Supporting People

Strategic Needs Assessment

Research & evidence based assessment to inform future housing support needs

Final report

November 2020

Contents

SUPPORTING PEOPLE PROGRAMME KEY FACTS

Approximately 20,000 **Supporting People (SP) funded services** covering accommodation and non-accommodation units to support / enable people to live independently.

£72.8m annual budget funded. Northern Ireland Housing Executive (NIHE) administers the SP Programme in Northern Ireland on behalf of the Department for Communities (DfC).

80+ service providers covering a range of community, voluntary, private and public sector organisations.

850 schemes providing a wide range of services across Northern Ireland.

4 thematic groups (Older people, Young People, Disability and Mental Health, Homelessness) and 14 Primary Client Groups which supports some of the **most vulnerable and in need in society.**

STRATEGIC NEEDS ASSESSMENT KEY MESSAGES

Housing support need is currently 14% higher than supply. This aligns with trends in the rest of the UK and is predicted to increase by comparable levels.

Assuming only demographic changes, **housing support need is projected to be 22% higher than supply in 3 years** and 30% higher in 10 years if supply remains constant.

Assuming both demographic changes and other potential factors, **housing support need is projected to be 31% higher than supply in 3 years** and 43% higher in 10 years if supply remains constant.

There will be a **number of levers** which could be used to address some of this increased housing support need, a key part of this will be **collaborative working** across a range of community, voluntary, private and statutory organisations.

Executive summary

EXECUTIVE SUMMARY

INTRODUCTION TO THE STRATEGIC NEEDS ASSESSMENT

The Supporting People (SP) Programme helps people to live independently in the community via housing support services. It provides grant funding to 87 delivery partners (across a range of community, voluntary, private and statutory organisations) with 850 housing support schemes for approximately 20,000 funded services across Northern Ireland.

Northern Ireland Housing Executive (NIHE) administers the SP Programme in Northern Ireland on behalf of the Department for Communities (DfC). The SP programme is made up of 4 main thematic groups:
- Older People;
- Young People;
- Disability & Mental Health; and
- Homeless.

These thematic groups are further subdivided into 15 associated Primary Client Groups where service users can avail of 21 eligible housing support services.

In 2015, a Departmental (Department of Social Development) Review of Supporting People prioritised an overview of the existing provision of housing support and an assessment of the extent to which needs are being adequately met. The review noted the lack of a systematic, robust process for assessing housing support needs at a regional level, and concluded that the current system of needs assessment was not adequate for long term decision making.

A recommendation was made to *'introduce a new strategic, intelligence led approach to needs assessment across all client groups, which takes proper account of demographic trends and other social factors to identify current and future patterns of need'*. In early 2020, Business Consultancy Services (BCS) were appointed by NIHE Supporting People team to complete this *Strategic Needs Assessment* and to build on the work already completed.

AIM AND THE APPROACH

The aim of the SNA is to use a broad range of available evidence to identify and assess current and future provision of housing support needs, in order to inform strategic planning and delivery of the SP Programme. The objectives were to improve understanding of needs, provide assurance that the programme is able to best respond to future needs, and support future proofing of the provision.

Assessment of need is complex. Based on lessons from other areas and sectors, a key message was to take a proportional and pragmatic approach which can be refined over time. The focus of the SNA is as much to provide a framework to consider and assess housing support needs but has also provided an assessment of current and future housing needs to help shape future housing support provision. However, it is important to note, this **SNA is not designed to prescribe what services are needed but to help inform on the levels of need for housing support within NI.** It is and will continue to be important to consider how other provisions and policies (in housing, health, and social care and justice settings) are adjacent and interdependent.

The agreed Terms of Reference was to "**identify and assess current and future housing support needs. This will include the development and production of an analysis to inform housing support needs over the next 3 and 10 years."** The core elements of the research Terms of Reference included the following:

Steps	Description
1.Identification of current needs	Identification or baselining of current needs for eligible housing support services by thematic / primary client group within scope.
2.Assessment of current needs	An assessment (against strategic intent and current demand) and analysis of current needs for eligible housing support services by thematic / primary client group.
3.Identification and analysis of emerging trends	Strategic context and comparators to help understand innovations and trends across thematic group / primary client groups.
4.Identification and assessment of future needs	Identifying factors and using analysis to help determine user future needs by thematic / primary client group. This included two main areas: • Analytical information (including relevant best available evidence sources, quantitative and qualitative, including demographic, socio-economic and other relevant sources); and • Voice and stakeholder information (user, provider, staff and stakeholder views on current and future housing support needs).

As outlined above a key element for this SNA has been to develop and engage with a range of people to provide vital 'voice information' i.e. voice of user and stakeholder views. This has included engagement with across a range of community, voluntary, private and statutory organisations. There was over 40 responses to a survey from stakeholders and SP providers which provided valuable insights and the Research Team were able to consider and compare these, to the data analysis and literature review for each thematic group.

The Research Team was also able to complete 20 one to one service user interviews to better understand service user needs and 'what matters most to them'. These elements have been important to shape the overall conclusions.

FINDINGS ON CURRENT HOUSING SUPPORT NEEDS

FEATURES OF THE CURRENT SP PROGRAMME

The broad analysis completed has highlighted that the SP programme has:

• **Broad provider base:** Currently there is an annual budget of £73m, in which 87 suppliers provide in excess of 850 schemes. This represents a diverse and wide provider base.

• **Broad range of services:** There are 21 eligible supported housing services available to users.

• **Broad range of service users and intervention:** There is a diverse range of volumes and funding across thematic and primary client groups. The older people thematic group had the highest volume of units available (11,149) and lowest unit cost intervention.

• **High levels of utilisation:** utilisation was high across the programme with an average of 95%.

This indicates a broad, diverse and highly utilised set of services. This emphasises the importance of the Strategic Needs Assessment to help shape future provision.

BASELINE CURRENT HOUSING SUPPORT NEEDS

The analysis in relation to current housing support needs highlighted that **need is 14% higher than housing support supply**. The summary can be found below.
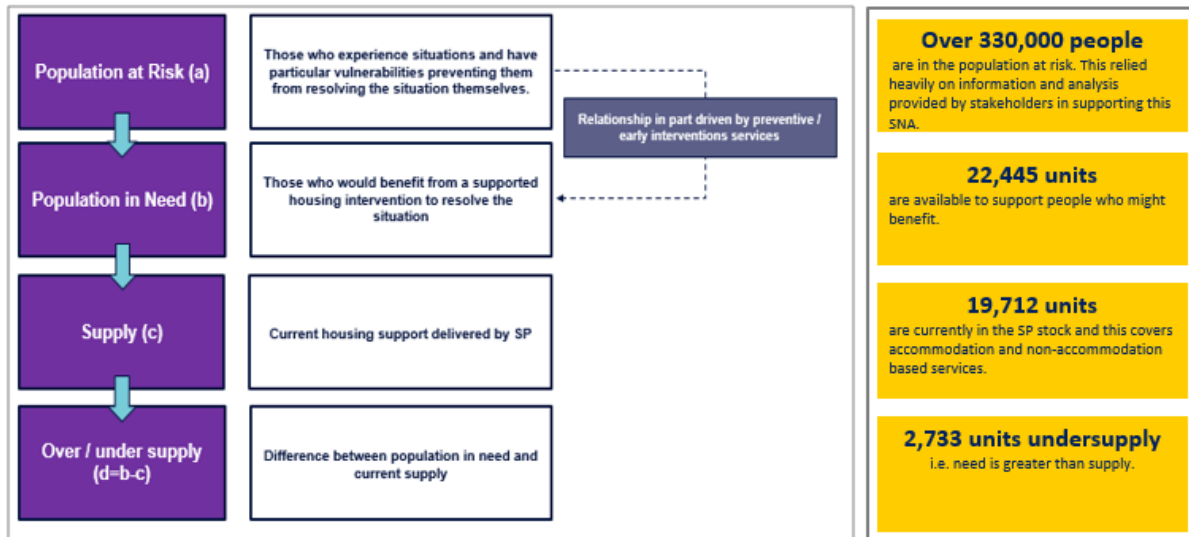
- **Population at risk:** The main source of information was from national statistics, cross departmental and agency information which has added to the robustness of the analysis.
- **Population in need:** The main source of information was SP data in relation to utilisation, percentage based assumptions of waiting list and unmet need based on available data and survey responses.
- **Supply:** This was based on SP fundable services for accommodation and non-accommodation based services.
- **Over / under supply:** This is the difference between the population in need and current supply.

FINDINGS FROM VOICE AND STAKEHOLDER RESEARCH TO INFORM FUTURE NEEDS

Findings relevant to entire SP Programme

This section sets out the high level findings from the provider survey and SP staff survey (40 responses in total with 30 from individual SP Provider organisations):

- **Outcomes:** 95% of respondents agreed or strongly agreed that SP funded services support positive service user outcomes.

- **Needs:** 85% of respondents agreed or strongly agreed that SP services align with service user needs. The survey highlighted that as needs change, the services to meet these will continue to change i.e. if complexity of need increases, the services will need to be adapted to meet the change.

- **Needs have changed significantly over the last five years:** 87% of respondents agreed or strongly agreed that service user needs have changed significantly over the past 5 years. A common theme across all thematic groups was the increasing complexity of need, with service users presenting with multiple needs, with mental health and substance abuse cited as the most common challenges faced. This has placed significant pressure on services which may have been developed to cover a single primary client group / need.

- **Needs are expected to change significantly over the next five years:** 90% of respondents agreed or strongly agreed that the needs of users are likely to change over the next 5 years. The key

messages shared across thematic groups were around the increasing of complexity of need (with substance abuse, mental health issues and COVID-19, the key drivers of increased need), which is expected to place additional pressure on services. Providers stated that additional funding is required to allow for better coordination between services, enabling a bespoke service to meet the needs of the individual.

- **Impact of COVID-19:** The survey highlighted the short term impact in terms of pressure to deliver services either remotely and / or impact of the delay of a service user receiving a service. Plus the operational challenges around personal protective equipment and risk consideration for staff and service users. The medium to long term impact of Covid-19 is expected to place further demand on services, mainly as a result of economic hardship, mental health and domestic violence increases. However, there remains material uncertainty on the full impact and this will evolve over time but consensus was that it will change housing support needs.

FINDINGS IN RELATION TO THEMATIC GROUPS

This section sets out a **snapshot** of some findings from the provider survey and SP staff survey (40 responses in total with 30 from individual SP Provider organisations) to give an indication of key themes:

OLDER PEOPLE	
Current Needs	- **Increasing complexity of need:** As the population ages, there are an increasing number of service users with multifactorial needs including increasing numbers of older people with substance abuse or mental health issues. - **Long waiting lists can mean individuals seek sub-optimal support:** Some applicants re-consider going into a sheltered scheme due to lengthy waiting lists, instead opting to seek alternative arrangements that may not be optimal. - **Social isolation has been a key challenge** identified from voice and stakeholder consultation information. Opportunities to work in alternative ways to meet needs post COVID-19 will be important, including using more digital and assistive technology.
Future Needs	- **Housing support provision complementing and aligning with other provisions:** Role of SP to complement / support not replace statutory responsibility and provision: Consideration should be given to how services are commissioned and delivery to a service user. It needs to be approached with a more holistic lens. For example, how older people housing support needs aligns with health and care models and the respective roles, responsibilities and expertise. - **Skills to support:** Due to increasingly complex needs, there is a requirement for training, development and career pathways for staff who directly deliver housing support services to older people. - **Importance of both services type but likely need for more floating support:** There will be a need to maintain or refresh accommodation-based services and increase floating support services. - **COVID-19 as an accelerator:** Covid-19 has accelerated the desire of service users to maintain support within their own homes. Additional floating support may be required to help mitigate some of the challenges and to support maintain tenancies.

YOUNG PEOPLE	
Current Needs	**Increasing complexity of need:** Service users' needs have become more complex, with mental health issues and IV drug use increasingly common. This complexity means it can be difficult to offer appropriate services within available support options. **Awareness of support available:** Feedback from both staff and providers has suggested that in some/many cases, young people are unaware of their entitlements and rights and may be unsure who to turn to for help. **Importance of temporary / crisis accommodation:** There is a growing need among young people for temporary / crisis accommodation There have been cases where a placement has been made outside of their support networks e.g. accommodation is in the North Coast but the individual is from Belfast, making it challenging to access other services (i.e. health services) they need or are familiar with.
Future Needs	**External economic and / or social factors will impact future need:** Increasing complexity of need is likely to increase demand on services, most notably as a result of continued increases in mental health issues and substance abuse. At the same time, economic conditions could hit younger people hardest, resulting in increased reliance on housing support. **COVID-19 adds uncertainty:** While the longer term impact is still unknown, it is possible that the issues set out above will be further exacerbated by Covid-19. **Need to support / fund specialisms:** Funding is required to support organisations in developing the necessary specialisms within their teams to ensure they are meeting the needs of changing needs of young people.
DISABILITY AND MENTAL HEALTH	
Current Needs	**Increasing complexity of need:** SP funded services are aligned to users' needs, however service users are presenting with complex needs such as mental health and addiction. **Individual needs can be very specific and this can result in gaps:** A key barrier is a lack of appropriate accommodation creating difficulties in placing individuals. This has significant impact on those who cannot share accommodation due to their conditions, resulting in gaps in service. **The age profile of family carers is increasing and this impacts housing support needs**: The age profile of carers is increasing, which is creating additional pressure on services, with those who have previously relied entirely on family support requiring more SP housing support services to maintain their tenancy.
Future Needs	**Mental health and complex needs will continue to increase:** Service users' needs will grow increasingly complex, particularly due to rising prevalence with regard to mental health. In addition, as the average age of the cohort increases, further reliance will be placed on SP-funded housing support services. **COVID-19 will result in additional support being required:** The impact of Covid-19 is likely to be long term, with particular impact on mental health **Need for capital investment:** Some providers have highlighted that capital investment would allow them to provide the required level of service to meet the growing demand as well as a wider range of housing support services. **Limitations of a time bound floating support provision for some individuals and single unit facilities:** It has been highlighted that people who are living with learning disability mostly require accommodation based support rather

	than floating support as their disability is lifelong. A time-bound floating support intervention in these cases is not deemed an adequate intervention. Although floating support services offer the opportunity to allow individuals to remain in their own homes, respondents noted that this does not negate the need for accommodation services for those living with a greater complexity of need.
HOMELESS	
Current Needs	• **Increasing complexity of need:** Service users' needs have become more complex, with mental health issues and substance abuse increasingly common. Services are not always set up to provide for such a wide range of issues, making it difficult for providers to offer effective support. • **Early intervention is critical:** Greater focus is required for early intervention support, especially those with low level needs • **High demand for temporary / crisis accommodation:** There is a higher demand for accommodation spaces than they are able to provide. The insufficient provision means that people may be left in crisis with very few options which may include remaining in inappropriate accommodation, living with an abusive person, sofa surfing or rough sleeping. • **There are a range of barriers to accessing housing support:** including a lack of awareness from service users or in the wider system about the services SP can provide, a stigma attached to asking for support or the process is too difficult / overwhelming.
Future Needs	• **Additional funding:** More funding is required to ensure better coordinated services tailored to the individual and addressing the increasing multiplicity of needs found within the cohort. • **COVID-19 will result in additional support being required:** Covid-19 is likely to have a significant economic impact on the cohort, with higher unemployment creating further demand on services. Covid-19 has also seen a substantial increase in domestic violence cases, with the expectation from providers that this is an area of growing demand. • **Families who present as homeless:** There is a lack of suitable accommodation for families, resulting in long stays in temporary / crisis accommodation therefore placing further pressure on services. • **Pressure points in relation to placement of IV drugs users:** there is a small number of suitable services available and increasing need.

FINDINGS ON FUTURE HOUSING SUPPORT NEEDS

FACTORS WHICH WILL IMPACT FUTURE NEED

The Research Team identified five key factors which will impact **future** housing support needs. More detail on the factors can be found on Section 2. Demographic change was the most 'predictable' factor, for the other factors assumptions have been used to determine future needs.

The 5 P's impacting future housing support needs: Population, Prevalence, Push, Pull and Portfolio
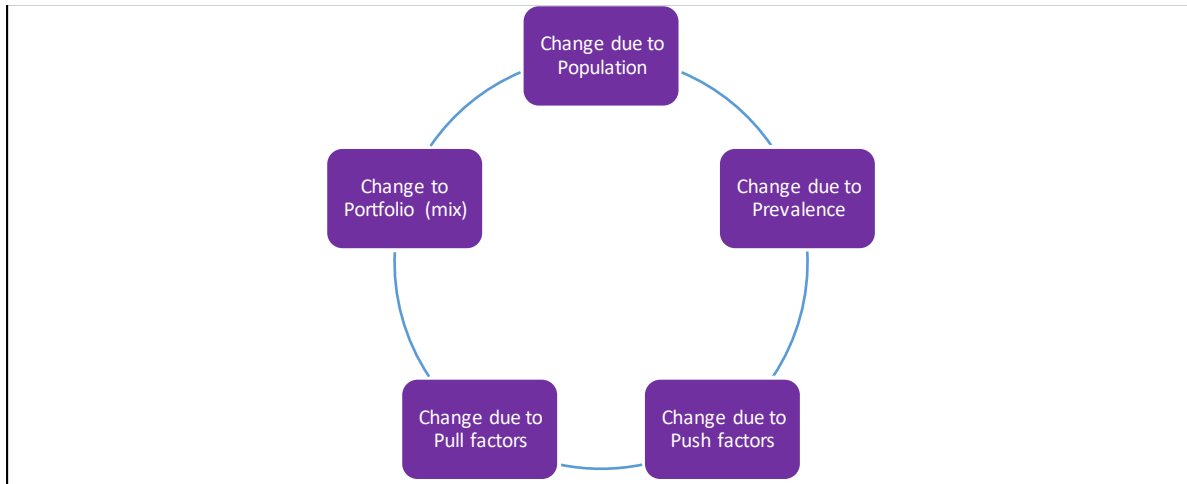
FUTURE CURRENT HOUSING SUPPORT NEEDS

The future need projections have highlighted that need will continue to be higher than housing support supply. In 3 years need will be 22% higher than supply in the low scenario (population factor only) and 30% in the high scenario (all factors applied). There appears to be particular increases in need across:

- Older people (all 3 PCGs);
- Mental health;
- Drug issues; and
- Women at risk of domestic violence.

Future housing support need - low scenario: population only applied

	Need (units)	Supply (units)	Need as a % of supply
Baseline	22,445	19,712	114%
3 year projection	24,048	19,712	122%
10 year projection	25,808	19,712	131%

Future housing support need - high scenario: all factors applied

	Need (units)	Supply (units)	Need as a % of supply
Baseline	22,445	19,712	114%
3 year projection	25,560	19,712	130%
10 year projection	28,237	19,712	143%

CONCLUSIONS

The Research Team have outlined some key conclusions based on the findings and analysis completed:

NEEDS

1. **Current housing support need is 14% higher than supply, this gap will continue to increase and this aligns with trends in GB:** need is 14% greater than supply currently and this gap will continue to grow (although the rate does vary across primary client group) increasing by between 8-16% in the next 3 years or increasing in the 10 years by between 17%-29% This aligns with benchmarks in GB which illustrate supporting housing needs will increase by between 7-13% every 5 years. Demographic trends is a key (and main) driver.

2. **Needs have changed significantly in last 5 years and will continue to change particularly as a result of COVID-19:** the findings have outlined that needs are being more complex across thematic groups with more multi-factorial needs. COVID-19 has introduced a new element of uncertainty since the commencement of the SNA. The findings have highlighted that the impact of COVID-19 are viewed as significant, long lasting and as an accelerator for some anticipated changes i.e. move from communal to dispersed care / support models, role of digital and assistive technology and co-design service principles.

3. **Early intervention, enablement and transformative nature of housing support:** A key finding from the voice research was that while people may have complex needs, some of the housing support interventions (many of which can be simple) are effective and transformative. The focus on enabling independent living has positive outcomes for the individual and the wider system[1].

FRAMEWORK TO CONSIDER NEEDS

4. **Value of voice of the service user and stakeholder research to inform housing support needs:** some needs assessment can rely on exclusively on data analysis. However, both the voice of the service user provide key insights and value of floating support provision in particular and surveys with SP providers and staff provided some key insights. This included insights on pressure points, impact of COVID-19, increasingly complex needs and factors to response to future needs including skills, funding, services and delivery methods.

5. **Analysis provides direction of travel on needs not precise answer:** assessment of current (and future) need is complex, the analysis provides a direction of travel not a precise answer for what services are needed where.

6. **Sustainable model to consider needs:** The model used in this research provides a sustainable framework considering and drawing on best practice from other needs assessment. It provides a mechanism to capture and assess needs now and in the future which aims to be proportionate and sustainable. There are a number of research limitations (as with any research) outlined in Section 2 and focus in future assessments will be on refining and improving over time.

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[1] SITRA (2015). The Financial Benefits of the Supporting People Programme in Northern Ireland. Identified that for every £1 invested in SP there was a £1.90 saving to the public purse primarily from housing, health and justice budgets.

CONSIDERATIONS ON NEXT PHASE

7. **There will be a number of levers which could be used to address some of this increased need:** It is typical and / or self-evident that needs are greater than capacity. The analysis should help to inform decision makers around type and mix of services, priorities and funding. The estimated gap between supply and need does not automatically mean that the number of housing support units will need to increase. There are a number of strategic choices available to decision makers to consider which may include; considering utilisation of current services; improving throughput and capacity of the existing services; reconfiguring existing services; remodelling existing services to meet emerging demand; or investing in new services. A key aim would be to make the supply more 'elastic' i.e. have flexibility to meet service user needs. There will be a need to work collaboratively across organisations to consider how best to meet this increased need.

8. **This is a 'point in time' assessment but in general, a needs assessment should be viewed as a process not an event:** This research has limitations (as with any research), the analysis can and should be updated and refined over time. It can provide an important evidence base to inform decision making and some key elements which could help future assessments include:

   - Consider how service user needs can best be understood in the future. The emphasis should be on continuous improvement and added value which can be derived, some practical steps which may help:

     i. Consider capture and aggregation of how individual housing support user applications directly map to housing support services they receive via unique identifiers so you can better track demand with supply i.e. link referral and application information for example in NIHE's Housing Management System or other referral routes (demand side) to SPOCC IT system (supply side).

     ii. Consider standardised / centralised assessment of housing support needs (this may be standardising across organisations or centralising with one) across the SP Programme or within relevant PCGs.

     iii. Consider development of more systematic and centralised approach to waiting list for individual housing support services across each PCG.

