people aged 16–25 on the CHR Waiting list (17.7% of the total of the total waiting list). During 2013-14 there were 3,506 new tenancies across North Lanarkshire, a quarter of which (25.4%) were 16 – 25 year olds.
- 12.3 The overall tenancy sustainment rate in North Lanarkshire was 86.3% however the sustainment rate for 16 – 25 year olds was somewhat lower at 80.2%²⁷. There is also a notable difference in the gender breakdown with 31.8% of Males and 14.0% of Females aged 16-25 failing to sustain their tenancy.
- 12.4 The number of full-time Higher Education students has been increasing in North Lanarkshire as detailed below, although we recognise that not all of these will be aged 16-25.

Table 35: Students based North Lanarkshire, GVC and Scotland 2001, 2011

	2011					2001		Change 2001 - 2011	
	Base: All People aged 16 - 74	Full-time students	Economically inactive students	Total Students	% of the 16 - 74 Population	Full-time students	Total Students	Change in FT students 2001-2011	Change in all students 2001 - 2011
North Lanarkshire	251,388	7,722	9,563	17,285	7%	5,958	13,992	30%	24%
GCV Area	1,345,124	54,539	76,991	131,530	10%	40,231	97,712	36%	35%
Scotland	3,970,530	148,560	218,412	366,972	9%	112,964	272,838	32%	35%

Source: GCV HNDA, January 2015; Census tables Table KS601SC (2011), UV28 (2001)

- 12.5 Almost three quarters (74%) of the 186,000 schoolchildren and full-time students in Scotland aged 16 and over who lived with their parents were in households that owned their property. In contrast, 87% of the 63,000 people in all-student households lived in private rented accommodation, while this proportion was 56% for the 22,000 students who lived alone. The proportion of students who lived in communal establishments was highest for those aged 18 or 19, at 21%²⁸.
- 12.6 Research clearly shows that young care leavers can face particular difficulties when making the transition into independent living. This is exacerbated when

²⁵ 2011 Census Data

²⁶ NLC Data December 2014

²⁷ Year to Date Figure up to January 2014

²⁸ 2011 Census Data

the young person has other support needs, such as mental health issues or behavioural issues²⁹.

- 12.7 However, there is evidence to suggest that leaving care can also assist young people successfully with life skills but linked to this is a significant association between preparation before leaving care and coping after care³⁰.
- 12.8 It is acknowledged however, that a young person’s ability to manage independently successfully in the community is affected by a range of factors, such as education; access to appropriate support after leaving care; sufficient planning in advance of leaving care; social networks; other family support and so on. It is therefore reasonable to state that in order to try to assist young people achieve positive outcomes in their lives it is fundamental that services work proactively to plan for a young person leaving care and to provide appropriate services to support the young person when living independently.
- 12.9 Amendments to section 29 of the Children (Scotland) Act 1995 require the council to carry out a needs assessment for each young person who ceases to be looked after beyond school age, with a view to determining what advice, assistance and support the authority should provide, including housing related advice and support.
- 12.10 Furthermore, corporate Parenting has been brought into legislation under the Children Young People (Scotland) Act 2014 and has been defined as:
- “A public bodies’ performance of actions necessary to promote and support the physical, emotional, spiritual, social and cognitive development of a looked after child or care leaver, from infancy through to adulthood³¹”*
- 12.11 It is therefore the collective responsibility of the council, elected members, employees, and partner agencies, to provide the best possible care and safeguarding for the children who are looked after by the council.
- 12.12 There are currently 7 young care leavers applicants on the Council’s Common Housing Register in the following areas:-

Table 36: Young Care Leaver Applicants (August 2014)

LHMA	No. of Young Care Leaver Applicants	% of all Young Care Leaver Applicants
Airdrie	2	28.6%
Bellshill	1	14.2%
Coatbridge	2	28.6%
Wishaw	2	28.6%
North Lanarkshire	7	100%

Source: NLC CHR data

²⁹ Young People Leaving Care: A Study of Outcomes and Costs, the University of York, August 2004.

³⁰ Dixon and Stein 2005, in Research Review Young People Leaving Care, Social Policy Research Unit, Child and Family Social Work Journal, July 2006.

