SUPPORTED HOUSING IN THE SOUTH WEST REGION

STRATEGIC REVIEW AND POSITION STATEMENT

DECEMBER 2004
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1. The proposed vision statement for supported housing in the South West is:

To ensure that a range of good quality housing options, with flexible and reliable support services, are available to people who need them throughout the South West Region.

Policy context

2. The term ‘supported housing’ is shorthand for a range of services provided to people who need assistance to sustain their accommodation, to develop or regain skills, to establish or maintain social contacts and to integrate successfully into their local communities. They may be living in independent, general housing, in specifically designated properties or in purpose-designed accommodation.

3. The work of the supported housing sector has traditionally been categorised according to ‘client group’ or ‘defining (problem) issue’ (e.g. older people, mental health, substance misuse). While appropriate for some purposes, this approach has serious limitations, not least because many people have multiple or complex needs which cross the boundaries. In addition, many of the client group labels are stigmatising and unwelcome. This South West review has produced a new conceptual framework, based on four distinct strands within supported housing. The strands are oriented towards outcomes and each has its own set of objectives, service types, ways of working and costs profile (see research report, 2.8 - 2.12 for descriptions of what each strand covers). The four strands are:

   o Maintaining quality of life, independence and inclusion;
   o Preventing homelessness and events leading to homelessness;
   o Re-building lives;
   o Promoting and enabling opportunities for independent living.

4. This framework should be helpful in informing joint commissioning of housing and support services by the key partner agencies across housing, supporting people, social services, health and probation. The thematic, ‘four strands’ approach reinforces national and local strategic goals, while keeping a strong focus on individual needs and circumstances. The framework is aspirational and offers a more holistic way of analysing needs and measuring performance or service outcomes than the narrower and more problem-oriented client group approach. It should help in determining the balance of priorities and ensuring that hidden needs are fully recognised.

5. The Supporting People (SP) programme provides revenue funding from local authorities for ‘housing related’ support, which may be combined with funding from other sources e.g. for personal care or specialist health care. The main source of development capital for supported housing is the regional Housing Corporation capital investment programme, now under the direction of the South West Housing Body (SWHB). The capital programme covers both new housing and re-modelling of existing stock.

6. The Office of the Deputy Prime Minister (ODPM) allocates a Supporting People grant to fifteen administering authorities (AA) in the South West region. In each SP area, a Commissioning Body, comprising representatives from housing, social care, health and probation, sits above the AA and plays a key role in advising and approving the SP strategy. The SP strategies cover a five-year time frame (2005 – 2010).

7. There are broadly four types of services funded through Supporting People:

   ▪ Accommodation-based provision, including sheltered housing, extra care housing for frail elderly people, homeless hostels, shared or self-contained supported housing,
foyers for young people, women’s refuges and supported lodgings. In these services, the housing and support are inter-dependent, with both integral to the provision.

- Floating support services, including resettlement and outreach support. In these services, the accommodation and support are not linked and the individual is typically living in independent, general needs housing.
- Community alarm services, which provide alarms linked to a central call system, mainly for older people living in their own homes.
- Home improvement agencies, which offer assistance in negotiating and managing repairs, improvements and adaptations. SP does not finance the actual improvement works, which may be eligible for grants or loans.

8. The importance of housing has been well recognised in national strategies and service frameworks for particular population groups (e.g. older people, people with mental health problems). The ethos and aims of supported housing have long coincided with the wider policy goals of reducing reliance on long-stay residential institutions and promoting ordinary living, independence and social inclusion. There is a two-way flow, in that the active involvement of other sectors is essential to achieving the aims of supported housing and Supporting People. Given these strong and acknowledged connections, there are remarkably few formal performance targets which require local statutory authorities to address the provision of accommodation as part of wider strategies led by the health, social care and criminal justice sectors.

Current provision and use of services

9. There are an estimated 83,453 places in SP-funded accommodation-based or floating support services in the South West. This has grown from 74,840 in December 2002 (ODPM data). Around 85% are in accommodation-based provision. The proportion receiving floating support in independent housing has increased from 12% to 15% since December 2002. Devon has the largest number of SP-funded places, followed by Gloucestershire and Bristol. Devon and Gloucestershire also have the largest total populations in the region (Devon 706,000; Gloucestershire 565,000).

10. Across the region, more than 73% of those receiving SP funded support are older people. Services which cater primarily for single homeless people, people with mental health problems and people with learning disabilities each account for a further 5% - 6% of Supporting People clients.

11. The total SP grant for the South West amounts to almost £187.5 million in 2004/5. Of this, some 23.5% is going to services for people with learning disabilities, 20.4% to services for older people and 18.2% to services for people with mental health problems. Bristol has the largest grant (£30.4 million), followed by Gloucestershire (£27.8 million).

12. There are an estimated 550 floating support services operating across the region. The highest numbers of people receiving SP-funded floating support services are in Bristol, followed by Cornwall and Devon. Overall, the groups most likely to have a floating support service are: older people; single homeless people; and people with mental health problems.

13. Floating support services are most likely to be provided by voluntary and charitable organisations (34% of places) or by local authorities (33%). The largest number of places in accommodation-based services (44%) are provided by housing associations. Local authorities are the next largest type of provider for accommodation-based services (27%), followed by private companies and individuals (11%).

14. There are a small number of specific services for people from black and minority ethnic groups (e.g. sheltered housing, mental health provision and home improvement agencies). While data show that the percentage of users from ethnic minority groups is
frequently higher than in the general population, it is not known whether it is higher or lower relative to the level of need.

15. Comparable national data are available for December 2002. At that time, the SW had a higher proportion of SP clients in accommodation-based services than the national average (88% as compared to 83%), with the proportion receiving floating support correspondingly lower. The SW had the lowest rate of provision for older people of all English regions, at just over 5,000 funded places per 100,000 people aged 65 and over. This contrasts with the North West, which had double the rate (10,000 SP places per 100,000 older people).

16. The data for new SP clients (2003-2004) indicate that around 35% (of 21,718 clients) moved into accommodation-based services and a similar proportion started receiving floating support. People coming into direct access accommodation accounted for 17% of new clients. These figures are slightly above the national average for supported housing and floating support (both 33% of England) and below the national average for direct access accommodation (21% for England). Single homeless people with support needs were the largest group coming into services in the SW (32%, including rough sleepers).

17. More than three-quarters of referrals (77%) came from within the same SP area. The lowest numbers coming from within the SP area were: women escaping violence (60%), offenders (70%) and people with drug problems (75%). The highest numbers from within the area were: older people, people with physical disabilities and people with learning disabilities (all over 95%).

18. The HC allocations for rent 2004/5 - 2005/6 include 447 new units of supported housing. Seven schemes for frail elderly people account for 272 (61%) of the units. The next highest number is for people with learning disabilities, with smaller numbers for people with mental health problems, young people at risk, homeless people, elderly with warden and people with physical disabilities. Nine units are for move-on accommodation. In addition to schemes for rent, there is an allocation for 21 units of shared ownership housing for people with learning disabilities. Only half the approved supported housing schemes for rent (16 of 33) have SP revenue funding. The two-year SW allocation comes to £24.5 million for new supported housing, plus £2 million on repairs and adaptations and £1 million on re-modelling existing stock.

19. There are no current supported housing capital allocations for offenders, people with drug or alcohol problems, women escaping violence or other SP groups not mentioned above. New capital schemes for some of these groups were included in the Safer Communities Programme and Rough Sleepers Initiative in previous years (ending 2003/4).

Key trends and priorities

20. The changing needs among older people are well known: greater numbers living alone; increased levels of frailty and dementia; and moves to sheltered housing or residential care at a later stage, if at all. Among younger age groups (i.e. under retirement age), increasing numbers of vulnerable people are living alone in their own homes, perhaps with short term support. There is a need for longer term support for some of these, including people with mental health problems who are not acutely unwell but are disengaged and isolated. In addition, there continues to be substantial housing need among people with learning disabilities living with elderly carers or in residential care. Strong aspirations for independent living are also evident among young adults with physical disabilities, mental health problems or learning disabilities who wish to leave the parental home.

21. There has been a large increase in the number of homeless households and the number placed in temporary accommodation by local authorities (6,330 SW households in temporary accommodation - June 2004). A high proportion of homeless families with children need support and there are also growing numbers of single vulnerable people in
temporary accommodation of various kinds. In some areas, Bed and Breakfast accommodation with minimal support is serving the function of crisis accommodation for young people and those with complex needs who are not accepted by supported housing providers.

22. The rising number of problem drug users is having a large effect on that part of the sector that deals with ‘re-building lives’. Providers report increasing levels of complex needs, often involving mental health problems, substance misuse problems, offending and experience of domestic violence. The increase in the prison population has led inexorably to an increase in the number of homeless ex-prisoners. Services for young people report that the average age is going down and that a growing number of 16 and 17 year olds are turning to supported housing after family (or step-family) relationships break down.

23. Commissioners and providers want to see further development of floating support services, including both specialist services and generic services that can work in tandem with existing specialist teams as required. The main priorities are: floating support aimed at preventing homelessness among people with accruing difficulties; and intensive support, with out-of-hours cover, for people with high needs. While availability of SP funding is a basic requirement for both types of service, development of floating support for people with high needs also depends on: availability of general needs housing; and funding for combined packages of support and care.

24. Staffed supported housing remains a priority in many areas, with the emphasis, again, on people requiring intensive support. There is a tension between the pressure on SP commissioners to fund relatively low level support services and the demand for high support services for certain groups. Services often get put into boxes labelled ‘supporting people’, ‘social services’, ‘health’ and other funding agencies are reluctant to contribute to the core revenue costs.

25. People with complex and high needs require services with a particular set of features. These include: a network of different types of accommodation and support; high staff cover and supervision, particularly in early contact with services; opportunity to explore underlying issues with specialist professionals; access to services in the statutory sector e.g. detoxification; rehabilitation; preparatory work in life skills, education and training.

26. The number and range of housing and support providers, together with the pressure of demand, make it difficult for people to move between services as their needs change. While there is a strong view, embedded in the ideology of independent living, that people ‘should not have to move’, the reality is that many people are not immediately ready to take on their own tenancy and need time to sort themselves out, develop skills and address problematic issues. There are also people who have simply never had the chance to prepare for independent living and who may prefer, initially at least, to live with or alongside others and with staff on-site.

27. The shortage of independent, move on housing is a persistent and widespread problem. The effect is that people stay too long in supported housing and others cannot move in. This is inefficient, as well as unhelpful to people who are ready to live more independently and need to maintain the momentum. The allocation of existing housing as move on accommodation should be looked at strategically across the region. On the capital side, the traditional distinction between supported housing and general needs housing has become blurred with the development of floating support services. Consideration should be given to part of the capital budget being identified for ‘independent supported housing and move on housing’, so that housing providers have incentives to include it in their bids.

28. The need for more extra care housing for older people is widely agreed. This is seen by housing providers as an enhancement to, and in some cases a replacement for, warden-assisted sheltered housing. For social services, it is regarded as a cost-effective alternative to residential care with an ethos of maintaining independence and personal choice. The profile of extra care housing, which as a concept has been around for twenty-
five years, has shot up following the decision of the Department of Health to inject capital funds.

29. While there are some positive examples of work with private landlords, particularly in connection with the prevention of homelessness, this area remains under-developed. However, the high level of rents presents a difficulty for many people and some providers report that people will hold out to obtain a social housing tenancy, rather than move from supported housing into private rented accommodation.

30. Home ownership options are currently under-exploited for people who need support. Some frail older people with private resources may well see benefits in moving to leasehold extra care housing. The other group which may have some individual or family resources for housing are those within the ‘promotion of independent living’ strand of SP: adults living with their parents or in residential care. Shared ownership may be attractive to considerable numbers of people, if more help were available to put together combined care and support packages.

Current Issues

31. The decoupling of capital and revenue for supported housing, through the transfer of the Housing Corporation’s former Supported Housing Management Grant to local authority SP budgets, has made it considerably more difficult to construct viable bids for capital funding. The logical response (and possible long term solution) would be to instate a regional revenue fund, earmarked for newly developed services and to which those bidding for capital funding would simultaneously bid. This could be controlled by SP commissioners and representatives of relevant regional bodies. Such a fund could also be used to promote housing and support services with a sub-regional (as opposed to local authority area) client base.

32. Historically, most supported housing services have been set up in urban areas and cities have provided access to certain types of services for people from the surrounding, more rural areas. In the former county of Dorset for example, most of the provision for mobile groups, such as single homeless people and drug users, was established in Bournemouth. Now that there are three local authorities and SP funding has devolved to local authorities, this raises questions about who gets access to services and how the funding is worked out. The ‘local connection’ issue has come to the fore as a result of the anticipated funding cuts and the impending introduction of a central distribution formula for SP budgets. In addition, the identified SP cross-authority groupings have variable support from lead officers and it appears that there is, as yet, little distinct sense of sub-regions in this context.

33. Extra care housing could, in principle, be established in either an urban or a rural area. However, the pressure for economies of scale means that new extra care provision is generally designed to accommodate 35 people or more on one site. This is not suitable for most rural areas. Small-scale housing developments, comprising four to eight grouped, self-contained flats, offer an appropriate model for both rural and urban areas and are favoured by the Housing Corporation for their flexibility of use. Research has also consistently shown that this model is popular with tenants. Floating support is also flexible and lends itself to rural areas, although here too the costs are likely to be at least slightly higher. Given the rural nature of the region, it is important to explore ways of bringing housing support services to people in rural areas and developing good practice which might be replicated elsewhere.

34. SP commissioners have embarked on strategic commissioning in a variety of ways. Some define sub-sectors in terms of client groups and consider the need for restructuring of services along these lines e.g. services for older people, or for people with mental health problems. In other areas, the approach is to examine particular types of service e.g. floating support. Re-commissioning of services will usually lead to fewer (and larger) providers in the sector, with some small specialist providers (especially in the voluntary sector) joining with larger management partners to deliver services.
35. While there has been no overall appraisal of stock condition, it is generally accepted that the quality of some supported housing is unacceptably low. Both large-scale re-modelling programmes and localised initiatives are required to upgrade the stock, if supported housing is to provide ‘decent homes’ alongside general needs housing. The price of higher quality will frequently be a lower number of units, given that most re-modelling involves upgrading to ensuite or self-contained accommodation. There is also an unrecognised issue of the bridging costs involved in keeping people housed and supported while improvement or conversion work takes place. This is particularly pertinent where large-scale hostel accommodation is involved. The idea of bridging funds as a spur to re-modelling and wider scale re-structuring of the sector should be considered, in tandem with the suggestion of a regional revenue fund for new capital development (see 30 above).

