

Social Return on Investment Study Supporting People Programme

June 2021



Housing
Executive



Introduction and Context

In 2013, the Northern Ireland Housing Executive (NIHE) launched the Supporting People programme, a £72.8m grant programme designed to help vulnerable individuals and families to live independently. Its purpose is to provide housing support services to vulnerable people, to enable them to live as independently as possible in the community.

The SP Programme in Northern Ireland has 3 broad objectives:

- Achieve a better quality of life for vulnerable people to live more independently and maintain their tenancies.
- Provide housing support services to prevent problems that can often lead to hospitalisation, institutional care, or homelessness.
- Help to smooth the transition to independent living for those leaving an institutionalised environment.

The SP Programme grant funds 86 delivery partners that provide over 850 housing support services for up to 19,000 service users across Northern Ireland every year. These delivery partners include statutory bodies, housing associations, private sector companies, and voluntary and community organisations.

The SP programme is managed across four thematic areas, Disability & Mental Health, Homelessness, Older People and Young People. The programme provides a range of supports including:

- Short-term accommodation-based support for those people in housing need
- Longer-term support via the provision of peripatetic services to enable a person to sustain a home
- Short term support through a floating support service to assist vulnerable adults with housing related support tasks to help them maintain independence in their own home regardless of their tenure type

In September 2020, S3 Solutions was commissioned by the NIHE to undertake a SROI study of the Supporting People programme for the period April 2018 to October 2020. SROI is an approach to measuring, understanding and accounting for social, economic, and environmental outcomes.

The study found that for every £1 invested in the Supporting People Programme, £5.71 of social value is created.

This report sets out an executive summary of the key findings from the research.

Methodology

The research adopted a mixed method approach to data collection and adhered to the 6 stages of SROI. The following sets out the activities undertaken to inform the findings of the research. All data was collected between October 2020 and April 2021.



5

Co-design workshops facilitated with 34 providers



40

SP service organisation survey responses



391

Responses to a web-based survey from service users



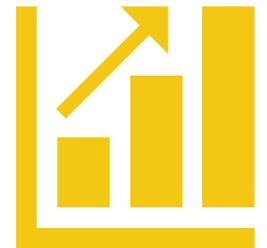
15

Semi-structured telephone and web-based interviews with key stakeholders



4

Telephone consultations with service users as case studies



1

Quantitative assessment of the Supporting People Outcomes System

Key Findings: Service Users

Improved Economic Wellbeing



25,164

Service users benefitted from improved access to welfare benefits

69%

Service users indicated that they were supported to access benefits



9,085

Service users gained or sustained employment or training/education

70%

Providers identified that their service delivered improve employability

Improved Independent Living



16,776

Service users supported to remain in their own home



9,925

Service users supported to maintain their tenancy



4,986

Service users supported to achieve from independent living

77%

Service users indicated that they were supported to improve their ability to live independently

63%

Service users indicated that they were supported with tenancy related issues

53%

Service users indicated that they were supported to secure long-term accommodation

“The support has helped me secure maximum benefits, get registered with a GP, & work towards getting social housing accommodation.”

“I have left Muckamore and have a part time job with my own flat.”

“My pension was frozen, and I got support to restart it without this support I had no income.”

“It has made a big difference as I was in debt and owed lots of money and I got the help to get this sorted. My home was also very cluttered, and I got help to get rid of a lot of things. I also got help to move to a better flat after I got burgled and now, I am much safer and much more independent.”

Service User Feedback

“It has saved my life. The hostel has put a roof over my head when no one else would. Support workers are extremely effective”

“I am now moving to a new flat with a positive attitude to living independently.”

“I was referred for support as I was looking to move into a more permanent home as my family home had to be sold, I was on the housing list for a very long time with no communication. My support worker assisted me to communicate with social housing and I have been able to secure a permanent home in sheltered accommodation whilst supported to move home, change address, update utilities and source housing benefit and other health supports. Having this support has been life changing for me and I am now able to live my life more independently as I am living in a small village and am able to access local shops myself whilst not having to rely on others, I feel more safe and secure in my home due to the type of secure accommodation I live in.”