³¹ Scottish Government Draft Statutory Guidance on Part 9 of Children and Young People (Scotland) Act 2014, December 2014

- 12.13 Overall, the main issue is to ensure housing services are part of a planned pathway approach to managing life transition for young care leavers. The housing strategy should set strategic direction in promoting the objective that no care leavers should experience homelessness.
- 12.14 As at 31 July 2014 there were 110 young people aged 16-20 who were entitled to support under S29 as care leavers within North Lanarkshire.
- 12.15 The legislation to be introduced in April 2015 extends duties to support 21-25 year olds and will add 63 to this figure based on 2014 statistics
- 12.16 In May 2015, North Lanarkshire Council produced a Youth Housing Statement to outline the existing housing and support services for young people, aged 16-25. The document provides an overview of the services currently provided and identifies areas requiring improvement. The aim is to identify accommodation and associated support requirements that will ensure young people most at risk, or in need of additional support, can access appropriate housing and related services.
- 12.17 There are currently 211 young people on a supervision order (as at March 2015). The number of young people and children on a supervision order has increased over the last three years by 37.9%. Cumbernauld has the highest number of young people on a supervision order followed by Headquarters (22.3% and 20.9% respectively). Coatbridge has the fewest young people on supervision orders (9.9%).

Table 37: Supervision orders for Young People

Locality	Year		
	2012/13	2013/14	2014/15
Airdrie	25	11	21
Bellshill	17	19	29
Coatbridge	9	17	21
Cumbernauld	42	26	47
Mothewell	12	6	24
Wishaw	35	29	25
Headquarters	13	24	44
North Lanarkshire	153	132	211

Source: NLC Social Work Performance Score Card, Annual Report

- 12.18 There are currently 210 children and young people looked after by the local authority (as at March 2015). Wishaw has the greatest number of looked after young people accounting for 25.2% and Airdrie has the fewest accounting for 11.0% of the all looked after young people.

Table 38: Children and Young People Looked After or Accommodated

Locality	Year		
	2012/13	2013/14	2014/15
Airdrie	22	24	23

Bellshill	26	33	36
Coatbridge	37	34	35
Cumbernauld	40	31	37
Motherwell	25	31	26
Wishaw	51	51	53
North Lanarkshire	201	204	210

Source: NLC Social Work Performance Score Card, Annual Report

12.19 The vast majority of children and young people are looked after in a community setting (94.5% as at March 2015). Of this the majority are looked after at home (73.8%) and the minority are looked after in residential settings (5.5%).

Table 39: Looked After or Accommodated Setting

Setting	Year		
	2012/13	2013/14	2014/15
Looked after at home	71.4	71.7	73.8
Other community	25.4	23.5	20.7
Residential	4.5	4.8	5.5
Total (community)	95.7	95.2	94.5

Source: NLC Social Work Performance Score Card, Annual Report

12.20 There were 100 children and young people accommodated during 2014/15 with Cumbernauld having the greatest number accommodated (23%, 23) and Coatbridge having the fewest children and young people accommodated during the period (13%,13).

Table 40: Looked After or Accommodated by Locality

Locality	Year		
	2012/13	2013/14	2014/15
Airdrie	19	7	18
Bellshill	6	21	17
Coatbridge	11	6	13
Cumbernauld	7	20	23
Motherwell	5	20	14
Wishaw	18	13	15
North Lanarkshire	66	87	100

Source: NLC Social Work Performance Score Card, Annual Report

12.21 Of the young people that were discharged over 2014/15, the majority returned home (50, 51.5%). No children or young people were discharged to a temporary tenancy, custody or hospital. 1.0% moved into their own permanent tenancy, with 2.06% moving to kinship care (formal) or throughcare for older adults, 3.1% moving to a supported tenancy, 10.3% to extended family and 13.4% to a supported carer and 16.5% to adoptive parents.

Table 41: Discharge Destination

Discharge destination	Year		
	2012/13	2013/14	2014/15

Home	38	48	50
Extended Family	10	10	10
Adoptive Parents	10	14	16
Supported Carer	9	8	13
Own Tenancy	4	5	1
Throughcare Older Adults	0	3	2
Temporary Tenancy	0	5	0
Custody	1	0	0
Hospital	0	1	0
Kinship Care (Formal)	0	1	2
Supported Tenancy	0	1	3
Total	72	96	97

Source: NLC Social Work Performance Score Card, Annual Report

Action Points/Strategic Considerations

- 12.22 It is evident that North Lanarkshire has a higher proportion of young people in comparison to Scotland as a whole. Young people also account for a higher proportion of CHR applicants in comparison to their representative population group and an even greater proportion of new tenancies created. The reasons for this require much further exploration to identify the supports and resources required to ensure young people in North Lanarkshire are afforded the optimum opportunities and life chances.
- 12.23 The impact of the new Children and Young People (Scotland) Act 2014 will also have notable implications for the Council and other services. It is therefore imperative that further research or analysis is undertaken to determine future needs to inform services and provision.
- 12.24 The Youth Statement for North Lanarkshire outlines the strategic issues and recommended actions for young people (ref Youth Housing Statement).