36. The SP individual service reviews are leading, in a small minority of cases, to de-commissioning of services seen to be outdated or unable to meet the requirements of the regime. The SP lead officers, through the Regional Implementation Group, have decided to take an outcomes based approach to the commissioning and monitoring of services, as opposed to defining eligible tasks and inputs.

37. Research on outcomes in supported housing has been very limited and most published studies are descriptive, rather than evaluative. Cost-effectiveness has generally not been investigated. The outcomes most commonly evaluated are satisfaction and quality of life. A recent GOSW research review has concluded that:

- There are some beneficial effects of supported housing, particularly in relation to quality of life that could lead to improved health;
- There is a lack of research into health related outcomes, such as re-admission rates or clinical symptoms;
- The objective of promoting independence, as stated in the South West Regional Housing Strategy, should be assessed formally;
- There is a need for formal evaluation of supported housing schemes to ensure that the projects meet the needs of the clients and the wider population.

38. There have been evaluations of individual housing and support services within the South West, but no larger scale research into outcomes and impacts. The four strands of SP suggest the kinds of individual outcomes and cross-sector impacts that commissioners are looking for:

- **Maintaining quality of life, independence and inclusion:**
  - Improved home security and reduced fear of crime
  - Improvement in housing conditions (home improvements, repairs)
  - Improvements in housing accessibility (adaptations)
  - Stronger neighbourhoods through greater participation
  - Reduced reliance on residential and nursing home care
  - Reduced hospital admissions
  - Lower rates of depression and other mental or physical illness
  - Increase in training and employment among younger people

- **Preventing homelessness and events leading to homelessness:**
  - Fewer homelessness applications and split households
  - Reduced use of temporary accommodation (with knock-on effects)
  - Fewer neighbour disputes, less harassment and anti-social behaviour
  - Reduced emergency hospital attendances and admissions
  - Reduced substance misuse
  - Greater avoidance of loss of home through domestic violence
  - Improved health and educational prospects for children
o Re-building lives:
  ▪ Reduced rates of repeat homelessness and property abandonment
  ▪ Reduced levels of harassment and anti-social behaviour
  ▪ Stronger neighbourhoods through greater participation
  ▪ Improvement in housing conditions and accessibility (re-modelling)
  ▪ Reduced emergency hospital attendances and admissions
  ▪ Improvements in recovery from mental illness
  ▪ Increased numbers staying off drugs/alcohol in aftercare
  ▪ Reduced levels of crime
  ▪ Increased take-up of training, education and employment
  ▪ Improved health and educational prospects for children

o Promoting and enabling opportunities for independent living:
  ▪ Improvements in housing accessibility (design/adaptations)
  ▪ Reduced reliance on residential and nursing home care
  ▪ Fewer emergency admissions due to bereavement/ill health of carers
  ▪ Improvement in mental health (self-esteem, control)
  ▪ Increased take-up of training, education and employment
  ▪ Improved support to family and informal carers
  ▪ Improved prospects for carers (employment, social, education)

39. Effective cross-sector working requires continual workforce development, shared learning, transfer of knowledge and capacity building among the organisations and staff teams involved. Research, training and information sharing are all central to this process. There needs to be a focus for this work in the SW, such as could be provided by the Housing Learning and Improvement Network (LIN) set up by the Department of Health and now expanding its activity across the regions.

Response of clients and tenants

  ▪ ‘The thing is my needs are complicated – I’ve got a learning disability and a mental health problem as well as self harming and I didn’t know that until I came here’

  ▪ ‘I’ve got plans and aspirations which I’m not taking seriously – she (the support worker) makes me think about them like they could happen………..hoping to train as a plumber, we’re looking for avenues to pursue’

  ▪ ‘I freaked out when I thought the support might finish – it would be disappointing to have start all over again with someone else. I have different people and agencies involved with me – there’s no contact, they don’t talk each other’

  ▪ ‘Taking responsibility is a good thing, the last thing an addict wants is to be told what to do’

  ▪ ‘You can be independent; you learn things so you can take responsibility. We’re friends here and its home’

  ▪ ‘There’s staff at night, you can talk to them, they’re around. ‘We’re going to college…………afterwards I want to go to Australia.’

  ▪ ‘I’ve got more confidence and self esteem. It’s safe, it’s a refuge. I haven’t worked since 1992, now I’ve got a job at the bank – part time cleaning. I’m in a relationship.’

  ▪ ‘It’s something to rely on. R (the support worker) doesn’t suffer fools gladly, listens – supportive but straight. I would take advantage if I could get away with it.’

  ▪ ‘I didn’t see a future – she makes me look forward, there’s continuity. I’m comfortable with her, it took a while…….my focus now is on getting back to being a contributing human being…..I don’t ask for things, don’t like to but she knows the signs…….there’s personal contact. It’s important when I get stuck in a trough’.
Supported housing in the South West Region
Research report

1. Introduction

Project aims and methods

1.1 This study was commissioned in 2004 by a partnership of commissioners and representative bodies in South West England, including: Government Office for the South West; Regional Public Health Group (DH); Regional Housing Board; Office of the Deputy Prime Minister; Housing Corporation; National Housing Federation; SITRA; key provider organisations; and local authority Supporting People teams.

The aims of the project are:

- To highlight the objectives of supported housing and housing support services;
- To present the current picture with regard to supply, service use and needs;
- To identify major trends and issues affecting the supported housing sector;
- To identify the links between supported housing and other strategic areas;
- To demonstrate the contribution and impact of supported housing services;
- To inform joint working, joint funding and future investment.

1.2 The report and position statement focus primarily on the links between supported housing and regional housing strategy in the South West. The final chapter of the report gives an overview of links with two other sectors: crime and health. More detailed work on cross-sector service planning and on the impact and benefits of housing and support services is expected to be carried out as part of the South West Supported Housing Action Plan, due to follow from this review.

1.3 The project methods included:

- Interviews with stakeholders (commissioners, providers and strategic planners) at regional and local authority level (counties and unitary authorities);
- Visits to selected services and qualitative interviews with managers, support staff, service users and representatives of partner agencies;
- Analysis of statistical data on current supply, revenue expenditure, service usage and capital allocations;
- Study of national, regional and local policy documents, reviews, research reports, strategies, performance assessments and evaluations.

Vision for supported housing in the South West

1.4 The proposed vision statement for supported housing in the South West is:

To ensure that a range of good quality housing options, with flexible and reliable support services, are available to people who need them throughout the South West Region.
2. Policy context

Chapter summary

2.1 This chapter describes supported housing and outlines the aims and scope of the national Supporting People (SP) programme. It then looks at the strategic links between SP and other policy sectors. These include: housing and homelessness; health; social care; substance misuse; and criminal justice.

Supported housing and Supporting People

2.2 The term ‘supported housing’ is shorthand for a range of services provided to people who need assistance to sustain their accommodation, to develop or regain skills, to establish or maintain social contacts and to integrate successfully into their local communities. They may be living in independent, general housing, in specifically designated properties or in purpose-designed accommodation.

2.3 The work of the supported housing sector has traditionally been categorised according to ‘client group’ or ‘defining (problem) issue’ (e.g. older people, mental health, substance misuse). While appropriate for some purposes, this approach has serious limitations, not least because many people have multiple or complex needs which cross the boundaries. In addition, many of the client group labels are stigmatising and unwelcome. This South West review has produced a new conceptual framework, based on four distinct strands within supported housing. The strands are oriented towards outcomes and each has its own set of objectives, service types, ways of working and costs profile. The four strands are:

- Maintaining quality of life, independence and inclusion;
- Preventing homelessness and events leading to homelessness;
- Re-building lives;
- Promoting and enabling opportunities for independent living.

2.4 The Supporting People (SP) programme provides revenue funding from local authorities for ‘housing related’ support, which may be combined with funding from other sources e.g. for personal care or specialist health care. The main source of development capital for supported housing is the regional Housing Corporation capital investment programme, now under the direction of the South West Housing Body (SWHB). The capital programme covers both new housing and re-modelling of existing stock.

2.5 The Office of the Deputy Prime Minister (ODPM) has overall responsibility for the Supporting People (SP) programme in England. It allocates a Supporting People grant to 150 administering authorities (AA), of which 15 are in the South West region (six counties and nine unitary councils). In each SP area, a Commissioning Body, comprising representatives from housing, social care, health and probation, sits above the AA and plays a key role in advising and approving the SP strategy. The SP strategies cover a five-year time frame (2005 – 2010).

2.6 There are broadly four types of services funded through Supporting People:

- Accommodation-based provision, including sheltered housing, extra care housing for frail elderly people, homeless hostels, shared or self-contained supported housing, foyers for young people, women’s refuges and supported lodgings. In these services, the housing and support are inter-dependent, with both integral to the provision.

- Floating support services, including resettlement and outreach support. In these services, the accommodation and support are not linked and the individual is typically living in independent, general needs housing.
Community alarm services, which provide alarms linked to a central call system, mainly for older people living in their own homes.

Home improvement agencies, again mainly but not exclusively for older people, which offer assistance in negotiating and managing repairs, improvements and home adaptations. Supporting People does not finance the actual improvement works, which may be eligible for grant funding e.g. Disabled Facilities Grant.

2.7 In 2004, the ODPM produced a short information booklet entitled: What is Supporting People? This states:

‘The primary purpose of housing related support is to develop and sustain an individual’s capacity to live independently in their accommodation. Some examples of housing related support services include enabling individuals to access their correct benefit entitlement, ensuring they have the correct skills to maintain a tenancy, advising on home improvements and accessing a community alarm service. Other services include a home visit for a short period each week or an on-site full-time support worker for a long period of time.’

‘Supporting People objectives:
- A programme that delivers quality of life and promotes independence;
- Services that are high quality, strategically planned, cost effective and complement existing care services;
- Planning and development of services is needs-led;
- A working partnership of local government, probation, health, voluntary sector organisations, housing associations, support agencies and service users.’

‘Client groups include:
- People who have been homeless or a rough sleeper
- Homeless families with support needs
- Ex-offenders and people at risk of offending
- People with learning disabilities
- People with mental health problems
- People at risk of domestic violence
- People with alcohol and drug problems
- Teenage parents
- Older people
- People with a physical or sensory disability
- Young people at risk
- People with HIV and AIDS
- Travellers

(ODPM, 2004)

Supporting People: Four programmes in one

2.8 As indicated in 2.3 above, this South West review has begun to use a new conceptual framework for describing and analysing the supported housing sector. This has four strands:

- Maintaining quality of life, independence and inclusion;
- Preventing homelessness and events leading to homelessness;
- Re-building lives;
- Promoting and enabling opportunities for independent living.
2.9  1) Maintaining quality of life, independence, and inclusion

This element of Supporting People focuses mainly on older people, who have largely been independent throughout their lives but who need support due to increasing physical or mental frailty, social isolation or insecurity. They may wish to remain in their homes with support or to move into sheltered or extra care housing. Community alarm services and home improvement agency services are also directed mainly at this group. In addition to older people, this strand applies, in principle, to some younger people with mental health problems or disabilities who live in their own homes and do not have acute support or care needs, but who are isolated and disengaged.

2.10  2) Preventing homelessness and events leading to homelessness

This focuses on people who are at risk of losing their housing, usually as a result of a succession of negative experiences and events. Significant factors may include domestic violence, estrangement from family, bereavement, substance misuse, mental health problems, physical illness, offending, financial difficulties and sudden loss of employment. In practice, preventative SP services would be likely to pick up those people who approach the local authority for help or tenants who are recognised by local housing officers as finding it difficult to cope. As people are still living in their own homes, the type of service provided will be floating support. Preventing homelessness also applies specifically to people due to be released from prison.

2.11  3) Re-building lives

This is concerned with people who have usually already become homeless and who have support needs due to their difficult social circumstances, lack of family and informal support and specific issues such as mental ill-health, history of abuse or domestic violence, drug or alcohol problems, offending and challenging behaviour. Within this group, there are a significant proportion of people with multiple and complex needs who require high support and, typically, a combination of SP services and specialist counselling, care and treatment. Their diverse needs and lifestyles call for a range of SP service types, including direct access accommodation, staffed short and longer term supported housing and independent housing with floating support.

2.12  4) Promoting and enabling opportunities for independent living

This applies to adults with physical or learning disabilities, or mental health problems, who live with their parents or are in a residential care home or a health-managed residential unit. For the most part, they can be characterised as having hidden needs and ‘low impact’, in that they are generally not formally recognised as having any priority for housing and, in the case of those with their parents, they may also receive fairly minimal social care services. Some have moved from residential schools or colleges directly into residential care, while others may have moved to a care home when their informal carers could no longer provide the required help. In a minority of cases, they will be receiving very expensive services paid for by local health or social services authorities. Self-contained supported housing (including grouped flats) and independent housing with floating support are both appropriate types of service. Some people will need both SP services and personal care or specialist health services.

Strategic links

2.13 The importance of housing has been recognised in various national strategies concerned with the development of services for particular client groups. Despite this, there are few formal performance targets which require commissioning authorities to address the provision of accommodation as part of wider strategies led by health, social care and criminal justice services.
2.14 The ethos and aims of supported housing have long coincided with the policy goals of reducing reliance on long-stay residential institutions and promoting ordinary living, independence and social inclusion. There is also a two-way flow, in that the active involvement of other sectors is essential to achieving the aims of supported housing and Supporting People. Examples of key references to housing and support in national strategies are given below.

**Formal Government performance targets relating to housing and support:**

All young people in contact with Youth Offending Teams (100%) should end their YOT intervention in suitable accommodation.

Strategic framework for the National Probation Service, 2001

Supervised, semi-independent housing with support should be available, by the end of 2003, for all 16 and 17 year old mothers who cannot live with parents or partner - not a tenancy on their own.

National Teenage Pregnancy Strategy, 1999

Extra care housing for older people should increase by 6,900 places nationally between 2003 and 2006.

NHS Planning and Priorities Framework, 2003 - 06

**Older people**

The National Service Framework for Older People was published in 2000 (DH, 2000). This focuses largely on the role of the NHS, although it also covers ‘the vital role of social care’. A separate national document, *Quality and choice for older people’s housing: A strategic framework* was produced in 2001. The current main policy themes were summarised in a presentation (2004) by Stephen Ladyman MP, which identified three key areas of change:

- Prevention (including prevention of hospital admission and admission to residential care);
- Extra care housing, with flexible care, 24 hour support, domestic support and leisure facilities;
- Assistive technology.

