**Appendix D**

**Supported accommodation for people with mental health issues (Supporting People funded) consultation 2016**

**Report**


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# Executive summary

This report summarises the responses of Lancashire County Council supported accommodation for people with mental health issues consultation 2016.

Lancashire County Council currently provides funding which is used by mental health providers to deliver the housing support in supported housing or through the visiting support services. As part of the savings, the County Council is proposing to stop funding housing support for people with mental health issues by March 2017.

For the consultation, paper questionnaires were sent to all service users and made available at supported accommodation for people with mental health issues. An online version of the questionnaire could also be accessed from [www.lancashire.gov.uk](http://www.lancashire.gov.uk/).

The fieldwork ran for twelve weeks from 16 May until 7 August 2016. In total, 125 completed questionnaires were returned.

A separate questionnaire was sent to Lancashire's 12 district councils, current supporting people providers and stakeholders. We received a response from 5 providers, 9 stakeholders and no responses from district councils.

## Key findings

* + - * 1. **Provider**

There were total 5 providers responded to the short term supported accommodation for people with mental health consultation 2016.

The top mentions from respondents are presented with the number of providers that they relate to shown in brackets.

* The top mentions from responding providers for what their plans are for their schemes in light of the proposal were: intensive housing management (2), contract is ending and individuals will be signposted (2) and seeking proposal to work alongside with supported housing scheme (2).
* The top mentions from responding providers for the impact on services users were: deterioration in mental health and more expense in admissions/accessing other sources (3) and tenancy breakdown/homelessness (2).
* The top mentions from responding providers for the impact on their organisation were: will review and it may lead to closure of service (2), TUPS arrangement mean cost to run service (1), people losing jobs (1) and reduced staffing hours (1).
* The top mentions from responding provider for the impact on community were: neighbourhood issues (2) and increased unemployment (2).
	+ - * 1. **Stakeholders**

There were total 9 stakeholders responded to the short term supported accommodation for people with mental health consultation 2016.

The top mentions from respondents are presented with the number of stakeholders that they relate to shown in brackets.

* The top mentions from responding stakeholders for the impact on services users were: support not available/ gap / less support (5), increased homelessness (5), lead to deterioration in health (4) and reduced independence (3).
* The top mentions from responding stakeholders for the impact on their organisation were: increased pressure/ demand (3), increased existing pressure in MH services (2) and could withdraw housing supply is support not in place (2).
* The top mentions from responding stakeholders for the impact on community were: pressure on other services (GP, Acute, Social care, VCFS) (6) and ASB / community safety issues (5).
	+ - * 1. **Service users**
* Of the different types of support listed in the question, respondents were most likely to say that they receive or have received: support to maintain their mental health and wellbeing (98%); support to keep living in the community (95%); support to access health services (92%) and support to claim the right benefits (92%).
* Respondents were most likely to say that: support to become generally more confident and happy (98%); support to access training and education (96%); support to get a job (91%); support to gain awareness of personal safety and

security issues (93%) and support to access community facilities (93%) are

important1 aspects of the service to them.

* Respondents were most likely to say that if this service ended then they would; seek help form GP (71%), seek help from your care coordinator (70%), seek help

from mental health services (70%) and seek help from current support provider

(66%).

* Nearly two fifth of respondents (37%) chose not to respond. Nearly one in six respondents (17%) said that onsite support is needed. Over one in ten

respondents (11%) said that there will be anxiety and one in ten respondents (10%) said that there will be deterioration in mental health.

1. very important and fairly important

# 2. Introduction

Lancashire County Council is required to make savings of £262m by 2020/21. This extremely difficult financial position is the result of continued cuts in Government funding, rising costs and rising demand for our key services.

Lancashire County Council currently provides funding which is used by mental health providers to deliver supported housing or the visiting support. As part of the savings, the county council is proposing to stop funding housing support for people with mental health issues by March 2017.

This proposal will affect all supported accommodation across Lancashire including accommodation which is intended to be:

* + short-term (e g less than two years); or
	+ longer term (e g more than two years or a home for life).