13. Public Protection

Management of High Risk Offenders

- 13.1 The Council works in partnership with a range of agencies and other organisations to ensure there are appropriate and effective public protection arrangements. As such there are robust procedures in place for Adult Protection, Child Protection and the Management of high risk offenders (MAPPAs).
- 13.2 The MAPPAs group for Lanarkshire annual report for 2011/12 details the how all partners are working to manage the risk of high risk offenders in communities. It highlights the integral role housing plays in the management of offenders in the community and in the development and implementation of

the National Accommodation Strategy for Sex Offenders (NASSO). The tables below detail some information published in the report on the numbers high risk offenders and restricted patients across Lanarkshire:

Table 42: Registered Sex Offenders in the Community within the Lanarkshire Community Justice Area

Registered Sex Offenders (RSOs)	Number
Number of Registered Sex Offenders:	
1) at Liberty and living in Lanarkshire on 31 March 2012	324
2) Per 100,000 of the population on 31 March 2012	51 ³²
The number of RSO's managed between 1 st April 2011 and 31 st March 2012 having a notification requirement who were reported for breaches of the requirement to notify:	16
The Number of 'wanted' RSOs on 31 March 2012	0
The Number of 'missing' RSOs on 31 March 2012	1

Source: Lanarkshire MAPPA Annual Report 2011/2012

Table 43: Restricted Patients in Lanarkshire

Restricted Patients (RPs)	Number
Number of RPs	
Living in Lanarkshire on 31 March 2012	31
Number within hospital/community	
1) State Hospital	24
2) Other hospital on suspension of detention (SUS)	2
3) Other hospital with unescorted SUS	1
4) Community (conditional discharge)	4

Source: Lanarkshire MAPPA Annual Report 2011/2012

Adult protection

- 13.3 There has been a marked increase in the number of adult protection referrals since 2012/13 (increase of 122.4%).

Table 44: Adult Protection Referrals

Locality	Year		
	2012/13	2013/14	2014/15
Airdrie	216	334	604
Bellshill	162	263	319
Coatbridge	171	229	365
Cumbernauld	328	478	753
Motherwell	126	236	289
Wishaw	266	393	468
SWES/HQ	19	36	67
North Lanarkshire	1288	1969	2865

Source: NLC Social Work Performance Score Card, Annual Report

³² (Population of 639,340)

- 13.4 The numbers of adult protection referrals passed to care team for investigation are lower but still increasing year on year in line with the increase in referrals.

Table 45: Adult Protection Referrals passed for Investigation

Locality	Year		
	2012/13	2013/14	2014/15
Airdrie	31	30	28
Bellshill	14	35	56
Coatbridge	28	17	50
Cumbernauld	104	141	218
Motherwell	16	60	60
Wishaw	61	58	74
SWES/HQ	1	9	15
North Lanarkshire	255	350	501

Source: NLC Social Work Performance Score Card, Annual Report

Domestic Abuse

- 13.5 Data for the number of domestic abuse referrals is available over the past 2 year period since the indicator was collected (203/14 to 2014/15). The numbers of referrals have increased over the past two years by 16.4%.

Table 46: Domestic Abuse Referrals

Locality	Year			
	2013/14 (no of referrals)	2013/14 (no of passed for allocation/assessment)	2014/15	2014/15 (no of passed for allocation/assessment)
Airdrie	1470	876	1567	779
Bellshill	842	831	959	854
Coatbridge	935	560	1232	602
Cumbernauld	1438	1400	941	928
Motherwell	878	526	1172	739
Wishaw	850	846	1547	1619
SWES	74	60	86	61
Headquarters	75	58	155	65
Merrystone	42	19	29	21
North Lanarkshire	6604	5176	7688	5668

Source: NLC Social Work Performance Score Card, Annual Report

Action Points/Strategic Issues

- 13.6 There are robust processes in place for managing and supporting offenders, child and adult support and protection with comprehensive training in place across services and organizations. The impact of the adult protection legislation has had a major impact over recent years with referrals increasing two fold over the past three years.