The NHS and social care *Planning and Priorities Framework 2003-2006* established detailed targets for improving services for older people. These are designed to promote the following principles:

- Person-centred care, respecting dignity and promoting choice;
- Independent living and a healthy and active life;
- User satisfaction through timely access to high-quality services that meet people’s needs;
- Partnership with carers.

Alongside the expansion in extra care housing, the specific targets of most relevance to Supporting People, and associated capacity assumptions, are:

- To improve the quality of life and independence of older people so that they can live at home wherever possible; increasing the proportion of those supported intensively to live at home to 30% of the total supported by social services at home or in residential care by March 2006.
- Intermediate care capacity to increase by 5,000 places between 2000 and 2004; places to be available for an extra 70,000 people per year by 2006.

Guidance on preparing older people’s housing strategies has been produced jointly by the ODPM, Department of Health and Housing Corporation (2003).
Mental health

The Mental Health National Service Framework (NSF) was published in 1999 as a ten-year strategy (DH, 1999). The following points are of particular relevance to Supporting People:

- As part of Standard one, the National Service Framework expects local partners in health and social care to develop mental health promotion plans for groups which have high rates of mental health problems. These include: rough sleepers and other homeless people; prisoners; people with alcohol and drug problems; people with physical illness; and black and ethnic minority communities, including refugee groups.

- Under NSF Standards four and five, the local strategic partners are expected to set up 'integrated arrangements to prevent and manage crisis'. They also have to invest in a mix of accommodation, day places and home treatment services, including staffed and supported accommodation.

The National Service Framework highlights the following aspects of housing and support: Lack of 24 hour staffed accommodation, the potential of crisis housing, ethnic and gender specific projects; and an overall lack of supported housing. It comments:

‘Service users themselves believe that adequate housing and income and assistance with the social and occupational aspects of daily living are among the most important aspects of care and reduce disability’.

Homelessness


‘During the 1990s, the focus was on the more extreme forms of homelessness, namely rough sleeping and households accommodated temporarily in bed and breakfast. Now, the attention is turning to all forms of homelessness and the factors leading to them in a more coherent way .... The emphasis has shifted towards prevention.’ (Crisis, 2003)

The policy agenda has a strong emphasis on tackling the personal and social causes of homelessness. More than a roof notes that ‘homelessness is as much a manifestation of social exclusion as it is of housing market failures’. The report refers repeatedly to Supporting People policy and highlights, in this context, the complex health, relationship, dependency and money problems experienced by many homeless people. The extension of priority need groups under the Homelessness Act 2002 has implications for Supporting People, in that higher numbers of single homeless people, in particular, will now be re-housed and in need of support to settle into their homes and sustain their tenancies.

The responses expected of local authorities and their strategic partners include:
- Broadly-based information, advice and mediation services, to include benefits and employment advice, access to rent deposit schemes, help to return home, links to health and social services and debt advice;
- Practical schemes to help people sustain their accommodation, whether in the public or private housing sector; also resettlement services for formerly homeless people and debt management and arrears mediation services;
- Outreach and specialist health services, such as surgeries in hostels and day centres.
Offending and criminal justice

The Home Office has produced a National Action Plan, *Reducing re-offending* (Home Office, 2004). This follows the creation of the National Offender Management Service (NOMS), which brings together the prison and probation services. The new service is managed at a regional level, ‘to enable effective links to be forged and joint strategies developed with complementary services and partners’ (Home Office, 2004). A central theme in the National Action Plan on reducing re-offending is the requirement for more joined up working across Government and for active partnerships which support regional work. Each region is expected to have a regional Rehabilitation Strategy in place by April 2005.

‘The management of offenders requires a carefully co-ordinated response, sustained over time, with clear accountabilities in place for service delivery and progress through the criminal justice system. Where this goes wrong, investment can be wasted and offenders’ chaotic lifestyles reinforced’.

The NOMS National Action Plan sets a framework of seven ‘Pathways’. They include Accommodation (Pathway 1) and Mental and Physical Health (Pathway 3). With regard to accommodation, the Plan refers to local homelessness strategies and Supporting People as providing ‘an important context for collaboration’. It states:

‘Appropriate and accessible accommodation is the foundation of successful rehabilitation and management of risk of harm to others. It is crucial to sustaining employment, treatment, family support and finances. Research suggests that addressing severe accommodation problems can make a difference of up to 20 per cent in terms of reduction in re-offending. However, only a third of prisoners return to settled accommodation on release. It is essential to start planning and making arrangements for prisoners at the earliest possible point, preferably at induction, to reduce housing needs, prevent homelessness and ensure that all ex-prisoners have somewhere suitable to live on release.’

(Home Office, 2004)

Drug misuse

‘The importance of housing in the rehabilitation and integration of substance misusers who have achieved abstinence cannot be stressed enough’

(National Treatment Agency, 2002)

The national Drugs Strategy Directorate has set out a Performance Management Framework for local drugs partnerships (2004). The associated resource pack notes that ‘the key aim is to focus on results and outcomes’. Among other aims, local partnerships are expected to give priority to: ensuring the availability of supported housing for drug users; and effective housing management related to drug problems.

‘Partnerships should consider how to plan to identify existing provision, measure need and identify gaps in order to improve housing provision for clients with a history of drug misuse … Supported housing should be linked, clearly, both to treatment and to aftercare programmes.’

By April 2005, local Drug Action Teams are expected to have a co-ordinated system of aftercare in place. A letter sent to all Drug Action Teams/local drug partnership co-ordinators in early 2004 directs them to ensure there is formal linkage with the Supporting People commissioning group and to identify what services will accommodate drug users in different categories, age groups etc
Learning disability


Valuing People has a substantial section on housing. It states:

- Most people with learning disabilities live with their families. Planning ahead to move to more independent living is not always possible as the appropriate housing, care and support options may not be available. The Government wishes to see better forward planning by local councils …..
- Expanding the range and choice of housing, care and support services is key to giving individuals more choice and control over their lives. The Government wishes to encourage the development of a range of housing options …
- Individuals also need accessible information in order to make choices. Many people need advice and support to do this.

The key actions identified for housing include:

- Learning Disability Partnership Boards to develop local housing strategies for people with learning disabilities;
- Learning Disabilities Development Fund to prioritise ‘supported living’ approaches for people living with older carers (aged over 70); also closing long stay hospitals, modernising day services and developing person-centred planning and advocacy.

2.15 The National Housing Federation has produced a report entitled: iN business to support neighbourhoods: The future for supported housing (NHF, 2004). The report argues that providers of supported housing make a significant contribution to the health, stability and viability of neighbourhoods; and that the focus of public policy on localism and citizenship can only enhance the role that supported housing is called on to play. The contribution includes: skill and expertise in integrating people into neighbourhoods; and the ability to keep people within neighbourhoods. The authors note that: ‘the environment within which supported housing operates is a difficult one’ and that, in order to survive and thrive, providers need:

- To build their own capacity;
- To have better and more targeted market intelligence;
- To work with purchasers who understand the need for proper costing and risk management;
- To communicate outcomes more effectively.

2.16 The new Social Exclusion Unit (SEU) report Breaking the cycle: Taking stock of progress and priorities for the future considers the achievements made in tackling social exclusion and identifies specific challenges. Among these are: ‘to do more to meet the needs of more severely or multiply disadvantaged people’ (SEU, 2004). The three ‘broad and overlapping groups’ singled out in this context are:

- People with physical or mental health problems;
- People who lack skills or qualifications;
- People from some ethnic minority groups, including asylum seekers and refugees.

2.17 The 2004 SEU report also notes the following trends:

- The ageing population is likely to present new risks for social exclusion and new policy challenges, including higher demands for care. The number of single
person households is also increasing rapidly and social isolation may rise as a result.

- There is growing pressure on housing and some of the main drivers of homelessness are not likely to abate, including relationship and family breakdown and mental ill-health. Health inequalities are also persistent and some vulnerable groups, such as prisoners, have grown in number.

2.18 The South West Regional Housing Strategy 2002 – 2005 has five objectives in relation to supported housing. These are: promoting independence; identifying best practice; bringing added benefits through partnership working; encouraging service user involvement; and addressing inequalities. The strategy refers to the kinds of housing developments required to promote and maximise independence among people who need support services:

‘... The provision of self contained long term homes, move-on programmes for those no longer requiring specialist supported accommodation, more effective use of lettings policies and housing/planning policies that allow for the provision of such accommodation in new developments ... In addition, the adaptation and remodelling of existing specialist provision may in many circumstances prove a more effective route to meeting need than new provision.’

‘By working in partnership to plan and deliver housing related support services, the supported housing sector can become integral to health and social care and play a pivotal role in combating poverty, crime and health.’

(SWRHF, 2002)

2.19 The Housing Corporation South West has produced a specific Action Plan on housing for older people (2003 – 2005) (Housing Corporation, 2003). Among the points for action, the Plan calls for:

- ‘Whole market’ assessments of housing, social care and health care;
- Maximising the level of investment in extra care housing;
- Promoting the role of housing with Primary Care Trusts and health authorities;
- Including remodelling of existing housing stock in the Regional Housing Strategy and within investment priorities.

2.20 Following a review of Supporting People in 2003, a House of Commons committee (ODPM: Housing, Planning, Local Government and the Regions Committee) examined a number of SP issues (House of Commons, 2004). These included ‘the effects of capital and revenue funding streams operating in silos’. The Committee concluded:

‘Social housing capital and revenue programmes need to be more closely linked in future. Regional Housing Boards should take a lead role in ensuring that Administering Authorities and Registered Social Landlords can take a co-ordinated approach to seeking capital and revenue support.’

(House of Commons, 2004)
3. Current provision and use of services

Chapter summary

3.1 This chapter sets out: the current supply and costs of SP services across the region; the profile of new clients coming into the sector (or moving between services); and the levels of capital funding currently invested in the sector through the South West Regional Housing Body.

Supporting People supply data

3.2 The provision of Supporting People (SP) services has been mapped by the fifteen SP teams in the SW Counties and Unitary authorities (Appendix A: March 2004 data). This picture does not include accommodation and support or care services without SP funding, such as (typically) nursing homes, probation hostels, NHS-managed accommodation, detoxification facilities, domiciliary care and private sheltered housing. Many of these services relate closely to SP provision, in respect of access routes, referrals, the demand for move-on accommodation and the need to plan for combined care/support packages.

3.3 The SW regional data presented here covers: accommodation-based services (e.g. hostels, shared and self-contained supported housing, sheltered housing, refuges and foyers); and floating support to people in their own homes. The 2004 data for SP-funded community alarms and home improvement agencies are too incomplete to be aggregated at regional level. However, there are regional data for December 2002, which show that Supporting People was funding community alarms and home improvement agency services for 16,050 households across the South West.

3.4 There are an estimated 83,453 places\(^1\) in SP-funded accommodation-based or floating support services in the South West (Appendix A, Table 1). This has grown from 74,840 places in December 2002 (ODPM data). Single people comprise the great majority of these households, although a small but probably growing number are couples or parents with children. Around 85% (70,770 people) are in accommodation-based provision and 15% (12,683 people) are receiving floating support in general housing. The proportion receiving floating support (15%) has increased from 12% in December 2002. Devon has the largest number of SP-funded places overall (10,247), followed by Gloucestershire (9,989) and Bristol (9,782). Poole (1,756) and Torbay (1,875) have the lowest number of places.

3.5 The total SP grant for the South West amounts to almost £187.5 million in 2004/5 (Table a). This is a little over 10% of the total SP grant for England (£1.8 billion). Services for people with learning disabilities are receiving the largest amount (23.5%), followed by services for older people (20.4%), services for people with mental health problems (18.2%) and services for single homeless people and rough sleepers (15%). The comparative data for England show that the same proportion is being spent on services for people with learning disabilities nationally (23.5%) as in the SW, while the South West spends less than the national average on services for older people (although more on the ‘frail elderly’ sub-group); and more than the national average on services for people with mental health problems. The proportional amount spent on services for a particular group can vary considerably between SP authorities. The following are examples of relatively high spending for specific groups:

- Bath and NES - services for single homeless people and rough sleepers (27% of SP grant to Bath and NES);

\(^1\) Data supplied by 14 of the 15 SP authorities in SW Region (see Appendix A for individual local authority figures). Figures are estimated for the missing authority.
North Somerset - services for women at risk of domestic violence (5%);
Dorset - services for young people at risk (13%);
Poole - services for people with learning disabilities (48%).

<table>
<thead>
<tr>
<th>Table a</th>
<th>Supporting People grant and population</th>
</tr>
</thead>
<tbody>
<tr>
<td>SP local authority</td>
<td>SP grant 2004/5 £</td>
</tr>
<tr>
<td>Bath and NES</td>
<td>4,299,000</td>
</tr>
<tr>
<td>Bournemouth</td>
<td>12,185,000</td>
</tr>
<tr>
<td>Bristol</td>
<td>30,431,000</td>
</tr>
<tr>
<td>Cornwall</td>
<td>14,429,000</td>
</tr>
<tr>
<td>Devon</td>
<td>20,751,000</td>
</tr>
<tr>
<td>Dorset</td>
<td>10,447,000</td>
</tr>
<tr>
<td>Gloucestershire</td>
<td>27,758,000</td>
</tr>
<tr>
<td>N Somerset</td>
<td>6,295,000</td>
</tr>
<tr>
<td>Plymouth</td>
<td>8,689,000</td>
</tr>
<tr>
<td>Poole</td>
<td>5,516,000</td>
</tr>
<tr>
<td>Somerset</td>
<td>21,061,000</td>
</tr>
<tr>
<td>S Gloucestershire</td>
<td>5,017,000</td>
</tr>
<tr>
<td>Swindon</td>
<td>5,750,000</td>
</tr>
<tr>
<td>Torbay</td>
<td>6,134,000</td>
</tr>
<tr>
<td>Wiltshire</td>
<td>8,704,000</td>
</tr>
<tr>
<td>South West</td>
<td>187,468,000</td>
</tr>
</tbody>
</table>

* Source of population figures: Office for National Statistics. The figures are collected for those over and under pension age (60 for women and 65 for men)

3.6 Across the region, more than 73% of those receiving SP-funded support (61,009) are older people. Most of these are in warden-assisted sheltered housing or extra care housing (enhanced sheltered with care and domestic services), while a small minority of older people with SP support services (4,261) are recorded as receiving floating support. The proportion of older person households among those receiving SP services ranges from 56% in Torbay to 84% in Dorset.