   - Consider supplementary research or additional scenario plans in relation to future factors outside the population factor i.e. for the mainly assumptions based factors of prevalence, push, pull and portfolio.

   - Continuation of regular 'voice of the user' research and regular engagement across community, voluntary, private and statutory to 'dovetail' the data analysis with voice / stakeholder experience and expertise.

9. **Continued collaboration across statutory partners to meet service user needs and to response to this increased need:** Housing support needs will be influenced and impacted by how services are delivered elsewhere. The needs identified here are not the sole or exclusive responsibility of the SP Programme and it will require close collaboration and partnership with other stakeholders to deliver for service users. This may include a drive to a more centralised approach to capturing needs – see point 9 below. The diagram below tries to illustrate the complexity plus the adjacency and interdependence of service user needs to other provisions.

A person can present and need support across a number of areas at the same time. This can illustrates the 'critical adjacency and interdependency' of housing support to other service provisions.

Housing support needs

Housing needs

Health needs

Enable independent living for an individual

Justice related needs

Social care needs

THANK YOU AND ACKNOWLEDGEMENTS

The Research Team would like to thank all the people who have supported and helped us to complete this SNA, including all those from community, voluntary, private and statutory partners.

And a particular thanks to the SP service users for taking their time to share their stories with us and providing insights into what matters most to them and their needs.

Part A: Main Report

1. Introduction

1. INTRODUCTION

1.1 Background and context

The Supporting People (SP) Programme helps people to live independently in the community via housing support services. It provides grant funding to 87 delivery partners (across a range of community, voluntary, private and statutory organisations) with over 850 housing support schemes. SP provides approximately 20,000 funded services across Northern Ireland. Northern Ireland Housing Executive (NIHE) administers the SP Programme in Northern Ireland on behalf of the Department for Communities (DfC).

In 2015, the Departmental (Department of Social Development,) Review of Supporting People[2] prioritised an overview of the existing provision of housing support and an assessment of the extent to which needs are being adequately met.

The review noted the lack of a systematic, robust process for assessing housing support needs at a regional level, and concluded that the current system of needs assessment was not adequate for long term decision making. The following recommendation (Recommendation 1) was made:

> *"Introduce a new strategic, intelligence led approach to needs assessment across all client groups, which take proper account of demographic trends and other social factors to identify current and future patterns of need."*

NIHE and SP partners developed a data driven model (in conjunction with North Harbour Consulting) which helped to develop and inform the needs assessment with a focus on housing stock.

In early 2020, Business Consultancy Service (BCS) were commissioned to complete this *Strategic Needs Assessment (SNA)* and to build on the work already completed by North Harbour Consulting (which provided a strong quantitative base plus comparator research). The research terms of reference was to complement and revisit the current data driven model by analysing additional quantitative and qualitative information in order to further inform strategic decision making.

1.2 About the Supporting People Programme

Creation of the Supporting People Programme

The SP Programme was introduced in 2003 to improve the planning, development and delivery of housing-related support services to vulnerable people. Prior to 2003, housing support services had developed over a number of years, providing a range of services that enabled people to maintain stable and independent lives in the community. A number of these fragmented and complex legacy services were drawn together to form the SP Programme. SP aims to:
- Offer vulnerable people the opportunity to improve their quality of life, by enabling them to live more independently and maintain their tenancies;

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[2] DSD (2015). *Review of Supporting People.* Available from https://www.communities-ni.gov.uk/publications/review-supporting-people last accessed 21 August 2020.

- Provide services to prevent problems that can often lead to hospitalisation, institutional care or homelessness; and
- Help smooth the transition to independent living for those leaving an institutional environment.

Thematic and Primary Client Groups

SP is a wide and varied programme that reaches out to a variety of people, including some of the most vulnerable and in need in society. It has four Thematic Groups and 14 Primary Client Groups (PCG). As illustrated by Figure 1.2.1.

Figure 1.2.1: The Four Thematic Groups and 14 PCGs within the SP programme.

Older people	Young people	Homelessness	Disability & Mental Health
•Older people with mental health problems/dementia; •Older people with support needs; and •Frail elderly.	•Young people.	• People with Alcohol issues; • People with Drug issues; •Homeless families with support needs; •Offenders / People at risk of offending; •Single homeless with support including Rough sleepers; •Women at risk of domestic violence; and •Travellers.	•Mental health issues; •Physical / Sensory disability; and •Learning disability.

Source: SP programme

Types of support

Housing support can be provided in a number of forms (including accommodation based services which is aligned to a person's home i.e. hostels, sheltered housing, other types of supported housing accommodation or non-accommodation based services aligned to an individual i.e. 'floating support' services). There are three main types of provision:

- **Short Term Floating Support**: This assists people who need housing related support to maintain independence in their home. This is tied to an individual and can last up to two years;
- **Short Term Accommodation Based Support:** This helps people who need housing support and who are also in housing need. This can last up to two years; and

- **Longer Term Support**: This enables people to sustain a home (i.e. tenancy support can help maintain a tenancy). Over two years in support.

For purpose of clarity, the Research Team have assumed 'housing support' to include accommodation based services and non-accommodation based services. If 'supported housing' is used in the report it refers to accommodation based services only.

1.3   Aim and objectives of this SNA

Aim

For the purposes of this assessment and to provide clarity, the following aim was used as a base for developing this SNA:

> *"The aim is to use a broad range of available evidence to identify and assess current and future provision of housing support needs, in order to inform strategic planning and delivery of the SP Programme."*

Objectives

Table 1.3.1 outlined the objectives and planned outputs which were identified and tested (with the Project Sounding Board at the commencement of the project). This was important in progressing the needs assessment. The objectives will support future iterations and refreshes of this assessment.

Table 1.3.1: Project Objectives

Objectives	Planned Outputs
Objective 1: **Improve understanding of user needs now and in the future** Evidence in relation to Housing support services over the next three years (short-term) and indicative over the next 10 years (medium-term).	• Baseline needs assessment – identify, understand and assess current needs; and • Future needs assessment - based on best available information available and can be supported by new data and information in the future.
Objective 2: **Provide assurance** Provide assurance that the programme is able to best respond to future needs.	• Analysis that provides assurance that the right services and users are being targeted now and in future through analysis of available data and provision of sustainable framework.
Objective 3: **Support further future-proofing of housing support provision** Support the ability of the programme to respond to needs in an agile way, and to effectively secure and sustain independent living outcomes.	• Provision of an evidence based sustainable framework which moving forward can respond to new and emerging needs with a focus on sustained outcomes.

As outlined above, **the principle purpose of this SNA is to develop an evidence base to identify, assess housing support needs and help inform future strategic decision making**. This included development and production of an analysis to inform:

- Future housing support needs over the next three years to align with a typical SP strategy cycle; and
- To inform future housing support needs over the next ten years to align with longer term planning.

Any housing support needs assessment will be complex to develop due the range and type of people supported and services. Therefore, it has been important to capture, test and discuss key quantitative and qualitative information from across statutory and non-statutory partners.

This report has built on previously commissioned worked by the NIHE called "The Supporting People Programme in Northern Ireland: a Methodology and Structures for Strategic Needs Assessment".

That analysis relied heavily on Housing Solutions data from NIHE's Housing Management System (HMS), setting out current need for three groups: ordinary housing with no special needs, ordinary housing with special needs, and specialist housing with specialist needs. This work provided key data and information to inform this assessment, and had a strong emphasis on developing a quantitative base.

This research has revisited the quantitative analysis and refreshed the qualitative / voice information which has been identified as a critical element to provide a holistic and rounded view of current and future housing support need.

1.4 Agreed research Terms of Reference for this SNA

In order to fulfil the aim and objectives in Section 1.3, an agreed Terms of Reference was developed for the Research Team. This was to **"identify and assess current and future housing support needs. This will include the development and production of an analysis to inform housing support needs over the next 3 and 10 years."** Table 1.4.1 outlined the elements required to deliver the Terms of Reference.

Table 1.4.1: Elements required to deliver the Terms of reference

Steps	Description	Section
1.Identification of current needs	Identification or baselining of current needs for eligible housing support services by thematic / primary client group within scope.	See Sections 5-6.
2.Assessment of current needs	An assessment (against strategic intent and current demand) and analysis of current needs for eligible housing support services by thematic / primary client group.	See Sections 5-6.
3.Identification and analysis of emerging trends	Strategic context and comparators to help understand innovations and trends across thematic group / primary client groups.	See Sections 3-6 and Section 8-11
4.Identification and assessment of future needs	Identifying factors and using analysis to help determine user future needs by thematic / primary client group. This included two main areas:	See Section 6 and Sections 8-11

Steps	Description	Section
	• Analytical information (including relevant best available evidence sources, quantitative and qualitative, including demographic, socio-economic and other relevant sources); and • Voice and stakeholder information (user, provider, staff and stakeholder views on current and future housing support needs).	

1.5   Principles of this SNA

The principles were developed, tested and revised based on discussion with the Project Sounding Board in the early part of the research period, the final list of agreed design principles are listed below in Table 1.5.1.

Table 1.5.1: Agreed Design Principles

Theme	Principle
Scope	• Focus on housing support services funded through SP.
Information	• Reliance on a range of available and existing information to inform current and future needs; • Utilisation of analytical information (quantitative data) and voice information (qualitative data); • Point in time assessment with development of a dynamic framework that would support ongoing analysis of information as part of an evolving process; and • Capture information and test with key stakeholders regularly.
Approach	• Service user focused; • Collaborative, open and transparent across stakeholders; • Emphasis aims to be on need not explicitly demand and/or supply; • Based on past experience and comparators - keep it simple; and • Agile approach - capture, analyse, present, test, learn and adapt - 'fix fast approach'.
Funding	• Does not assume an increase, decrease or static funding position – the emphasis is exclusively on need.
Unit of Analysis	• Each thematic group and primary client group will be considered using the same approach.

1.6   Why this matters

Housing support can be transformative. People who access this service include some of the most vulnerable or in need in society and housing support can have significant benefits both for the individual and wider society, as outlined below:

- **Individual:** Increasingly, the SP programme is focused on capturing and consolidating client outcomes (via SP Outcomes Framework) to gain insights on how housing support can be most effective. This can also be consolidated to provide a programme level view.

- **Wider society:** A 2015 report *'The Financial Benefits of the Supporting People Programme in Northern Ireland'* estimated that for each £1 invested in the SP programme in NI, £1.90 from the public purse was saved through housing, health and Social care budgets and inferred reductions in crime each year[3].

These elements further highlights the importance of a strong evidence base (including understanding the impact of early intervention / enabling interventions) for the SP programme to inform effective decision making. This will help to shape the most effective use of resources and / or a case for further investment.

1.7   Report structure

Reflecting the complexity and nature of the needs assessment, the report has been structured into three parts; the main report, finding and analysis by thematic groups and supporting appendices. Table 1.7.1 provides an overview.

Table 1.7.1 Report structure

Section	Description
Part A: Main report (Programme level)	
Section 1: Introduction	Background to SP and SNA including the aim, objectives and principles.
Section 2: Needs assessment approach	Approach to the research project and research limitations.
Section 3: Strategic context	Desk based review of relevant strategic documents and policies which impact this SNA and the SP Programme more broadly.
Section 4: Benchmarking housing support needs with comparators	Benchmarking which considers current and future housing support needs across a number of comparable studies.
Section 5: Overview of current SP programme	Findings and analysis generated by desk based review and stakeholder engagement in terms what the current SP Programme delivers.
Section 6: Analysis of current and future housing support needs	Findings and analysis for the SP Programme to include : • Baseline current housing support needs using desk based review, data analysis and voice information. • Apply assumptions across 5 key factors which will impact future need using desk based review, data analysis and voice information. • Project housing support need over a 3 and 10 year period.
Section 7: Summary and conclusions	Summary of Sections 1-6 and key conclusions and next steps based on the findings and analysis.
Part B: Findings and analysis by Thematic Group	

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[3] SITRA (2015). *The Financial Benefits of the Supporting People Programme in Northern Ireland*. Available from www.nicva.org last accessed 21 August 2020.

Section	Description
Analysis of need across the four thematic groups; Older people, Young People; Homeless; and Disability and Mental Health	Findings and analysis based on four thematic groups to include: • Short overview of the thematic group including any key strategic context or trends. • Baseline current housing support needs using desk based review, data analysis and voice information. • Apply assumptions across 5 key factors which will impact future need using desk based review, data analysis and voice information. • Project housing support need over a 3 and 10 year period.
Part C: Supporting appendices	
Supporting appendices	This includes comparator studies, literature review, model assumptions and sources

1.8   Thank you and acknowledgements

The Research Team would like to thank all the people who have supported and helped us to complete this SNA, including all those from community, voluntary, private and statutory partners. Please see **Appendix 4** for a list of organisations who supported this research.

And a particular thanks to the SP service users for taking their time to share their stories with us and providing insights into what matters most to them and their needs.

2. Needs Assessment Approach

2. NEEDS ASSESSMENT APPROACH

2.1 Introduction

This section sets out the research approach for undertaking this SNA. It considers the types of needs assessment, comparable needs assessments, the research approach and research limitations. The approach has aimed to be commensurate, align with best practice and tailored for housing support in Northern Ireland (NI).

2.2 Types of needs assessment

There are a broad range of needs assessments – therefore it is important to understand what this SNA aims to cover. The *Population Needs Assessment for Health and Social Care Partnerships: guidance on the use of data sources* document produced by Information Services Scotland (now Public Health Scotland)[4] advised that for a health needs assessment there are typically three traditional approaches as outlined in Figure 2.2.1. This SNA builds and draws on all three elements listed below.

Figure 2.2.1 Types of needs assessments

EPIDEMIOLOGICAL: using mainly quantitative data to estimate size and population of interest.

CORPORATE: gathering qualitative information to help understand the views of stakeholder about current needs and future provision.

COMPARATIVE: using comparisons across time, geographies or population groups to establish needs by identifying areas where there is under provision.

Source: Information Services Scotland (now Public Health Scotland)

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[4] Information Services Scotland (now Public Health Scotland). Available here https://www.isdsscotland.org/Health-Topics/Health-and-Social-Community-Care/docs/HSCP_NA_031014.pdf last accessed 21 August 2021.

2.3   Analysis of three other relevant needs assessment approaches

The detail below summarises three comparable needs assessment approaches across a range of housing support environments. Appendix 5 contains detailed analysis setting out the scope; the methodology used, the challenges faced in developing the methodology, and their impact. The three reports are as follows:

- **Report 1:** SITRA/Homeless Link "Estimating the Needs for Supported Housing" (2015);

- **Report 2:** Arc4 and Peter Fletcher Associates Ltd (2016) "Needs Assessment for Housing and Housing Support for Vulnerable People in Barnsley"; and

- **Report 3**: Housing and Health 2013, Cambridgeshire "Joint Strategic Needs Assessment (JSNA)".

Key learnings from the work completed to date on the SNA and approaches outlined above, are summarised below.

- **Quality and reliability of data:** A key theme throughout the reports above was the challenge in getting timely and accurate data, with expert input and assumptions used to fill in gaps, if required. Within this SNA, there is an awareness that some of the gathered data and subsequent analysis should be 'treated with caution' if reviewed in isolation. Where possible a number of sources have been used. Where assumptions were required, these were outlined and this was tested with key stakeholders to validate;

- **The use of voice data/information:** In addition to the quantitative data used in the analysis, it is important to gain an in-depth understanding of users' need. Where possible, this was gathered from primary research with the user / providers although COVID-19 limited some of this planned primary research; and

- **Collaborative approach to draw on expertise from all the relevant parties**: Linked to the points above, a collaborative approach ensures that there is access to all relevant information. At the same time, involvement with key stakeholders and subject matter experts provided a forum for challenge of methodology and findings, ensuring an element of assurance around the process.

The SITRA/Homeless Link "Estimating the Needs for Supported Housing" (2015)[5] approach provided the most direct parallel, given it focused on housing support in England for working age people. It provided a base for this research and has been tailored and added to for the specific housing support needs assessment in NI and in this SNA.

Another key message from initial stakeholder engagement in NI was the importance of having a proportional / commensurate approach to build on currently available information which can refined and added to over time.

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[5] Available here http://s3-eu-west-1.amazonaws.com/pub.housing.org.uk/Sitra_Supported_Housing_Needs_Assessment_Report.pdf last accessed 21 August 2020

2.4   Needs Assessment Approach

Overview of the approach

Based on the objectives, principles and comparative analysis the Research Team developed the following approach for the SNA, which fully aligns with the agreed terms of reference. This approach was to identify and assess current and future housing support needs and key steps were outlined below in Table 1.4.1. Figure 2.4.1 provides a simplified view of the approach.

Figure 2.4.1: Simplified view of the approach

Current need
Current needs (and provision) and assessment of need based on SP intent, demand and supply.

Factors influencing future need and provision

Future needs
Identify future needs and provide an assessment on future needs
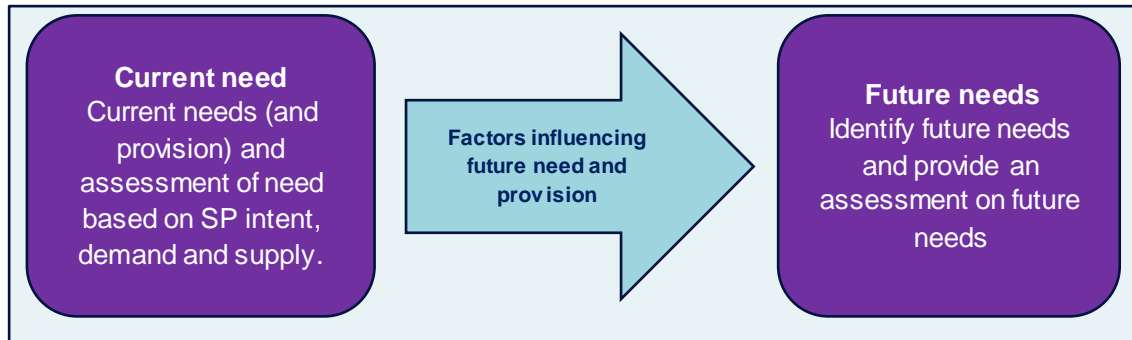
Figure 2.4.2 below illustrates the in-depth method, breaking it down into five separate areas of investigation across three phases, highlighting what was reviewed and detail used at each stage.

Figure: 2.4.2: Key stages of analysis

	Current need Where are we now?			Factors What will impact future need?	Future need What impact will this have on future need?
What we want to know?	1. Who has housing support needs?	2. What is the existing service provision? (SUPPLY)	3. What types of housing support needs do they have? (NEED / DEMAND)	4. What factors will impact housing support needs?	5. What are the future housing support needs?
	Profile of client group	Profile of housing support service provision	Types of housing support needs	Trends of population at risk & need	Projected population at risk and in need (VOLUME)
		Analysis of existing supply and capacity	'Dimensions' of housing support needs	Future 'population' trends	Projected types of housing support needed (TYPE)
			Analysis of demand	Strategic and environment changes	
			Assessment of unmet and emerging need / target outcomes		
How will we do it?	Desk based profile of client groups	Profile of service models and provision	Current population at risk and in need	Demographic trends	Projected population at risk and in need
		Data analysis – units, utilisation, funding	Voice information	Strategic context / drivers	Evidence to support emerging housing support needs
				Literature review to understand trends and for comparators	
				Voice information	

2.5   Voice and stakeholder information: approach

A key element for this SNA has been to develop and engage with a range of people to provide vital 'voice information' i.e. voice of user and stakeholder views. This has helped to inform and shape both the research evidence and key conclusions. Table 2.5.1 provides an overview of the key engagement to gather these important viewpoints.

Table 2.5.1: Voice and stakeholder information approach

Stakeholder	Description
SP service user	• Case study approach with 20 semi structured interviews completed via telephone by experienced research staff from our Research Team. • Aim of interviews was to gather first hand feedback from users across all the thematic group of their needs and what matters most to them. • Despite a smaller than planned cohort (approximately 15 interviews in total due to COVID-19), utilising this information with secondary research enabled case study personas on housing support needs to be developed.
SP provider	• Online survey consisting of 16 questions issued to all SP Providers (80+) with 30+ completed returns. This followed engagement and feedback with Committee Representing Independent Supporting People Providers (CRISPP) representatives. • Aim of survey was to gather feedback from providers around Supporting People funded housing support services including current needs, services and future needs. • There was also engagement via Regional Thematic Groups (RTG) and as part of the user research.
SP staff	• Survey consisting of 16 questions issued to Supporting People staff with 11 returns. • Aim of survey was to gather feedback from SP staff around Supporting People funded housing support services plus current and future needs.
Other strategic engagement	• A Project Sounding Board: This group was made up of officials from across statutory partners (from NIHE, Department of Health {DoH}, Department of Justice {DoJ} and DfC) to provide validation and challenge on progress. • The Research Team have engaged or presented to a number of groups this included (but not limited to) the SP Programme Board (DfC led), NIHE Board, CRISPP members, SP Strategic Advisory Board, SP Regional Thematic Groups (four in total), Health and Social Care Board (HSCB), NI Probation Board and Strategic Investment Board (SIB) system dynamics modelling team.

2.6 Analytical information: shaping current and future housing support needs

The analytical information centred on taking the available data analysis and voice information covered in Section 2.5 above into a three part approach for covering current and future need. The three parts are listed below:

- Part 1: Establish a baseline housing support for each Primary Client Group (PCG) and aggregate for the programme
- Part 2: Consider factors which will impact future housing support needs
- Part 3: Establish a projected housing support for each PCG and aggregate for the SP Programme

PART 1: ESTABLISH A BASELINE HOUSING SUPPORT FOR EACH PCG AND AGGREGATE FOR THE SP PROGRAMME

Figure 2.6.1 provides an overview of the current needs assessment. The population in need is based on three factors;

- Current utilisation;
- Waiting lists; and
- Unmet demand.

In Section 6, the detailed assumptions and application of the model can be found. There are important limitations highlighted in relation to each of the three areas above and this is covered in more detail in Section 6. However, it provides a structure to consider housing support needs which can continue to be refined over time.

Figure 2.6.1: Housing support needs adapted based on SITRA framework [6]

Source: Approach based on SITRA model adapted by the Research Team for this SNA

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[6] Available here http://s3-eu-west-1.amazonaws.com/pub.housing.org.uk/Sitra_Supported_Housing_Needs_Assessment_Report.pdf last accessed 21 August 2020.