Service User Feedback

Improved Health and Wellbeing



27,365

Service users better managed their physical and mental health



100%

Providers identified that their service delivered improved mental health and wellbeing



72%

Service users indicated that they were supported to improve their mental wellbeing



80%

Providers identified that their service delivered improve physical health



76%

Service users indicated that they were supported to improve their physical wellbeing

“To be able to sleep in a bed of my own, in a room of my own has been comforting as I had spent time on friends and families’ sofas. To have staff present to support your needs when you struggle with mental health and addiction goes way beyond useful.”

“I feel the Simon community has changed my life, the support I have been given to overcome my addictions, support with my housing and benefits and just support for a chat with staff has been things I will never forget.”

Service User Feedback

Improved Safety and Security



27,454

Service users supported to contribute to society and social networks



62%

Service users indicated that they were supported to improve their access to services and activities within their community



95%

Providers identified that their SP funded service improved social connectivity

“Before lockdown FS took me to appointments & helped me • speak to Dr when I was afraid to. In times of real bad stress • there is always someone at end of phone to listen to me • & support me. When I was struggling financially FS brought food parcels • for me & made referrals to social supermarket. Since lockdown • has started, they’ve been there checking in with me & • keeping me company on the phone & doorstep visits. • Just having that connection & interaction has meant • I haven’t been so lonely.” •

Service User Feedback

Contribute to Society and Enhanced Social Networks



33,153

Service users benefitted from feeling safe and secure in their own home

Service users stated they felt more safe living in a high crime area and more secure living in accommodation suitable to their needs.

60%

Service users indicated that they were supported to improve the security and safety of their home

“The support has helped me feel safe & secure whilst • being supported to find my own home.” •

“I am now housed in a more suitable apartment which is wheelchair accessible, and it has helped me adapt to losing my limb more easily.”

Service User Feedback

Crisis Accommodation

Crisis accommodation services provide accommodation to people experiencing temporary or ongoing conditions of crisis with the aim of removing them from an otherwise harmful environment and allowing them to improve their situations from a safe and stable environment. Situations that may be alleviated through crisis accommodation include but are not limited to homelessness, domestic violence, people living with alcohol or drug problems.



1,178

Service users who accessed crisis accommodation services gained access to healthcare



622

Service users gained access to alternative temporary living arrangements



394

Service users benefitted from feeling safe and protected

Julie's Story

Julie¹ is aged 18-25 and resides in the Derry City and Strabane District Council area. She is a single mum of two children and she shared her experience of the SATH Project, an organisation funded through Supporting People that provides a temporary accommodation solution and support package to those experiencing or at risk of homelessness. Julie accessed SATH temporary accommodation for nearly two years and has recently moved into a Housing Executive flat.

“When I had my first child, I lived at home with my mother and siblings, and this worked well for a while, and they were a good support network for me, but it was a crowded space, and I knew I could not live there long term. When I became pregnant again, I began looking for alternative living arrangements and I got in touch with the Housing Executive who referred me to SATH.

It was a very difficult time for me when I moved into SATH as my oldest was aged 2 and my youngest was just a few months old but I was determined to live independently. The support was brilliant, I got advice with benefits, and they helped me to complete various forms. As I had moved out of the family home, I had no other support and the SATH staff were life changing for me. They organised some counselling which was just what I needed at the time.

I felt safe and secure which is very important when you have a young family. SATH got me in touch with SureStart and I started to attend their centre. They had a family support worker who helped me with mother and baby nurturing such as bottle feeding. I also did a parenting programme at SureStart which definitely improved my parenting skills. It also introduced me to other parents of my age and circumstances which was very helpful. I would not have found out about SureStart but for SATH”.

I became much more independent through SATH and after nearly two years I was ready to move to full independent living and I have recently moved into a Housing Executive flat where I have my own tenancy. I no longer need any support and look forward to creating a new home for my children. When I look back on it, I cannot believe my progress and I have to give lots of thanks to the SATH staff who were absolutely fantastic for me”.