3.7 Services which cater primarily for single homeless people, people with mental health problems and people with learning disabilities each account for a further 5% - 6% of Supporting People clients. The areas with the highest and lowest percentages of places for each group within their own local provision are:

<table>
<thead>
<tr>
<th>Highest %</th>
<th>Lowest %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health problems:</td>
<td>Torbay 13%</td>
</tr>
<tr>
<td>Single homeless:</td>
<td>Bournemouth 10%</td>
</tr>
<tr>
<td>Learning disabilities:</td>
<td>Torbay 8%</td>
</tr>
</tbody>
</table>

Note: The figures for different client groups should be treated with some caution, as the data refer to the 'primary client group' for each service. Significant numbers of SP clients have multiple or complex needs and are in services which are recorded under another client group e.g. people with mental health problems or drug problems in a single homeless scheme. Also, some services are recorded as 'generic', with no group specified.
3.8 The remaining places in SP-funded services across the SW region are given below:

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>% SP provision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young people at risk or leaving care</td>
<td>1,875</td>
<td>(2.2%)</td>
</tr>
<tr>
<td>People with drug problems</td>
<td>1,106</td>
<td>(1.3%)</td>
</tr>
<tr>
<td>People with a physical or sensory disability</td>
<td>897</td>
<td>(1.1%)</td>
</tr>
<tr>
<td>Homeless families</td>
<td>658</td>
<td>(0.8%)</td>
</tr>
<tr>
<td>Women escaping violence</td>
<td>368</td>
<td>(0.5%)</td>
</tr>
<tr>
<td>Offenders</td>
<td>367</td>
<td>(0.5%)</td>
</tr>
<tr>
<td>People with alcohol problems</td>
<td>298</td>
<td>(0.4%)</td>
</tr>
<tr>
<td>Teenage parents</td>
<td>277</td>
<td>(0.4%)</td>
</tr>
<tr>
<td>Refugees</td>
<td>214</td>
<td>(0.3%)</td>
</tr>
<tr>
<td>Travellers</td>
<td>36</td>
<td>(0.04%)</td>
</tr>
<tr>
<td>People with HIV/AIDS</td>
<td>15</td>
<td>(0.01%)</td>
</tr>
</tbody>
</table>

3.9 There are an estimated 550 floating support services operating with SP funding across the region. The highest number of people receiving SP-funded floating support services are in Bristol (2,892), followed by Cornwall (1,855) and Devon (1,358) (Appendix A, Table 2). These areas all have a large number of older people recorded as receiving floating support, as do both Gloucestershire and North Somerset. Overall, the groups most likely to have a floating support service are: older people (3,977); single homeless people (1,640); and people with mental health problems (1,549).

3.10 Devon has the highest number of places in accommodation-based services (8,889), of which 84% are in sheltered housing for older people (Appendix A, Table 3). With regard to particular groups, Cornwall and Gloucestershire have a relatively high number of places for people with learning disabilities (567 and 458 respectively), Bristol has a relatively high amount of provision for single homeless people (661) and Bournemouth has high provision for people with drug problems (204). Within provision for older people, Somerset has a comparatively high figure for places in frail elderly services (547).

3.11 The types of services available vary considerably between SP areas. For example, Dorset has a high proportion of its places for people with learning disabilities in adult placement or supported lodgings services, while Plymouth has no provision of this type for people with learning disabilities. Bristol has 1,403 places in supported housing (shared or self-contained), with a relatively high number of places in this type of service for people with mental health problems and young people at risk. In Poole, with the lowest number of supported housing places overall (241), the largest amount of provision of this type is for people with learning disabilities (95 places) and there are only 7 places in supported housing for young people at risk or leaving care. Several SP areas record no supported housing for offenders. North Somerset has 97 supported housing places for people with drug problems, while several areas have fewer than 10 places specifically for this group. Six areas record no accommodation-based services for teenage parents, although four of them do have some floating support for this group. Gloucestershire has forty places in six women’s refuges, while four areas have one refuge and Poole records no provision of this kind.

3.12 The types of providers offering supported housing and floating support services in the SW region include: local authorities (housing/social services); housing associations (Registered Social Landlords (RSLS), including LSVT associations which have taken on former council stock); charitable and voluntary organisations; private companies and individuals; and NHS trusts (Appendix A, Tables 4 and 5). With regard to floating support (Appendix A, Table 4), voluntary organisations provide services to the highest number of clients - 4,205 (34%), closely followed by local authorities (4,188). Almost 93% of the places in local authority floating support services are provided by housing or joint housing/social services departments, with the rest provided by social services. Housing associations provide floating support services for 3,752 people, private
companies and individuals have 385 places and NHS trusts have 168. LSVT housing associations are notably active in providing floating support in Cornwall, Wiltshire and Torbay (423, 154 and 80 places respectively). Private companies and individuals are most involved in floating support in Somerset, Gloucestershire and Devon.

3.13 Forty four per cent of the places in accommodation-based services (31,485) are provided by housing associations (Appendix A, Table 5). Local authorities are the next largest group of providers (19,125 places – 27%), followed by private companies and individuals with 7,432 places (11%). Voluntary organisations provide only 5,868 or 8% of the accommodation-based places, compared with 34% of the places in floating support services. Private companies or individuals provide 27% of the accommodation-based places in Torbay and 17% of places in Bournemouth, compared with only 3% of places in Bristol. Almost all of the places funded in NHS trust accommodation-based services are in Cornwall (231 places).

3.14 Comparable national supply data are available for December 2002. At that time, the South West had a higher proportion of SP clients in accommodation-based services than the national average (88% as compared to 83% nationally), with the proportion receiving floating support correspondingly lower. The South West had the lowest rate of provision for older people of all the English regions, at just over 5,000 funded places per 100,000 people aged 65 and over. This contrasts with the North West (highest), which had double the rate (10,000 SP places per 100,000 older people).

Client record data

3.15 Individual Supporting People records for each new client have been collected by housing and support providers since April 2003. These are collated and analysed by St Andrews University - http://www.st-andrews.ac.uk/~spteam/. The dataset does not include clients who have been in the service since before April 2003, but it gives valuable information on the characteristics of individuals coming into services, how they gain access and rate of flow or throughput for different kinds of provision.

3.16 During the period April 2003 - March 2004, 21,718 client record forms were returned for new clients by SP providers in the SW Region. The data show that around 35% of new clients came into accommodation-based services (categorised as supported housing) and a very similar proportion started receiving floating support (Table b). People coming into direct access accommodation accounted for 17% of new clients. These figures are slightly above the national average for supported housing and floating support (both 33% of England) and below the national average for direct access accommodation (21% for England).

3.17 Over half (58%) of new clients were male, although the balance varied according to the client group and type of provision. For example, men accounted for 8% of new clients in direct access accommodation and 77% in foyers for young people. Apart from women’s refuges, women made up 58% of new floating support clients and 33% of those coming into supported housing. Nationally, 54% of new clients were male and lower proportions of new clients in direct access accommodation and foyers were men (75% and 63% respectively). The national figures for women entering supported housing and floating support were not significantly different from those for the SW.

3.18 The SW Region recorded 2,679 new clients from ethnic minorities, which include Irish and other EC (12% of the total). The pattern of primary client groups varies by ethnic origin, but across all BME groups nearly a third – 844 (32%) were single homeless or rough sleepers, 367 were refugees, 293 were women fleeing domestic violence and 205 were people with mental health problems. The national figure for all BME new clients coming into SP services was 25%.
Table b: New clients entering Supporting People Services
Type of service: SW Region 2003 - 2004

<table>
<thead>
<tr>
<th>Service</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supported Housing</td>
<td>7,667</td>
<td>35.3</td>
</tr>
<tr>
<td>Floating Support</td>
<td>7,553</td>
<td>34.7</td>
</tr>
<tr>
<td>Direct Access</td>
<td>3,761</td>
<td>17.3</td>
</tr>
<tr>
<td>Women’s Refuge</td>
<td>1,444</td>
<td>6.6</td>
</tr>
<tr>
<td>Foyer for young people</td>
<td>606</td>
<td>2.8</td>
</tr>
<tr>
<td>Supported Lodgings/ Adult Placements</td>
<td>530</td>
<td>2.4</td>
</tr>
<tr>
<td>Residential Care Home</td>
<td>126</td>
<td>0.6</td>
</tr>
<tr>
<td>Teenage Parent Accommodation</td>
<td>31</td>
<td>0.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>21,718</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: SP client record data 2003-2004, JCSHR

3.19 Single homeless people with support needs are recorded as the largest primary client group coming into SP services in the SW (23%) (Appendix A, Table 6 and Table c below). When combined with rough sleepers, the figure is 32%, or a third of all new clients. The supply data show provision for single homeless as around 5% of the total provision, indicating a predictably high turnover of clients in services for this group.

Table c: New clients entering Supporting People services
Primary Client Group: SW Region 2003 - 2004

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single homeless</td>
<td>4,985</td>
<td>23</td>
</tr>
<tr>
<td>Mental Health Problems</td>
<td>2,358</td>
<td>11</td>
</tr>
<tr>
<td>Women at risk of domestic violence</td>
<td>2,035</td>
<td>9</td>
</tr>
<tr>
<td>Rough Sleeper</td>
<td>2,016</td>
<td>9</td>
</tr>
<tr>
<td>Drug problems</td>
<td>2,002</td>
<td>9</td>
</tr>
<tr>
<td>Homeless families</td>
<td>1,065</td>
<td>5</td>
</tr>
<tr>
<td>Generic</td>
<td>1,417</td>
<td>7</td>
</tr>
<tr>
<td>Alcohol problems</td>
<td>1,025</td>
<td>5</td>
</tr>
<tr>
<td>Young people at risk</td>
<td>1,017</td>
<td>5</td>
</tr>
<tr>
<td>Offenders or at risk of offending</td>
<td>710</td>
<td>3</td>
</tr>
<tr>
<td>Physical or sensory disabilities</td>
<td>606</td>
<td>3</td>
</tr>
<tr>
<td>Learning disabilities</td>
<td>582</td>
<td>3</td>
</tr>
<tr>
<td>Older people with support needs</td>
<td>556</td>
<td>3</td>
</tr>
<tr>
<td>Refugees</td>
<td>370</td>
<td>2</td>
</tr>
<tr>
<td>Young people leaving care</td>
<td>319</td>
<td>1</td>
</tr>
<tr>
<td>Frail elderly</td>
<td>236</td>
<td>1</td>
</tr>
<tr>
<td>Teenage parents</td>
<td>223</td>
<td>1</td>
</tr>
<tr>
<td>Older people with MH problems</td>
<td>119</td>
<td>0</td>
</tr>
<tr>
<td>Traveller</td>
<td>34</td>
<td>0</td>
</tr>
<tr>
<td>Mentally Disordered Offenders</td>
<td>28</td>
<td>0</td>
</tr>
<tr>
<td>People with HIV/AIDS</td>
<td>17</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>21,718</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: client record data 2003-2004, JCSHR

3.20 The highest number of new clients came into services in Bristol, which took 3,645 or 17% of all new clients in the SW region. There were a further 2,363 new clients in Gloucestershire and 2,237 in Bournemouth.

3.21 More than three-quarters of referrals in the SW Region (77%) came from within the same SP authority area (Appendix A, Table 7). The lowest numbers coming from within the SP area were: women escaping violence (60%), offenders (70%) and
people with drug problems (75%). The highest numbers from within the area were: older people, people with physical disabilities and people with learning disabilities (all over 95%). The percentage of new clients recorded as coming from outside the SW region was 7.6%, ranging from less than 4% in South Gloucestershire and Plymouth to over 17% in North Somerset and Swindon.

3.22 The client records also indicate move-on patterns for certain groups. For example, 50% of movers who were previously living in direct access accommodation moved into supported housing and a further 17% were new clients of floating support, outreach or resettlement services. Over half of offenders (56%) coming out of prison or an approved probation hostel moved into supported housing. Twenty-one percent moved to direct access accommodation and 17% received resettlement services (floating support).

3.23 Local authority housing and social services departments referred 25% of clients; these were mainly young people leaving care, older people, people with physical or sensory disabilities and homeless families with support needs.

3.24 The CORE (lettings) data relating to supported housing managed by housing associations, also produced at St Andrews University, includes information which is not available through the SP client records. During the period October 2003 to March 2004, the national supported CORE lettings data for England revealed that:

- The principal reasons given for needing supported accommodation were that they had been asked to leave home (16%), were at risk from domestic violence (13%) or required a higher level of care and support (13%);
- 74% of new clients moved into shared accommodation;
- 39% of new clients were recorded as unemployed.

(JCSHR, 2004)

Temporary accommodation for homeless households

3.25 There were 6,330 households accepted as homeless and accommodated by SW local authorities in various types of temporary accommodation at 30 June 2004. The figure for 31 March 2004 was 6,150. A proportion of these households will be in SP-funded accommodation services or receiving floating support (e.g. in leased properties), although the actual figures are not known. National research has demonstrated that between 70 and 80% of homeless families may have support needs and that 40 to 50% of single homeless people (including those not formally accepted) have complex or multiple needs (ODPM, 2003).

3.26 Swindon has the highest number of households in temporary accommodation (847 — June 2004) and four other authorities have more than 400 households placed in such accommodation: Bristol, North Somerset, South Gloucestershire and Torbay (Note: homelessness data refer to district councils and unitary authorities, not SP Counties).

Capital for supported housing

3.27 The Housing Corporation South West: Allocation Statement 2004/05 and 2005/06 reported that 15% of the capital programme was to be allocated to supported housing ‘subject to potential revenue limitations’ (capital only to be committed where revenue is guaranteed or not required). Allocations to address homelessness were to make up 55% of the programme (some of which would also come under the supported housing heading) (Housing Corporation, 2004).

3.28 The Housing Corporation allocations for rent 2004/5 and 2005/6 include 447 new units of supported housing. Seven schemes for frail elderly people (extra care
housing and one Abbeyfield) account for 272 (61%) of the units (Table d). The next highest number is for people with learning disabilities, with smaller numbers for people with mental health problems, young people at risk, homeless people, elderly with warden and people with physical disabilities. There are no housing allocations for offenders, people with drug or alcohol problems, women escaping violence or other SP groups. Nine units are for move-on accommodation. In addition to schemes for rent, there is an allocation for 21 units of shared ownership housing for people with learning disabilities. Just under half the approved supported housing rented schemes (16 of 33) have SP funding.

3.29 Eight of the 33 new schemes are funded through the traditional Housing Corporation grant route, at a total grant cost of £10,398,567 (total scheme costs £19,758,269). The other 25 schemes are funded through the newer Partnering arrangements, at a total grant cost of £14,093,381, plus other public subsidy of £4,352,001. The total allocation of £24.5 million is in line with the SW regional target of 15% of Housing Corporation allocations to go to supported housing.