PART 2: CONSIDER FACTORS WHICH WILL IMPACT FUTURE NEEDS

The Research Team based on a review of literature and engagement with stakeholders have identified five factors which will impact housing support in terms of both volume and mix of services. The model is outlined in Figure 2.6.2.

Figure 2.6.2 The 5 P's impacting future housing support needs: Population, Prevalence, Push, Pull and Portfolio
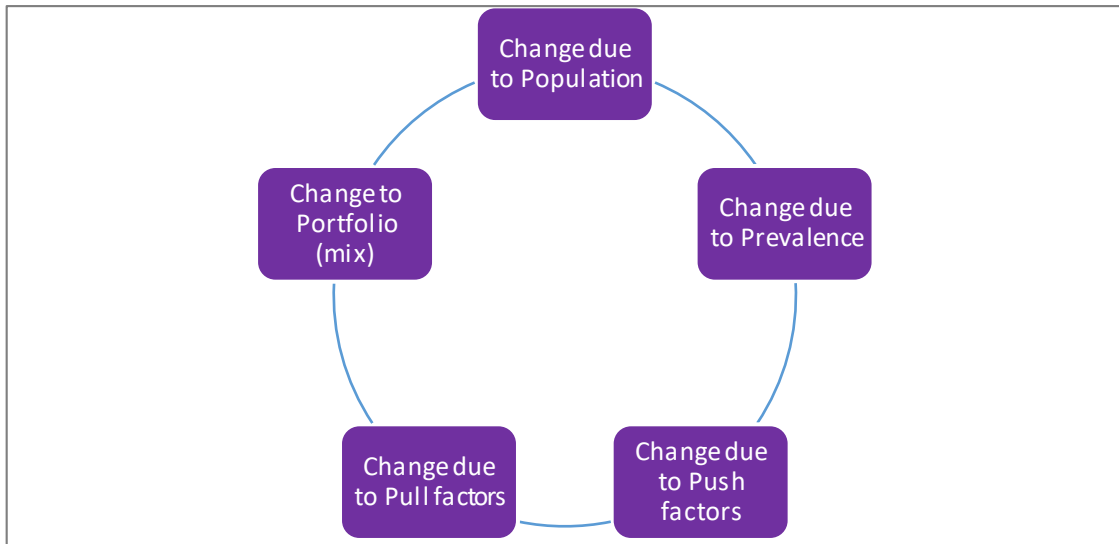
Table 2.6.3 below provides an overview of these factors including examples.

Table 2.6.3 Description of the five factors

Factor	Description
Factor 1: Population change	Demographic change will impact housing support needs e.g. impact of ageing population
Factor 2: Prevalence change	Change in the number of people in the population with a housing support need e.g. better diagnosis of dementia may increase prevalence rates.
Factor 3: Push factors out of SP	Political, economic, social, technological, environment or legal which 'push' needs out of SP services. For example, change in health, care, housing or justice policies. A live example may be the impact of COVID-19 or early intervention approaches which reduce some housing support needs.
Factor 4: Pull factors into SP	Political, economic, social, technological, environment or legal which 'pull' needs into SP services. For example, change in health, care or housing policies. A live example may be the impact of COVID-19 or move from communal care models to more dispersed models of care and increasing housing support needs.
Factor 5: Portfolio (change in housing support mix)	Change in the mix of housing support needs e.g. if a change from specialist housing to floating support services.

The five factors will impact different elements of the model and there are some elements that SP will have no control over. In relation to other factors there may be some influence or control on the impact. This is illustrated in Figure 2.6.4.

Figure 2.6.4: Factors and how they relate to model
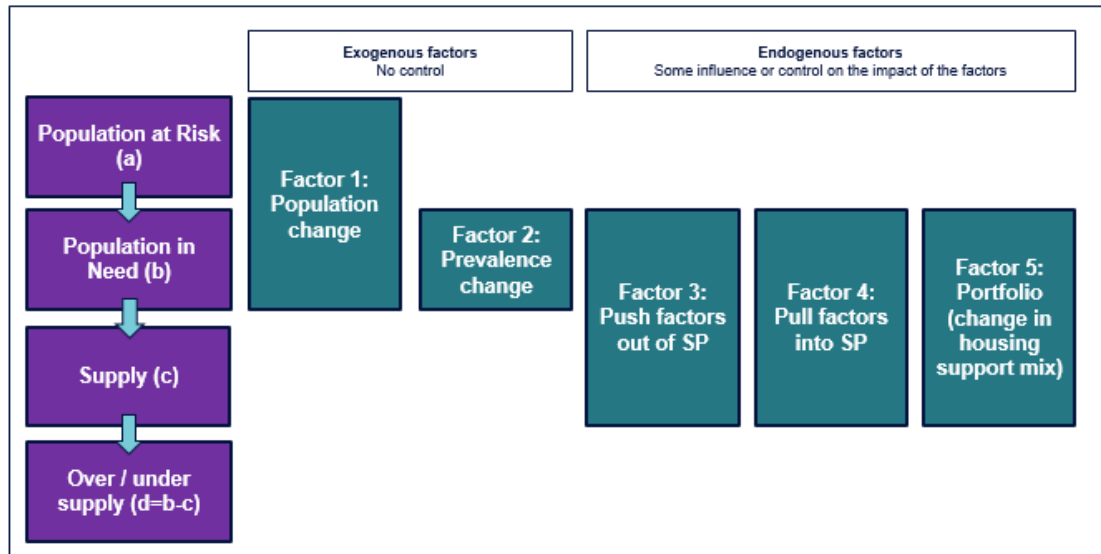
PART 3: FUTURE HOUSING SUPPORT NEED PROJECTIONS AT AN AGGREGATE LEVEL

Based on the baseline information and factors impacting future need (outlined in Parts 1 and 2 above), an estimate of future need can be prepared based on 3 year and 10 year cycle. It also covers a low and high scenario which are as follows:

- Low scenario: applying only the population factor (a known) to future need; and
- High scenario: applying all five factors i.e. population, prevalence, push, pull and portfolio (the latter four factors are more reliant on assumptions).

2.7   Limitations of this research

The limitations / constraints of the research have been identified. The table below provides an overview of these and their potential impact.

Table 2.7.1 Research limitations

No.	Limitation	Impact
1	Point in time analysis	This needs assessment is a point in time review. The analysis will be revisited and refreshed over a suitable timeframe to ensure it reflects latest data and emerging trends.
2	Complexity of 'system'	The scope of the needs assessment focusses on housing support needs. Evidence shows that there are a wide range of external factors that impact on individual's needs in general. Housing, health, social care, justice, economic, social and many more factors will impact on need (See PESTEL analysis in Section 3).
3	Availability, comparability and	Data was a key factor to this needs assessment. The data is imperfect in part due to availability, comparability and reliability. There is variation in: • Availability: some information was not captured in a centralised

No.	Limitation	Impact
	reliability, of data	or systematic way e.g. housing support waiting list or unmet demand. • Comparability: some information which was captured was not necessarily comparable or was collected for a separate purpose e.g. some of the waiting list information for an individual PCG. • Reliability: source, preparation and time series of data was different across the assessment. Some analysis relies on administrative data used which is not subject to the same national statistics standards as NISRA or ONS statistics. This should be refined and added to over time. SP does capture needs and outcomes of an individual. However, at a system level, a standardised (and ideally centralised) approach to assessing, capturing and analysing housing support needs would be beneficial and add to the availability, comparability and reliability of the information.
4	COVID-19	COVID-19 has had a number of impacts on this SNA. • **Delivery of this SNA:** This was a key constraint which resulted in changes to the delivery of the SNA from the original plan and impacted on level and timing of user and provider engagement. This has resulted in some of the voice information being captured on the phone rather than face to face which is a limitation and has reduced some of the planned consultations. • **Uncertainty of long term impact:** The full impact that COVID-19 will have on housing support services funded by SP is not yet known and although the research team have assumed some post COVID-19 positions, there is material uncertainty on the transient v permanent impacts.
5	Locational analysis	This SNA focuses on an NI level to determine housing support analysis. Sub-regional analysis may be helpful in future but the focus has been on preparing and developing a *strategic* needs assessment i.e. NI as a whole. This is a limitation as some geographical differences have been noted.
6	Voice information	The user research was a small case study based approach and will not be representative of all service users or PCG. This is a key limitation and given the interviews were telephone based this may have eliminated some service users with more complex needs. This is an area which would benefit from additional research in future assessments.

2.8   Summary and conclusions

This section details the overall approach taken to progress this needs assessment. It relies and builds on other approaches and methods in relation to SNAs. It highlights the importance of understanding the current baseline of need, what factors may impact this, and as a result what future support needs might look like.

It is important to have a pragmatic approach and rely on the best available information to provide an evidence base which is proportional and reliable to inform future decision making.

3. Strategic Context

3.   STRATEGIC CONTEXT

3.1   Introduction

The purpose of this section is to set out the context for the assessment, including a high-level analysis of the strategic context to establish the strategic and operating environment for the SP Programme.

3.2   Strategic Context Analysis: SP programme view

The purpose of the strategic context is to establish the environment in which the SP Programme exists. Table 3.2.1 below sets out the key messages from the most relevant documents and the relevance of their findings to this analysis which impacts SP programme as a whole. In Sections 8-11, there is the specific strategic context analysis for each thematic group.

Table 3.2.1: Strategic Context Analysis

Report Name / Author	What does the report mean for this research?
Relevant NI Executive reports	
2016: Draft Programme for Government (PfG) 2016-2021, Northern Ireland Executive.	The draft PfG identifies a shift towards an outcomes based approach to service delivery; interventions detailed in this document also seek to improve outcomes delivery and value for money. The relevant outcomes which are linked to the SP programme are linked and not limited to: • PfG Outcome 4: We enjoy long healthy lives; and • PfG Outcome 8: We care for others and we help those in need. This outcome focus along with the specified outcomes reflect the wider strategic context in which SP Programme is in place to contribute towards.
2020: New Decade, New Approach agreement.	This report was published in Jan 2020 to set out the priorities of the restored Executive. Housing was one of the key priority areas alongside growing the economy, health and education. Some of the relevant priorities included: • The Programme for Government outcomes framework will be augmented with a new outcome and indicators to provide specific focus on ensuring every household has access to a good quality, affordable and sustainable home that is appropriate for its needs. • Development of antipoverty strategy to support working families and the most vulnerable; • Introduction of legislation to reclassify housing associations, enabling the continuation of building new social housing and intermediate housing; and

	• Transformation of the health service including the roll out of multidisciplinary teams to serve in the community. These elements have a direct or indirect impact on housing support need in NI and demonstrate the political priorities for the restored Executive.
Relevant SP reports	
2015: Review of Supporting People, Department for Social Development.	A key finding from the review sets out deficiencies (including no systematic robust process for assessment of housing support needs at a regional level) in the current system of need assessment. In particular, it states that the current system is unable to adequately identify emerging areas of future need. Of particular relevance to this review are Recommendations 1 & 10: *1: "To introduce a new strategic, intelligence led approach to needs assessment across all client groups, which takes proper account of demographic trends and other social factors to identify current and future patterns of need."* *10: "A clearer strategic line of sight should be introduced into the Programme with the Minister responsible for housing setting commissioning priorities over a programming period, based on both policy imperatives and needs assessment. This will guide the NIHE's strategic plan for Supporting People delivery and frame commissioning decisions within the Supporting People programme."* The SNA aims to undertake the assessment of need outlined in Recommendation 1 and identify future trends to inform strategic decision making.
2017: Strategic Needs Assessment for the Supporting People programme: a policy statement, DfC, DoH and DoJ.	This policy statement underpins the needs assessment, highlighting that although the main purpose was to determine strategic need for commissioned services, it also helped identify unmet needs where services are currently unavailable through the programme.
2019: Supporting People Plan 2019-2020 and Strategic Intent 2020 – 2022, NIHE.	The report sets out the considerations for the 3-year strategy and recognises the opportunity to make positive changes to the SP programme and to increase floating support provision. Key to the strategy is assessing need and in turn, identifying priorities based on assessment of need. The SNA provides an evidence-based analysis of the SP programme and allows for assessment of priorities and / or case for investment as required.

Relevant housing reports	
2012: Facing the Future: The Housing Strategy for NI 2012-2017, Department of Social Development.	This document was the first ever NI housing strategy which centred on the vision that everyone should have the opportunity to access good quality housing at a reasonable cost. This report identified that, in terms of assessing housing, there was no sign that the high demand for social housing would reduce, that innovative ways were being used to increase housing supply and use existing stock more effectively. A key focus was homelessness and having a clear policy focus on its prevention, working in partnership with other bodies to support individuals in these situations. This aligns closely with this SNA and the SP Programme.
2017: Housing Market Symposium: Final Report and Recommendations, DfC commissioned.	This Department for Communities commissioned report presented in Jan 2018 was in response to the Programme for Government, which identified the gap between the number of houses needed and the number available. The report established a profile of the NI housing stock and looked at how the housing market might respond to certain demographic changes such as the ageing population. Demographic change analysis has formed a key part of this SNA.
2017: Homelessness Strategy for Northern Ireland 2017-2022, NIHE.	The five key aims of the Homelessness Strategy for Northern Ireland relate to the prioritisation of homelessness prevention, securing sustainable housing and support solutions, and the development of appropriate support services based on identified needs. This recognises the contribution of SP in providing housing and support services; as such, proposed interventions will align with this through the objective to improve efficiency and effectiveness in such services.
2017: Key Inequalities in Housing and Communities, Equality Commission NI.	There is a close link between those impacted by the inequalities set out in the report and thematic groups set out by SP. For example, this report identified those with a learning disability are not always afforded an opportunity to live independently. These insights are helpful to understand what pre-existing housing support themes are present in NI.
2018: Social Housing in Northern Ireland: challenges and policy options, Joe Frey, UK Collaborative Centre for Housing Evidence.	This document sets out the most significant issues facing social housing in Northern Ireland and how they can be addressed via a number of initiatives.

	This research was considered during the development of the SNA to understand if issues have changed and if any additional gaps/issues were identified.
Relevant health and social care reports	
2016: Health and Wellbeing 2026, Delivering Together, DoH.	The approach outlined was in keeping with one of the objectives of the SP review, namely to bring all relevant individuals or groups together to deliver services and collaboratively develop clear terms of reference to ensure all involved are clear about their roles and responsibilities.
	This collaborative working should in turn allow for further sharing of information, and a broader understanding of needs.
	Delivery Together outlines a long term vision which was to have more proactive self-directed and self-management of needs and at a local level where possible. The context can be found below
	'For too long HSC services have been planned and managed around structures and buildings. This will change. Delivering Together puts people at the forefront. The focus is on enabling people to stay well for longer. Where care or support is needed it will be wherever possible provided in the community setting. If specialist interventions are required these will be of high quality and delivered in a safe and timely way.'
	During the research for this SNA, the close link (becoming increasingly closer) between health and social care provision and housing support has been evident. For example, the impact of increasing provision of care in the community and potential impact on housing support needs has been highlighted. This illustrates the importance of collaboration in commissioning and delivery of services across care and housing support provision.
2017: Power to People: Expert Advisory Panel on Adult Care and Support, DoH	In health and social care settings, there is an increasing focus on choice and self-directed support. This is comparable to the type of support provided by SP and as highlight in the report:
	Proposal 15 is in relation to other bodies: *'The Expert Advisory Panel proposes that the Department of Health and the HSC works more closely with the Department for Communities and NI Housing Executive around future strategies for specialist and supported housing to ensure more effective alignment between housing and social care.'*
	The current 'demarcation' between housing support and parts of health and social care is practice is increasingly focused on the same outcome i.e. enabling independent living. This is illustrated by the number of jointly funded services and has formed part of the consideration for this SNA.

3.3 PESTEL Analysis

There are several external influences which impact the SP Programme's strategic and operating environment. These are detailed in Table 3.3.1.

Table 3.3.1: PESTEL Analysis

Constraint	Description
Political	• **The reestablishment of the NI Executive:** the new NI Executive and/or the new Minister(s) may result in changing priorities. The New Decade, New Approach document referenced a number of potentially significant changes to housing, health and justice policies which may impact the SP programme. • **Programme for Government (PfG):** A new PfG is likely to impact the SP programme; the planned multi-year PfG should enable greater certainty in relation to budget and programme planning. It may present both risks and opportunities for the SP programme if there is a change in funding (for SP or related services) or a change in policy which may impact on service continuity, delivery partners and / or service user needs.
Economic	• **Socio-economic factors:** macro-economic factors can impact on type and nature of services needed. For example, particularly in relation to the homeless thematic group, there is evidence between economic conditions and housing support services required (some of which lagged in nature). • **Ageing population:** As the population ages, and therefore needs change; there may be economic challenges in regards to the funding of services, as the changing demographic could cause increased budgetary pressures. However, to balance there is now an increase in disability free life expectancy once over 65+. • **Budgetary constraints and public sector finances:** The SP budget has remained relatively static, while simultaneously needs may change, leading to further challenges in the funding of services. Also, there may be uncertainty with public sector budgets post COVID-19 and pressures to reduce public sector expenditure.
Social	• **Increasingly focused on service user choice:** service user expectations may be for on co-design or co-production. A desire to have more choice in how and what services they receive – effectively enabling them to decide 'what matters most to me?' • **COVID-19 impact:** As outlined previously, COVID-19 19 has had a material impact on service delivery in the short term and the long term impact is uncertain in terms of service user need, funding and delivery model needs. This is the most uncertain external factor affecting SP Programme and this likely to be the case over the next few years at least. • **Ageing population:** Social impact of ageing population on housing support and care services. The volume and range of services may need to adapt for the changing needs.

Constraint	Description
	• **Complexity of need:** Service users appear to be presenting with increasing complex and multiple needs, which makes service provision more complex. It can require closer working across organisations which provide housing support, health, and care needs to understand what services are needed and how they can be best delivered for the service user.
Technological	• **How users interact with services:** Improvements in technologies may change the means by which service providers and service users interact with each other, potentially creating a learning curve for both parties. There may be a greater desire / need for assistive technology and for digital services more generally. • **Data Quality:** It is important to ensure that relevant data is gathered and recorded in a usable and consistent format, both internally and externally. This will allow for streamlined data analysis and better data sharing provisions.
Environmental	• **Geographical constraints:** Different areas across NI will require slightly different levels and types of provision due to different demographics, geographical constraints, and population densities.
Legal	• **Legislation:** Supporting People legislation lists 21 eligible housing support services; in terms of changing user needs there may be services that are required but not currently available. • **Current legislative context:** Any changes that might be made to current welfare reform may have an impact on the individual's financial position and their ability to access services. Additionally, currently the majority of health and social care services are free at the point of delivery, whereas SP programme is primarily means tested provision. Any policy changes in relation to this may impact the need for housing support services. • **Justice:** A review of any justice legislation, for example policies around sentencing may have an impact on the volume of people who require housing support services.

3.4   Summary and Conclusions

This section set out an overview of the strategic context reviewed as part of the development of this SNA. A number of key factors both internal (PfG, Departmental policies) and external have been identified as having an important impact on SP now and in the future, and were key considerations as part of this SNA.

SP Programme as a relatively small grant programme has limited control or influence over some of the external factors identified above. This highlights a complex strategic and operating environment with interdependencies across health, social care, justice and housing impacting how housing support is delivered and managed.

4. Benchmarking housing support needs with comparators

4. BENCHMARKING HOUSING SUPPORT NEEDS WITH COMPARATORS

4.1 Introduction

The Research Team have looked at the available data on needs from similar programmes in England, Scotland and Wales. The studies cover baseline supporting housing need and future projections and this section compares the studies to NI and includes important caveats.

4.2 Benchmarking with rest of UK: baselining provision

In order to further understand housing support services in NI and how these compare to other UK regions, the Research Team compared data from a Great Britain (GB) report to NI. There were a number of limitations which are important to highlight:

- **Different delivery models and statutory responsibilities:** Supporting People was introduced by the UK Government in 2003, however over time there has been a divergence in how housing support and the statutory responsibilities is provided across England, Scotland, Wales and NI.

- **Baseline study excludes floating support:** finding comparable / centralised data on housing support services can be challenging. For example, *Department of Work and Pensions (DWP) / Department for Communities Local Government (DCLG) Supported Accommodation Review: The scale, scope and cost of the supported housing sector*[7] from 2016 provides a snapshot estimate of the size and composition of the sector at the end of 2015 for England, Scotland and Wales. The England, Scotland and Wales data is based on 'supported housing' i.e. excludes non-accommodation based services like floating support. The NI volume of units is from 2019 opposed to 2015.

However, even with the caveats listed above, Table 4.2.1 provides a useful benchmark to analyse and understand how the 'supported housing' and accommodation based services compare across the four jurisdictions. It illustrates that older people supported housing units make up the majority of units across all four areas. The average across GB was 71% compared to 68% in NI. The number of supported housing units per 1,000 was lowest in NI with 7.9 per 1,000 people, compared to average of 10.3 per 1,000 people in the rest of GB.

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[7] Available here
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/572454/rr927-supported-accommodation-review.pdf last accessed 21 August 2020.

Table 4.2.1: Supported Accommodation across the UK on a per capita basis (NB - excludes floating support / non-accommodation based services)

	Supported housing units (2015)	Population (2015)	No. of supported housing units per 1,000 people	Older people supported housing units (2015)	% of total units
England	553,500	54,786,327	10.1	395,000	71%
Scotland	59,500	5,373,000	11.1	36,500	61%
Wales	38,500	3,099,086	12.4	30,500	79%
Total	**651,500**	**63,258,413**	**10.3**	**462,000**	**71%**
	Supported housing units (2019)	Population (2015*)	No. of supported housing units per 1,000 people	Older people supported housing units (2019)	% of total units
Northern Ireland	14,633	1,851,621	7.9	9,947	68%

Source: DWP / DCLG Supported Accommodation Review: The scale, scope and cost of the supported housing sector, population data from ONS, SP units from NIHE. *2015 used as base year to tie with GB population analysis.

The remaining units, other than older people cover; People with learning disabilities, Single homeless people (Inc. rough sleepers), People with mental health problems, Vulnerable young people (16-25), People with physical disabilities or sensory impairment, Homeless families, People with drug or alcohol misuse needs, At risk of domestic abuse, Offenders and Others (Inc. refugees or asylum seekers and others).