¹ Name changed to protect anonymity

Key Findings: SP Providers

40 out of 86 service provider organisations responded to a web-based survey. A summary of the key findings is presented below:



To avoid double counting, the SROI study used the above evidence as indicators of improved reputation and improved sustainability for providers. These outcomes were valued by assigning a financial proxy.

Key Findings: Health and Social Care

Avoidance/Deferral of Residential Care Costs

The older peoples programme starts at age 55+, though it was highlighted that most people in this age profile group won't experience need for supported living until age 70+.

Contributors referenced the pathway to mitigate against entry to residential or nursing care as people get older which can include downsizing, sheltered housing and domiciliary care. This ensures that older people still have a place "they can identify as home with their own front door and can come and go as they please".

One of the major impacts of the SP programme cited for older people has been the development of specialist services for people with dementia. It was highlighted that at the inception of the SP programme in 2003, there was limited awareness of dementia and as this has increased over the years so too has the capacity of providers to tailor housing and support solutions. While most with end stage dementia will require residential care at some point, the time necessitated in this environment is greatly reduced as a consequence of the support funded by the SP programme.

The frail elderly client group are characterised by physical rather than cognitive impairments and access to SP support in addition to domiciliary packages has significantly increased the length of time this client group can live independently. *"Without SP the alternative would be care homes, unsuitable especially for younger generation. SP has helped to change the approach to how we care for and support older people without the requirement for individuals to be in a care home setting"*. The need for more sheltered housing provision for the frail elderly was highlighted.

Reduced Healthcare Costs

There was a consensus among all contributors that the outcomes accrued by the primary client groups accessing SP interventions reduced health related costs emanating from hospitalisations and treatment for substance misuse. In many such cases, there exists a dual diagnosis of addiction with mental health which SP also support clients with.

People who have been or are at risk of homelessness are supported to improve their capacity to sustain stable tenancies. With a fixed address to register for health and social services, they are facilitated to access GP and Dentistry to improve their self-care which reduces the risk of emergency A&E and long stay hospitalisation at a future point. In addition, the emergency Health and Social Care and Housing costs associated with Women at Risk of domestic violence are reduced through SP funded Women's Aid supports.



Mental Health & Disability

Mental Health & Disability accounts for 42% of the annual SP budget allocation. All of the teams in the Department of Health (Nursing Homes, Domiciliary Care, Older People, Physical & Sensory Disability & Mental Health) work closely with SP. There is a dedicated team with the DoH for the resettlement of people with severe learning difficulties from Muckamore hospital. SP has been an enabler in this resettlement programme working closely with domiciliary care providers to ensure the appropriate balance between support and care is available for the service user to transition to and sustain independent living. While the complexity of need for some Muckamore resettlements require intensive packages of support that in some cases may be as costly as residential care, the value of facilitating independent living and the person's right to access same is the critical factor for the resettlement team. Contributors welcomed the focus on valuing the outcomes for the person accessing independent living in addition to the cost implications of service delivery models.



Professionals working in the learning disability area, referenced the high proportion of younger people with a learning disability who live with their parents and pointed to the need for effective planning as parents get older and their capacity to support and care is reduced. SP have a pivotal role in funding transitional models of support where young people move into independent living and acquire the skills necessary to sustain through support from SP.

The positive work that SP has undertaken with parents of those resettled from Muckamore and those with learning difficulties who have moved out of the family home was heralded. The flexibility of floating support which is attached to the person regardless of their living environment was also highlighted as a key enabler for independent living. The right of people regardless of race, religion or disability to independent living is championed by the Patient Client Council. SP is a crucial enabler for people to exercise this right through their housing related support but additionally through supporting day opportunities, employability, education, training, and social outreach.

Young People Leaving Care

The population of looked after children is increasing and the demand for suitable accommodation services for this cohort when they reach 18 and exit the care system is growing. There is insufficient capacity currently in the system to meet such demand. Where such accommodation is available through jointly commissioned services, the outcomes for the young people have been positive with many rekindling relationships with family and friends and progressing in education, training, or employment. This increased capacity and independence can divert from the Justice System and reduce their dependence of the Health & Social Care system in later life.