<table>
<thead>
<tr>
<th>Housing Corporation SW: Supported housing 2004/5 + 2005/6</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Housing for rent</strong></td>
</tr>
<tr>
<td><strong>No. schemes</strong></td>
</tr>
<tr>
<td>Frail elderly</td>
</tr>
<tr>
<td>Learning disabilities</td>
</tr>
<tr>
<td>Homeless</td>
</tr>
<tr>
<td>Mental health</td>
</tr>
<tr>
<td>Young people at risk</td>
</tr>
<tr>
<td>Elderly with warden</td>
</tr>
<tr>
<td>Physical disabilities</td>
</tr>
<tr>
<td>Move-on</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
<tr>
<td><strong>No. units</strong></td>
</tr>
<tr>
<td><strong>Shared ownership</strong></td>
</tr>
<tr>
<td>Learning disabilities</td>
</tr>
</tbody>
</table>

3.30 In addition to the £24.5 million for supported housing under the programme for new development, the Housing Corporation is investing almost £3 million in work to improve existing supported housing stock. This includes £2 million on repairs and adaptations and £1 million on re-modelling of schemes.

3.31 In the recent past, the Housing Corporation South West has also provided significant capital funding under the Safer Communities Programme and also the Rough Sleeping Initiative (both time-limited). This included investment in supported housing.

Housing Corporation capital investment: (South West):
- Safer Communities: £17,908m (2001/2 - 2003/4)
- Rough Sleeping: £2,688m (1998/9 – 2001/2)

3.32 The Department of Health has committed £87 million capital nationally for the development of extra care housing for older people in 2004 - 2006. A further £60 million will be available in 2006 – 2008. A Housing Learning and Improvement Network (LIN) has been established by the Department of Health to aid the implementation of this programme. A report to support the bidding guidance has also been produced Developing and Implementing Extra Care Housing Strategies – see www.changeagentteam.org.uk).
4. Trends and influences

Chapter summary

4.1 This chapter looks at: recent trends in need, demand and supply; changes in types of housing and support services and how they are delivered; and the main factors influencing the shape and future role of the supported housing sector. The chapter first highlights facts and findings from previous surveys and needs studies in the South West; and then reports on the findings of our interviews with key stakeholders (SP lead officers in local authorities, managers in provider organisations and regional commissioners and provider representatives).

Previous studies

4.2 The State of the South West report provides an overview of regional issues and trends (South West Observatory, 2004). The region has almost five million residents, of whom 54% live in rural areas - a higher proportion than in any other region. The South West also has the highest proportion of people of retirement age (21%) of any English region (England - 16%). The black and minority ethnic population of the region is 2.3% (113,118 people). Almost 28% of the BME population live in Bristol.

4.3 The State of the South West also reports that:

- There has been a 43% increase in regional homelessness since 1997;
- 10% of new homes are for social housing and the level of provision falls well below the regional target of 6,000 to 10,000 per year;
- There has been a market emphasis on larger homes, with significant implications for the availability of entry-level homes;
- Reaching vulnerable groups in rural areas is a key challenge, not least because the small numbers involved makes them invisible in official measures of deprivation;
- Drug misuse among young people is rising. The rate of drug misuse in the South West is 243 per 100,000, compared to 237 in England as a whole (2000/01).

4.4 An analysis of regional housing needs was recently carried out for the South West Regional Assembly to inform the allocation of resources for affordable and decent homes and private sector renewal (Opinion Research Services, 2003). With regard to the need for additional supported and sheltered housing, the researchers selected six indicators and gave each a weighting. These were:

<table>
<thead>
<tr>
<th>Factor</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pensioner households</td>
<td>Census 2001</td>
</tr>
<tr>
<td>Household with limiting illness</td>
<td>Census 2001</td>
</tr>
<tr>
<td>Relative deprivation</td>
<td>DETR indices of deprivation 2000</td>
</tr>
<tr>
<td>Social sector sheltered housing stock</td>
<td>HIP 2000, RSR 2002</td>
</tr>
<tr>
<td>RSL supported housing stock</td>
<td>RSR 2000</td>
</tr>
<tr>
<td>Private sector sheltered housing stock</td>
<td>HIP 2000</td>
</tr>
</tbody>
</table>

4.5 The summary conclusions were that the population-weighted relative need for additional supported and sheltered housing was concentrated in the south-westerly parts of the region, with four of the six districts in Cornwall scoring significantly above average. Torbay was ranked as having the highest need of all authorities in the South West, followed by Plymouth and Bristol.

4.6 The Government Office South West has recently produced Housing for drug misusers in the South West: An assessment of current provision and a description of a model to estimate the level of service required (Sodzi, R, 2003)
4.7 This study of housing for problem drug users examined: the role of housing and support as a contributing factor in the success of drug treatment; and the need for housing as part of an effective aftercare system for those leaving treatment or being released from prison. The project used information from a number of local housing need surveys to develop a model for assessing the scale of housing and support services required for drug users in the region. The assumptions in the model are that:

- 70% of those using drug treatment services have an accommodation problem

Of this group with an accommodation problem:
- 30% are homeless or in temporary accommodation
- 10% are living in hostels
- 60% are living in rented accommodation

Information from stakeholders

4.8 There are a host of issues facing the supported housing sector, which is going through a process of continuous change and evolution. Strategic commissioning is beginning to gather pace at the local authority level and, in parallel with this, the sector will have real reductions in funding from 2005 through to 2008. Some issues, such as the need for consistent approaches by SP teams across the region, are largely internal to the sector and are not considered here. The focus in this section is on issues which are relevant to the Regional Housing Strategy. They include:

- Trends in need, demand and supply;
- Trends in service types and implications for housing;
- Trends in use of capital for supported housing;
- Location of services;
- Developments in strategic commissioning;
- Quality of accommodation.

Trends in need, demand and supply

4.9 The changing needs among older people are widely known: greater numbers living alone; increased levels of frailty and dementia due to longer lifespan; and moves to sheltered housing or residential care at a later stage, if at all. Providers also mention the growing or anticipated demand among older people with learning disabilities and enduring mental health problems or alcohol problems. The expansion in older person households, especially where the occupant lives alone, is likely to increase the need for long term support to reduce isolation, give advice and prevent crisis.

4.10 Among younger age groups (i.e. under retirement age), increasing numbers of vulnerable people are living alone in their own homes, perhaps with short term support. There is a need for longer term support for some of these, including people with mental health problems who are not acutely unwell but are disengaged and isolated. In addition, there continues to be substantial housing need among people with learning disabilities living with elderly carers or in residential care. Strong aspirations for independent living are also evident among young adults with physical disabilities, mental health problems or learning disabilities who wish to leave the parental home.

4.11 There has been a large increase in the number of homeless households and the number placed in temporary accommodation by local authorities. A high proportion of homeless families with children need support and there are also growing numbers of single vulnerable people in temporary accommodation of various kinds. In some areas, Bed and Breakfast accommodation with minimal support is serving the function of crisis accommodation for young people and those with complex needs who are not accepted by supported housing providers.
4.12 The rising number of problem drug users is having a large effect on that part of the sector that deals with ‘re-building lives’. Providers report increasing levels of complex needs, often involving mental health problems, substance misuse problems and a history of offending. One provider of services for 400 people with mental health problems reported: ‘One third of service users in our low support service have drug or alcohol problems and at least two thirds in our higher support services have the same. For those in the mental health outreach service, the figure is almost 100%.’ With regard to outcomes, the manager notes: ‘We reduce the reliance on mental health services or enable people to use them in a more planned way.’

4.13 Services for young people report that the average age is going down and that a growing number of 16 and 17 year olds are turning to supported housing after family (or step-family) relationships break down. This group were described by one provider as: ‘Very chaotic, lack of skills, often using drugs, background of abuse.’

4.14 The increase in the prison population has led inexorably to an increase in the number of homeless ex-prisoners. The SWing project produces quarterly data on prisoners about to be released from thirteen prisons in the South West. The data for April to June 2004 show that 2,273 people were due to be released, of which 55% were to be released to the SW region (1,218 people) (SWing, 2004). While 61% were reported to be going to permanent accommodation, 23% were of no fixed abode and 9% were going into temporary accommodation. Only 1.7% were reported to be moving into supported housing.

4.15 Commissioners and providers report substantial housing demand among people with learning disabilities living in residential care of with their parents. This runs side by side with the general perception that people with learning disabilities have had a relatively good deal from SP. It is also interesting to note that a number of SP commissioners commented that supported living schemes for this group were achieving very positive outcomes for individuals.

4.16 There are some parts of the region where commissioners and providers see a need for specific accommodation and support services for people from black and ethnic minority communities. There are interesting examples among home improvement agencies of localised services run by members of particular ethnic minority groups. More generally, commissioners think that combined effort still needs to be put into making existing services more welcoming and culturally-sensitive. While data show that the percentage of users from ethnic minority groups is frequently higher than in the general population, it is not known whether it is higher or lower relative to the level of need.

**Trends in service types and implications for housing**

4.17 As already noted in Chapter 3, the proportion of SP clients receiving floating support has recently increased from 12% to 16%, while 84% are in accommodation-based services. Both commissioners and providers would like to see further development of floating support services, including both specialist services for people with particular needs and generic services that can work in tandem with existing specialist teams as required. The main priorities are seen to be: floating support aimed at preventing homelessness among people with accruing difficulties; and intensive support, with out-of-hours cover, for people with high needs. While availability of SP funding is a basic requirement for both types of service, development of floating support for people with high needs depends on two further factors: availability of general needs housing, primarily for single people; and firm inter-agency agreements on funding for combined packages of support and care.

4.18 Staffed supported housing also remains a priority in many areas, with the main emphasis, again, on people requiring intensive support. There is a tension between the pressure on SP commissioners to fund relatively low level support services and the demand for fully staffed services for certain groups. In one example, a provider
opened a new service for young people with two staff but could not let the places to young people with moderate support needs. They then trebled the number of staff, including a full-time worker funded separately to provide support to people with drug problems, and have found no difficulty in filling the places. This example highlights the problem that, too often, services still get put into boxes labelled ‘supporting people’, ‘social services’, ‘health’ etc and other funding agencies are reluctant to contribute to the core revenue costs.

4.19 The number and range of housing and support providers, together with the pressure of demand, make it difficult for people to move between services as their needs change. While there is a strong view, embedded in the ideology of independent living, that people ‘should not have to move’, the reality is that many people are not immediately ready to take on their own tenancy and need time to sort themselves out, develop skills and address problematic issues. There are also people who have simply never had the chance to prepare for independent living and who may prefer, initially at least, to live with or alongside others and with staff on-site. Commissioners and providers need to think about how to create dynamic local service networks, which allow people to move progressively towards independent living and which also offer long term alternatives to living alone in your own flat.

4.20 Commissioners should also encourage service models which explicitly aim to help connect people to their local neighbourhood. An example is Keyring, which manages small accommodation networks for groups of nine people with learning disabilities, each living in independent housing within the locality. They are supported by a community living worker, who also lives locally and is a volunteer (with accommodation and bills paid). There are twelve Keyring networks operating in the South West, all with funding from SP. The manager commented: ‘We have stable tenancies, few arrears and disputes are resolved early. Supporting People has a housing slant and they recognise the neighbourhood issues. With social services, it is often more problematic.’

4.21 The shortage of move on housing is a persistent and widespread problem. The effect is that people stay too long in supported housing and others cannot move in to take up the places. This is inefficient in resource terms, as well as unhelpful to people who are ready to live more independently and need to maintain their momentum. The allocation of existing housing as move on accommodation should be looked at strategically across the region. On the capital side, the traditional distinction between supported housing and general needs housing has, in any event, become more blurred with the development of floating support services. Consideration should be given to part of the capital budget being identified for ‘independent supported housing and move on housing’, so that housing providers have incentives to include this in their bids.

4.22 The need for more extra care housing for older people is widely agreed. This is seen by housing providers as an essential enhancement to, and in some cases a replacement for, warden-assisted sheltered housing. For social services, it is regarded as a cost-effective alternative to residential care with an ethos of maintaining independence and personal choice. It is interesting to note that the profile of extra care housing, which as a concept has been around for twenty-five years, has shot up following the decision of the Department of Health to inject capital funds. This has encouraged social services, and to some extent local health agencies, to see the potential benefits in terms of their own commissioning plans and to act accordingly. (It is also interesting to see that opportunism never dies, despite the best efforts of strategists and central planners.)

4.23 In contrast to the general population in the South West, the majority of SP clients live in social housing. Fifty per cent of those in accommodation based services or receiving floating support have their support provided by housing associations and a further 29% have housing related support from local authorities. While data on tenure are not available, it can be assumed that only a small number of these are living in
the private sector. Of the 10% known to be living in private accommodation of various kinds, 43% are in Bournemouth, so in many areas the proportion in private accommodation is much lower. While there are some positive examples of work with private landlords, particularly in connection with the prevention of homelessness, this area remains under-developed. However, the high level of rents presents a difficulty for many people and some providers report that people will hold out to obtain a social housing tenancy, rather than move from supported housing into private rented accommodation.

4.24 Service initiatives which operate across tenure need to be further expanded. This will enable those in privately owned or rented accommodation to benefit from support and assistive technology, such as community alarms. It should also facilitate the mixing of public and private funding which could help to give services a firmer financial base. Related support services provided by the voluntary sector, such as lunch clubs, good neighbour schemes and community transport projects are important elements which should be fully recognised and given positive backing by the statutory agencies.

4.25 Home ownership options are also currently under-exploited for people who need support. As the model develops on the ground, some frail older people with private resources may well see benefits in moving to leasehold extra care housing. The other group which may have some individual or family resources for housing are some of those within the ‘promotion of independent living’ strand of SP: Adults living with their parents or in residential care. The model of shared ownership developed by Advance Housing and Support may be attractive to considerably larger numbers of people, if more help were available to put together combined care and support packages.

Trends in use of capital for supported housing

4.26 The Housing Corporation South West has a tradition of giving high priority to capital funding for supported housing. The target of 15% of the total programme expenditure was set several years ago and has been maintained. The allocation of specific government funds for extra care housing has boosted bids for these types of scheme and they now take up a significant proportion of the HC supported housing budget. As they are seen by social services authorities as a cost-effective alternative to residential care, the demand on SP funding tends to be consequently low. This makes them a relatively ‘safe bet’ for the Housing Corporation and developing associations at a time of major difficulty in committing SP funding to proposed new capital developments (although even extra care schemes have been lost in the South West at a late stage).