Table 4.2.2 provides a summary of supported accommodation across the UK, highlighting the overall percentage of supply for each primary client group. Data has been included for NI along with details of the overall percentage of supply. This allows us to see how the supply of supported accommodation in NI across the 14 PCGs compares to the rest of the UK.

As outlined, older people units in NI is lower compared to GB average. People with learning disabilities and mental health problems are higher in NI 10% and 8% respectively of supply compared with 7% and 5% in GB.

However, generally the analysis shows client groups are broadly comparable but there are lower levels of supported housing in NI compared to the rest of the UK. This difference may be due to different delivery models and in NI there are a number joint funded provisions in particularly with Health Trusts which may be a contributing factor for this differential i.e. a housing support in GB may be delivered by programme or organisation outside of a typical dedicated housing support programme. There are also a number of differences including legislative (statutory responsibility for homelessness as an example which differs by country), policy and legacy arrangements.

Table 4.2.2: Support accommodation across the UK by client group

Client group	England (units)	Wales (units)	Scotland (units)	GB Total (units)	Percentage of overall GB supply	NI (units)	Percentage of overall NI supply
Older People	395,000	30,500	36,500	462,000	71%	9,947	68%
People with learning disabilities	38,500	3,000	6,000	47,500	7%	1,473	10%
People with mental health problems	29,500	1,000	2,500	33,000	5%	1,186	8%
Single homeless and rough sleepers	30,000	1,000	6,000	37,000	6%	917	6%
Vulnerable young people	19,500	1,000	1,000	21,500	3%	224	2%
People with physical disabilities or sensory impairment	9,000	Under 500	2,500	12,000	2%	135	1%
Homeless families	5,500	500	2,500	8,500	1%	312	2%
People with drug or alcohol misuse needs	4,500	500	1,000	6,000	1%	198	1%
At risk of domestic abuse	4,500	500	1,000	6,000	1%	139	1%
Offenders	4,500	Under 500	Under 500	4,500	1%	102	1%
Others	13,000	Under 500	500	13,500	2%	-	-
Total	**553,500**	**38,500**	**59,500**	**651,500**		**14,633**	
Total Population	**54,786,327**	**3,099,086**	**5,373,000**	**63,258,413**		**1,851,621**	
Supported units as percentage of population	**1.01%**	**1.24%**	**1.10%**	**1.03%**		**0.79%**	

Source: DWP / DCLG Supported Accommodation Review: The scale, scope and cost of the supported housing sector, population data from ONS, SP units from NIHE.

4.3 Benchmarking with rest of UK: Future need estimates

Based on the benchmarking in Section 4.2, it is clear there are some differences between GB and NI but there are sufficient parallels and similarities to review what trends are expected in GB in relation to future supported accommodation.

The Research Team was able to identify two separate studies which considered future housing need projections. They are listed below.

REPORT 1: London School of Economics Projected Demand for Supported Housing in Great Britain 2015-2030, Published In March 2017[8]

Building on the GB research outlined in Section 4.2. The London School of Economics prepared a study with projections in respect of supported housing, which was commissioned by the Department of Health (DH), on behalf of the DCLG. They also projected increases in supported housing need, with need increasing by between 7%-11% every 5 years. The primary driver was demographic changes but it did consider some prevalence rates, cost of provision and benefits policy. This provides a useful baseline for accommodation based services in NI compared to GB.

Table 4.3.1: Project supported housing need across GB 2015-2030 (excludes non-accommodation based services)

	Baseline		Projected supply required	
	2015	2020	2025	2030
GB supported accommodation (units)	651,500	699,500	760,600	843,100
Change in units in 5 year period (units)	-	48,000	61,100	82,500
% change in units since last 5 year period		**7%**	**9%**	**11%**

Source: London School of Economics

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[8]Available here http://eprints.lse.ac.uk/84075/1/Wittenberg_Projected%20demand_2017_author.pdf last accessed on 21 August 2020.

REPORT 2: National Housing Federation's Supported Housing: Understanding Need and Supply (in conjunction with SITRA)[9]

The National Housing Federation's report on supported housing considered future demand and supply of supported housing, however this was only for working age claimants only (18-64), which as outlined above constitutes around only 30% of supported accommodation units in GB. However, again it provides a useful data point for estimating future supporting housing need, as it also provided a baseline difference between need and supply. As outlined in Table 4.3.2, the estimated need was 14% higher than supply in 2015/16, increasing to 26% by 2019/20 and to 42% by 2024/25.

Table 4.3.2: Project supported housing need by working age claimant in England, 2015-2025

	2015/16	2019/20	2024/25
Supply (units) (NB - excludes older people units)	109,556	109,556	109,556
Need (units)	125,196	138,609	156,327
Need in excess of supply	**14%**	**26%**	**42%**
% change in units since last period		**11%**	**13%**

Source: National Housing Federation's Supported Housing: Understanding Need and Supply (in conjunction with SITRA)

4.4 Summary and conclusions

The benchmarking exercise with GB, even with the comparability limitations, has identified some key insights namely:

- Lower levels of supported housing in NI per 1,000 of the population but client groups served are broadly the same and relative percentage splits are comparable.
- Supporting housing needs for working age claimants in England are higher than current supply by approximately 14%.
- Supported housing needs are projected to increase by between 7-13% every 5 years.

The Research Team has revisited these trends in Section 7 to compare with the projections developed for NI.

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[9] Available here http://s3-eu-west-1.amazonaws.com/pub.housing.org.uk/Supported_housing_understanding_needs_and_supply.pdf last accessed 21 August 2020

5. Overview of current SP Programme

5. OVERVIEW OF CURRENT SP PROGRAMME

5.1 Introduction

This section provides an overview of the current SP programme in order to outline who has housing support needs in NI and what is the current housing support provision. This is in order to better understand current, and in turn future, housing support needs in Section 6.

5.2 Who has the housing support needs?

Profile of PCGs

Table 5.2.1 outlines a diverse and complex ranges of services users who access the SP programme, across the four key thematic groups.

Table 5.2.1: SP Thematic Groups and PCG Definitions

Thematic Group	PCG	Definition (from SP Programme)
Older People	1. Older people with mental health problems /dementia	Older people with mental health problems including dementia.
	2. Older people with support needs	Older people with low to medium support needs.
	3. Frail elderly	Older people who are physically disabled or frail.
Young People	4. Young people	Young people at risk or vulnerable includes young people leaving care environments.
Disability and Mental Health	5. Physical/Sensory disability	People with mobility difficulties, sensory impairments, and debilitating or long-term illness.
	6. Mental health issues	People with enduring, but relatively low level mental illness or disability, as well as those who have been diagnosed as mentally ill and who have had, or are having, specialist treatment.
	7. Learning disability	People with mild to moderate learning disabilities, as well as those with more severe learning disabilities and/or challenging behaviour.
Homeless	8. Alcohol issues	People with alcohol problems who are homeless, or who are having difficulties in relation to sustaining their accommodation or managing to live independently.
	9. Drug issues	People with drug problems, who are homeless or who are having difficulties in relation to sustaining their accommodation or managing to live independently.

Thematic Group	PCG	Definition (from SP Programme)
	10. Homeless families with support needs	Families who have been accepted as statutorily homeless and are placed in temporary accommodation. This group includes homeless women with children.
	11. Offenders / People at risk of offending	Offenders, or people at risk of offending, who are homeless or who are having difficulties in relation to sustaining their accommodation or managing to live independently.
	12. Rough sleepers	People accessing a single Homeless Crisis Accommodation Service. NIHE define rough sleeping as "People sleeping, about to bed down (sitting on/in or standing next to their bedding) or actually bedded down in the open air (such as on the streets, in tents, doorways, parks, bus shelters or encampments). People in buildings or other places, not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations or 'bashes')".
	13. Single homeless with support	People who have been accepted as homeless and in priority need, and also those single homeless people who have been turned down for re-housing or have not approached the local authority.
	14. Women at risk of domestic violence	Women at risk of domestic violence who have left their home, or who are having difficulties in keeping their home and establishing their personal safety and security.

Source: SP Programme

5.3   What are the existing eligible housing support services?

Eligible housing support services by theme

The SP programme helps some of the most vulnerable people across NI, providing a wide range of services that will equip these users with the relevant housing support skills to enable them to live independently and retain tenancy. In the Housing Support Services Regulations (Northern Ireland) 2003, there are 21 services listed as eligible housing support services. The services are provided across both accommodation based services and non-accommodation based services / 'floating support' provisions.

A number of the eligible services listed are similar in nature, the Research Team have themes into six areas, as outlined in Figure 5.3.1.

Figure 5.3.1: Housing Support Service Themed Areas

Table 5.3.2 below lists the 21 Housing Support Services and details which theme best fits the service.

Table 5.3.2: List of eligible housing support services by theme

No.	Eligible housing support services	Theme
1	Provision of general counselling and support including befriending, encouraging social intercourse, advising on food preparation, reminding and non-specialist counselling where this does not conflict with similar services provided as personal care.	Counselling & General Advice.
2	Assistance with the security of the dwelling required due to the needs of the service user.	Safety & Security.
3	Assistance with the maintenance of the safety of the dwelling.	Safety & Security.
4	Assistance and supervision on the use of domestic equipment and appliances.	Counselling & General Advice.
5	Assistance with arranging minor repairs and servicing of domestic equipment and appliances.	Counselling & General Advice.

No.	Eligible housing support services	Theme
6	Provision of life skills training in maintaining the dwelling and curtilage in appropriate condition.	Counselling & General Advice.
7	Assistance in how to engage with individuals, professionals, and other bodies with an interest in the welfare of the service user.	Counselling & General Advice.
8	Assistance on access to the provision of equipment and adaptations to cope with disability.	Counselling & General Advice.
9	Advice or assistance in personal budgeting and debt counselling.	Financial Advice.
10	Advice or assistance in dealing with relationships or disputes with neighbours.	Counselling & General Advice.
11	Advice or assistance in dealing with claims to social security benefits and other official correspondence relevant to sustaining occupancy of the dwelling.	Financial Advice.
12	Advice or assistance with resettlement of the service user.	Resettlement.
13	Advice or assistance to enable a service user to move on to accommodation where less or more intense support is required.	Counselling & General Advice.
14	Advice or assistance with shopping and errands, where this does not conflict with similar services provided as personal care.	Counselling & General Advice.
15	Maintenance of emergency alarm or call systems.	Maintenance.
16	Responding to emergency alarm calls, where such calls relate to any housing support service, in accommodation designed or adapted for and occupied by elderly, sick or disabled people.	Safety & Security.
17	Controlling access to individual residents' rooms.	Safety & Security.
18	Cleaning of residents' own rooms and windows.	Maintenance.
19	Providing for the costs of resettlement services.	Resettlement.
20	Encouraging social intercourse and welfare checks for residents of accommodation supported by either a resident warden or a non-resident warden with a system for calling that warden where this does not overlap with similar services provided as personal care or personal support.	Social Inclusion.
21	Arranging social events for residents of accommodation supported by either a resident warden or a no-resident warden, with a system for calling that warden.	Social Inclusion.

Source: Housing Support Regulations 2003 available here
http://www.legislation.gov.uk/nisr/2003/172/made

5.4   How are the housing support services delivered?

Providers of housing support services

Across the SP programme in NI, there are a diverse and broad range of 87 service providers across 850+ schemes. The majority of providers are community, voluntary and private sector organisations. Some services are jointly funded with the five Health and Social Care Trusts.

Type of interventions, eligibility and funding

As outlined in Table 5.4.1, within the SP programme there are three main types of intervention. Two interventions focus on accommodation based services and one on non-accommodation based service / floating support provision.

Table 5.4.1 Housing Support interventions

| Funding intervention	Description	Eligibility of service user	Funding to provider
Block Gross	These are Short Term Accommodation Based Housing Support Schemes. These services can be in place for up to two years.	Non-means tested.	Receive a fixed 4-weekly payment. These are made in line with funding agreements, and thus do not vary depending on levels of occupancy.
Block Subsidy	These are Long Term Accommodation Based Housing Support Schemes which receive a 4-weekly payment. These services can be in place for more than two years.	The payment varies based on the Housing Benefit eligibility of the service user in each scheme.	Payments for long term services are made in line with funding agreement where providers will only receive funding for service users who are currently in receipt of Housing Benefit.
Floating Support	These are Floating Support Schemes where service users receive housing support to manage tenancy and live independently in their own homes.	Non-means tested.	Fixed 4-weekly payments are made for these schemes.

Source: SP Programme

Throughput

Throughput is effectively the flow or number of people who pass through the SP Programme. This information is based on quarterly SP Provider returns. Figure 5.4.1 sets out the throughput of both accommodation and non-accommodation based services.

The throughput varies between ABS (110% throughput) and NABS (140%) and across thematic groups, varying from 99% for Disability to 179% for Homeless. Homeless services throughput is significantly higher than the remainder of the thematic groups (198% throughput for ABS, 169% for NABS).

Throughput is consistently high across all PCGs within the Homeless group, in comparison (for example) the Older People cohort (100% throughput for ABS, 105% for NABS). Linked to the departure analysis above, such a difference is indicative of the nature of demand within these cohorts, with Homeless often requiring intensive support of a short-term nature, in comparison to Older People where lower-intensity support is often maintained for a number of years.

In terms of the SNA, throughput has been considered in assessing current and future demand in conjunction with the analysis of utilisation and waiting list assumptions. In **Appendix 7** is data in relation to client referral routes and departures from the service.

Figure 5.4.1: Throughput for ABS and NABS by Thematic Group
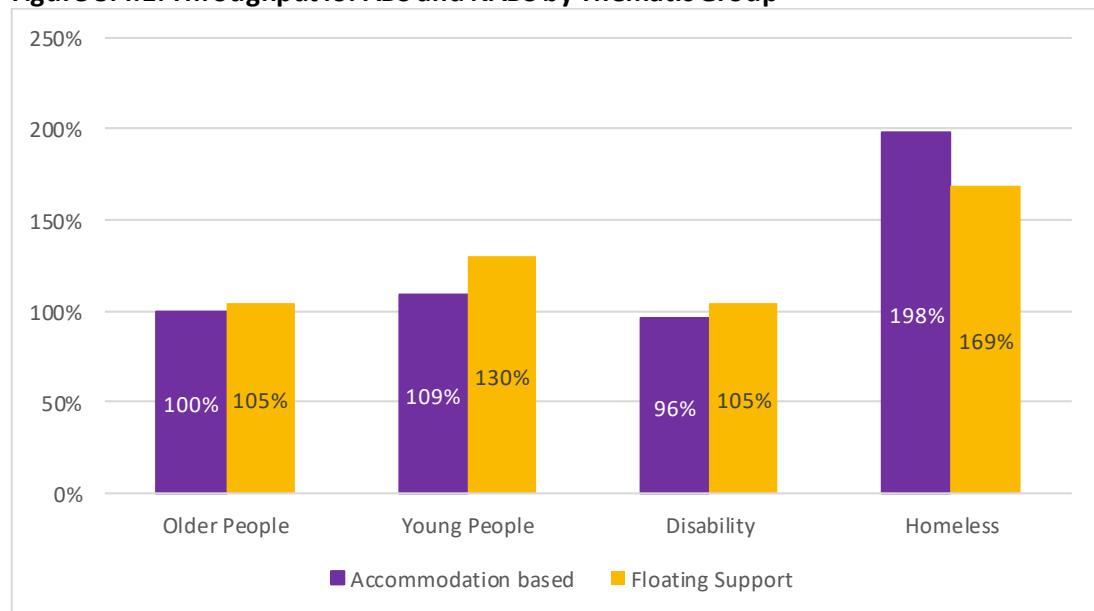
Source: NIHE SP data based on quarterly returns from Q2 2016 to Q2 2020.

5.5   How many housing support units are provided and what is the cost of provision?

Volume of housing support units provided

Provision within each thematic group is split into accommodation and non-accommodation based services. Accommodation based services are those where support is provided together with accommodation in a specific property.

Non-accommodation services (also referred to as floating support schemes) are services that are provided to individuals in their home. These support services are linked to the individual and not the accommodation. The diagram below illustrates the total volume of units per thematic group (both accommodation and non-accommodation based).

Figure 5.5.1: Housing support units per Thematic Group 2019/20
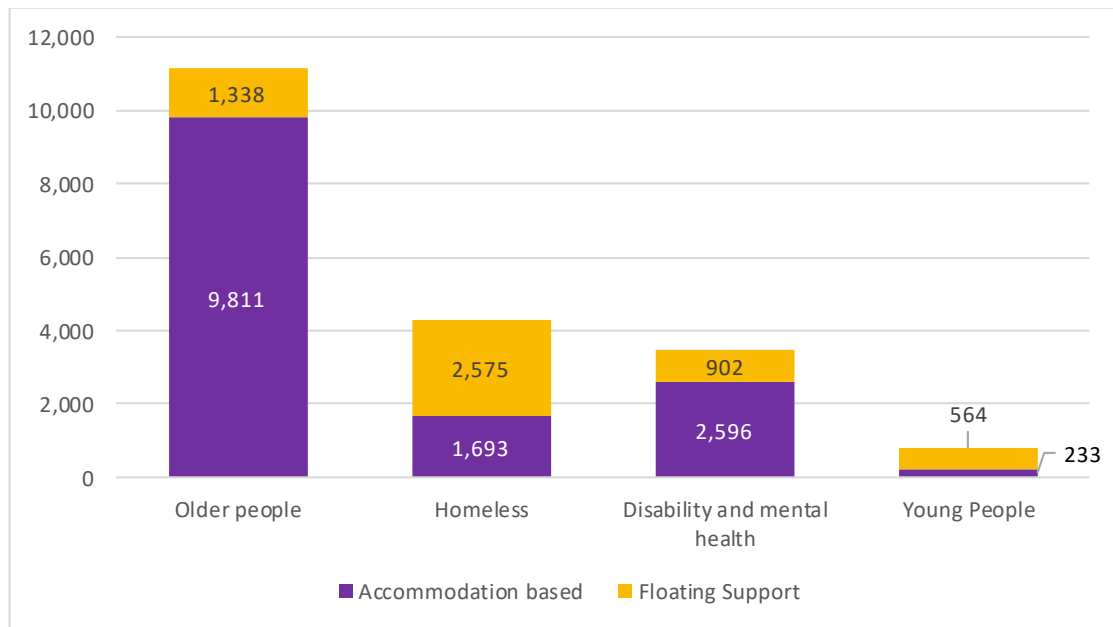
Source: NIHE SP data

Cost and unit cost of housing support units

The annual SP budget is £72.8m. The diagram below sets out the budget by thematic group for the year 2019/20 (set out in £m) compared to the number of units. There is a variation between number of units and budget position.

Figure 5.5.2: Housing support units and annual SP Budget per Thematic Group 2019/20
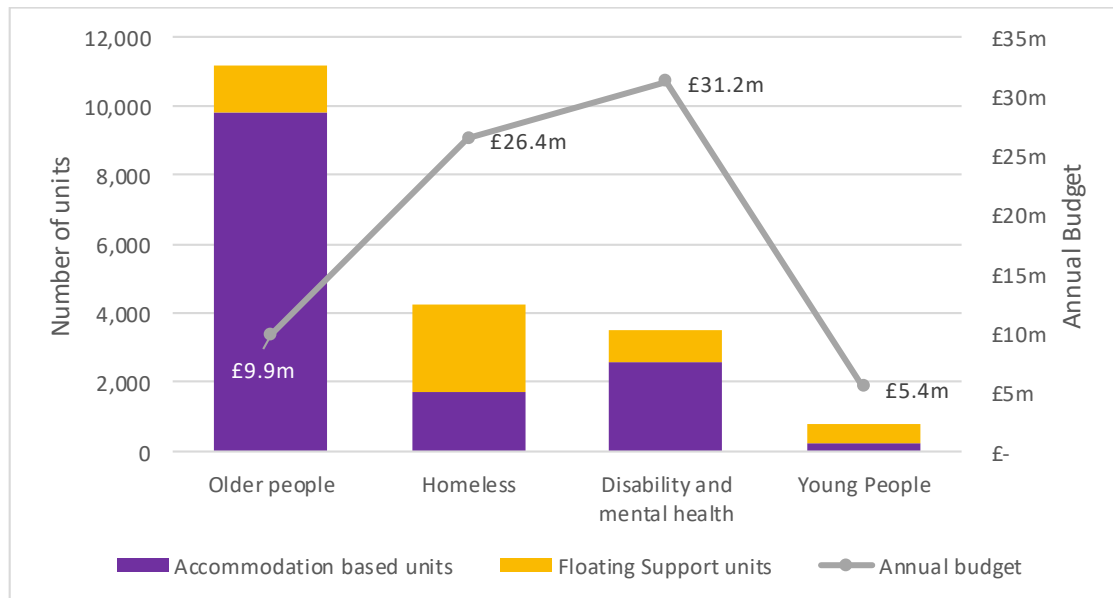
Source: NIHE SP data

The above diagrams indicate a variation in the funding across thematic groups, and that funding does not directly align to the volume of a single unit provided. Figure 5.5.3 sets out the cost per unit for both accommodation based and non-accommodation based units across thematic group.

Figure 5.5.3: Cost per unit across SP Thematic Groups based on 2019/20 budget
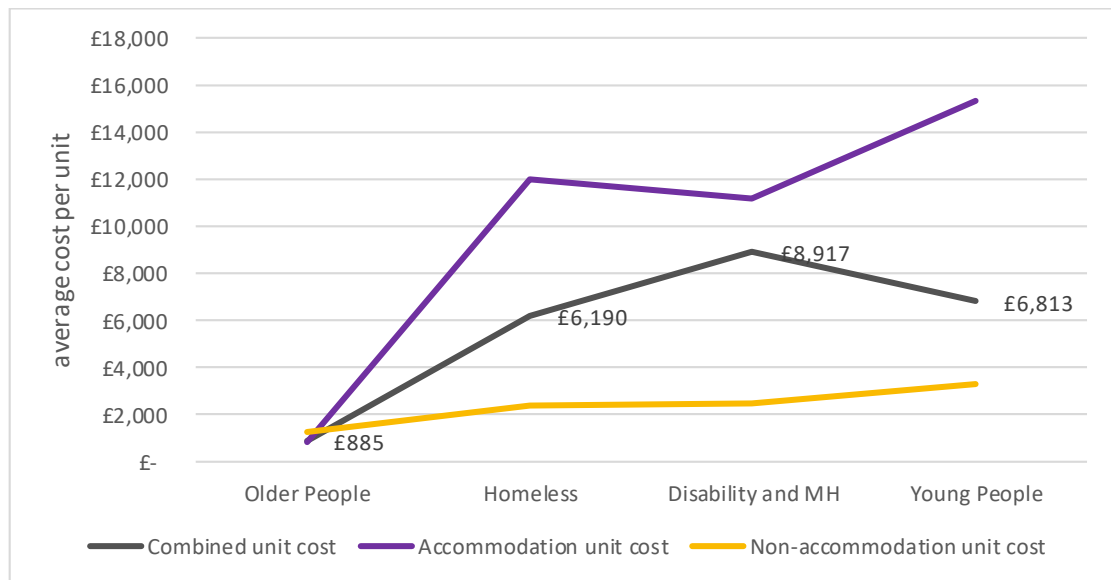
Source: BCS analysis based on NIHE SP data.