Key Findings: Justice

Reduced Offending

SP funds the support provided within the seven Approved Premises (AP's) in Northern Ireland which are residential units housing ex-offenders in the community. Contributors highlighted the impact of the APs, both in terms of their contribution to the public protection arrangements in Northern Ireland, and in providing support for the rehabilitation of offenders. Criminal Justice Inspection Northern Ireland (CJINI) inspections have also found that offenders reduce their risk levels of reoffending while living in APs².

There are 92 places in APs across Northern Ireland, SP fund the key worker who works with the AP resident on their rehabilitation and resettlement pathway with the expectation that they will be able to transition to full unsupervised independent living within 12 months³. This can include engaging with landlords who may be reluctant to offer a tenancy post AP discharge. Capacity permitting, the Northern Ireland Prison Service use APs as part of their temporary release programme to prepare those coming to the end of life sentences to reintegrate into the community.

The impact of SP on the risk indicators for offending was highlighted, stable accommodation and mental health in addition to reduced or abstinent drug and alcohol use can significantly reduce the risk of offending.

Availability of qualified staff is paramount when managing offenders especially in the approved premises and the contribution of SP funding towards staffing costs is crucial for their recruitment and retention. Stable accommodation is one of the main contributors to desistance and with SP supporting the reintegration of prisoners into the community, the risk of re-offending is reduced. Demand for accommodation for those coming out of the justice system is very high, there are pressures on the system, the Reducing Offending Unit are working collaboratively with SP and housing providers to identify innovative ways to free up capacity in the system.

Young People Leaving Custody

Contributors noted that prior to SP, young people who were preparing to leave custody were not properly supported, often they were placed in Bed & Breakfast or Hotels temporarily until suitable accommodation could be sourced. In some cases, young people were not eligible to leave custody due to their homeless status. Young people in custody have many different needs such as, mental health, low educational attainment, poor family support or substance misuse. Young people in unstable accommodation find it difficult to focus on other areas of their life such as, employment, education, and mental health. Through SP, they can focus on these other areas of their development which can make them less reliant on Health & Social Services in later life.

² Layout 1 (cjini.org)

³ The maximum period of stay in the AP is two years.

Key Findings: Housing

Integrated Model

Participants reflected on the journey of progression that SP has facilitated from, pre 2003 when all housing management and support costs were paid through Housing Benefit which was unsustainable.

“SP enabled the integration of care, support and housing in a relatively seamless way for the end user, it combines the needs of the person, and is very person centred”.

“SP is a really effective way of joined up working across departments in NI, previously the mindset was insular and territorial. SP facilitated a mindset change across government departments; it is an NI wide approach that has brought solutions to some of the more vulnerable groups in society”.

Sustainable Tenancies

One third of the current NIHE programme would cater for homelessness, with many commissioned SP projects for this cohort. One innovative example is the Stella Maris hostel in Belfast which caters for homeless people with alcohol addictions and operates on a 'harm reduction model' which encourages residents to reduce their alcohol intake alongside a plan of medical care, healthy eating, and activities such as art and gardening. This hostel represents significant savings against the time that rough sleepers with addictions might spend in hospital or presenting to A&E. It gives these people the chance to become tenant ready. The Interface between SP and Health is critical, *“Health services can deal with people with addictions when they are settled at a fixed address, SP workers can ensure they are registered with a GP and Dentist to enhance their self-care”.*

Tenancy sustainability is vital to the NIHE budget, tenancy failure is anyone that doesn't sustain their tenancy for at least one year. A tenancy breakdown is very costly for the NIHE, the longer the person stays, the better value the NIHE get with maintenance and overheads. If a vulnerable individual can live independently and sustain their tenancy, there will be a reduced need for crisis interventions.

The 2015 DSD Review of SP found that the Floating Support Model plays a key role in early intervention and prevention. This support can mitigate against the onset of more serious and profound health and well-being issues in the future, enabling individuals to sustain and maintain tenancies.



Key Findings: Communities

In-depth interviews were undertaken with professionals from, the Department for Communities (DfC) Housing responsibilities under DfC include social housing, advice and guidance for all tenures, and housing policy and legislation. Much of its work in relation to housing is led by the NIHE. Fostering vibrant sustainable communities is one of the high-level outcomes that the NIHE seek to deliver on, and the efficacy of this outcome is co-dependent on the extent to which the other three NIHE high level outcomes (Helping people find housing support and solutions; Delivering better homes; Delivering quality public services) are achieved.