4.27 The failure of supported housing schemes which have received approval for capital funding is a fairly regular event: ‘It happens at least twice a year and they are often major schemes, such as a scheme for young homeless people with a capital commitment of over £1 million.’ (Housing Corporation Director). The key factors are public opposition and failure to secure the revenue. This has been a particular issue recently as schemes for young people and single homeless people with complex needs (including substance misusers) have increasingly been put forward as priorities. The conversion of sheltered housing for use by other groups, such as young people, is another noticeable trend, as is the upgrading or replacement of sheltered housing to create extra care provision.

4.28 The Housing Corporation view is that there is a need for strategic thinking on accommodation for groups such as drug users and offenders, which are most difficult to develop. The HC experience of the Safer Communities Fund (now no longer available for new schemes) was that the Probation service needs to be more strongly linked in to the bidding process, if offenders are not going to continue to be ‘the poor relation’ with regard to the use of capital.
4.29 The decoupling of capital and revenue for supported housing through the transfer of the Housing Corporation’s former Supported Housing Management Grant to local authority SP budgets has made it considerably more difficult to construct viable bids for capital funding. The Housing Corporation requires that revenue funding is committed first and this is proving increasingly difficult due to SP funding reductions and the pressure on existing services. The logical response (and possible long term solution) would be to instate a regional revenue fund, earmarked for newly developed services and to which those bidding for capital funding would simultaneously bid. This could be controlled by SP commissioners and representatives of relevant regional bodies. Such a fund could also be used to promote housing and support services with a sub-regional (as opposed to local authority area) client base.

Location of services

4.30 Historically, most supported housing services have been set up in urban areas and cities have provided access to certain types of services for people from the surrounding, more rural areas. In the former county of Dorset for example, most of the provision for mobile groups, such as single homeless people and drug users, was established in Bournemouth. Now that there are three separate local authorities and the funding for SP has devolved to local authority level, this raises issues about who gets access to services and how the funding is worked out. The ‘local connection’ issue has come to the fore as a result of the anticipated funding cuts and the impending introduction of a central distribution formula for SP budgets. In addition, the identified SP cross-authority groupings have variable support from lead officers and it appears that there is, as yet, little distinct sense of sub-regions in this context.

4.31 Extra care housing is a model which, in principle, could be established in either an urban or a rural area. However, there is pressure for economies of scale, which means that new extra care provision is generally designed to accommodate 35 people or more on one site. This is not suitable for most rural areas. Likewise, it is difficult to set up viable Keyring networks in rural locations, both because of the lack of housing and because small networks will not break even on costs. Small-scale housing developments, comprising four to eight grouped, self-contained flats, offer an appropriate model for both rural and urban areas and are favoured by the Housing Corporation for their flexibility of use. Research has also consistently shown that this model is popular with tenants. Floating support is also flexible and lends itself to rural areas, although here too the costs are likely to be at least slightly higher. Given the rural nature of the region, it is important to explore ways of bringing housing support services to people in rural areas and developing good practice which might be replicated elsewhere.

Developments in strategic commissioning

4.32 SP commissioners throughout the South West have embarked on strategic commissioning in a variety of ways. Some define sub-sectors in terms of client groups and consider the need for re-structuring of services along these lines e.g. services for older people or people with mental health problems. In other areas, the approach is to examine particular types of service e.g. floating support. Re-commissioning of services will usually lead to fewer (and larger) providers in the sector, with some small specialist providers (especially in the voluntary sector) joining with larger management partners to deliver services.

4.33 Home improvement agencies offer an example of re-commissioning, as some areas have already merged these services. The national co-ordinating agency, Foundations, is available to mediate the change and seeks to ensure that localised delivery of services is retained within a more centralised management structure. As home improvement agencies extend their reach beyond the over 75s to new groups, such as people with learning disabilities and black and minority ethnic communities, this is seen as even more important. The intention is to ensure that there is a home improvement agency covering all areas. Home improvement agencies differ from most SP services in that they work in the private sector. Their role is to explain the
options to people and, where it is decided to carry out improvements or adaptations, to provide advice, support and negotiation through the process (Foundations, 2004). They are important to the regeneration agenda, as well as instrumental in helping people to stay longer in their own homes. However, the policy intention is to reduce dependence on grants for home improvements and increase the availability of loans (the only mandatory grant being the Disabled Facilities Grant).

4.34 The SP individual service reviews are leading, in a small minority of cases, to the de-commissioning of services seen to be outdated or unable to meet the requirements of the new regime. The SP lead officers, through the Regional Implementation Group (RIG), have decided to take an outcomes based approach to the commissioning and monitoring of services, as opposed to defining eligible tasks and inputs. This significantly raises the profile of ‘strategic relevance’, in that providers will be asked to describe how their service will (or does) help to meet goals such as reducing crime or improving health outcomes.

Quality of accommodation

4.35 While there has been no overall appraisal of stock condition, it is generally accepted that the quality of some supported housing is unacceptably low. Both large-scale re-modelling programmes and localised initiatives are required to upgrade the stock, if supported housing is to provide ‘decent homes’ alongside general needs housing. The price of higher quality will frequently be a lower number of units, given that most re-modelling involves upgrading to ensuite or self-contained accommodation. There is also an unrecognised issue of the bridging costs involved in keeping people housed and supported while improvement or conversion work takes place. This is particularly pertinent where large-scale hostel accommodation is involved. There is an interesting contrast here with the rundown and closure of long stay hospitals, where bridging funds were seen as central to the success of the enterprise. The idea of bridging funds as a spur to re-modelling and wider scale re-structuring of the sector should be considered together with the idea of a regional revenue fund for new capital development, as suggested in 4.28 above.
5. **Role and contribution of supported housing**

**Chapter summary**

5.1 This chapter considers the outcomes of supported housing for individual clients and the contribution, or cross-sector impact, of supported housing and Supporting People. The chapter draws on previous research, as well as findings from the service case studies carried out for this project. The cross-sector benefits e.g. health improvement and crime reduction, will be considered further in the follow-up reports.

**Previous studies**

5.2 The Government Office for the South West has examined the research evidence on the outcomes of supported housing (Oliver, I, 2002, revised 2003). This involved a systematic review of the literature in the UK and other Western countries. The review focused only on outcome evaluation research, although the studies could include any type of outcome.

5.3 The study found that research on outcomes in supported housing has been very limited and that most published studies are descriptive, rather than evaluative. Cost-effectiveness has generally not been investigated. The outcomes most commonly evaluated are satisfaction and quality of life. The review concludes:

‘There are some beneficial effects of supported housing, particularly in relation to quality of life that could lead to improved health…
There is a lack of research into health related outcomes such as re-admission rates or clinical symptoms…
The objective of promoting independence, as stated in the South West Regional Housing Strategy, should be assessed formally…
There is a need for formal evaluation of supported housing schemes to ensure that the projects meet the needs of the clients and the wider population.’

5.4 There have been a number of evaluations of individual housing and support services within the South West, including studies of sheltered housing and extra care housing by Housing21 and Hanover HA (Housing21, 2004), (Hanover HA, 2002).

5.5 The Government Office for the South West has recently carried out an analysis of services for vulnerable adults, focusing on the experiences of service users. The research report *Cinderella services: review of services for vulnerable adults in the South West* (Axworthy, S, 2004) presents a number of common themes. These relate to access to services and their usefulness to vulnerable people, many of whom have multiple needs and disadvantages. Examples of the difficulties people experienced with regard to basic or universal services (e.g. GPs, homelessness, Jobcentre Plus) were:

- Problems with literacy and form-filling
- Lack of clarity about systems and entitlements
- Perceptions of prejudice and discrimination
- Refusal of services e.g. homeless with rent arrears
- Language difficulties for non-English speakers

5.6 The report comments on the high value placed by individuals on client-centred support and rehabilitation services, provided either by statutory services (usually for people with acute needs) or by independent sector organisations. Continuity of staffing, the development of trusting relationships and individual care/support plans are all viewed very positively. The author comments:

‘Both voluntary and statutory sector agencies appeared to be weak at joining up with other sectors, especially to address basic needs such as housing … Many of the
voluntary sector services are naturally client-centred, but their effectiveness is reduced by fragmentation and insecure funding.’

5.7 The starting point for systematic research into the contribution of supported housing is to define the desired results (or cross-sector impacts). This can be done using the framework of the four strands of Supporting People. The supported housing sector needs to move beyond studies of individual services and use a much larger canvas, if it is going to obtain the evidence on outcomes and impacts sought by commissioners and strategic planners across related policy sectors. Under the ‘four strands’ approach, each outcome reinforces the connections between sectors, teams and services. For example, the objective of reduced substance misuse within the theme of ‘preventing homelessness and events leading to homelessness’ links directly across to drug action teams (DAT), health improvement programmes (HimP), homelessness strategies, neighbourhood renewal programmes and social inclusion initiatives.

- Maintaining quality of life, independence and inclusion:
  - Improved home security and reduced fear of crime
  - Improvement in housing conditions (home improvements, repairs)
  - Improvements in housing accessibility (adaptations)
  - Stronger neighbourhoods through greater participation
  - Reduced reliance on residential and nursing home care
  - Reduced hospital admissions
  - Lower rates of depression and other mental or physical illness
  - Increase in training and employment among younger people

- Preventing homelessness and events leading to homelessness:
  - Fewer homelessness applications and split households
  - Reduced use of temporary accommodation (with knock-on effects)
  - Fewer neighbour disputes, less harassment and anti-social behaviour
  - Reduced emergency hospital attendances and admissions
  - Reduced substance misuse
  - Greater avoidance of loss of home through domestic violence
  - Improved health and educational prospects for children

- Re-building lives:
  - Reduced rates of repeat homelessness and property abandonment
  - Reduced levels of harassment and anti-social behaviour
  - Stronger neighbourhoods through greater participation
  - Improvement in housing conditions and accessibility (re-modelling)
  - Reduced emergency hospital attendances and admissions
  - Improvements in recovery from mental illness
  - Increased numbers staying off drugs/alcohol in aftercare
  - Reduced levels of crime
  - Increased take-up of training, education and employment
  - Improved health and educational prospects for children

- Promoting and enabling opportunities for independent living:
  - Improvements in housing accessibility (design/adaptations)
  - Reduced reliance on residential and nursing home care
  - Fewer emergency admissions due to bereavement/ill health of carers
  - Improvement in mental health (self-esteem, control)
  - Increased take-up of training, education and employment
  - Improved support to family and informal carers
  - Improved prospects for carers (employment, social, education)
Service case studies

5.8 This section of the report focuses on local perspectives and the experience of service users, service providers and organisational stakeholders. The aim is to highlight what services achieve and what is gained by individual service users. The service case studies concentrate on the ‘re-building lives’ strand within the Supporting People programme.

5.9 Visits were made to six services in the South West. The aim was to capture experience in different parts of the region and services were selected to obtain information from different service models in a range of settings. The services visited are listed below:

- A first stage/direct access hostel in Bournemouth (Bournemouth Churches Housing Association - 40 places);
- A shared house for young people in Weston Super Mare (Knightstone Housing Group - 6 places);
- A women’s refuge in Gloucester (Stonham Division of Home Group - 12 places);
- A shared house in Launceston (Richmond Fellowship - 6 places);
- A floating support service for people experiencing mental illness in Bristol (Carr-Gomm Society - 12 places);
- A floating support service in South Cornwall providing support to people with a range of needs (Devon and Cornwall Housing Association - 25 places)

Experiences of service users

5.10 It was frequently the case that people had come into contact with the accommodation and support services through circumstances that exacerbated an existing support need or initiated problems affecting their ability to live independently, such as drug or alcohol dependency, domestic abuse or poor mental health. Such circumstances included:

- Being estranged from parents
- Leaving an institution such as prison or care
- Relationship breakdown
- Pressure of a job
- Losing a home
- Experiencing harassment and being forced to leave an area
- Death of a relative

5.11 For some service users, these events may have happened years ago and they have since failed to engage with services. For others, it may be a more recent occurrence requiring urgent action to stabilise their situation.

Types of support provided

5.12 The types of support provided by the case study services fall into two categories. The more practical or functional elements of support are set out in Table e. For some people, this type of support was described as life enhancing and for others support in these areas was vital to their ability to maintain or regain some control over their lives.
Table e: Types of support

<table>
<thead>
<tr>
<th>Type of Support</th>
<th>Comments/Service examples:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Practical.</strong> Help with forms and letters, going places e.g. opening bank account, hospital, court, spening.</td>
<td>‘Can’t deal with bureaucracy, letters, makes me anxious and I want to end it all’ (service user with mental illness – floating support).</td>
</tr>
<tr>
<td><strong>Ensuring safety.</strong> Provided through various mechanisms, such as building design, location and also the staffing levels and management of the service.</td>
<td>‘Safe – number one priority’ (former drug user).</td>
</tr>
<tr>
<td><strong>Support to attend to physical health needs.</strong> Particularly for those who have been homeless/sleeping rough and have issues relating to drug/alcohol dependency.</td>
<td>GP surgery in Bournemouth hostel.</td>
</tr>
<tr>
<td><strong>Brokering services.</strong> Guidance to gain access to training and employment opportunities; also finding counsellors, detox and rehab treatment etc.</td>
<td>‘We’ve both started ICT courses at the local college this week. I had bad experiences at school but they treat you like an adult – it’s cool’ (2 young service users).</td>
</tr>
</tbody>
</table>

5.13 Alongside this crucial practical support, there is a more complex type of support which seeks to help people achieve real change or a breakthrough in their personal circumstances. The key features are described below:

- **Promotion of self awareness**

5.14 Service users described how the service had helped them to develop an understanding of their illness, dependency or other problems.

‘The thing is my needs are complicated – I’ve got a learning disability and a mental health problem as well as self harming and I didn’t know that until I came here’

One service user said that he had been using alcohol to ‘self medicate’ because he didn’t understand or want to look at the real issues. Another was being assisted to explore childhood abuse and the links it has to his chaotic behaviour and mental illness.

- **Skills development linked to training and work opportunities**

5.15 The number of service user respondents commented that learning was part of developing confidence and self esteem. Some accommodation-based services provided in training sessions e.g. in computer and literacy skills. Service providers commented that it isn’t just a matter of mainstreaming people into external training or skills development, as some people did not feel confident or capable enough to make use of outside services.

- **Continuity and consistency**

5.16 This aspect was highlighted as being particularly significant to those receiving floating support. They may have had past contact with a large number of different services or, conversely, they may have been isolated and had almost no contact with the outside world.