The SNA is focused on the level and type of need. But what the analysis above outlines there is variation:

- Number of units and type of units provided.
- Level of funding by thematic group
- Unit costs by thematic group.

The unit cost analysis illustrates that while non-accommodation units are broadly comparable across thematic groups, there is material differences in the accommodation based costs across thematic groups.

This suggests that the unit cost allocated to services. For example, older people is generally high volume provision but lower intensity accommodation based service support compared to homeless or young people provision. Older people accommodation based services unit costs are considerably lower than the other three groups.

This analysis helps to reflect the variation, level and intensity of service across SP to support some of the most vulnerable or in need service users. It provides important context before considering how this may change in the future which will be covered in Section 6.

5.6 How does SP housing support relate with other service provisions?

The SP Programme does not operate in a vacuum. There is a close interaction with other provisions and external factors have a material impact on type, nature and need for housing support.

Ultimately, when an individual is in need, there is a number of inter related factors which need to be considered. One of these may be a housing support intervention.

As outlined in Figure 5.6.1, the type of needs may be varied but there is a shared outcome to enable an individual to live as independently as possible.

Figure 5.6.1: A systems view of independent living

Any current and future needs identified in this SNA will require close and collaborative working with other statutory and non-statutory partners. This should not just be viewed as single organisation's responsibility but will require a systematic approach to address future housing support needs.
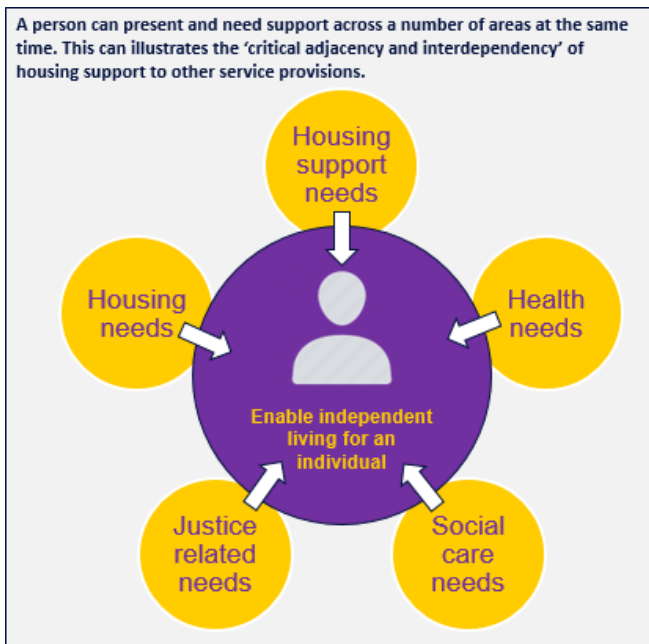
5.7 Summary and conclusions

The analysis in Section 5, has highlighted the following elements about the SP Programme which are important base for considering current and future housing support needs.

- **Broad provider base:** Currently there is an annual budget of £72.8m, in which 87 suppliers provide in excess of 850 services. This represents a diverse and wide provider base.

- **Broad range of services:** There are 21 eligible supported housing services available to users across six broad themes.

- **Broad range of service users and intervention:** There is a diverse range of volumes and funding across thematic and primary client groups. The older people thematic group had the highest volume of units available (11,147) and lowest unit cost intervention.

- **Variation across thematic groups:** there is variation across thematic groups in unit costs and split between accommodation and non-accommodation services which illustrate a diverse set of interventions.

As well as the SP programme being a diverse and broad programme addressing needs across 14 PCGs, it is part of the wider network or system of programmes and services which are trying to enable independent living. This illustrates the complexity and context ahead of Section 6 which outlines current and future housing support needs.

6. Analysis of Current and Future Housing Support Needs

6. ANALYSIS OF CURRENT AND FUTURE HOUSING SUPPORT NEEDS

6.1 Introduction

This Section 6 will cover three main areas: establishing a baseline for current housing support need in NI, considering factors which impact future and developing a projection for future housing support need. The analysis has been completed at each PCG and has been aggregated to Thematic Group or SP programme.

6.2 Voice and stakeholder research to shape housing support needs assessment

Introduction

As outlined in Section 2.5, the voice and stakeholder research is a key element or component of the SNA, providing qualitative insights and informed quantitative assumptions. In total, 20 semi structured service user interviews were completed plus survey responses from 40 SP providers and staff members.

In Section 8-11, there is more detailed findings for each thematic group. The Research Team have summarised some of the key themes which relate the SP programme as a whole, as well as specific comments at a thematic level in Table 6.2.1. A selection of user case studies are also included.

FINDINGS IN RELATION TO SP PROGRAMME

This section sets out the high level findings from the provider survey and SP staff survey (40 responses in total with 30 from individual SP Provider organisations):

- **Outcomes:** 95% of respondents agreed or strongly agreed that SP funded services support positive service user outcomes.

- **Needs:** 85% of respondents agreed or strongly agreed that SP services align with service user needs. The survey highlighted that as needs change, the services to meet these will continue to change i.e. if complexity of need increases, the services will need to be adapted to meet the change.

- **Needs have changed significantly over the last five years:** 87% of respondents agreed or strongly agreed that service user needs have changed significantly over the past 5 years. A common theme across all thematic groups was the increasing complexity of need, with service users presenting with multiple needs, with mental health and substance abuse cited as the most common challenges faced. This has placed significant pressure on services which may have been developed to cover a single primary client group / need.

- **Needs are expected to change significantly over the next five years:** 90% of respondents agreed or strongly agreed that the needs of users are likely to change over the next 5 years. The key messages shared across thematic groups were around the increasing of complexity of need (with substance abuse, mental health issues and COVID-19, the key drivers of increased need), which is expected to place additional pressure on services. Providers stated that additional funding is required to allow for better coordination between services, enabling a bespoke service to meet the needs of the individual.

- **Impact of COVID-19:** The survey highlighted the short term impact in terms of pressure to deliver services either remotely and / or impact of the delay of a service user receiving a

service. Plus the operational challenges around personal protective equipment and risk consideration for staff and service users. The medium to long term impact of Covid-19 is expected to place further demand on services, mainly as a result of economic hardship, mental health and domestic violence increases. However, there remains material uncertainty on the full impact and this will evolve over time but consensus was that it will change housing support needs.

FINDINGS IN RELATION TO THEMATIC GROUPS

Table 6.2.1 Key themes based on voice and stakeholder research

OLDER PEOPLE	
Current Needs	• **Increasing complexity of need:** As the population ages, there are an increasing number of service users with multifactorial needs including increasing numbers of older people with substance abuse or mental health issues. • **Long waiting lists can mean individuals seek sub-optimal support:** Some applicants re-consider going into a sheltered scheme due to lengthy waiting lists, instead opting to seek alternative arrangements that may not be optimal. • **Social isolation has been a key challenge** identified from voice and stakeholder consultation information. Opportunities to work in alternative ways to meet needs post COVID-19 will be important, including using more digital and assistive technology.
Future Needs	• **Housing support provision complementing and aligning with other provisions:** Role of SP to complement / support not replace statutory responsibility and provision: Consideration should be given to how services are commissioned and delivery to a service user. It needs to be approached with a more holistic lens. For example, how older people housing support needs aligns with health and care models and the respective roles, responsibilities and expertise. • **Skills to support:** Due to increasingly complex needs, there is a requirement for training, development and career pathways for staff who directly deliver housing support services to older people. • **Importance of both services type but likely need for more floating support:** There will be a need to maintain or refresh accommodation-based services and increase floating support services. • **COVID-19 as an accelerator:** Covid-19 has accelerated the desire of service users to maintain support within their own homes. Additional floating support may be required to help mitigate some of the challenges and to support maintain tenancies.
YOUNG PEOPLE	
Current Needs	• **Increasing complexity of need:** Service users' needs have become more complex, with mental health issues and IV drug use increasingly common. This complexity means it can be difficult to offer appropriate services within available support options. • **Awareness of support available:** Feedback from both staff and providers has suggested that in some/many cases, young people are unaware of their entitlements and rights and may be unsure who to turn to for help.

	• **Importance of temporary / crisis accommodation:** There is a growing need among young people for temporary / crisis accommodation There have been cases where a placement has been made outside of their support networks e.g. accommodation is in the North Coast but the individual is from Belfast, making it challenging to access other services (i.e. health services) they need or are familiar with.
Future Needs	• **External economic and / or social factors will impact future need:** Increasing complexity of need is likely to increase demand on services, most notably as a result of continued increases in mental health issues and substance abuse. At the same time, economic conditions could hit younger people hardest, resulting in increased reliance on housing support. • **COVID-19 adds uncertainty:** While the longer term impact is still unknown, it is possible that the issues set out above will be further exacerbated by Covid-19. • **Need to support / fund specialists:** Funding is required to support organisations in developing the necessary specialisms within their teams to ensure they are meeting the needs of changing needs of young people.
DISABILITY AND MENTAL HEALTH	
Current Needs	• **Increasing complexity of need:** SP funded services are aligned to users' needs, however service users are presenting with complex needs such as mental health and addiction. • **Individual needs can be very specific and this can result in gaps:** A key barrier is a lack of appropriate accommodation creating difficulties in placing individuals. This has significant impact on those who cannot share accommodation due to their conditions, resulting in gaps in service. • **The age profile of family carers is increasing and this impacts housing support needs**: The age profile of carers is increasing, which is creating additional pressure on services, with those who have previously relied entirely on family support requiring more SP housing support services to maintain their tenancy.
Future Needs	• **Mental health and complex needs will continue to increase:** Service users' needs will grow increasingly complex, particularly due to rising prevalence with regard to mental health. In addition, as the average age of the cohort increases, further reliance will be placed on SP-funded housing support services. • **COVID-19 will result in additional support being required:** The impact of Covid-19 is likely to be long term, with particular impact on mental health • **Need for capital investment:** Some providers have highlighted that capital investment would allow them to provide the required level of service to meet the growing demand as well as a wider range of housing support services. • **Limitations of a time bound floating support provision for some individuals and single unit facilities:** It has been highlighted that people who are living with learning disability mostly require accommodation based support rather than floating support as their disability is lifelong. A time-bound floating support intervention in

	these cases is not deemed an adequate intervention. Although floating support services offer the opportunity to allow individuals to remain in their own homes, respondents noted that this does not negate the need for accommodation services for those living with a greater complexity of need.
HOMELESS	
Current Needs	• **Increasing complexity of need:** Service users' needs have become more complex, with mental health issues and substance abuse increasingly common. Services are not always set up to provide for such a wide range of issues, making it difficult for providers to offer effective support. • **Early intervention is critical:** Greater focus is required for early intervention support, especially those with low level needs • **High demand for temporary / crisis accommodation:** There is a higher demand for accommodation spaces than they are able to provide. The insufficient provision means that people may be left in crisis with very few options which may include remaining in inappropriate accommodation, living with an abusive person, sofa surfing or rough sleeping. • **There are a range of barriers to accessing housing support:** including a lack of awareness from service users or in the wider system about the services SP can provide, a stigma attached to asking for support or the process is too difficult / overwhelming.
Future Needs	• **Additional funding:** More funding is required to ensure better coordinated services tailored to the individual and addressing the increasing multiplicity of needs found within the cohort. • **COVID-19 will result in additional support being required:** Covid-19 is likely to have a significant economic impact on the cohort, with higher unemployment creating further demand on services. Covid-19 has also seen a substantial increase in domestic violence cases, with the expectation from providers that this is an area of growing demand. • **Families who present as homeless:** There is a lack of suitable accommodation for families, resulting in long stays in temporary / crisis accommodation therefore placing further pressure on services. • **Pressure points in relation to placement of IV drugs users:** there is a small number of suitable services available and increasing need.

Case study persona for each Thematic Group

The 20 semi-structured service user interviews have helped to shape a number of personas which are outlined in Section 8-11 and one for each Thematic Group is provided below.

Older People: James, 70, Floating Support Service User *

Their Story:

James is in his 70s. He has a history of mental health and alcohol dependency issues and has been living with Crohns for almost 30 years. James still lives in his family home, with his 2 dogs and is in the process of working with his Floating Support worker to avail of a grant to make the necessary adjustments to his home to allow him to stay.

Their Housing Support Needs:

James has a number of complex issues and needs support to maintain his tenancy. James also suffers with impaired sight, so needs to be safe at home. He needs some guidance and advice in relation to financial matters and benefit claims.

What matters most to them:

James wants to stay in his home but he wants it to be more accessible and safe for him. James is very sociable and likes having someone to chat to and who can provide support.

In Their Words

"It's nice to have the support, as I said to a friend of mine yesterday, that had I known this help was out there I wouldn't have gotten down into that depression and turned to alcohol. But being a man I bottled it up."

Young People: Peter, 19, Floating Support Service User*

Their Story:

Peter's relationship with his family broke down and he found himself in a situation where he could no longer remain in the family home.

Their Housing Support Needs:

Peter needs support to help run his home and needs significant help with financial budgeting. In the past he has had some issues with managing his money and needs to ensure he has support with budgeting for his household expenses.

What matters most to them:

For Peter having support to manage his money is very important. Having someone he can chat to about this and also help him run his home and plan for the future.

In their words

"When I was on my own, I think that's when I realised living on your own is a struggle and I couldn't keep going and living the way I was. I thought to myself, I'm 18 now I have my own house and I really need to step up my game and the staff have given me the confidence to do that. They've really supported me through this".

Disability and Mental Health: Gemma, 22, Accommodation Based Service User*

Their Story:
Young female who is currently availing of a 2 year support programme in an accommodation based scheme. Gemma is living with Mental Health issues and before coming to live at supporting living facility, she was living between hospital and her family home. Gemma is looking forward to starting a Psychology degree at QUB in September.

Their Housing Support Needs:
Along with accommodation services, Gemma receives support to help mental health and wellbeing, along with learning everyday tasks like cooking, cleaning and money management.

What matters most to them:
Gemma would like to live independently soon and be close to her family and friends for support.

In Their Words
"Before I lived here I basically lived in hospital. Between hospital and the family home. I wasn't able to do anything for myself. Since I've moved in here I can manage, I can do things for myself."

Homeless: Peter, 48, Floating Support Service User *

Their Story:
Peter is currently availing of support from SP and Housing First team. Peter has an alcohol dependency, living with mental health issues and found himself sleeping rough, in and out of hostels, drinking to keep some sense of normality and at times turning crime to get a warm, safe bed at night.

Their Housing Support Needs:
Peter has a new flat of his own. He needs support with his living situation, medical requirements and shopping. Peter likes the company of others and says that having a support worker on the other end of the phone is good for him.

What matters most to them:
Having a warm, safe place that he can call his own and stay in. He lives close to a recreational park where he can take daily walks and has also taken up exercise.

In Their Words

"If it wasn't for Housing First and the housing support, I don't know where I'd be, I was in and out of hostels and on the streets. They've got me now on the straight and narrow. You see to talk to them, they are really decent people, they understand me"

*Persona based on number of different service user interviews.

What can we conclude from the voice information?

The voice and stakeholder information provided important insights to shape the current and future housing support needs. A common theme from voice information was that while situations can be complex in many instances simple, early and timely interventions can make a material (in some cases transformative) differences. This helps the individual but also supports the wider system and enables better outcomes.

6.3   Establishing a baseline for current housing support needs in Northern Ireland

The Research Team have identified housing support need is 14% higher (2,733 units) than supply. Figure 6.3.1 provides an overview of the baseline analysis. The analysis uses data from a range of sources; including census data and population projections, administrative data (from NIHE, DoH, DoJ and other non-statutory partners) plus primary research from surveys. The analysis was completed at each thematic group and has been aggregated for each thematic group in Section 8-11. In the appendices, is the more detailed information on the assumptions for each PCG.

Figure 6.3.1 Baseline housing support need in NI
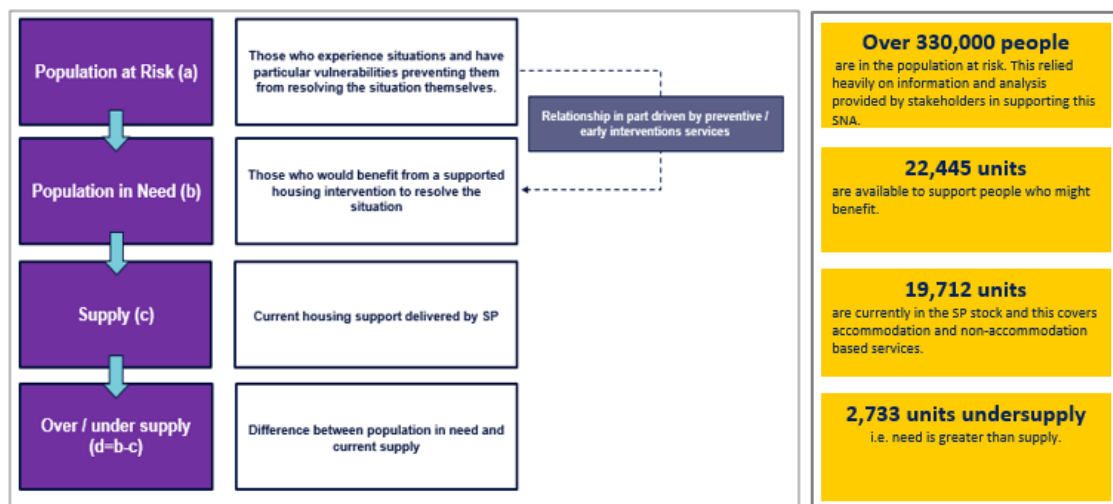
A.   Establishing the current population at risk in NI

In NI there are currently 1.8m people, based on the analysis the 'population at risk' is over 330,000 people, approximately 18% of the population.

These are people who have experienced a particular situation or have particular vulnerability preventing them from resolving the situation themselves. Some of these people may benefit from a housing support intervention.

Appendix 8 has a detailed breakdown on the data sources and assumptions used to understand but the information sourced from a range of sources from NISRA, DoH, DoJ, administrative data and other sources. Table 6.3.2 provides an overview. This analysis is designed to illustrate the broad areas of the population who may require support.

Table 6.3.2 Population at risk by thematic group

Thematic Group	Population at risk
Older people	89,640
Young People	7,336
Disability and mental health	215,228
Homeless	23,200
Total	**335,404**

B. Establishing the population in need in NI

This section sets out an overview of the current need for SP services at a programme level, looking at three elements:

- Current utilisation of SP units.
- Waiting list data.
- Consideration of unmet demand.

Current utilisation of SP units

Table 6.3.3 sets out the current utilisation of units provided at a PCG level and at a thematic group level. The utilisation of units is relatively high across PCGs, with utilisation of over 95% across all thematic groups. The overall SP programme from 2016-2020 had an utilisation of 96% for ABS and 93% for NABS.

Two PCGs are at 100% utilisation or higher (offenders / people at risk of offending, Women at risk of domestic violence), indicating particularly high demand within these groups due in part to demand for floating support provision.

There are a number of important caveats in relation to utilisations, which include:

- **Secondary data:** The performance of services funded through the SP programme is measured against a range of performance indicators to inform the contract management process and to aid strategic planning. This data is subject to validation and there are limitations given it is administrative data.
- **Impact of voids:** Some PCG have underutilisation services in part due to the unsuitably of available accommodation to meet a service user needs e.g. There are shared accommodation based services but the service user requires a single unit accommodation based on their particular needs. Also some PCGs may have voids which are used to support or complement other PCGs which pressure points. Plus some of the voids can be used to geographical imbalances between demand and supply across the regions.
- **Differential in how utilisation rates are calculated across ABS and NABS:** ABS services are measured based on quarterly measure of occupancy of available units. NABS are based on number of 'placement days' compared to the capacity. In theory, no ABS could have an utilisation over 100% but this is possible for NABS due to the method of calculation. This has been mitigated in part as utilisation for each scheme has been calculated using a weighted average for both ABS and NABS scheme. And a weighted average has then been used for the utilisation at a PCG level.

Table 6.3.3: Unit Utilisation by PCG

Thematic Group	PCG	ABS		NABS		Total	
		Units	Average utilisation (%)	Units	Average utilisation (%)	Units	Average utilisation (%)
Older People	Older People with Mental Health/Dementia	521	89%	75	84%	596	88%
Older People	Older People with support needs	8914	97%	1263	83%	10177	95%
Older People	Frail Elderly	376	90%	-	-	376	90%
Young People	Young people	233	87%	564	92%	797	90%
Disability and Mental Health	Physical/Sensory Disabilities	136	98%	294	76%	430	83%
Disability and Mental Health	Mental Health Issues	1126	94%	414	90%	1540	93%
Disability and Mental Health	Learning disability	1334	94%	194	74%	1528	92%
Homeless	Alcohol issues	198	92%	119	75%	317	86%
Homeless	Drug Issues	-	-	30	92%	30	92%
Homeless	Homeless families with support needs	331	94%	501	96%	832	95%
Homeless	Offenders/people at risk of offending	68	93%	229	107%	297	104%
Homeless	Homeless Crisis/Rough Sleepers	31	93%	-	-	31	93%
Homeless	Single Homeless with support	926	96%	523	100%	1449	97%
Homeless	Women at risk of domestic violence.	139	90%	1173	107%	1312	105%
	Overall	**14,333**	**96%**	**5,379**	**93%**	**19,712**	**95%**

Source: SP SPOCC data quarterly returns from Q2 2016 – Q2 2020

Figure 6.3.4 provides a bit visual representation, which provides some key insights, namely there is a variation in the utilisation across services. There are no accommodation based services for people with drug issues, the remaining 13 PCGs all hard utilisation greater than 85% with particularly high utilisation across Disability and Mental Health and Homeless Thematic Groups. In terms of non-accommodation based services / floating support there was more variation in utilisation with Homeless thematic group having particularly high levels of utilisation.