Tackling disadvantage and promoting equality of opportunity by reducing poverty, promoting, and protecting the interests of children and young people, older people, people with disabilities, and other socially excluded groups and addressing inequality and disadvantage are key strategic priorities for the DfC. SP funding is channelled towards 15 primary client groups who have some level of vulnerability, requiring additional supports to live independently.

All of the service user outcomes documented and discussed in Section 5.2 contribute to more cohesive communities and active citizenship but are valued for the service user as they experience the change first-hand. To also value such outcomes for the community would be double counting. However, we must acknowledge the impact of service user outcomes for the communities in which they reside and the SROI calculation results in Section 6 provide DfC with a robust vindication of their funding of the SP programme.



SROI Results

The SROI study applied financial proxies and associated attribution, deadweight, displacement, drop off and discounting to 119 outcomes for five material stakeholder groups.

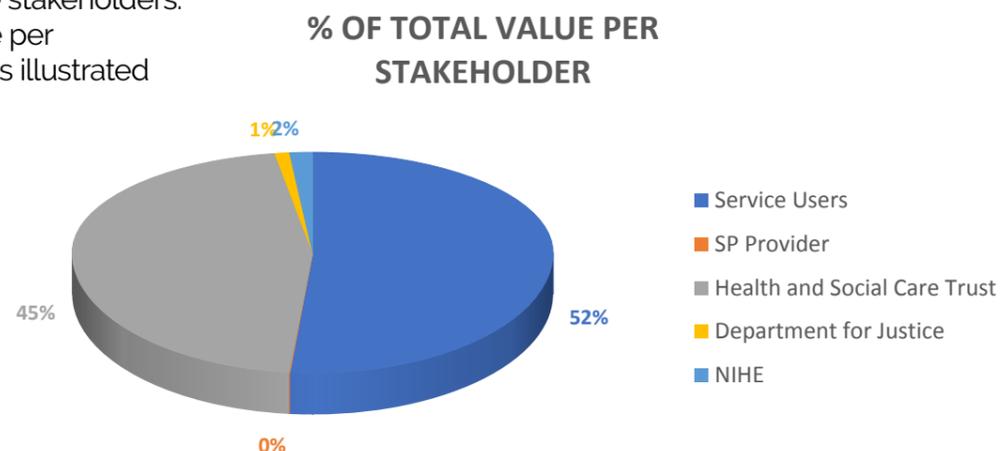
To calculate the Social Return on Investment for Supporting People, the Total Present Value of £1,038,786,036 was divided by the total input figure of £182,000,000. The study found that the Supporting People Programme over the two-and-a-half-year period 2018 to the first two quarters of 2020/21 generated a social value of **£1: £5.71**.

FOR EVERY £1 INVESTED IN SUPPORTING PEOPLE, £5.71 OF SOCIAL VALUE WAS CREATED.