Although we are unclear what this will mean for service provision at this stage, there is a possibility that any of the following could take place in the next year:

* + the service continues with major changes (e g different types of services offered in the accommodation or change in way in which the service is

delivered);

* + the service continues with little change as the provider has managed to obtain other funding to allow the service to continue; or
	+ the service ends.

Lancashire County Council is committed to working with providers to make sure that the service users are supported through this period of change.

It is important for Lancashire County Council to understand what the implications of withdrawing the funding for the supported accommodation service would be.

Service users were asked to complete questionnaire if they are currently receiving housing support from any of these providers of supported accommodation in Lancashire:

* + Creative Support
	+ Imagine
	+ Lancashire Care Foundation Trust
	+ Lancashire Mind
	+ Making Space
	+ Richmond Fellowship
	+ Sanctuary Housing Association
	+ North West Community Services (floating support service only)

This consultation was designed to help us understand more about how important the service is to service users; and their thoughts about how the proposals could affect people who need services in the future.

# Methodology

For the consultation, paper questionnaires were sent to all service users and made available at supported accommodation for people with mental health services. An online version of the questionnaire could also be accessed from [www.lancashire.gov.uk](http://www.lancashire.gov.uk/).

The fieldwork ran for twelve weeks from 16 May until 7 August 2016. In total, 125 completed questionnaires were returned.

A separate online questionnaire was made available to Lancashire's 12 district councils, providers and stakeholders. This questionnaire was designed to give district councils, providers and stakeholders an opportunity to outline what they think the impact of the proposal will be on service users, on their respective organisations and on the wider community.

Where districts, providers and stakeholders have sent more than one response, these responses have been merged and are presented in the findings.

A summary of providers and stakeholders responses have been provided in the main findings.

The questionnaire included instructions that told service users that they could answer all the questions or just the ones that they were concerned about.

## Limitations

In charts or tables where responses do not add up to 100%, this is due to multiple responses or computer rounding.

# Main consultation findings

## Provider responses

There were 5 providers responded to the supported accommodation for people with mental health issues consultation 2016. They were North West Community, Lancashire Mind, Making Space, Sanctuary Supported and Creative Support.

The main issues raised in their responses are summarised below. The top mentions from respondents are presented with the number of providers that they relate to shown in brackets.

Impact on schemes

* + - intensive housing management (2);
		- contract is ending and individuals will be signposted (2); and
		- seeking proposal to work alongside with supported housing scheme (2).

Impact on service users

* + - deterioration in mental health and more expense in admissions/accessing other sources (3); and
		- tenancy breakdown/homelessness (2).

Impact on organisation

* + - will review and it may lead to closure of service(2);
		- TUPS arrangement mean cost to run service(1);
		- people losing jobs (1); and
		- reduced staffing hours (1).

Impact on wider community

* + - neighbourhood issues (2); and
		- increased unemployment (2).

## Stakeholders responses

There were total 9 stakeholders responded to the short term supported accommodation for people with mental health consultation 2016. They were Lancashire Care Foundation Trust, Inpatient LD, Blackpool Clinical Commissioning Group, Progress Housing Group, St Vincent's Housing, NHS East Lancashire Clinical Commissioning Group, Calico Floating Support, Great Places Housing and Your Housing.

The main issues raised in their responses are summarised below. The top mentions from respondents are presented with the number of stakeholders that they relate to shown in brackets.

Further details of district council responses are presented in appendix 3.

* + 1. **Key findings**

The top mentions from respondent stakeholders for the impact on services users were:

* + - * support not available/ gap / less support (5);
			* increased homelessness (5);
			* lead to deterioration in health (4); and
			* reduced independence (3).

The top mentions from respondent stakeholders for the impact on their organisation were:

* + - * increased pressure/ demand(3);
			* increased existing pressure in MH services (2); and
			* could withdraw housing supply is support not in place (2).

The top mentions from respondent stakeholders for the impact on the wider community were:

* + - * pressure on other services ( GP, Acute, Social care, VCFS) (6); and
			* ASB / community safety issues (5).