Figure 6.3.2: Graphical representation of utilisation by PCG
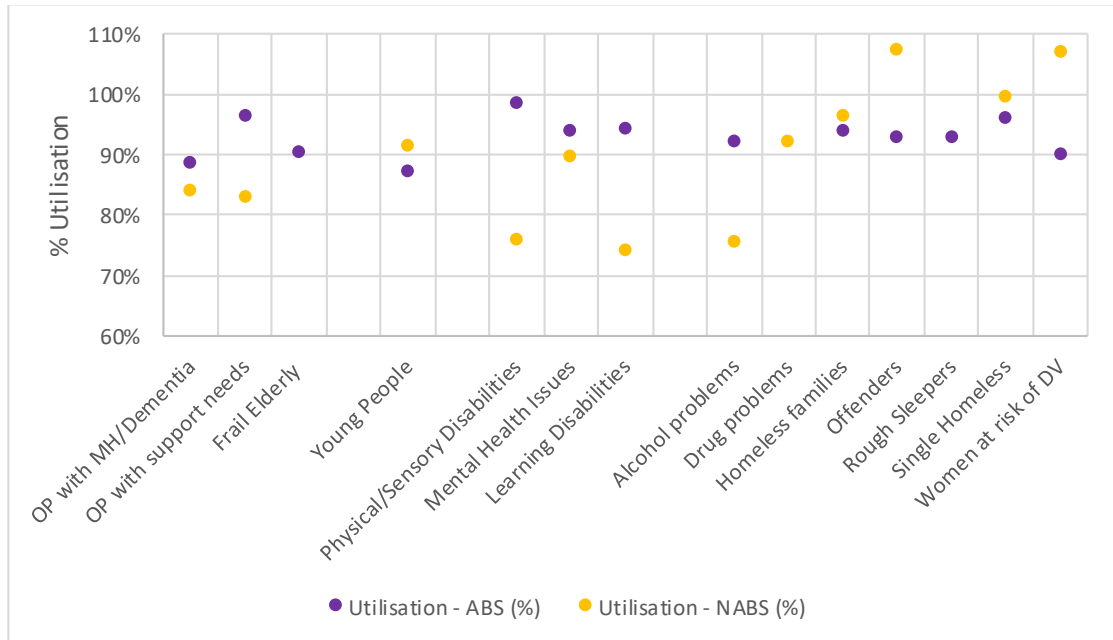
Source: SP SPOCC data quarterly returns from Q2 2016 – Q2 2020.

Waiting list

Initially, the waiting lists data focused on capturing information from NIHE, DoH and DoJ. The waiting list aimed to cover any housing support services (accommodation or non-accommodation based services).

However, estimating the waiting list across PCGs has been challenging due to the multi-referral routes, different assessment approaches and the fluid nature of some housing support needs. There also may be an overlap factor i.e. the same person is on multiple waiting lists for the same type of services.

As a result, the Research Team have relied primarily on an assumption based approach (percentage then applied to utilisation figure), this has been based on one or more than one of the following elements:

- Service provider data (for example in relation to domestic violence) or % waiting list estimates from provider survey.
- SP staff survey indications of pressure points.
- Current utilisation and / or throughput as a proxy for demand and 'movement'.

These assumptions have been compared to data from other sources including NIHE and DoH data. The waiting list assumptions across the PCG ranged from 0-25% of utilised units, the non-weighted average being 13% as illustrated in Table 6.3.4. This is a conservative estimate and this aligned with the feedback from the SP Regional Thematic Groups. See **Appendix 8** for the detailed assumptions by PCG.

Table 6.3.4: Waiting list estimate by thematic group

Thematic Group	Waiting list estimate as % of utilised units
Older people	10%
Young People	12%
Disability and mental health	19%
Homeless	17%
Total (weighted average)	**13%**

The percentages above are estimates only and should be treated with caution but they present an indicator of the level of waiting lists. One of the key messages from consultations is just because a waiting list is low or high does not necessarily mean this is positive or negative position.

Some SP provisions have housing support which if not available immediately have critical impact for the individual and wider system. And some other provisions may have longer waiting lists which are lower intensity or less time critical. The key message is to consider each estimated waiting list on its own merits in terms of provision and service. Higher or lower waiting list does not provide a definitive view on need or relative priority. This is an area which could be refined and added to over time.

Unmet needs

Similar to waiting lists, unmet needs is one of the most complex elements of a needs assessment. The Research Team have reviewed literature in relation to this and there are a number of factors:

- People who are not accessing any service but could benefit.
- People who are accessing some services but require more support.
- People who are accessing other services but should be accessing this service.

Factors like an individual's propensity to access public services, induced demand (demand created as a result of new supply) and failure demand[10] are part of this broader picture and debate. SP programme is part of a wider system trying to enable independent living and identifying precise levels of unmet demand will always be challenged.

Similar, to waiting list information the Research Team utilised an assumption based approach to capture some of these unmet needs. There was limited academic or literature available on housing support unmet need so this was deemed the most appropriate approach.

The assumptions were again based on:

- Indications of unmet need provided SP staff survey and provider survey; and
- Levels of utilisation as an indicator of need.

Table 6.3.5 outlines the unmet housing support need and again this is deemed to a conservative estimate based on discussion with SP Regional Thematic Groups. The largest levels of unmet demand was homeless which reflects some of the barriers and pressures identified in some PCGs.

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[10] Failure demand is a concept identified by Professor John Seddon from Vanguard Consulting which is defined as 'demand caused by a failure to do something or do something right for the customer'. This has been used in public sector environment to focus on outcomes based delivery and eliminate waste e.g. focusing on early or sustainable interventions to enable long term independent living outcomes. Last accessed 21 august 2020.

Table 6.3.5: Unmet need estimate by thematic group

Thematic Group	Unmet need estimate as % of utilised units
Older people	5%
Young People	5%
Disability and mental health	7%
Homeless	12%
Total	**7%**

C. Supply

As outlined in Table 6.3.3, current housing support supply including both accommodation and non-accommodation services is 19,712 units.

D. Housing support need in NI

Table 6.3.6 sets out the baseline picture of demand at a thematic level. This baseline demand has been repeated across all thematic groups providing a more detailed breakdown of current demand at a PCG level. Please see **Appendix 8** for the list of sources.

The data highlights a significant variation in the proportion of units provided to the population at risk across PCGs. For example, the current supply of units to physical/sensory disability is around 0.27% of the overall population at risk, while 14% of the population at risk within the homeless families group is supplied. At an aggregate level, **the baseline indicates need is 14% higher than supply.**

To conclude, the majority of the baseline line position is based on actual utilisation of services. This has been added to by considering waiting list estimates and unmet need estimates. The estimates developed are arguably conservative in nature and the true gap between baseline housing support need and supply could be in larger in nature – the estimate presents a main scenario opposed to a low or high scenario.

Table 6.3.6 Baseline housing support need estimate

Thematic Group	Primary Client Group	Total Population	Stratified Population	Population at risk (A)	Population in need (B)				Supply (C)	(Over)/ Under supply (D) = B-C	Need as % of supply
					Current utilisation	Waiting list	Unmet demand	Total			
		PEOPLE	PEOPLE	PEOPLE	UNITS	UNITS	UNITS	UNITS	UNITS	UNITS	%
Older People	Older People with Mental Health/Dementia	1,881,641	310,000	14,137	525	58	52	635	596	39	107%
Older People	Older People with support need			50,918	9,651	965	483	11,098	10,177	921	109%
Older People	Frail Elderly			24,585	340	34	17	391	376	15	104%
Young People	Young People		231,110	7,336	719	86	36	841	797	44	106%
Disability and Mental Health	Physical/Sensory Disabilities		215,228	157,202	357	43	18	418	430	(12)	97%
Disability and Mental Health	Mental Health Issues			17,849	1,428	286	143	1,856	1,540	316	121%
Disability and Mental Health	Learning Disability			40,177	1,402	280	70	1,752	1,528	224	115%
Homeless	Alcohol issues		23,200	3,626	272	68	27	367	317	50	116%
Homeless	Drug Issues			3,117	28	7	3	37	30	7	124%
Homeless	Homeless families with support needs			5,843	794	119	79	993	832	161	119%
Homeless	Offenders/people at risk of offending			339	309	31	-	340	297	43	115%
Homeless	Homeless Crisis/Rough Sleepers			38	29	3	3	35	31	4	112%
Homeless	Single Homeless with support			9,063	1,410	169	141	1,721	1,449	272	119%

Thematic Group	Primary Client Group	Total Population	Stratified Population	Population at risk (A)	Population in need (B)				Supply (C)	(Over)/ Under supply (D) = B-C	Need as % of supply
					Current utilisation	Waiting list	Unmet demand	Total			
		PEOPLE	**PEOPLE**	**PEOPLE**	**UNITS**	**UNITS**	**UNITS**	**UNITS**	**UNITS**	**UNITS**	**%**
Homeless	Women at risk of domestic violence			1,174*	1,381	304	276	1,960	1,312	648	149%
ALL	**ALL**	**1,881,641**	**779,538**	**335,404**	**18,644**	**2,453**	**1,348**	**22,445**	**19,712**	**2,733**	**114%**

Source: BCS analysis - for a full list of sources please see Appendix 7. * This population at risk for Women at risk of domestic violence is likely be understated as based on DfC Homeless bulletin annual data. This to enable appropriate comparability with other homeless PCGs. Feedback from DoJ has advised that the likely *Population at Risk* figure is more accurately represented the number of domestic abuse incidents reported in 2019 which is over 31,000. This figure will cover the potential numbers experiencing domestic abuse, as there is a significant underreporting of domestic abuse with some key organisations indicating that this figure may only represent around 20% of the abuse that occurs. There are indications that as many as 1 in 4 women suffer from domestic abuse, with a slightly lower figure for men (possibly 1 in 7). This is important to note for completeness.

6.4   What factors will impact future needs based on initial analysis?

As outlined in Section 2, the Research Team based on a review of literature and stakeholders have identified five factors which will impact housing support in terms of both volume and mix of services. The model is outlined in Figure 6.4.1

Figure 6.4.1 The 5 P's impacting future housing support needs: Population, Prevalence, Push, Pull and Portfolio
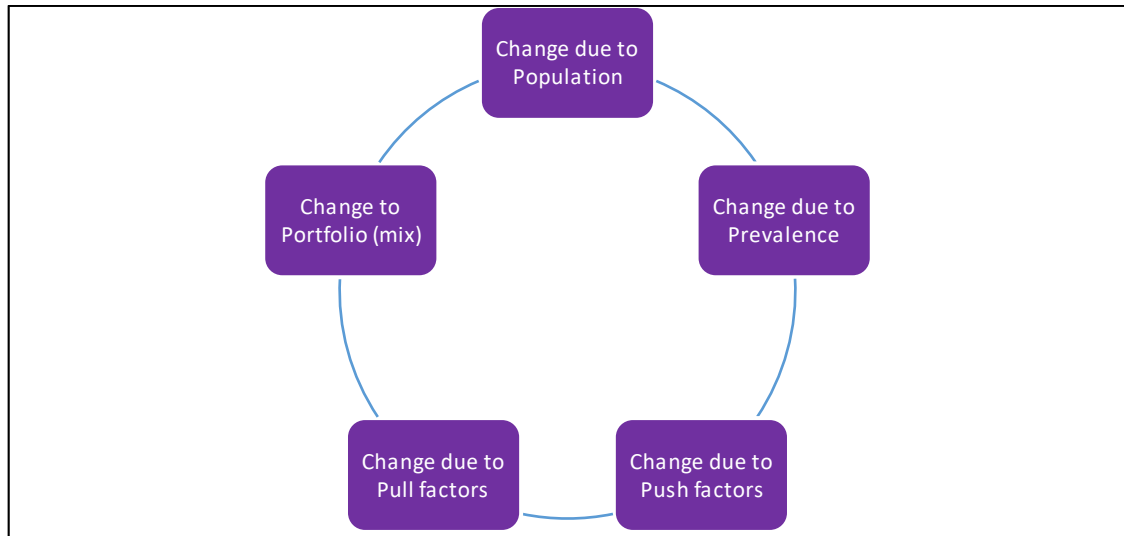
Please see **Appendix 8** for list of 5P's assumptions which were applied to each PCG. These included changes in prevalence rates based on better diagnosis of certain illness, impact of COVID-19 and operational changes.

The table below sets out the impact of each factor on the future demand (i.e. the difference between the baseline demand and the 3 year projection):

- Population change has the largest impact, primarily from a projected 11% increase in the 65+ cohort.
- Prevalence increases come largely from changes in diagnosis, awareness and reporting including across domestic violence, dementia and mental health PCGs.
- Push factors are comparatively low due to the long-term nature of early interventions but reflect some changes around how older people may access some services in the future i.e. for dementia instead of specialised housing may be more in home provision.
- Pull factors relate to the drive to maintain independence at home, changes as a result of COVID-19 and changes in how services may be delivered across PCGs.

The assumptions and scenarios have been applied on the basis of utilised units of housing support i.e. percentages changes in the assumptions are only a guide.

Table 6.4.2: Change in baseline housing support units needed to future housing support units needed – 3 year projection

Thematic Group	Change due to population	Change due prevalence	Change due to push factors	Change due to pull factors	Total
Older people	1364	157	-390	674	**1,805**
Young People	20	0	-43	86	**63**
Disability and mental health	94	388	-38	163	**607**
Homeless	127	264	0	250	**640**
Total	**1,604**	**809**	**-471**	**1,174**	**3,115**

Current portfolio mix

The fifth factor, which will impact future needs is in relation to portfolio mix. The projections in relation to future provision has assumed a comparable ABS and NABS mix as it can be problematic to estimate specific split in terms of mix of services.

The current mix is 27% NABS compared to 73% ABS. But there is a significant differences across the thematic groups with older people and disability and mental health primarily accommodation based. Young people and homeless are primarily floating support based provisions.

Figure 6.4.2: Portfolio mix across the Programme and Thematic Groups
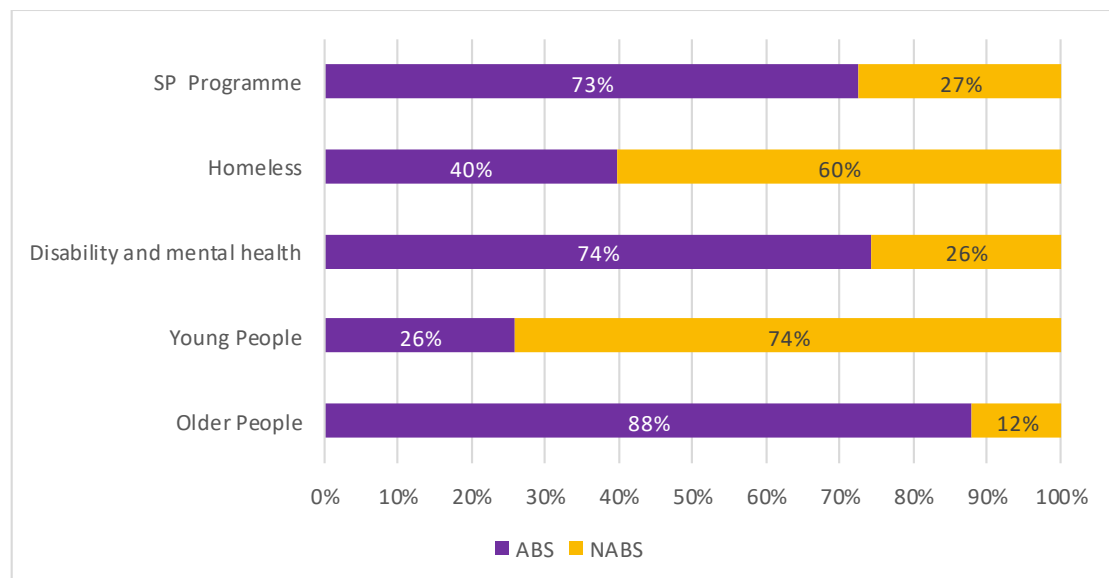
Future portfolio mix

The Research Team future projections have not explicitly projected the current mix of ABS or NABS. It effectively assumes a comparable mix.

This aligns with conclusions with research commissioned previously by NIHE for the SNA (and aligns to comparable studies in this report) which outlined the needs assessment should provide the strategic direction not the specific procurement or commissioning requirements.

This research should inform the current structures (SP Regional Thematic Group and Strategic Advisory Board) on commissioning and associated services required in accommodation and floating support services, once commissioning priorities at the Programme level are revisited.

In order to inform this, the Research Team have identified some messages based on voice and stakeholder information:

- Value of floating support provision and increasing need

The main emphasis appeared to be on additional floating support as it aligned with wider policies changes including within health, social care and justice settings in particularly in the context of COVID-19. This aligns with some of the key strategic drivers and message from a review of key literature. Floating support aligns directly with the enabling nature of the programme.

- Strategic options regarding accommodation based services

Accommodation based provision is a vital provision and there was a need to maintain this provision in the main but there were opportunities to reconfigure or remodel current accommodation based services to meet current and future needs. For example, the need for single lets in some areas, the need for different services for homeless families and need to consider specialist housing for dementia service user given historical periods of voids. Some of this work has already commenced.

- Piloting of new service models or approaches to make supply more 'elastic' and flexible to respond to emerging needs

This SNA has primarily looked at needs (demandside) opposed to the service models (supplyside) but during the course of the research a common theme was the need to evolve and adapt service models to meet the changing profile of needs now and the future. Some example service models or interventions which were highlighted during this research included Extra Care, Bail Support Scheme, Housing First and more dedicated male Domestic Violence services. These and other service models could be considered, piloted and developed over time. The aim should be to have flexible support structures in place which can scaled up and down as required in order to best response to needs.

To conclude, these are some of the considerations to part inform how future needs can be addressed and it will also depend on operational delivery, commissioning priorities and funding.

6.5   What is the estimated need in the future?

Future need projections at an aggregate level

Based on the baseline information and factors impacting future need, an estimate of future need can be prepared. This has been prepared based on 3 year and 10 year cycle. It also covers low and high scenario which are as follows:

- Low scenario: applying only the population factor (a known) to future need.
- High scenario: applying all five factors i.e. population, prevalence, push, pull and portfolio.

The factors in the high scenario in theory, could lower need at an aggregate level but at this stage this has not been the case. Demographics is a key driver of future need, it will increase need as % of supply to 122% in 3 years and to 131% in 10 years as illustrated in Table 6.5.1.

Table 6.5.1: Future housing support need - low scenario: population only applied

	Need (units)	Supply (units)	Need as a % of supply
Baseline	22,445	19,712	114%
3 year projection	24,048	19,712	122%
10 year projection	25,808	19,712	131%

Table 6.5.2 outlines once all the factors are applied, need is projected to increase by 14% percentage points in 3 years to 130% of supply and increase further to 143% in 10 years. These are significant increases in need going into the future.

Table 6.5.2: Future housing support need - high scenario: all factors applied

	Need (units)	Supply (units)	Need as a % of supply
Baseline	22,445	19,712	114%
3 year projection	25,560	19,712	130%
10 year projection	28,237	19,712	143%

Figure 6.5.3 below provides an indication of the drivers for change. Population is a material driver and the other factors have been applied on basis of the assumptions outlined in Appendix 8. This is arguably a conservative estimate if some material policy or operational take place. COVID-19 is an obvious example which could have significant and long lasting impact on housing support need. It also outlines that SP Programme will not be operating in a static environment.

Figure 6.5.3: Drivers of future need

	3 year Need in excess of supply	10 year Need in excess of supply
Baseline	14%	14%
Population	8%	17%
Low scenario	22%	31%
Prevalence	4%	8%
Push	-3%	-3%
Pull	6%	7%
High scenario	30%	43%

Low scenario

High scenario

Future need projections at a PCG level

The aggregate picture of need was developed by assumptions driven at the PCG level. It illustrates a number of increasing areas of need which include:

- Older people (all 3 PCGs);
- Mental health;
- Drug issues; and
- Women at risk of domestic violence.

The other PCGs areas remain all show increases in need but are lower than the PCGs outlined above. This is outlined in Table 6.5.3 below.

Table 6.5.4: Future housing support need at PCG level - high scenario: all factors applied, 3 year projection

	Baseline	3 year projection					Supply			
	Population in need	Change due to population change	Change due to prevalence	Change due to push factors	Change due to pull factors	Total population in need	Supply	Over/ Under supply TOTAL	Over / under supply ABS	Over/ under supply NABS
	UNITS	UNITS	UNITS	UNITS	UNITS	UNITS	UNITS	UNITS	UNITS	UNITS
Older People with Mental Health/Dementia	635	70	157	(71)	35	827	596	**231**	202	29
Older People with support need	11,098	1,229	-	(308)	616	12,636	10,177	**2,459**	2,154	305
Frail Elderly	391	64	-	(11)	23	466	376	**90**	90	-
Young People	841	20	-	(43)	86	904	797	**107**	31	76
Physical/Sensory Disabilities	418	10	-	-	21	449	430	**19**	6	13
Mental Health Issues	1,856	43	183	(38)	133	2,177	1,540	**637**	466	171
Learning Disability	1,752	41	206	-	9	2,007	1,528	**479**	419	61
Alcohol issues	367	9	- 74	-	19	320	317	**3**	2	1
Drug Issues	37	1	159	-	2	200	30	**170**	-	170
Homeless families with support needs	993	23	60	-	10	1,086	832	**254**	101	153
Offenders/people at risk of offending	340	8	-	-	-	348	297	**51**	12	39
Homeless Crisis/Rough Sleepers	35	1	2	-	1	38	31	**7**	7	-
Single Homeless with support	1,721	40	93	-	18	1,871	1,449	**422**	270	152
Women at risk of domestic violence	1,960	46	24	-	201	2,231	1,312	**919**	97	821
Total	**22,445**	**1,604**	**809**	**(471)**	**1,174**	**25,560**	**19,712**	**5,848**	**3,856**	**1,991**
% of supply	**14%**	**8%**	**4%**	**(2%)**	**6%**	**130%**		**30%**	**20%**	**10%**

6.6   Summary and Conclusions

The current provision analysis (which provides a baseline) has highlighted:

- **Population at risk:** Over 330,000 people are in the population at risk i.e. those who experience situations and have particular vulnerabilities preventing them from resolving the situation themselves. This relied heavily on information and analysis provided by stakeholders in supporting this SNA.
- **Population in need:** There is a current demand for units taking into account waiting list and unmet demand assumptions. The population in need are those who would benefit from a supported housing intervention to resolve their situation.
- **Supply:** 19,712 units are currently in the SP stock and this covers accommodation and non-accommodation based services.
- **Over / under supply:** 2,733 units / funded housing support service is the current estimated under supply i.e. there is a greater demand for housing support services that the supply currently available. Current estimates outline that **need is 14% higher than housing support supply.**

The future need projections have highlighted that need will continue to be higher than housing support supply. There appears to be particular increases in need across Older people (all 3 PCGs); Mental health; Drug issues; and Women at risk of domestic violence. In 3 years housing support need will be **22% higher than supply in the low scenario (population factor only) and 30% in the high scenario (all factors applied).**

7. Summary and conclusions

7. SUMMARY AND CONCLUSIONS

The initial strategic needs analysis and pilot report has relied on the best available evidence to identify and assess current and future provision of housing support needs, in order to inform strategic planning and delivery of the SP Programme.