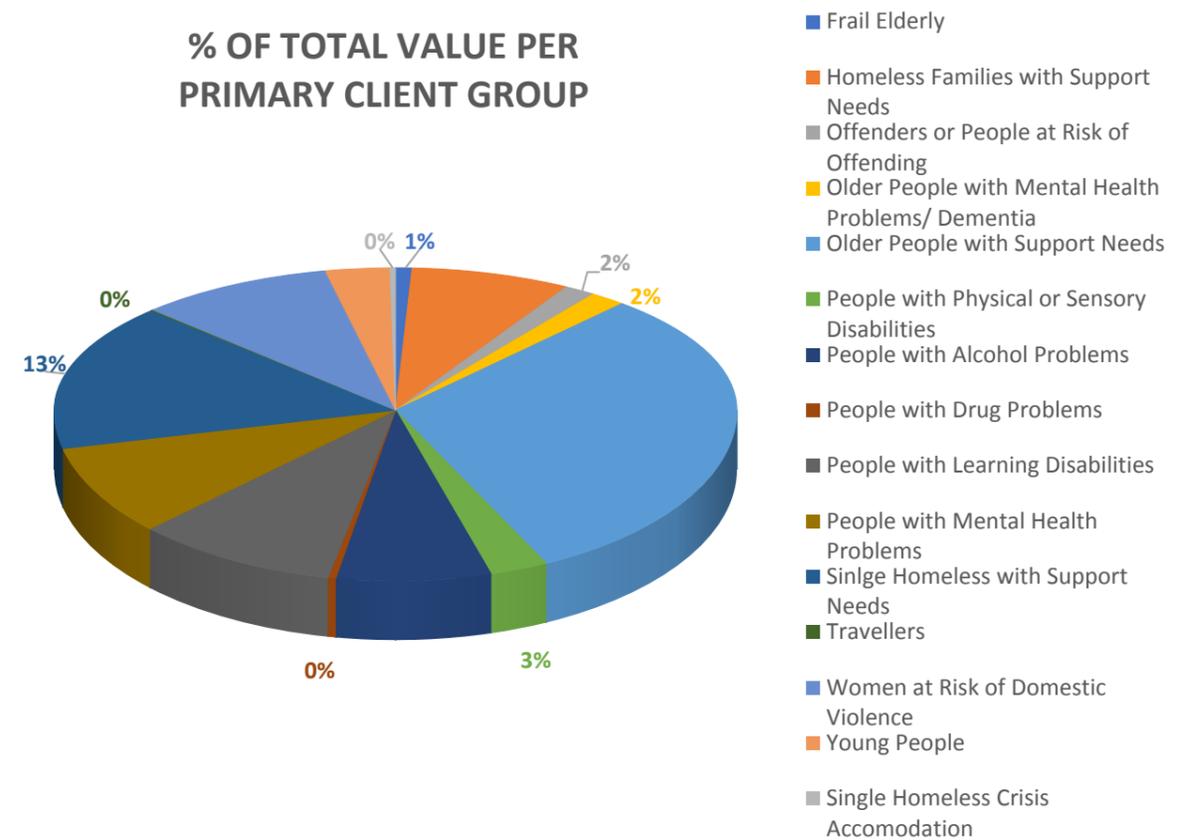
This is a positive finding for both, the NIHE and DfC and it confirms the conviction that was a recurring theme in the stakeholder consultation, that the change delivered by the SP programme has considerable worth for a wide range of stakeholders. The distribution of value across health, housing, justice, and community is the manifestation of the cross-cutting vision for SP at its inception in 2003.

A review carried out by NICVA in 2015 to assess the cost benefit and value for money of the SP programme concluded that for every £1 spent on SP services, £1.90 was saved by the public purse primarily through the "avoidance of costs" in residential care, health, and justice. Through the full application of SROI methodology, this study has valued the outcomes accrued by service users and service providers which when combined with the avoidance of costs in residential care, health, and justice results in an SROI of £1: £5.71.

The findings from this study suggest that investment in the Supporting People programme generates important value and cost savings for multiple stakeholders. A snapshot of value per stakeholder group is illustrated below:



The social value created for SP service users accounts for 51.5% of the total social value created. Therefore, in social value terms, SP service users are the primary stakeholder, this resonates with the person-centred philosophy of SP which places the service user as the main benefactor of the intervention. A snapshot of the social value per primary client group is provided below.



The value generated for the HSCT's represents the second highest proportion of the total social value created by SP (45.44%) The vast majority of the SP client group will have some interface with HSC. The SP programme provides a mechanism for collaboration between HSC and SP to support the most vulnerable people in society which reduces the burden on the HSC budget and delivers better value for the public purse. Building the capacity of the SP service user to maintain independent living is a preventative measure and builds resilience to the escalation of health and wellbeing issues for the primary client groups.

The value created for NIHE accounts for 1.83% while the value created for the Department of Justice represents 1.17%. Lastly, of the 86 providers, 75% benefitted from improved reputation and 26% benefitted from improved sustainability. The social value created for this stakeholder group accounts for 0.06% of the total value calculated.