## 4.3 Service user responses

***4.3.1 Your use of supported accommodation***

First, respondents were asked which of the main types of support offered by the service they receive or have received.

Of the different types of support listed in the question, respondents were most likely to say that they receive or have received: support to maintain their mental health and wellbeing (98%); support to keep living in the community (95%); support to access health services (92%) and support to claim the right benefits (92%).

#### Chart 1 - Do you receive or have you received support with the following?

Support to maintain your mental health and wellbeing (eg keeping appointments,managing medication and staying…

Support to keep living in the community (eg avoiding becoming homeless or going into hospital)

Support to access health services (eg GP, dentist, mental health services)

Support to claim the right benefits Support to become generally more confident and happy

Support to develop or regain domestic/social and life skills

Support to gain awareness of personal safety and security

issues

Support to access community facilities (eg leisure, cultural)

98%

95%

92%

92%

89%

88%

84%

78%

Support to learn to budget properly and pay bills

Support to set up and maintain your home when you move on to other accommodation

Support to build and maintain relationships with family and friends

Support to access training and education

Support to get a job

No response 2%

26%

50%

76%

74%

68%

Base: all respondents (125)

Respondents were asked about how important different aspects of the service are to them.

Respondents were most likely to say that: support to become generally more confident and happy (98%); support to access training and education (96%); support to get a job (91%); support to gain awareness of personal safety and security issues (93%) and support to access community facilities (93%) are important2 aspects of the service to them.

#### Chart 2 - How important are the following aspects of the service to you?

Support to become generally more confident and happy

94% 4%

Support to access training and education

|  |  |  |
| --- | --- | --- |
| 90% | 6% |  |

Support to get a job

Support to gain awareness of personal safety and

security issues

Support to access community facilities (eg leisure, cultural)

Support to build and maintain relationships with family and friends

Support to access health services (eg GP, dentist,mental health services)

85%

82%

|  |  |  |  |
| --- | --- | --- | --- |
| 83% | 10% |  |  |

70%

69%

11%

18%

6%

11%

7% 6%

4%

Support to claim the right benefits

69%

22%

Support to learn to budget properly and pay bills

61%

14%

10%

4% 7%

Support to develop or regain domestic/social and life skills

61%

16%

4% 6%

10%

Support to set up and maintain your home when you move on to other accommodation

Support to keep living in the community (eg avoiding becoming homeless or going into hospital)

Support to maintain your mental health and wellbeing

(eg keeping appointments, managing medication and…

29%

21%

54%

7%

18%

14%

12%

10%

16%

8%

22%

15%

11%

5% 9%

21%

25%

Very important Fairly important Not very important Not at all important Don't know/unsure Don't receive

No response

Base: all respondents (125)

1. very important and fairly important

Respondents were then asked what they think that people who need this type of service would do in the future, if this service ended.

Respondents were most likely to say that if this service ended then they would; seek help form GP (71%), seek help from your care coordinator (70%), seek help from mental health services (70%) and seek help from current support provider (66%).

#### Chart 3- If the funding for the service ended, what do you think that people who need this type of service would do in the future?

Seek help from GP Seek help from your care coordinator Seek help from mental health services

Seek help from your current support provider Seek help from community support services

50%

71%

70%

70%

66%

Seek help about housing from your local district council

Seek help from Citizen Advice Bureau or another advice agency

Seek help about care from Lancashire County Council

(Social Services)

Seek help about housing from private landlords or social landlords

29%

41%

38%

49%

|  |  |  |  |
| --- | --- | --- | --- |
| Seek help from advocacy services |  |  | 27% |
| Unsure/don’t know |  | 21% |  |
| Seek help from Family | 5% |  |  |
| Other | 3% |  |  |
| No response | 1% |  |  |

Base: all respondents (125)

Respondents were then asked for their feedback and comments about how this proposal will affect them.