Initial broad analysis has been completed across all of these groups and a pilot report has been completed for the Older People thematic group. A summary of key messages to date have been outlined below:

- **Important and interdependent service:** SP provides a number of important housing support services to help individuals live independently and there is a close interdependence with health, social care, justice and wider housing interventions. SP is part of a wider, complex strategic and operating environment.
- **A wide range of needs and interventions:** The programme supports a high number of vulnerable individuals (approximately 20,000 units) across NI whose housing support needs range from low level to complex interventions. There is also a broad base of providers.
- **Establishing a baseline is complex:** there is not an accurate picture of total housing support needs. As such, assumptions are required to estimate both current and future need.
- **Strategic needs assessment vital for future delivery:** In order to have the most effective provision to support individuals, there is a need to better understand and provide assurance of future needs. It is vital to draw upon the best data and associated literature from key stakeholders. It is also important to be pragmatic and utilise voice information (staff, provider and user) to enable all responsible organisations to make informed decisions to shape future needs.

The current provision analysis (which provides a baseline) has highlighted:

- **Population at risk:** Over 330,000 people are in the population at risk i.e. those who experience situations and have particular vulnerabilities preventing them from resolving the situation themselves. This analysis relied heavily on information and analysis provided by stakeholders in supporting this SNA.
- **Population in need:** There is a current demand for units taking into account waiting list and unmet demand assumptions. The population in need are those who would benefit from a supported housing intervention to resolve their situation.
- **Supply:** 19,712 units are currently in the SP stock. This covers accommodation and non-accommodation based services.
- **Over / under supply:** 2,733 units / funded housing support service is the current estimated under supply i.e. there is a greater demand for housing support services that the supply currently available. Current estimates outline that **need is 14% higher than housing support supply.**
- **Complexity of need:** In addition to the pressure placed on services by the quantum of demand, service users are now presenting with increasingly complex needs, most notably in relation to mental health and substance abuse. Feedback from voice information suggests that services aren't always set up to deal with such a wide range of needs, potentially placing further stress on the system.

Initial analysis on future need

The future need projections have highlighted that need will continue to be higher than housing support supply. In 3 years need will be 22% higher than supply in the low scenario (population factor only) and 30% in the high scenario (all factors applied). This is set out in Tables 7.1 and 7.2 below. There appears to be particular increases in need across:

- Older people (all 3 PCGs);
- Mental health;
- Drug issues; and
- At risk of domestic violence.

The factors in the high scenario in theory, could lower need at an aggregate level but at this stage this has not been the case. Demographics is a key driver of future need, it will increase need as % of supply to 122% in 3 years and to 131% in 10 years as illustrated in Table 7.1.

Table 7.1: Future housing support need - low scenario: population only applied

	Need (units)	Supply (units)	Need as a % of supply
Baseline	22,445	19,712	114%
3 year projection	24,048	19,712	122%
10 year projection	25,808	19,712	131%

Table 7.2 outlines once all the factors are applied, need is projected to increase by 14% percentage points in 3 years to 130% of supply and increase further to 143% in 10 years. These are significant increases in need going into the future.

Table 7.2: Future housing support need - high scenario: all factors applied

	Need (units)	Supply (units)	Need as a % of supply
Baseline	22,445	19,712	114%
3 year projection	25,560	19,712	130%
10 year projection	28,237	19,712	143%

These projections broadly align with the benchmarking set out within Section 4 of the report, with benchmarks in GB suggesting that supporting housing needs will increase by between 7-13% every 5 years. As with NI, demographic trends is the main driver in GB.

In addition to the volume-driven demand, further increasing of complexity of need is projected, which is expected to place additional pressure on services. At the same time, the long-term effect of Covid-19 is yet to be established, however it is likely to increase the demand for services as a result of its impact on mental health and economic factors. This additional challenge will require work to ensure coordination between services, enabling a bespoke service to meet the needs of the individual.

Part B: Analysis by thematic group

8. Older people thematic group

8. OLDER PEOPLE THEMATIC GROUP

8.1 Introduction

This section includes details of the Older People thematic group analysis at a PCG level. It consists of three PCGs as listed below:

Table 8.1.1: Older People Thematic Group and Associated PCGs

Thematic Group	Primary Client Groups
Older People	- Older People with Mental Health Problems/Dementia. - Older People with Support Needs. - Frail Elderly.

It covers secondary research (strategic context and drivers), primary research (voice of the user and stakeholder findings), current provision in each of the three areas, the factors impacting future provision and projections around future housing support needs.

8.2 Secondary research: key documents and strategic context

Key documents

There are number of strategies and policies in relation to older people thematic group in NI (in addition to the strategic programme documents in Section 3). Some of these key documents have been created to work towards a better lifestyle for all older people, whereas some documents are working with more specific cohorts of older individuals. They are listed in Table 8.2.1 below.

Table 8.2.1 Key documents in relation to Older People Thematic Group

Document	Description	Relevance to the SNA
NIHE Draft Older People's Housing Strategy 2020/21-2025/26	The Draft Strategy has been developed to ensure that services evolve in response to the projected growth in the number of older people in Northern Ireland. It has four core themes: • *1. Planning for the future: Under this theme there are two distinct strands: Exploring Housing Options for Older People, which looks at different housing models; and Supporting Independent Living, which looks at ways to assist those who can and wish to remain in their own home;* • *2. Promoting and Maintaining People's Dignity: This theme sets out the services we currently provide and looks at ways to develop new and existing services to promote and maintain the dignity of our tenants and customers;* • *3. Providing Housing Advice for Older People: In this theme we set out a direction to help us explore and develop new and existing housing information and advisory services, and how we can deliver these using a range of formats and methods; and* • *4. Promoting Participation: Under this theme we recognise how engaging, enabling and empowering older people actively to participate in community life can have positive impacts on their*	The Draft Strategy (particularly Theme 1) directly aligns to the SNA. It considers what strategies can be used to support independent living. It has identified some important and common themes with this research: • Need to consider / explore flexible housing and housing support models including Extra Care and other pilot programmes including additional assistive technology provision. • Increased role for floating support. • Support older people to make informed decisions based on their needs and to prevent isolation and loneliness.

Document	Description	Relevance to the SNA
	health, wellbeing and happiness. Loneliness can have a severe detrimental impact on all age groups, including older people, and we will work in partnership with others to support opportunities for older people to become involved in shaping, informing and enjoying the services that we deliver on their behalf.	The consultation was due to close in September 2020 and will help inform future needs assessments.
NI Executive Active Aging Strategy 2016-2021.	It outlined a vision for NI to be an age friendly region where people are valued and supported to live actively as they get older. This strategy is designed to make a difference to the quality of life for older people and transform attitudes to, and services for older people.	The Strategy's Strategic Aim 1: Independence aligns directly to SP's programme aim of enabling independent living (Strategic Aim 1 is 'to achieve active independent living by older people through the co-ordinated delivery of services').
"Housing and Older People: Housing Issues, Aspirations and Needs" NIHE commissioned research (completed by Fiona Boyle in 2019)	NIHE commissioned research which focused on the housing needs and aspirations of the older people in NI. This research included a review of available housing data and involved feedback from stakeholders (including a number of service users). The overall findings highlighted that older people value choice when it comes to their housing arrangements. Some older people remain in their own home, and if required, make necessary adaptations, whereas others move to alternate accommodation (sheltered housing etc.) due to their circumstance. A number of recommendations were developed, including improvement of specialised financial advice on the cost/benefit of moving older people, review assistance available for older people to remain in their own home, and examination of the close relationship with housing and health. The research highlighted that Older People are not a homogenous group and this underlines a need for a wide spectrum of needs and associated services to meet these needs. This research is supported by other research in the UK that suggests a significant majority of older people would prefer to stay in their own home with support from either friends and family (62% of respondents), or from trained care workers (56%).[11] There will be a need to consider the long term cost implications and capital needs if the focus remains on housing support and social care in a person's own home.	This has provided a strong evidence which has been used to inform this SNA.

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[11] Wanless D (2006). Securing Good Care for Older People: Taking a long-term view. King's Fund.

Strategic trends

The Research Team has identified some key messages and strategic trends in relation to Older People based on a short literature review.

Our society is getting older and people are living longer

There are currently 308,197 people over the age of 65 (this is 16% of the total population) in NI [12].The trends of future population will have an impact on older people as a thematic group. The needs of a rapidly changing and ageing population need to be considered.

NISRA estimates indicated that by 2026, for the first time, there will be a higher proportion of over 65s than under 16s. The Figure 8.2.1 illustrates the current total population of NI as per the most recent NISRA statistics, and shows how this is broken down for the age bands 65-74 and 75+.

In the early 2000s, when SP was established 13% of the population was over 65 years old by 2025 this is projected to be 18% This represents an increase of over 135,000 people in a 25 year period..

Figure 8.2.1 NI Population and projections between 1980 and 2050, 65-74 and 75+ -
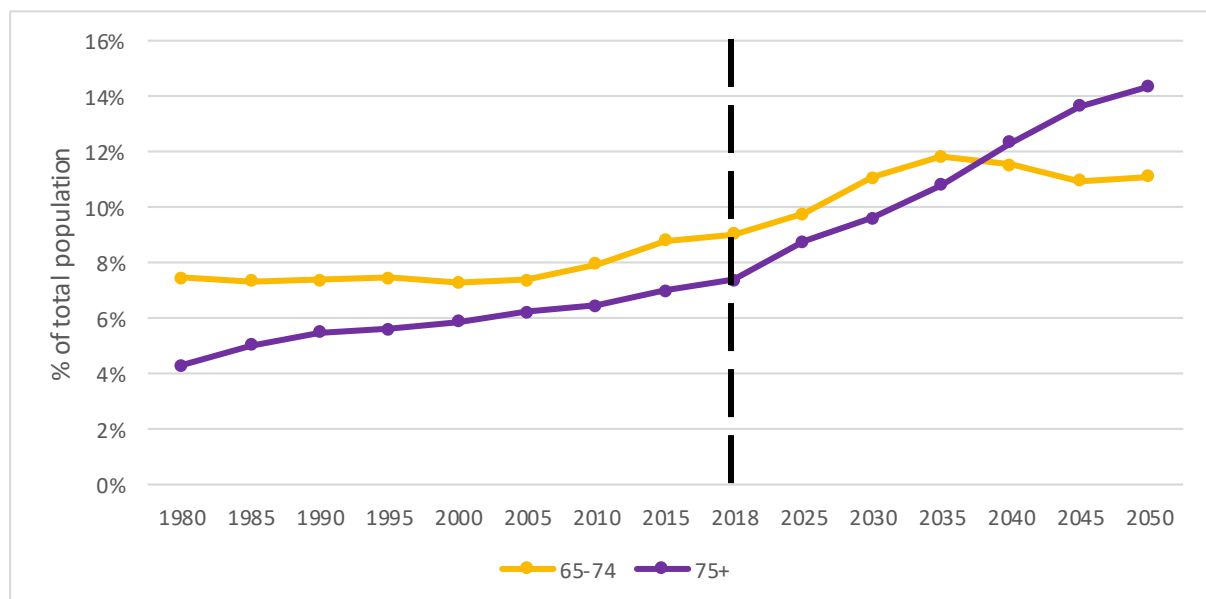
Source: NISRA population estimates up to 2018 and population projections from 2025 onwards https://www.nisra.gov.uk/publications/2018-mid-year-population-estimates-northern-ireland

Different periods of older age impact housing support needs

Older age is increasingly made up of a number periods of older age with types of disability free life expectancy / relative health and independence. Boyle (2019) identified three cohorts the economically active 'young older' (55-69), transition older (70-84) and older old (85+).

This highlights that Older People are not homogenous groups (and there will be variation with the cohorts) but are likely to have different intensity and duration of housing support needs with transition older and older old likely to more support than young older group.

Drive for 'rightsizing' and early interventions

Boyle (2019) identified future planning, such as upgrades to older peoples' homes, and consideration about their future care needs as key to helping older people remain in their homes. It is also important to consider that many older people are carers themselves (for partner, child, family member or parent)

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[12] NISRA mid-year population estimates. Available here https://www.nisra.gov.uk/statistics/population/mid-year-population-estimates last accessed 21 August 2020

and need to have appropriate housing and support to enable this. Upgrades are best done early, to minimise the period where a house may be unsuitable for the individual and / or for someone who the older person cares for.

Decisions around future care can be impacted by these care responsibilities, family circumstances and financial considerations for both the individual and family members (funding of residential care and carers allowance). This could increase the need for housing support as people need more support to transition or maintain their tenancy.

In some cases, these delays mean that action is taken too late. In cases where an individual is living alone and, for example, with dementia it can be more difficult to diagnose. When a diagnosis is finally in place the individuals end up having to move to residential or specialist nursing care. Based on feedback from consultees, COVID-19 has changed how people access health and social care, the reduced face to face interaction may mean diagnosis is delayed further or not diagnosed at all. This is likely to have an impact on related housing support needs.

Awareness should be raised in regards to what options are available to older people in relation to financing upgrades, or potentially rightsizing. Equity release was mentioned as something that could be right for some older people, but not all. It was also recommended that stakeholders should give consideration to the potential use of financial incentives for those in houses that are too large, or otherwise inappropriate for their needs, to move to a more manageable and appropriate home[13]. Other considerations which impact 'rightsizing' decisions may be inheritance implications, residential care funding and entitlements to benefits.

Move from communal health and social care and support to services in people's own homes (and accelerated by COVID-19?)

A common theme from DoH Delivering Together 2026 as highlighted in Section 3, is a new vision for Health and Social Care in NI. Part of this has been creating new care models including where people receive treatment for health needs in their own home as opposed to a hospital environment (a key theme from Bamford Review).

Based on the view of some consultees, the impact of COVID-19 is likely to accelerate some of new care model which focus on re-enablement models, particularly if older people are seeking care in their own home opposed to a communal environment. This is likely to have associated impact on housing support needs with a greater demand for complimentary support alongside social care needs in a person's own home.

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[13] Westwood and Daly, 2016. Social Care and Older People in Home and Community Contexts: A Review.

Role of digital and assistive technology

Particularly in the context of COVID-19, the use of digital technology and assistive technology[14], will change the way users interact with providers. In terms of digital inclusion, a NIHE Tenant Survey 2017 found that 50% of older tenants have access to the internet. As this increases and the cohort becomes increasingly confident with technology, low level support and advice could be provided more readily and efficiently. This can enable older people to be more digitally connected and this may help to reduce social isolation.

Assistive technology can provide practical and important support to help a person maintain independent living. Examples of assistive technology include telecare systems, personal alarms, telehealth / remote access healthcare system and home safety and security (including lighting, power sockets systems, thermostat and monitoring devices). Consultees outlined that Assistive Technology is most effective when complemented by a level of personal interaction and support to get the most of the technology.

Skills required to deliver older people housing support needs

Skills is a key strategic issues in relation to health, social care and housing support systems. The supply of appropriately skilled workers is unlikely to be in keeping with the increased demand from an ageing population.[15]In addition, some of the housing support needs may change in the future and it will be important to consider what skills and experience are needed to support this change. For example, based on the consultations on older people thematic group there has been increasing complexity over the last five years with older people presenting with increasingly multi-factorial support needs e.g. substance abuse issues or mental health issues.

Health and social care statistical reports have helped to provide some insights to this older people thematic group.

HSCB publish a report each year called the Delegated Statutory Functions Statistical Report, in reviewing of 2018/19 version there are number of key insights[16]. A number are listed below:

- *The number of older people accessing supporting living is relatively low has increased by approximately 6% over the last two years:* In 2018/19, over 35,000 people aged over 65 were referred for assessment of social work / social care need during the year of which over 21,000 commenced receipt in year. As at the 31st March 2019, over 39,000 were in receipt of social work or social care services. The majority of which were domiciliary care packages. The number in supported living was 493 (which most closely aligns to SP or in some cases are joint funded) which increases over the last 2 years of approximately 6% per annum.
- *Operational challenges align with some key themes from SP:* the HSCTs identified key challenges in relation to three core areas; the care home sector, access to domiciliary care and recruitment /

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[14] Cowan and Turner-Smith 1999 defined this as 'any device or system that allows an individual to perform a task that they would otherwise be unable to do, or increases the ease and safety with which the task can be performed'

[15] Thompson, 2014. Specialised Grouped Housing for Older People - Introductory Briefing.

[16] Available here http://www.hscboard.hscni.net/download/PUBLIC-MEETINGS/HSC%20BOARD/board_meetings_2019/september_2019/Item-08-02-DSF-Overview-Report-March-2019.pdf and http://www.hscboard.hscni.net/download/PUBLIC-MEETINGS/HSC%20BOARD/board_meetings_2019/september_2019/Item-08-03-DSF-Statistical-Report-March-2019-version-July-19.pdf last accessed 21 September 2020

retention of the social care workforce. Additional funding was identified as an important part of the solution but workforce planning, service transformation and modernisation the other parts to develop.

- *Delivering Social Change (DSC) Dementia Programme funding has helped improve services:* This new funding has helped Trusts consider the transformation need to design and deliver Dementia Care Services including the implementation of the Regional Dementia Care Pathway which references specialist and supported housing options.
- *Complexity of need a common theme, securing accommodation and challenge of managing this need in a client's own home.* The Belfast Health and Social Care Trust outlined, 'Managing clients with increasing complex needs/challenging behaviour: This is a cross cutting theme across the Adult Programme of Care, both in terms of sourcing appropriate accommodation and the need to secure one to one supervision in some circumstances. Management of complex needs/ these clients within their own homes is also challenging.'

These insights align closely with some of the key themes identified in this SNA and a useful snapshot of the relevant factors to the SNA which impact older people within the HSCTs.

8.3   Primary research: voice and stakeholder information

As mentioned in section 2.5 a key element of this SNA process was to engage with Supporting People service users, Service Providers, SP staff and other key stakeholders to gather first hand feedback on SP funded housing support services. This section provides the findings and conclusions of this voice information for the older people thematic group. It is structured in terms of current and future needs.

FINDINGS IN RELATION TO CURRENT NEEDS

We asked stakeholders a range of questions based on the current needs of users and the services provided.

Table 8.3.1: Key stakeholder insights to current user needs and services.

Theme	Key findings
Current needs	**SP funded services align to users' needs:** All of the respondents across both staff and provider surveys strongly agreed or agreed that housing support services funded by SP aligned to users' needs.
	Service user needs have changed over the last 5 years becoming increasing complexity: All of the respondents across both staff and provider surveys strongly agreed or agreed that the needs of service users have changed over the past 5 years.
	They said that the needs of individuals have not only increased in general but have become increasing complex. As the population continues to age, there are an increasing number of older people service users who are presenting with multi-factorial needs which has increased from previous periods.
	"Older people needs have increased in areas such as mental health, aggression, multiple complex needs and presenting higher risks in terms of alcohol, substance misuse" *SP provider*
Barriers or challenges	**Barriers to accessing housing support include undiagnosed illnesses, capacity and resources:** Barriers include individuals who are living with undiagnosed dementia, capacity & resources to deal with the increasing need of users and

Theme	Key findings
	scenarios where a user still has a need but the support they are in receipt of is time bound (for this thematic group this is likely to be in relation to the floating support services available). *"The other barrier is in retaining the support when the need remains rather than it being time bound"* SP provider
	Long waiting lists for some services and potentially not the right support: Some schemes have waiting lists which would be a barrier to access and have caused some applicants to re-consider going into a sheltered scheme, but instead opt to seek alternative arrangements that might not be the best option for them. "*Some older people schemes have a long waiting list which would be a barrier to access and have caused some applicants to re-consider going into a sheltered scheme"* SP staff member
Type of support	**Importance of rightsizing and shift from communal support:** 'Rightsizing' providing advice and support to older people on the best decisions in relation to their housing options has been highlighted as another consideration where individuals either choose to remain in their own home (as mentioned in Section 8.2) and make the necessary adjustments to make it manageable or they move to another property that might be smaller in size but is manageable and meets their needs. It has also been highlighted that the way support is delivered may change by more 'remote provision' *"[In the context of COVID-19]Face to face support has been reduced and for those with more severe and higher needs this has had a detrimental effect"* SP staff member
	Social isolation a key theme for service user interviews and use of technology to help: Social isolation was a key theme from voice information and where housing support can help. Opportunities to work in alternative ways to meet these service user needs post COVID-19 will be important including using digital and assistive technology. *"Work in alternative different ways to meet service user needs, increase the use of ICT, hold smaller gatherings / groups, educate service users in use of PPE and the need for social distancing, support service users access services they need"* SP provider

Persona 1: James, 70, Floating Support Service User *

Their Story:

James is in his 70s. He has a history of mental health and alcohol dependency issues and has been living with Crohns for almost 30 years. James still lives in his family home, with his 2 dogs and is in the process of working with his Floating Support worker to avail of a grant to make the necessary adjustments to his home to allow him to stay.

Their Housing Support Needs:

James has a number of complex issues and needs support to maintain his tenancy. James also suffers with impaired sight, so needs to be safe at home. He needs some guidance and advice in relation to financial matters and benefit claims.

What matters most to them:

James wants to stay in his home but he wants it to be more accessible and safe for him. James is very sociable and likes having someone to chat to and who can provide support.

In Their Words

"It's nice to have the support, as I said to a friend of mine yesterday, that had I known this help was out there I wouldn't have gotten down into that depression and turned to alcohol. But being a man I bottled it up. "

*Persona based on number of different service user interviews.