Discussion and Learning

Strategic Alignment

Our review of the strategic positioning of the SP programme found the cross-cutting contribution of the SP programme to the new PfG with a clear concentration on outcomes relating to: healthy lives, feeling safe and a caring society that supports people throughout their lives. There appears a stronger alignment between SP and the nine outcomes in the new PfG than to the 14 outcomes and 42 indicators in the preceding PfG, reinforcing the strategic position of the SP programme.

Our findings augment those from the 2015 Strategic Review of the SP programme which concluded that *“the Supporting People programme has achieved its core aims, delivering significant quality of life benefits to those who have received services, assisting the resettlement of people from institutional settings and preventing problems which could have led to hospitalisation, institutional care or homelessness”*. This SROI study quantifies such resettlement and values the preventative actions.

Furthermore, the 2015 Strategic Review found that *“Supporting People services prevented crime and, more significantly in financial terms, reduced pressure on health and social care budgets”*. It also unearthed a significant body of qualitative evidence on the positive difference the programme has made to the lives of many people. With the data from the SP outcomes reporting framework commencing April 2018 and the application of SROI principles, this study has quantified and valued the difference SP is making to people's lives.

Quality of Inputs

Almost 90% of the SP providers operate within the charitable, voluntary, or housing association sectors. Contributors highlighted the highly skilled and competent staff resource that providers offer which facilitates a person-centred approach and wrap around support to meet the complex needs of the various primary client groups. Quality is maintained despite no incremental pay increases for staff and static non-inflationary SP payments for providers in recent years. Providers have demonstrated agility in response to emerging need and in cases where SP funding is insufficient to meet the client need, providers will use other organisational resources to ensure continuity of provision.

Jointly Commissioned Services

While the process for commissioning services can be complex, the SP programme is most effectively utilised where there are jointly commissioned services to meet the needs of the primary client groups. The increased number of specialists supported housing projects for people with dementia is an exemplar of a collaborative approach involving SP, NIHE, HSCT's, providers, service users and their families. There are other notable examples for people with a physical disability, for people coming out of prison, for young people leaving the care system and young homeless. Contributors emphasised the importance of all stakeholders working towards a shared vision with common goals and regular communication.

Challenges

Funding

The budget for the SP Programme in Northern Ireland has remained static at £72.8 million since 2014. As grant funding agreements are typically renewed annually with service providers at the same rate as previous years, inflation or minimum wage increases are not accounted for. This creates significant challenges for SP providers and in some instances has necessitated the use of other organisational resources to ensure continuity of service. In the absence of a funding uplift, providers face growing pressure to reduce costs without impacting their services. The increasing demand and a greater complexity of need among SP primary client groups has caused increased workloads among SP provider staff and has created significant challenges for providers in terms of the recruitment and retention of high calibre, trained staff.

Need and Demand

70% of providers identified that their clients had additional support needs that could not be met through SP funding. SP providers also reported a shortage in supply of suitable accommodation for various primary client groups including young people leaving care and an increasing trend of having to provide “holding supports” in many cases from their own resources to stabilise those with mental health and addiction issues as they awaited assessment or interventions from specialist services. They noted that the complex needs of service users often extend beyond the two-year support duration of SP Floating Support service and that alternative services are inaccessible or unavailable due to lengthy waiting lists, location, travel etc thus increasing their dependency on SP support. The increasing housing and health needs resulting from the COVID-19 pandemic were also identified as a considerable challenge for SP providers. SP service users already experience a range of vulnerabilities regarding mental ill health, abuse, addiction, and disability and while the full effects of the pandemic are yet to be known, there is evidence of job losses, loss of income, increased loneliness, isolation, and emotional stress as well as increased risk of domestic violence among some of the most marginalised members of society. This will significantly increase the needs of SP's target client groups and the subsequent demand for SP services.

Staffing

SP operates a person-centred philosophy, enabling people who use services to plan their own futures and to get the services that they need. Staff are a key resource for making person-centred planning possible. Sufficient staff who are suitably qualified, trained and supported are needed to support the implementation of person-centred planning, especially for those service users with particularly complex needs. High caseloads among SP provider staff coupled with inconsistent pay levels has created significant challenges for providers in terms of staff burnout, high levels of staff turnover, and the ability to successfully recruit and retain high calibre, trained staff. Furthermore, it was noted that there exists a lack of a career pathway for staff delivering SP interventions resulting in SP being used as a ‘stepping-stone’ for nursing careers for example.