Nearly two fifth of respondents (37%) chose not to respond. Nearly one in six respondents (17%) said that onsite support is needed. Over one in ten respondents (11%) said that there will be anxiety and one in ten respondents (10%) said that there will be deterioration in mental health.

#### Chart 4- Please provide any further feedback or comments about how the proposal will affect you in the box below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No response |  |  |  |  |  | 37% |
| On-site support need |  |  |  |  | 17% |  |
| Anxiety |  |  |  | 11% |  |  |
| Deterioration in mental health |  |  |  | 10% |  |  |
| Hospitilisation |  |  | 7% |  |
| Isolation |  | 4% |  |
| Housing |  | 4% |  |
| Death/suicide |  | 2% |  |
| Self-harm |  | 2% |  |
| Other |  | 2% |  |
| Don’t know |  | 2% |  |
| Would have to cope |  | 2% |  |

0 1%

Specialist support of staff 1%

Base: all respondents (125)

Respondents were then asked to name their current support accommodation support provider.

#### Chart 5 - What is the name of your service provider?

Making space Creative Support Lancashire Mind

Richmond Fellowship 6%

Sanctuary 5%

No response 2%

Accent 1%

Mind 1%

North Guinness 1%

Places for people 1%

Imagine 1% Lancashire Care Foundation Trust 1%

14%

21%

47%

Base: all respondents (125)

## Appendix 1: Demographic breakdown

#### Table 1- Are you...?

|  |  |  |
| --- | --- | --- |
|  | **%** | **Count** |
| Male | 75% | 94 |
| Female | 25% | 31 |
| **Total** |  | **125** |

#### Table 2- Have you ever identified as transgender?

|  |  |  |
| --- | --- | --- |
|  |  **%**  | **Count** |
| Yes | 2% | 2 |
| No | 94% | 118 |
| Prefer not to say | 2% | 2 |
| No response | 2% | 3 |
| **Total** |  | **125** |

#### Table 3- What was your age on your last birthday?

|  |  |  |
| --- | --- | --- |
|  |  **%**  | **Count** |
| 18-25 | 8% | 10 |
| 26-34 | 11% | 14 |
| 35-49 | 45% | 56 |
| 50-64 | 30% | 37 |
| 65-74 | 6% | 8 |
| 75+ | - | - |
| No response | - | - |
| **Total** |  | **125** |

#### Table 4 - Are you a deaf person or do you have a disability?

|  |  |  |
| --- | --- | --- |
|  |  **%**  | **Count** |
| Yes | 67% | 84 |
| No | 30% | 37 |
| No response**Total** | 3% | 4**125** |

#### Table 5- Are you in a marriage or civil partnership?

|  |  |  |
| --- | --- | --- |
|  |  **%**  | **Count** |
| Marriage | 1% | 1 |
| Civil partnership | 2% | 3 |
| Prefer not to say | 3% | 4 |
| None of these | 93% | 116 |
| No response | 1% | 1 |
| **Total** |  | **125** |

#### Table 6- How would you describe your sexual orientation?

|  |  |  |
| --- | --- | --- |
|  |  **%**  | **Count** |
| Straight (heterosexual) | 78% | 98 |
| Bisexual | 2% | 2 |
| Gay man | 2% | 3 |
| Lesbian/gay woman | 2% | 2 |
| Other | 2% | 2 |
| Prefer not to say | 12% | 15 |
| No response | 2% | 3 |
| **Total** |  | **125** |

#### Table 7- Which best describes your ethnic background?

|  |  |  |
| --- | --- | --- |
|  |  **%**  | **Count** |
| English/Welsh/Scottish/Northern Irish/British | 95% | 119 |
| No response | 2% | 2 |
| Eastern European | 2% | 2 |
| Other | 1% | 1 |
| Pakistani | 1% | 1 |
| **Total** |  | **125** |

#### Table 8- What is your religion?

|  |  |  |
| --- | --- | --- |
|  |  **%**  | **Count** |
| No religion | 31% | 39 |
| Christian | 62% | 78 |
| Buddhist | 2% | 2 |
| Hindu | - | - |
| Jewish | 1% | 1 |
| Any other religion | 2% | 2 |
| No response | 2% | 3 |
| **Total** |  | **125** |