14. Summary Of Key Issues/Strategic Considerations

- 14.1 Long term conditions and health problems are more prevalent in North Lanarkshire than the rest of Scotland.
- 14.2 Tenure and deprivation are of particular significance with health increasingly likely to be poorer in areas for those who social rent and for those who live in more deprived areas. This is of particular importance for North Lanarkshire given the increased proportion of areas categorized as deprived in North Lanarkshire and the level of social renting.
- 14.3 The high proportion of economically active population who have poorer health are indicative that health in North Lanarkshire is influenced by a range of much more complex factors.
- 14.4 Given the prevalence of health issues in North Lanarkshire it is likely there will be greater demand for more accessible housing, support and health service, particularly equipment and adaptations services which help people live safely and independently.
- 14.5 The increased demand will not cumulate entirely for additional wheelchair provision. Recognising that most wheelchair users reside in mainstream housing as opposed to purpose built wheelchair standard housing. As such it is important that social rented new build housing accessibility standards are maximized as much as potentially possible. Review of new build housing plans to maximize accessibility and promote adaptability for a range of needs should be considered.
- 14.6 The CHR is much more reflective of the local population in terms of health needs, envisaged to be the result of effective locality planning arrangements.
- 14.7 There is some disparity in terms of provision and levels of need for specialist provision across localities. Priority should be given to increasing wheelchair provision specifically in areas where there is an identified shortfall such as areas where there is a disparity between potentially accessible stock, demand for wheelchair standard housing and the population profile.
- 14.8 It is reasonable to set a minimum target of 5% for additional wheelchair units considering the need for adapted dwellings and the estimated level of unmet need.
- 14.9 It is acknowledged that more accessible homes will also be required in existing housing stock in addition to new provision. As outlined 14.4 it is likely that demand will increase for adaptations and equipment as such there needs to be continued focus on developing this provision. Consideration needs to be given to increasing the scope of holistic housing options advice and information and signposting to relevant housing services as part of the range of integrated services. Further development of 'Making Life Easier' will present a number of opportunities to achieve this.

- 14.10 In order to make better use of existing stock in meeting need we also need to ensure that there is an effective asset management system in place which records adapted properties to enable appropriate housing allocations.
- 14.11 Housing support services such as the care and repair service are of significant importance in helping older people and people with disabilities maintain their home and maintain or indeed improve the health and wellbeing. It is important that there is a robust marketing/approach to promotion to ensure that people and services are aware of the care and repair service and how it can contribute to helping people in a range of ways.
- 14.12 It is also important that in line with projected demography of an increasing older population and levels of poorer health in North Lanarkshire and as such anticipated continued demand and indeed increased demand on the care and repair service that consideration is given to how the service can branch out to maximize better outcomes for people.
- 14.13 It is clear that RCOP has influenced a number of successful housing initiatives which have achieved a range of positive outcomes for people and services alike. In line with the integration agenda it is necessary for this learning to be utilized in the context of the wider adult population. It is therefore recommended that successful projects be considered in respect of meeting the needs of younger adult population groups to improve outcomes across care groups.
- 14.14 Technology has increased steadily over the past five years with the greatest provision evident in the older population group. Growth in technology sector is predicted as such specific attention should be given to housing's contribution and role in relation to technological expansion to support independent living.
- 14.15 Further consideration needs to be given to housing's role in the self directed support (SDS) process. There may be a need for housing staff to have a key role in explaining what SDS means and what options this might present for individuals.
- 14.16 As life expectancy is increasing through public health promotion and improved health care it is likely that younger adults with learning disabilities will live longer than their parents or carers consideration should be given to how the planning process can be improved to ensure robust housing options advice and plans for the future.
- 14.17 There exists scope to develop reporting systems to better identify applicants with mental health and housing need to inform and shape housing services and policy.
- 14.18 Evidence suggests that alcohol issues are more prevalent than drug issues. Housing plays a vital role in helping people with substance misuse issues

maintain their tenancy. Further scope exists to identify needs and housing support services required (detailed within housing support evidence paper).

- 14.19 Five years on from the last LHS and evidence shows that the Polish community continues to utilize housing services well. CHR evidence suggests that Polish people still opt for social rented housing as their preferred housing choice across tenures which may be indicative of an over-representation of the Polish community in social rented housing.
- 14.20 It is important that thought is given to how we can involve BAME groups more in shaping housing policy and identifying their housing needs (service user profiling) to help ensure fair access to our services. Particular focus should be given to involving the Polish community given the particularly high numbers of CHR applications.
- 14.21 Robust, joint working between prisons, probation services and housing providers is of crucial importance in ensuring that ex-offenders have the best life opportunities on release. Access to appropriate accommodation on release is vital to improve tenancy sustainment and reduce any potential re-offending behaviour. Consultation carried out as part of the current LHS involvement process has highlighted the need for services to be more aligned in their discharge planning processes from prison and from other judiciary settings.
- 14.22 It is evident that North Lanarkshire has a higher proportion of young people in comparison to Scotland as a whole. Young people also account for a higher proportion of CHR applicants in comparison to their representative population group and an even greater proportion of new tenancies created. The reasons for this require much further exploration to identify the supports and resources required to ensure young people in North Lanarkshire are afforded the optimum opportunities and life chances.
- 14.23 The impact of the new Children and Young People (Scotland) Act 2014 will also have notable implications for the Council and other services. It is therefore imperative that further research or analysis is undertaken to determine future needs to inform services and provision.