‘Didn’t see a future – she makes me look forward, there’s continuity, I’m comfortable with her, it took a while……my focus now is on getting back to being a contributing
human being…..I don’t ask for things, don’t like to but she knows the signs…….there’s personal contact, it’s important when I get stuck in a trough’
(service user with mental illness who has previously attempted suicide and can experience extreme panic and anxiety)

- **Structure and control**

5.17 Service users felt that there was a balance to be struck, in that they wanted structure and rules to feel safe in accommodation-based services. At the same time, they wanted responsibility, flexibility and to feel like the place was their home. In some cases, they showed that shared living played a part in skills development through the need to negotiate shared tasks and decision making. In addition, a number of service users valued the opportunity for mutual support afforded by the shared setting.

‘Taking responsibility is a good thing, the last thing an addict wants is to be told what to do’
‘You can be independent; you learn things (cooking & cleaning) so you can take responsibility. We’re friends here and its home’.

- **Achievements and outcomes**

5.18 The quotations from service users (below) highlight their views of the service, their changing attitudes and the progress they have made.

**Service user 1**

S describes himself as having being *socially remote* and living a *hermit life*. He has experienced poor mental health and lived with his mother who died recently. He receives floating support services.

‘Since I’ve been seeing F I go out a lot more.
I’ve had help with forms which I’ve never had to do before.
I’m feeling more confident.
In 1971 I did an Open University course but then became ill………..I’ve just enrolled again.
I’m moving to the next block…less clutter, extra space for study.
I’ve got a fridge now, I didn’t have one before.
Couldn’t have managed without her’ (the support worker)

**Service users 2 and 3**

J and B are young people who both became homeless after a breakdown in the relationship with their parents.

J was homeless and sleeping at friends and was placed in bed and breakfast accommodation before being allocated a space in the shared house. B was fostered but then became homeless again when it didn’t work out. He lived with his grandparents for a while but felt it was too much of a burden on them.

J ‘It was grotty and full of scagg heads’ (the B&B).
J ‘I’d be homeless or dead if I wasn’t here’.
B ‘We’re more independent here, you get responsibility, they ask what you think’.
J ‘It’s cool – we’re the same age, we get on well here’.
B ‘We have workshops here and learn things like cooking, and people come to talk to us like the police. I can cook pizza, curry and Sunday dinner.’
J ‘There’s staff at night, you can talk to them, they’re around’.
J ‘We’re going to college………..afterwards I want to go to Australia.’
B ‘I’m going to get a job and stay round here’.
Service user 4

G is a drinker and has recently relapsed six months after going through rehab. He lives in a flat. He has recently been issued with a notice seeking possession because of loud music and his dog causing a nuisance. He has tidied up his flat and sold his stereo in order to avoid being evicted and has cleaned up the mess outside created by his dog.

'It's something to rely on. R (the support worker) doesn’t suffer fools gladly, listens – supportive but straight. I would take advantage if I could get way with it. Before I was struggling……sense of humour important…..continuity. Different agencies involved with me – no contact or communication between agencies'.

The support worker has reviewed his support plan and she and the service user have talked to the housing officer. The notice is to be suspended.

Service user 5

M lives in a shared house for people experiencing mental health problems.

'I haven’t cut myself for six months. I’ve got more confidence and self esteem. It’s (the house) safe, it’s a refuge. I haven’t worked since 1992, now I’ve got a job at the bank – part time cleaning. I’m in a relationship.’

Concerns of case study providers

- Service networks

5.19 Provider respondents emphasised that service networks, comprising different types of accommodation and support services, can work well for people with complex and high needs who need to prepare for taking on a tenancy. A lack of a range of services leads to supported housing becoming ‘bottlenecked’ and loss of the service as a dynamic system. Bournemouth offers an example of service users looking forward to moving out because there is a network of services and they understand that there is continuum of support as they move towards more independent living. Services visited in the Bournemouth area for this study maintained a sense of movement and seemed to enable staff and service users to be positive and motivated. Staff can work to raise people expectations about the question of ‘what next’ and actually deliver it.

- Improving services in rural areas

5.20 Service providers raised the problem of how to reach people in rural areas who may feel isolated and unable to approach services. A number of providers voiced the need for a mobile service/advice centre in order to establish initial contact, prior to providing services such as floating support.

5.21 In addition they also emphasised the need for a network of services to avoid people having to leave their homes and move away to get support. If people did move away it was felt that it extremely difficult for them to move back due to high house prices and the diminishing supply of public sector housing for rent.

‘If I can make a plea, or underline the single most important issue from my perspective it is that there needs to be a network of services spanning the spectrum between low support in a shared environment and residential care.’

(Community Psychiatric Nurse providing services in a small town in a rural locality).
Freaked out when I thought the support might finish – it would be disappointing to have start all over again with someone else. I have different people and agencies involved with me – there’s no contact, they don’t talk each other
Service user – rural floating support project.

**Input from other agencies**

5.22 The case studies offered many examples of service providers working closely with other statutory and voluntary sector agencies. This ranged from joint assessments and interviews to agencies providing additional support and/or training sessions for service users. In addition, there was evidence of close working relationships between public sector landlords and the floating support teams which were fundamental to helping people to sustain tenancies.

One service used the health services Crisis Team to provide cover for a project out of hours. This service was recognised as preventing service users being readmitted to hospital.

**Availability of temporary accommodation and move-on housing**

5.23 Many of the case study services did not have first stage/direct access provision in the local area and therefore some service users had been housed in bed and breakfast prior to gaining access to support services. The two service users who spoke about this felt that it was a frightening and difficult experience.

5.24 In addition, the shortage of move-on housing was felt to be highly problematic. With the possible exception of Bournemouth, private sector accommodation was referred to as the main or sole avenue for re-housing and even then, this market was felt to be highly competitive.

‘We almost have to develop a CV for young people leaving our service to show landlords that they will be able to cope with the tenancy because they are competing with adults, who don’t have support needs, at least not ones that would be obvious to the landlord’.

**Boundaries, borders and mobility issues**

5.25 The issue of mobility and whether people want or should be prepared to move outside of their home area to receive services is a complex one. The views of service users and providers identify three broad trends which are set out below:

- People with long term complex needs and chaotic behaviour care less about where they are or where they receive services because they are often socially excluded, don’t have any particular roots and their physical and psychological condition and problems transcend locality preferences or expectations. In some circumstances, people need to move away from their previous home area for strong social reasons. This applies, in particular, to women escaping violence, people who have experienced harassment and some offenders and drug users.

- Some people need short term support on a range of practical issues such as life skills training and support to access education and training services. In such circumstances, there is a preference for them to be able to stay locally where they have friends and a social network.

- In rural areas ‘local’ can often mean a very small distance. Some people felt their needs would be exacerbated if they had to leave their ‘home’ area. It is apparent that floating support is capable of dealing with fairly complex needs
and both of the services visited were in the process of expanding their services to take on more complex needs. The only exception to this as a stated point of view of service providers and service users may be where people fall into the first category identified above.

- **Role of floating support**

  5.26 Both floating support services visited were described as accommodating people with low needs. It was apparent that they were supporting some people with medium to high needs. These tended to be people who have issues related to the following:

  - Violent or threatening behaviour;
  - Presenting a risk to themselves, including suicide;
  - Dependent on drug or alcohol;
  - Ongoing mental ill health, such as anxiety and paranoia;
  - Chaotic behaviour.

  5.27 The support workers were called on to demonstrate high levels of interpersonal skills, expertise and judgement. They appeared to juggle the support/care boundary issue well, with little practical support from statutory agencies. It is evident that support workers can have a sophisticated exchange with people about their personal and social difficulties and that, when trust has been established, they may have a big impact on the thoughts and decisions of service users. This can lead them to re-engage with the outside world, accept help from the statutory sector or agree to explore complex issues underpinning their needs and behaviours. However, there is a need for good psychiatric/counselling services to back up and extend these discussions.

  
  I’ve got plans and aspirations which I’m not taking seriously – she (the support worker) makes me think about them like they could happen………hoping to train as a plumber, we’re looking for avenues to pursue
  Service user – urban floating support service

- **Dealing with complex needs**

  5.28 Addressing complex needs is an issue for many services and taking people with complex needs into accommodation which is designed predominantly around a single issue (e.g. domestic violence) can disrupt the smooth running of a service and be threatening to service users who have less complex needs. Providers considered that people with complex needs require services with a particular set of features:

  - A network of different types of accommodation and support;
  - High staff cover and supervision, particularly in early contact with services;
  - Opportunity to explore underlying issues with specialist professionals;
  - Access to services in the statutory sector e.g. detoxification or rehabilitation
  - Access to GP services
  - Preparatory work in life skills, basic education and training

- **Concluding points**

  5.29 The services visited provide insight into the qualitative gains and individual benefits experienced by a range of people with varying needs and in different locations. The expertise and skills of staff, along with the self awareness and perceptiveness of service users, offer a clear focus on what works and what is being achieved, and can be achieved. Hard fought gains are often won in an individualistic way and described in very personal terms. They demonstrate clear links to the strategic outcomes promoted and pursued at Government level, as set out earlier in the report.
5.30 Much of the support provided can be described as preventative, life-enhancing and even life-saving. The types of services that can be provided through Supporting People are consistent with wider themes, such as improving health, reducing institutional care, promoting settled lifestyles and preventing cycles of crime, chaotic patterns of behaviour and repeated and unnecessary hospitalisation. The examples serve to highlight the part played by the supported housing sector in making a positive impact on the planning and delivery of services to vulnerable people in the South West.
6. **Links with crime reduction and health improvement**

Chapter summary

6.1 This chapter considers the importance of housing and support for two related policy areas: crime and health. It examines the profile of housing at national and regional level and reports on the expectations and experience of regional partners in working with Supporting People and local housing authorities.

**Criminal justice**

National strategies and initiatives

6.2 As already noted in chapter 2 (see 2.14), the Home Office has produced a National Action Plan, *Reducing re-offending* (Home Office, 2004). This follows the creation of the National Offender Management Service (NOMS), which brings together the prison and probation services. The new service is managed at a regional level, *‘to enable effective links to be forged and joint strategies developed with complementary services and partners’* (Home Office, 2004). A central theme in the National Action Plan on reducing re-offending is the requirement for more joined up working across Government and for active partnerships which support regional work. Each region is expected to have a regional Rehabilitation Strategy in place by April 2005.

*‘The management of offenders requires a carefully co-ordinated response, sustained over time, with clear accountabilities in place for service delivery and progress through the criminal justice system. Where this goes wrong, investment can be wasted and offenders’ chaotic lifestyles reinforced’.*

6.3 The NOMS National Action Plan sets a framework of seven ‘Pathways’. They include Accommodation (Pathway 1) and Mental and Physical Health (Pathway 3). With regard to accommodation, the Plan refers to local homelessness strategies and Supporting People as providing *‘an important context for collaboration’.*

6.4 The action points included under the Accommodation Pathway are:

- Introduction of a key performance indicator to increase the number of prisoners released with somewhere to live (effective April 2004);
- Identification of housing needs of offenders and mapping of current provision (national, regional and local);
- Development and piloting of a single housing needs assessment tool for use by prisons, probation and local authorities;
- Setting up projects to identify and disseminate best practice in improving accommodation outcomes (including one in Bristol);
- Issuing of ODPM homelessness guidance on when offenders are in priority housing need;
- Joint development of housing advice services by NOMS and local authorities;
- Contribution of NOMS to local Supporting People strategies and service commissioning;
- Evaluation of community schemes, such as mentoring;
Establishment of housing advice centres in all relevant prisons and Accommodation Co-ordination Referral Units in the community (this is described as a longer term strategy, with delivery dependent on resources).

6.5 With regard to the health needs of offenders, the National Action Plan reports that responsibility for health care within prisons will transfer completely to Primary Care Trusts by April 2006. It also notes that:

‘In the community, offenders are disproportionately without GPs and access to psychiatric or psychological services is difficult to secure’.

6.6 The Home Office has also produced guidance on Supporting People for NOMS staff (Home Office 2004). This states that Regional Offender Managers should: understand and promote the SP agenda; ensure that Probation have an active and committed presence on SP groups; and plan for needs mapping, in relation to housing support, to be carried out in a co-ordinated and consistent way across the region. The guidance warns:

‘Supporting People is going through a period of enforced ‘savings’ and offender services have never been viewed as the most popular of provision. Without an active engagement in SP, we may not only fail to promote additional services in the future but also lose existing housing support’.

6.7 Seven pilot resettlement programmes for short term prisoners were evaluated in a national Home Office study published in 2003. Key findings were:

- Problems with accommodation, drugs and alcohol were seen by project staff as having the highest priority for 72% of the short term prisoners in the programmes;
- 58% were assessed as having significant problems with accommodation, 50% as having significant problems with drugs and 50% as having significant problems with thinking skills;
- Around 14% of those identified at the outset as having a significant accommodation problem found housing with the direct help of the programmes. Housing-related objectives were ‘fully or partly achieved’ for a total of 25% of those with a problem.
- Those most likely to maintain contact with the programme post-release were women, older men, those with lower risk scores and those who had completed a specific Focus On Resettlement programme.

(Home Office, 2003)

South West regional initiatives

6.8 The South West region has five probation areas, fifteen prisons and forty-five local crime and disorder partnerships, which involve local authorities, police and primary care trusts. The prison population in the South West is around 6,000, of whom 45% come from other regions.

6.9 There is a regional Resettlement Strategy (2004) and the next set of three-year local strategies on crime and disorder will be produced by April 2005. These will reflect the national aim of reducing crime by 15% across the board and more in high crime areas. The South West has four authority areas in the top quartile for levels of crime and twelve in the second quartile (total 376 nationally).

6.10 The Government Office for the South West has an officer with dual responsibility for managing the transfer of prison health care services to the NHS and for working with
regional partnerships across criminal justice and health (including the regionalised National Institute for Mental Health - NIMHE).

6.11 The SWing (South West Integration) project is unique to the South West. It works to reduce re-offending among people who receive a prison sentence of less than twelve months and who are therefore not subject to Probation supervision. As noted in Chapter 4 (paragraph 4.14), the SWing quarterly data for April to June 2004 show that 2,273 people were due to be released from thirteen SW prisons in this period, of which 1,218 (55%) were to be released to the South West. Half of those released were serving a short term sentence (<12 months), while 10% were serving over four years. Twelve per cent were young offenders and 43% were aged between 21 and 30. Almost a quarter (23%) were released with no fixed abode and another 17% were released into temporary accommodation. While 130 went into a bail or probation hostel, only 38 were released into supported housing.

6.12 SWing reports in some detail on the characteristics and circumstances of those who planned to resettle in the South West on leaving prison (1,218 in April – June 2004). The data are broken down by area (Counties and unitary authorities). The largest proportion (23% – 278 people) planned to return to Bristol, followed by 22% (267) who wanted to resettle in Devon, 16% (193) in Dorset and 13% (155) in Somerset. Torbay, Bath and North East Somerset and North Somerset all had fewer than 30 prisoners intending to resettle in their area during this three month phase.