#### Table 9- In which district do you live in Lancashire?

|  |  |  |
| --- | --- | --- |
| **District** | **%** | **Count** |
| Burnley | 11% | 14 |
| Chorley | 13% | 16 |
| Fylde | 9% | 11 |
| Hyndburn | 17% | 21 |
| Lancaster | 14% | 17 |
| Pendle | 4% | 5 |
| Preston | 8% | 10 |
| Ribble Valley | 2% | 2 |
| Rossendale | 8% | 10 |
| South Ribble | 2% | 2 |
| West Lancashire | 5% | 6 |
| Wyre | 8% | 10 |
| Don’t know/unsure | - | - |
| No response | 1% | 1 |
| **Total** |  | **125** |

## Appendix 2- Providers responses

#### Table 10- changes to schemes

**intensive housing management**

**contract is ending and individuals will be signposted**

**seeking proposal to work alongside with supported housing scheme**

**reduced staff hours and staff presence on site**

**clients will be sent back to local authority**

**focus on personalis ation**

**Provider 1** x

**Provider 2** x

**Provider 3** x x x

**Provider 4** x x

**Provider 5** x x

**Total 2 2 2 1 1 1**

#### Table 11- impact on service users

**deterioration in Mental health and more expense in admissions/accessing other sources**

**tenancy breakdown/homel essness**

**reassessment under adult services**

**service users with critical needs will be supported**

**will seek help from other sources (GP, CMHT, A& E**

**etc)**

**physical harm and increased risk of exploitation**

**Provider 1** x x

**Provider 2** x

**Provider 3** x x x

**Provider 4** x x x

**Provider 5**

**Total 3 2 1 1 1 1**

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#### Table 12- impact on organisation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **will review and it may****lead to closure of Service** | **TUPS arrangement mean cost to run service** | **people losing jobs** | **reduced staffing hours** |
| **Provider 1** |  | x |  |  |
| **Provider 2** |  |  | x |  |
| **Provider 3** |  |  |  | x |
| **Provider 4** | x |  |  |  |
| **Provider 5** | x |  |  |  |
| **Total** | **2** | **1** | **1** | **1** |

#### Table13- impact on the wider community

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **neighbourhood issues** | **increased unemployment** | **general impact on community** | **impact on service users families** |
| **Provider 1** | **x** |  |  |  |
| **Provider 2** |  |  | **x** |  |
| **Provider 3** | **x** | **x** |  |  |
| **Provider 4** |  | **x** |  | **x** |
| **Provider 5** |  |  |  |  |
| **Total** | **2** | **2** | **1** | **1** |

#### Table 14- other comments

|  |  |  |  |
| --- | --- | --- | --- |
|  | **will continue to provide****service** | **important link between****housing and mental health** | **personalised budget as****potential option** |
| **Provider 1** |  |  |  |
| **Provider 2** |  |  |  |
| **Provider 3** | x | x |  |
| **Provider 4** |  |  | x |
| **Provider 5** |  |  |  |
| **Total** | **1** | **1** | **1** |

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**Appendix 3- Stakeholder responses**