Areas for Improvement

Collaboration

Contributors emphasised the importance of fostering relationships among stakeholders at both a regional and local level. While the thematic groups represent a positive mechanism for enabling cross sector partnerships, contributors noted that there is room for improvement and that local interagency collaboration has potentially been lost. Establishing appropriate structures to facilitate joined up working at a local level may enable a more co-ordinated and integrated approach to meeting the complex needs of SP's client groups.

Service Delivery Consistency

While the existing design and model for SP in terms of enabling collaboration and joint commissioning of services has been endorsed, challenges regarding consistency in service delivery and quality assurance have been identified. SP providers vary in staffing models deployed such as staff structure, personal development requirements, staff support, pay, and overall ethos and policies. While many jointly commissioned services are regulated by the Regulation and Quality Improvement Authority, this level of quality assurance does not extend to services providing SP support only and does not include all jointly commissioned services. To guarantee consistent achievement of outcomes for service users, a standardised best practice approach for quality assurance integrating the RQIA process and the SP Quality Monitoring Tool represents a key area of improvement for SP. This would augment the current SP and RQIA Memorandum of Understanding relating to services which are assessed by both, which was a recommendation from the Ministerial review of SP in 2015.

Outcomes Framework

Since April 2018, providers of SP services have been required to collect and submit outcome data. This data has been useful for evidencing and valuing the outcomes delivered by SP and the social value created but the existing SP Outcomes Framework could be refined to enable a more definitive statement of value created by SP, that can be used and updated to track value creation over time. For example, the outcomes data collected through the SP Outcomes System combines mental and physical health improvements as an indicator of Being Healthy. While this does reflect an indicator of Being Healthy, differentiating the number supported to achieve improvements in mental health outcomes from those who achieved improvements in physical health would enable a more robust and accurate representation of the value accrued for the service users under this outcome.

Stakeholder Outcomes

This SROI study has identified that SP delivers outcomes for multiple stakeholders and has identified other material stakeholders who are impacted by SP including service user families and The Department for Communities. Although value for all stakeholders could not be evidenced in this study, SP could improve the existing Outcomes Framework to better reflect additional stakeholders and desired outcomes of same.

Recommendations

Embedding SROI

Supporting People should continue on the journey of impact measurement by further embedding SROI principles and data collection in the evaluation of their work and revise the existing model for data collection so that providers can report on indicators separately. Additionally, SP should augment their Outcomes Framework to reflect the additional stakeholders and their desired outcomes and build on existing data collection processes so that outcomes for all material stakeholders can be evidenced and valued.

Dissemination

To showcase the impact of the SP programme, the NIHE should disseminate the results of this study widely both internally and externally through the mediums of succinct infographics with links to the full report and impact map. The findings should also be optimised to position DfC in their annual bids to the Department of Finance for additional resources as it is reasonable to assume that any future resources invested in SP would at a minimum generate social value aligned to the ratio return of £1: £5.71 calculated for the duration of this study.

Floating Support

We recommend that future planning of SP services consider how to increase the funding allocation to floating support to make it a more prominent element of the overall programme. One potential area of development to be explored should be floating support for young people. This is in line with the 2015 DSD Review of SP found that the Floating Support Model plays a key role in early intervention and prevention and recommended that the NIHE should actively progress opportunities to expand the floating support service as a cost-effective way of meeting need.

Provider and Service User Involvement

NIHE should consider the development of a service user policy which stipulates the mechanisms that they use to ensure that the service users voice is prominent in the monitoring and review of existing services and the commissioning of new services. This should include seeking increased service user representation on the regional thematic group across all four areas.

Future Research

It is recommended that opportunities for future research are pursued to advance the knowledge and information available about SP interventions for the different primary client groups. Resources permitting, we recommend a longitudinal study that measures the extent to which the outcomes for each primary client group are sustained, up to 3 years, to facilitate a more robust analysis of the duration of outcomes achieved for service users.



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