6.13 The South West Reducing Re-offending Partnership has submitted a bid for an Accommodation Pathfinder project under the Government’s ‘Invest to Save’ programme budget. If the bid is successful, this should raise the regional profile of housing for offenders and stimulate concerted action. The project would provide housing advice and referral, with a centralised database of provision and current vacancies. It would also seek to bring in capital for development of new accommodation, using a mix of private and public sources of finance.

Effectiveness of cross-sector working

6.14 The general view, among those working at the regional level in services for offenders, is that the lack of suitable housing with support presents a very significant (if not the most significant) barrier to making progress in developing effective resettlement and social inclusion programmes.

‘We are ahead of the game (in the SW) – apart from housing’

‘We would get a step change in impact if we could solve the housing issues’

6.15 The experience of NOMS managers is that it is difficult to know who to speak to about accommodation and housing support issues at a regional level. While they acknowledge that Probation managers need to become more actively involved in the Supporting People Commissioning Bodies across the South West, they think that SP needs to develop a clearer identity and stronger presence within regional partnerships. The same also applies to housing authorities, which are seen as lacking a regional infrastructure attuned to the issues facing offenders, people with drug or alcohol problems or mental health problems and homeless people in general. In this context, regional housing bodies are regarded as generic, remote and led by large-scale housing development issues.

6.16 Information collected by the Probation service on partnership working with SP at sub-regional level indicates that there is wide variation between the five Probation areas. Dorset, with five prisons, appears to be furthest ahead in joint working, while in Avon and Somerset, for example, the participation of Probation in SP is much more limited.

6.17 The overall shortage of affordable housing, combined with unfavourable housing allocation policies, Housing Benefit rules and NIMBYism, mean that the re-housing of
ex-prisoners, in particular, is a major challenge. Local schemes, such as those for prolific offenders which offer help and services in exchange for a change in offending behaviour, can also be undermined by the inability to provide accommodation.

6.18 There is wide recognition of the need to develop services, such as mediation, aimed at helping offenders to maintain relationships and hold on to their accommodation while in prison. Individual case management, where someone is met at the prison gate and assisted to sort things out immediately on release, is seen as a crucial element in reducing re-offending but, as yet, this service remains under-developed across the region. There is also considerable interest in seeking out dispersed accommodation, for example through the purchase of a single space in a more generic housing service, in order to avoid grouping offenders together and attracting a NIMBY response.

6.19 There is strong criticism of the fact that offenders are moved around within the prison system and often find themselves distant from families. This can severely inhibit efforts to develop prison throughcare and aftercare services, including the planning of accommodation and support.

6.20 While Primary Care Trusts are now engaged with the health needs of offenders through their takeover of prison health services, Social Services are perceived as keeping their distance. This is despite the fact that some 70% of ex-prisoners have mental health problems and the 50% released after short term sentences are not in contact with Probation. Drug Action Teams, by contrast, are seen as active within prisons and in resettlement support.

**Benefits and impact of supported housing**

6.21 The significance of housing in reducing re-offending was widely established through the publication of the Social Exclusion Unit report *Reducing Re-offending by ex-prisoners* (SEU, 2002), which has led directly to the new national strategy. The problems are many and various:

- Up to a third of prisoners lose their housing while in custody;
- Those who are homeless are more likely to be reconvicted;
- Around one in three prisoners are reported not to have been in permanent accommodation prior to imprisonment;
- Among short term, repeat prisoners, 10% in one study reported that they had slept rough the last time they had left custody;
- Ex-prisoners face severe difficulties in obtaining housing on release, in part because they are excluded from applying or cannot afford the rent deposit;
- Over three times as many ex-prisoners with an address on release were in paid employment as those without an address.

The SEU report comments:

‘There is some good practice in prisons both in preserving accommodation and advising prisoners before release, but it is very patchy … In the past, across the criminal justice system housing issues have had insufficient priority and clarity about who is to do what.’

6.22 While there has been little specific research on the impact of housing and support services in the SW, respondents from offender services are clear about the benefits of good housing provision.
‘Housing is critical, both from a prevention point of view and as a basis for implementing care plans’.

‘It is self-evident that the starting point is stable housing’.

What is much less clear is the type of housing and support services required and the scale of need for different kinds of services (e.g. permanent independent housing with short term support; short/medium stay staffed accommodation).

Health

National and regional strategies and initiatives

6.23 The health policy agenda relevant to Supporting People is very broad and cannot be adequately covered in a brief overview. This section refers to selected policy areas where improved partnership working at regional level could move thinking and practice forward. Each of these areas, and others not specifically included, such as substance misuse, warrant detailed exploration of how regional partnership working can be progressed.

6.24 The Office of the Deputy Prime Minister and the Department of Health have produced a joint policy briefing on addressing the health needs of homeless people (ODPM/DH, 2004). This follows the Department of Health document Tackling health inequalities: A programme for action (DH, 2003), which set out the Government’s strategy for addressing the wider determinants of health inequalities, such as poverty, poor housing, homelessness and the problems of disadvantaged neighbourhoods. For the first time, reducing health inequalities is a key priority for the NHS and included in the NHS Priorities and Planning Framework 2003-6.

6.25 The joint policy briefing and associated guidance to those delivering health services to homeless and vulnerable people suggest five key outcomes. They are:

- Improving health care for families in temporary accommodation;
- Improving access to primary health care for homeless people;
- Improving substance misuse treatment for homeless people;
- Improving mental health treatment for homeless people;
- Preventing homelessness through appropriate, targeted health support.

The guidance, Achieving positive shared outcomes in health and homelessness (ODPM, 2004), sets out possible action to achieve these outcomes, together with examples of where they are already having positive effects.

6.26 National Enhanced Services (NES) have been introduced into the NHS to provide more specialist services for particular under-served groups. The NES for homeless people is aimed at GP practices that have a critical mass of homeless patients and covers a range of measures, including: a register of homeless patients; liaison and joint protocols, for example with the local authority Homeless Persons Unit; specialist assessment; and referral to community psychiatric and counselling services.

6.27 ODPM has carried out research into The Support Needs of Homeless Households (ODPM, 2003). Among homeless families, the study found that most had at least one medium or high level need (e.g. mental or serious physical health problems; domestic violence; substance misuse; problems in managing debt; children at risk or with behavioural problems). Among single homeless people applying to local authorities
for housing, mental health problems were the most common need, with almost 50% applying as vulnerable on these grounds. The majority of these associated the loss of their last home with their mental health problems.

6.28 The Government Office for the South West is currently carrying out a survey of SW Primary Care Trusts concerning the health needs of homeless people (including those not accepted as statutory homeless and in priority need). The survey asks about the PCT’s awareness of local needs among homeless people and if they have any policies aimed at increasing the access of homeless people to health services. The research will also include a survey of homeless people living in temporary accommodation. It will be completed in 2005.

6.29 The National Institute for Mental Health in England (NIMHE) was launched in 2002. NIMHE South West is one of eight regional development centres, all of which follow a national programme of work and participate in a mental health research network. NIMHE South West has recently appointed an officer with the role of promoting mental well-being and social inclusion. This coincides with the publication of the Social Exclusion Unit report, *Mental health and social exclusion* (SEU, 2004) and *Action on mental health - a guide to promoting social inclusion* (SEU, 2004b). The programme of action encompasses employment opportunities, housing, education, family needs and community participation. Tackling stigma and discrimination is central to the strategic plan, as is the goal of enabling people with mental health problems to gain access to ordinary mainstream opportunities.

6.30 NIMHE South West has carried out a mapping project to identify housing services for people with mental health problems which follow inclusive strategies. This covers services within the region which make use of general needs housing and floating support. The report acknowledges that other types of supported housing, such as single site cluster accommodation, may be highly valuable, but they are not included in the mapping.

6.31 In 2002, the Department of Health established a Housing Learning and Improvement Network (Housing LIN), which has focused to date on the development of extra care housing for older people. The objectives of the LIN are: To identify and share information about what works; to facilitate development of services through effective partnerships; and to support local plans for extra care.

6.32 The Valuing People White Paper on services for people with learning disabilities does not have the clout of a National Service Framework with all its associated formal performance targets. However, local learning disability partnerships have a set of objectives under Valuing People, which include the production and implementation of a housing strategy. Valuing People has a national support team and a part-time regional officer for the South West. While local authority social services departments have lead responsibility, there are also specialists, including at strategic level, within health agencies. For example, the South West Peninsula Strategic Health Authority has a part-time officer seconded from a learning disability partnership (Devon).

6.33 The Government is preparing a National Service Framework (NSF) for people with long term conditions, which will be published in late 2004 and implemented from April 2005. It will have a particular focus on the needs of people with neurological disease and brain or spinal injury, while also considering more general issues relating to the needs of people with long term conditions. It is not clear what proportion of people with disabilities will come within the scope of the NSF.

6.34 The Prime Minister’s Strategy Unit has recently produced an interim analytical report, *Improving the Life Chances of Disabled People* (Cabinet Office, 2004). This will be followed by policy recommendations. With regard to housing, the report refers to the lack of accurate information on the supply and availability of accessible housing and on the accommodation and support needs of disabled people. It states:
'Housing provision and independent living are key to life chances, but the quality of provision and support is often unacceptable.'

Two groups are singled out as being of particular concern, with respect to housing and opportunity for independent living: Young disabled people making the transition to adulthood; and people living in residential institutions.

'Many disabled people never achieve independent living and ensuring that everyone does is a priority for Government. Young people face problems leaving the family home and getting accessible housing and an income. For many, the options are remaining in the parental home or moving into residential care.'

'One particular group likely to fare especially badly is those disabled people living in institutional settings. There is very little information collected on this group – but by definition, they are likely:
- To have least ‘voice’ and choice
- To have little or no opportunity to work
- To have little or no opportunity to live independently'

6.35 The Social Exclusion Unit (SEU) report on teenage pregnancy provides the context for the National Teenage Pregnancy Strategy (SEU, 1999). The two main goals are:
- Reducing the rate of teenage conceptions, with the specific aim of halving the rate among under 18s by 2010;
- Increasing the participation of teenage mothers in education, training or employment to 60% by 2010.

The SEU report states: ‘Housing policies that have treated very young parents as if they were already adults need to be reformed.’ The initiatives include:
- A piloted support package to help young parents with housing, health care, parenting skills, education and child care;
- Supervised, semi-independent housing with support to be available for all 16 and 17 year old mothers who cannot live with parents or partner - not a tenancy on their own.

There is a South West regional Teenage Pregnancy Co-ordinator, in addition to Co-ordinators in each county or unitary authority. The regional Co-ordinator is responsible for overseeing the implementation of the national strategy.

6.36 In October 2004, the Department of Health sent a letter to all Primary Care Trusts reminding them of the relevance of Supporting People to their general aims and formal targets (DH, 2004). This followed feedback to ODPM from SP Administering Authorities that ‘not all PCTS have fully engaged with the Supporting People initiative’. The letter reinforces the relevance of SP to achieving the Public Service Agreement aim to ‘improve the quality of life and independence of vulnerable older people by supporting them to live in their own homes where possible’. More specifically, it refers to the twin targets: increasing the proportion of older people being supported to live in their own home by 1% annually; and increasing, by 2008, the proportion of those receiving intensive support at home to 34% of those being supported at home or in residential care. With regard to younger disabled people, the letter refers to Supporting People as helping ‘to achieve the long term conditions Public Service Agreement and reduce admissions to hospital’.

Cross-sector working and benefits of supported housing

6.37 The strength of cross-sector links is widely variable between different areas. With regard to teenage parents, for example, a number of local authorities now have good
systems in place for tracking young parents and keeping up to date with their housing circumstances. This has helped them to make progress on meeting the Government target that all under 18 lone parents who cannot live with their family or partner receive a housing support service. However, the target is still some way from being met. The regional data for 2003/4 show that, across the SW as a whole, 175 young parents received floating support and 123 were in accommodation with on-site support. A further 43 were recorded as living in unsupported housing, with six SP authorities recording the number in unsupported housing as ‘not known’. There is a need for accommodation which can accommodate teenage parents as couples and for more extended support which includes life skills, parenting skills and access to education and training. There are no data on health needs or impacts for young parents in different housing and social circumstances, although settled and decent quality accommodation is seen by the Regional Co-ordinator as the bedrock for enabling good health and giving teenage parents and their children the best possible start.

6.38 The concern of Supporting People with the ‘strategic relevance’ of services funded through the programme has led to increased activity by providers in measuring, or predicting, the individual outcomes and wider benefits of their services. In practice, much of this work focuses on developing monitoring systems which record the progress or individual clients across different dimensions of their lives. For SP purposes, these will include measures relating to: housing circumstances (e.g. moving on to independent housing or keeping a tenancy for a defined period); and support and assistance (e.g. agreed reduction in weekly support hours). Other measures will depend on the type of service and its clientele (e.g. staying drug-free, making less frequent use of emergency services and hospital admission, gaining access to training or employment).

6.39 As already reported in Chapter 5 (paragraphs 5.2 – 5.8), evaluative research on outcomes in supported housing has been very limited and generally small scale. With regard to improvements in mental and physical health, the four strands of Supporting People suggest that different effects may be anticipated for different groups. While reduction in use of health services may be a target for many older people and others within Strand 1 (maintaining quality of life, independence and inclusion), an increased use of health services may be a desirable effect for people in Strand 3 (re-building lives). It is important, therefore, that the cross-sector impacts on health services are not assessed simply in terms of the demonstrated or potential short term cost savings. It is also likely that the most significant health effects are to be found in the improved sense of well-being experienced by people who feel secure and settled in their accommodation. As one respondent said:

‘Real housing choice, being able to live in ordinary housing, is about quality of life. It affects health, income and community acceptance.’

6.40 While further development work to measure benefits and outcomes is certainly seen as useful in promoting the supported housing sector and as a basis for future decision-making, several respondents were more concerned with the pressing need to find ways of overcoming current shortages in provision and widening service options. For example, one respondent said that concerted energy should be put into extending shared ownership opportunities for people with learning disabilities or mental health problems and developing links with private landlords. This respondent also felt strongly that there was a gap in services directed at helping individuals to apply for and find housing, if they are not literally homeless.

6.41 Effective cross-sector working requires continual workforce development, shared learning, transfer of knowledge and capacity building among the organisations and teams involved. Research, training and basic information sharing are all central to this process. There needs to be a focus for this type of work in the SW, such as might be provided by the Housing LIN set up nationally by the Department of Health and now expanding its activity across the regions.
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