**Table 15- impact on service users**

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|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Total** | **Stakeholder 9** | **Stakeholder 8** | **Stakeholder 7** | **Stakeholder 6** | **Stakeholder 5** | **Stakeholder 4** | **Stakeholder 3** | **Stakeholder 2** | **Stakeholder 1** |  |
| **5** |  | x | x | x | x |  |  |  | x | **support not available/ gap / less support** |
| **5** |  | x | x | x | x | x |  |  |  | **increased homelessness** |
| **4** |  | x |  | x | x |  | x |  |  | **lead to deterioration in health** |
| **3** |  | x |  | x |  | x |  |  |  | **reduced independence** |
| **2** |  |  |  | x |  |  |  | x |  | **service user will end up in justice system** |
| **2** |  |  | x |  |  |  |  |  | x | **people left more vulnerable** |
| **2** |  |  |  | x |  |  | x |  |  | **reduced employment/ education** |
| **2** |  |  |  | x |  |  | x |  |  | **social isolation** |
| **2** |  |  |  | x |  | x |  |  |  | **increased debt/ financial issues** |
| **2** |  |  | x |  |  | x |  |  |  | **increased hate crime /ASB** |
| **1** |  |  |  |  |  |  |  | x |  | **potentially discriminatory effects** |
| **1** |  |  |  |  |  |  | x |  |  | **Service users will end up in hospital** |
| **1** | x |  |  |  |  |  |  |  |  | **Difficulty accessing good quality housing** |
| **1** |  |  |  |  |  | x |  |  |  | **safeguarding issues** |
| **1** |  |  |  | x |  |  |  |  |  | **difficulty access other services** |
| **1** |  | x |  |  |  |  |  |  |  | **increased need for crisis interventions** |
| **1** | x |  |  |  |  |  |  |  |  | **Service may close if service users' needs cannot be met from alternative funding** |

Supported accommodation for people with mental health issues consultation 2016

**Table 16- impact on organisation**

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|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Total** | **Stakeholder 9** | **Stakeholder 8** | **Stakeholder 7** | **Stakeholder 6** | **Stakeholder 5** | **Stakeholder 4** | **Stakeholder 3** | **Stakeholder 2** | **Stakeholder 1** |  |
| **3** |  |  | x | x |  | x |  |  |  | **increased pressure/ demand** |
| **2** |  |  |  | x |  |  | x |  |  | **increased existing pressure in MH services** |
| **2** |  | x |  |  | x |  |  |  |  | **could withdraw housing supply is support not in place** |
| **1** |  |  |  |  |  |  |  | x |  | **bed blocking** |
| **1** |  |  |  |  |  |  | x |  |  | **impacts on jointly commissioned services** |
| **1** |  |  |  | x |  |  |  |  |  | **increased out of area placements** |
| **1** | x |  |  |  |  |  |  |  |  | **Service may close if service users' needs cannot be met from alternative funding** |
| **1** | x |  |  |  |  |  |  |  |  | **Impact on reputation/budget/staffi ng** |

#### Table 17- impact on the wider community

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **pressure on other services ( GP, Acute, Social care, VCFS)** | **ASB / community safety issues** | **bed blocking** | **impact on Service users families** | **possible danger to community** | **increased "NIMBY" towards MH** | **Increase substance misuse** | **Increased unemployment** | **Increased homelessness/ rough sleeping** |
| **Stakeholder 1** |  |  |  |  |  |  |  |  |  |
| **Stakeholder 2** | **x** |  | **x** |  |  |  |  |  |  |
| **Stakeholder 3** |  |  |  | **x** |  |  |  |  |  |
| **Stakeholder 4** |  | **x** |  |  | **x** | **x** |  |  |  |
| **Stakeholder 5** | **x** | **x** |  |  |  |  | **x** |  |  |
| **Stakeholder 6** | **x** | **x** |  |  |  |  |  |  |  |
| **Stakeholder 7** | **x** | **x** |  |  |  |  |  |  |  |
| **Stakeholder 8** | **x** |  |  |  |  |  |  |  |  |
| **Stakeholder 9** | **x** | **x** |  |  |  |  |  | **x** | **x** |
| **Total** | **6** | **5** | **1** | **1** | **1** | **1** | **1** | **1** | **1** |

#### Table 18- other comments

**cost of other services will increase( health and social care)**

**don’t cut**

**investment is need in MH services**

**Stable housing is a basic need which must be met before other needs can be addressed**

**housing provider will have little capacity to fill the gap**

**Consultation must be ongoing and meaningful and continue to include landlords**

**Stakeholder 1**

**Stakeholder 2** x

**Stakeholder 3** x

**Stakeholder 4** x

**Stakeholder 5** x

**Stakeholder 6** x

**Stakeholder 7**

**Stakeholder 8**

**Stakeholder 9** x

**Total 1 1 1 1 1 1**