FINDINGS IN RELATION TO FUTURE NEEDS

We asked stakeholders a range of questions based on the future needs of users and the services provided.

Table 8.3.2: Key stakeholder insights into future needs and services

Theme	Key findings
Services	**Service user needs will continue to change**: The majority of respondents across both staff and providers strongly agreed or agreed that the needs of service users is likely to change over the next 5 years. Some of the key themes on how this may change included continued and increased need for early intervention and crisis intervention housing support.
	Factors impacting future change include funding, early intervention and type of accommodation: Respondents highlighted that the factors impacting the future needs of service users are access to funding, early interventions which give users the ability to access housing support services quickly, the volume and type of move on accommodation available. *"Having accessibility to support early enough and effective funding of reliable support" SP provider*
Role of SP	**Role of SP to complement / support not replace statutory responsibility and provision:** Consideration should be given to how services are commissioned and delivered to a service user, it needs to be approached with a more holistic view. For example, how older people housing support needs aligns with health and care models and the respective roles, responsibilities and expertise. Some consultees

	outlined in some instances the understanding, services and impact of that established housing support models like Sheltering Housing (which are in place for over 30 years) within HSC settings. *"Holistic approach to needs of service users – i.e. that SP is there to complement and not replace other statutory responsibility and provision"* SP staff member
Accommodation Type and Specialist Support	**Need for proper training, development and career structure for staff who work in highly specialised housing support services.** There is a need to be properly trained in a wide breadth of areas such as vulnerable adults, mental capacity issues, how to recognise and deal with issues of abuse, addiction, the benefits system and learning how to effectively work with multi professionals from HSC, PSNI, Probation, Justice etc. (while maintaining the remit of SP's provision). *"This is not a minimum wage sector but a sector which deals with the most vulnerable in society and requiring a high level of skills, knowledge and expertise"* SP provider
	Maintain accommodation based services and likely need to increase floating support services: In terms of the future impact on the portfolio of services, respondents have highlighted that although there will be a requirement to have an adequate supply of both accommodation and floating support services, there is likely to be an increase in the requirement for floating support services. Plus it is important that the service user can also access other complementary help from other statutory provisions at the same time. *"There is a need to enable access to other support even if floating support is present and that can form part of a package. e.g. counselling/ other step services"* SP provider
COVID-19 Impact	**Impact of COVID-19 has acted as an accelerator to the drive for people wanting support in their own homes:** Feedback has noted that more old people want to remain in their own home as opposed to moving into an alternative care facility. This would increase the demand for floating support services (and likely increase the need for domiciliary care provision). *"There will be less movement for Older People leaving their homes"* SP staff member
	Uncertainty as a result of COVID-19 and whether transient or permanent effect: In addition to the above feedback from respondents other key pieces of feedback from staff, providers and other key stakeholders has included the impact of COVID-19. For example, during lockdown periods, there specific challenges with one consultee stating providers ceased allocations during COVID to their accommodation services and how some floating support services that were delivered had to be adapted. The full impact of this is not yet fully understood but with feedback highlighting that older people may not want to move to a residential care environment due to the risk of virus and as a result older people choosing to stay in their own homes requiring in-house support. It is thought that an increasing number of older people will want to avail of dispersed care based at home or in the community as opposed to communal care in a residential setting, this is likely to increase the housing support required. *"Older people with the increasing demographic and post c19 reluctance to go into care homes will need additional floating support"* SP staff member
	Future Use of Assistive Technology to Aid Delivery of Support Services: Feedback has highlighted the potential increased use going forward of varying forms of assistive technology to help deliver support to users. Service users advised that during the months of lockdown due to COVID-19, many felt they would miss out on

	support sessions. However, teams worked fast to maintain support to users with the use of video calling, online courses etc. This can help keep service users' support on track and also enhance community living and social inclusion. Consultees outlined that Assistive Technology is most effective when complemented by a level of personal interaction and support to get the most of the technology. *"Support is likely to be less hands on / face to face support has been reduced"* SP staff member
Funding	**Enabling future need requires funding including capital funding**: Some of the structures and provisions highlighted by both staff and providers required to meet future need have been identified as additional funding (including capital funding to remodel or in some cases build) with continued commitment to the funding of services already in place (this is a complex strategic and policy issue but has been included in here to reflect a common theme from the consultations). There was responses which highlighted the funding need to consider the support, training and PPE required to best help live in their own homes. *"COVID-19 has highlighted social distancing required and the risks around some service user's failure to comply with guidance issued. This would indicate a greater need for self-contained accommodation to reduce the impact of risks to others."* SP provider
Service Models	**Consideration of different service models:** Providers shared some insight into alternative care models that were being implemented in other part of the UK regions, for example Extra Care (which are developments that are comprised of self-contained homes with design features and support services to enable independent living and self-care and historically is has elements of full or part funded by the service user). These service models may be worth considering and their appropriateness in the context of NI.

Persona 2: Margaret, 68, Accommodation Based Service User *

Their story:

Margaret had spent many years living abroad before moving home to NI. Margaret was looking for somewhere to live but was finding it hard to find somewhere suitable and to settle in.

Their housing support needs:

Along with needing somewhere to stay, Margaret needs support with shopping and general tasks, and support with her mental health. She has limited family support in the area and is reliant on a friend.

What matters most to them:

Margaret wants to feel socially included, she likes having people around her and having company. Margaret would also like to have a decent home to call her own.

In their words

"One of the biggest things for me is being part of the community and having someone there for me and at the minute I don't feel I have that, being less socially isolated would help me."

*Persona based on number of different service user interviews.

KEY MESSAGES FROM PRIMARY RESEARCH

The research has highlighted that the needs of older people are increasing in both complexity and multiplicity. With an aging demographic and enhancements in the type and number of treatments available individuals are learning to live with certain issues for longer. As a result the types and numbers of housing support services they need have become more complex over time.

More complex needs may bring with it a requirement for higher levels of specialist support where multi agencies are required to provide and a greater need for floating support services. This highlights the need for a close working relationship with statutory and non-statutory partners to provide the required services.

8.4 Older People with Mental Health Problems / Dementia

PROFILE OF CLIENT GROUP

This primary client group focuses on two elements:

- **Older People with Dementia:** Dementia is a broad category that relates to a decrease in a person's cognitive ability, affecting their ability to carry out everyday tasks. There are seven stages of dementia, with symptoms ranging from no impairment to very severe cognitive decline. According to the DoH raw disease prevalence data, there are an estimated 14,137 people that have Dementia in NI. However, information in regards to understanding dementia from Age UK suggests that only 43% of people with dementia are fully diagnosed[17]. The true picture is therefore likely to be significantly higher. As such, it is probable that there is substantial unmet need. As diagnosis improves over time, it is also possible that demand will increase.

- **Older People with Mental Health Problems:** This could include anxiety, depression and various behavioural disorders. According to the World Health Organisation, 15% of people over 60 may suffer from a mental health issue. Based on recent trends in mental health problems, it is likely that this percentage will increase over the next decade, resulting in the potential for greater demand for services.

Table 8.4.1 below sets out details of the current supply available for Older People with Mental Health Problems/Dementia available across NI.

Table 8.4.1: Current Housing Support Service Available for Older People with Mental Health Problems/Dementia.

Thematic Group	Primary Client Group	Provision	Units	Budget (Millions)	Schemes
Older People	Older people with mental health problems / dementia	Accommodation Based	521	2.9	22
		Non-Accommodation Based	75	0.2	3
TOTAL			**596**	**3.1**	**25**

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[17] Available here https://www.ageuk.org.uk/information-advice/health-wellbeing/conditions-illnesses/dementia/understanding-dementia/ last accessed 21 Sept 2020.

BASELINE HOUSING SUPPORT NEEDS

Figure 8.4.2 shows how the methodology was applied to data available in regards to Older People living with dementia or mental health problems in NI, in order to understand what the current baseline of provisions are for this cohort and how they meet needs. Assumptions for the analysis below are set out in Appendix 8.

Figure 8.4.2: Application of Methodology to Older People with Mental Health Problems/Dementia

Population at risk (A)	**14,137 people**		
	DoH data raw disease prevalence for Dementia		

Population in need (B)	**Utilisation (B.1)**	**Waiting list (B.2)**	**Unmet need (B.3)**
	524 units	**58 units**	**53 units**
	Current utilisation (88%)* x number of units	Calculation based on DoH active waits in Jan 2020	Assumed 10% of utilisation
	Estimated units needed (B.1+B.2+B.3)		
	635 units		

Supply (C)	**596 units**
	521 units – accommodation based services
	75 units - non-accommodation based services

Over / supply (D=B–C)	**39 units**
	Undersupply

*This utilisation figure may be overstated based on feedback from consultees as historically there was some 'difficult to let' schemes (voids for more than 4 weeks) for accommodation based services for dementia services (with some parts of NI with large voids than others). Historically, in order to best respond to the demographic information a number of new specialist accommodation units have been developed for dementia services. However, there remains voids in part because of increased focus on dementia care in people's own homes. Some of these voids were reduced by a second PCG service user utilising this service i.e. in some cases the eligible primary client group has been amended to enable referrals and occupancy

Once waiting list and unmet demand assumptions have been factored in the analysis above suggests an undersupply of 39 units against the current supply of 596 units which is approximately 7% undersupply. This PCG has a majority of accommodation based services which is primarily specialist housing for older people with dementia.

FUTURE HOUSING SUPPORT NEEDS

Figure 8.4.3 sets out the projected need for Older People with Dementia in 2023 taking into account the factors above. Assumptions for these projections are provided in Appendix 8.

Figure 8.4.3: Projected Need for Older People with Mental Health Problems/Dementia

	Baseline	Future (three years)
Population at risk (A)	**14,137 people**	**15,703 people** Population factor: Base x 11.1% population increase in 65+ from 2018 to 2023
Population in need (B)	**635 units**	**827 units** Prevalence factor: 1% prevalence rate change increase. Pull factor: 5% factor applied Push factor: 10% factor applied
Supply (C)	**596 units** 521 units – accommodation based services 75 units - non-accommodation based services	
Over / supply (D=B–C)	**39 units** Undersupply	**231 units** Undersupply

The analysis above suggests a substantial increase in demand, primarily driven by demographic changes. Based on current supply, this would result in an undersupply of 231 units (39% of supply) by the end of 2023.

Dementia can be a challenging illness to diagnose. In 2017, it was estimated there was 13,000 diagnosed but a further 7,000 currently living with the illness.[18] In order to reflect this figure, the Research Team have included an increase in prevalence rate to reflect the people not currently diagnosed.

UK wide studies have identified the primary driver for an increase in dementia population to be an ageing population. Some current evidence that suggests that the prevalence and incidence of dementia among older people is already beginning to fall in high income countries such as the UK, associated with improvements in the level of education and improvements in public health (healthier lifestyles and better prevention and control of cardiovascular risk factors). [19] To summarise, the baseline picture is likely to be understated but once a clear baseline is in place the long term prevalence rate is likely to fall.

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[18] The Dementia Learning and Development Framework, Dementia Together NI (funded by NI Executive and Atlantic Philanthropies).

[19] Prince, M et al (2014) Dementia UK: Update Second Edition report produced by King's College London and the London School of Economics for the Alzheimer's Society.

It should be stated that this increase in need is not necessarily a proportionate increase in accommodation based units, with literature and voice research suggesting need may move towards maintaining independence at home and therefore increased requirement for floating support services which enable prevention and provide early intervention opposed to additional specialist dementia accommodation based facilities, where are currently some voids.

SUMMARY AND CONCLUSION

The analysis suggests a 7% shortfall of available provisions to serve the volume of users (596 units available, against an assumed need of 634 units). As the over 65 population grows, it is expected that there will be an associated increase in the number of older people with dementia who could benefit from a supported housing service, with a projected shortfall of 39% by 2023 (861 units against supply of 596).

8.5 Older People with Support Needs

PROFILE OF CLIENT GROUP

People in this PCG are those who have lower level support or higher level housing support needs. The lower level or early interventions, are where a user may need some support, assistance or advice with some general tasks. Historically, this has focused on the housing support needs of people who live in sheltered housing. This make up the majority of accommodation based services in this PCG. The second service model is supported housing which provides higher levels of support including more support hours for clients, this is a smaller number of units in this PCG.

The table below sets out details of the current supply available for Older People with Support Needs across NI.

Table 8.5.1: Current Housing Support Service Available for Older People with Support Needs.

Thematic Group	Primary Client Group	Provision	Units	Budget (Millions)	Schemes
Older people	Older People with support needs.	Accommodation Based	8,914	3.9	372
		Non Accommodation Based	1,263	1.5	8
TOTAL			**10,177**	**5.4**	**380**

BASELINE HOUSING SUPPORT NEEDS

Figure 8.5.2 below shows how the methodology was applied to data available in regards to Older People with Support Needs in NI, in order to understand what the current baseline of provisions are for this cohort and how they meet needs.

Figure 8.5.2: Application of Methodology to Older People with Support Needs.

Population at risk (A)	**50,918 persons**
	NISRA estimated population 65-74 (2018) – 169,725.
	Age UK report on the health and care of older people (July 2019) stated that around 15% of people aged 65-69 experience difficult with at least one activity. Assumed to increase for 70+, with assumption of 30% across the population.

Population in need (B)	**Utilisation (B.1)**	**Waiting list (B.2)**	**Unmet need (B.3)**
	9,651 units	**965 units**	**483 units**
	Current Utilisation (95%) x number of units (10,177)	Assumed 10% of utilisation	Unmet demand assumption of 5% of utilisation.
	Estimated units needed (B.1+B.2+B.3)		
	11,098 units		

Supply (C)	**10,177 units**
	8,914 units – accommodation based services
	1,263 units - non-accommodation based services

Over / supply (D=B–C)	**921 units**
	undersupply

The analysis above suggests an undersupply of 921 units against the current supply of 10,177 units which is approximately 9% undersupply.

FUTURE HOUSING SUPPORT NEEDS

Figure 8.5.3: Application of Methodology to Older People with Support Needs.

	Baseline	Future (three years)
Population at risk (A)	**50,918 persons**	**56,557 people** Population factor: Base x 11.1% population increase in 65+ from 2018 to 2023
Population in need (B)	**11,098 units**	**12,636 units** Prevalence factor: not applied Pull factor: 5% factor applied Push factor: 3% factor applied
Supply (C)	**10,177 units** 8,914 units – accommodation based services 1,263 units - non-accommodation based services	
Over / supply (D=B–C)	**921 units** undersupply	**2,459 units** undersupply

SUMMARY AND CONCLUSIONS

Our research tells us that people are living longer and as a result, the 'older people' population is increasing. As such, it is assumed so too will the prevalence rate of older people living with lower level support needs. This will give rise to a higher number of people who may need to avail of a Supported Housing service.

The analysis of current need shows that for Older People with support requirements, there is an undersupply of 921 units. The aging population information is the main driver for a projected increase by 2023 (from 11,098 to 12,636). As such, the difference between supply and demand is expected to increase substantially, with an undersupply of 2,459 projected by 2023.

8.6 Frail Elderly

PROFILE OF CLIENT GROUP

Frailty is a health condition related to the ageing process. A frail individual is seen to have reduced resilience and increased vulnerability to decompensation after a stress or event (fall etc.). Adverse outcomes of frailty can lead to an individual showing signs of reduced mobility and loss of independence. Currently in NI, it is estimated that there are 24,585 older individuals who are classed as frail.

People living with frail conditions may have mobility issues, which means getting around or performing general tasks are more difficult to undertake. They want to maintain a level of independence while feeling safe and secure. The literature review also highlighted an emphasis on a disability-free existence where peoples' retirements are increasingly made up of two periods, one of relative health and prosperity, and another of decline and ill health.

Table 8.6.1: Current Housing Support Service Available for Frail Elderly.

Thematic Group	Primary Client Group	Provision	Units	Budget (Millions)	Schemes
Older people	Frail Elderly	Accommodation Based Services	376	1.382	17
		Non Accommodation Based Services	-	-	-
TOTAL			**376**	**1.382**	**17**

BASELINE HOUSING SUPPORT NEEDS

The diagram below shows how the methodology was applied to data available in regards to the Frail Elderly group, in order to understand what the current baseline of provisions are for this cohort and how they meet needs.

Figure 8.6.2: Application of Methodology to Frail Elderly.

Population at risk (A)	24,585		
	Based on frailty prevalence and population projections (2018)		

Population in need (B)	Utilisation (B.1)	Waiting list (B.2)	Unmet need (B.3)
	340	**34**	**17**
	Current utilisation (90%) x number of units (376)	Assumed 10% utilisation	Unmet demand assumption 5% of utilisation
	Estimated units needed (B.1+B.2+B.3)		
	391 units		

Supply (C)	**376 units**
	376 – accommodation based services

Over / supply (D=B–C)	**15 units**
	UNDERSUPPLY

FUTURE HOUSING SUPPORT NEEDS

Figure 8.6.3: Application of Methodology to Frail Elderly.

	Baseline	Future (three years)
Population at risk (A)	24, 585 persons	28, 617 people
Population in need (B)	391 units	466 units Prevalence Factor: not applied Pull Factor: 5% factor applied Push Factor: 3% factor applied
Supply (C)	376 units 376 – accommodation based services	
Over / supply (D=B–C)	15 units undersupply	90 units undersupply

SUMMARY AND CONCLUSIONS

The analysis of current need shows that for the Frail Elderly PCG, there is an undersupply of 15 units. A combination of a substantial increase in the number of people aged 75 and over, along with an assumed increase in prevalence, suggests that this discrepancy will result in an undersupply of 90 units by 2023.

8.7 Overview of projected need

The tables below set out the estimated current and future demand projections against current supply for the Older People thematic group. The tables set out the current and projected need in terms of units (Table 8.7.1), the current and projected unmet need (Table 8.7.2), and this unmet need as a proportion of current supply (Table 8.7.3). The projections look at two scenarios:

- Low scenario: assumes only a population increase.

- High scenario: assumes all five factors have been applied (population, prevalence, push, pull and portfolio).

Table 8.7.1: Current and projected need for Older People services

Primary Client Group	Current state (units)		Projected need (units)			
	Current supply	Current need	3YR Low scenario	3YR High scenario	10YR Low scenario	10YR High scenario
Older People with MH/Dementia	596	635	705	827	786	1089
Older People with support needs	10177	11098	12328	12636	13746	14090
Frail Elderly	376	391	455	466	530	543
Total	**11,149**	**12,124**	**13,488**	**13,929**	**15,063**	**15,722**

Table 8.7.2: Current and projected undersupply for Older People services

Primary Client Group	Unmet need in number of units				
	Current need	3YR low scenario	3YR High scenario	10YR low scenario	10YR High scenario
Older People with MH/Dementia	(39)	(109)	(231)	(190)	(493)
Older People with support needs	(921)	(2,151)	(2,459)	(3,569)	(3,913)
Frail Elderly	(15)	(79)	(90)	(154)	(167)
Total	**(975)**	**(2,339)**	**(2,780)**	**(3,914)**	**(4,573)**

Table 8.7.3: Current and projected undersupply for Older People services as a percentage of current supply

Primary Client Group	Unmet need as % of supply				
	Current	3YR low scenario	3YR High scenario	10YR low scenario	10YR High scenario
Older People with MH/Dementia	-6.5%	-18.3%	-38.8%	-32.0%	-82.6%
Older People with support need	-9.1%	-21.1%	-24.2%	-35.1%	-38.4%
Frail Elderly	-4.0%	-21.0%	-24.1%	-41.0%	-44.5%
Total	**-8.7%**	**-21.0%**	**-24.9%**	**-35.1%**	**-41.0%**

The analysis set out in the above tables indicate that current need outweighs current supply, with a current undersupply of around 9%. Due to the volume of units supplied, the bulk of this undersupply is driven by the Older People with Support Needs PCG.

Demographic changes and assumed changes in prevalence will result in significant increases in the population in need within the Older People thematic group. As such, this indicative gap between supply and need is expected to widen when looking at the projections of unmet need, with an undersupply of 21-25% by 2023, and 35-41% in 2020 if current supply is maintained.

8.8 Summary and Conclusions

Based on the information collated, some of the key messages for the Older People Thematic Group include:

- **Older People support needs are not homogenous:** There is a broad of range of people and needs in this thematic group from dementia, frailty, mental health, lower and higher level support needs.
- **Current need is higher than supply:** Baseline housing support need is 9% higher than supply currently.
- **Demographics are primary and key driver which impact housing support need for Older People Thematic Group:** undersupply of 21-25% by 2023, and 35-41% in 2020 if current supply is maintained.
- **A mix of service types are required:** A review of current accommodation will also be important and if there are opportunities to remodel schemes or also to ensure any accommodation can be future proofed e.g. mobility scooter storage (as most sheltered schemes deem these a fire risk) and provision for ageing couples or carer providers to consider security of tenure and support services on the death of the person receiving the current housing support. There are also pockets of voids in some accommodation services in some areas which could be reviewed and adapted as required. Floating support is likely to be increasingly important in particular if different health and social care issues develop over time.
- **Complexity of needs:** in addition to the estimated increasing volume of need there is an increase in the complexity of need tied to other factors like mental health and addition.

9. Young people thematic group

9. Young People Thematic Group

9.1 Introduction

This section includes details of the Young People thematic group and analysis at its one PCG. This may include young people leaving care, who are homeless, at risk and/or who are vulnerable.

Table 9.1.1: Young People Thematic Group and Associated PCG

Thematic Group	Primary Client Group
Young People	Young people

9.2 Secondary research: key documents and strategic context

Key documents

For the Young People thematic group there are number of strategies and policies in place which are relevant to this SNA.

Table 9.2.1: Key strategies and policies for Young People

Document	Description	Relevance to the SNA
Homelessness Strategy for Northern Ireland 2017-2022, NIHE.	The five key objectives of the Homelessness Strategy for Northern Ireland are: • To prioritise the prevention of homelessness; • To secure sustainable accommodation and appropriate support for homeless households; • To further understand and address the complexities of chronic homelessness across Northern Ireland; • To ensure the right mechanisms are in place to oversee and deliver this strategy; and To measure and monitor existing and emerging need to inform the ongoing development of appropriate services.	Emphasis was on early intervention and collaborative interagency and partnership working. This was a particular theme in relation to young people, which builds on the currently jointly funded provision.
Chronic Homelessness Action Plan 2020, NIHE.	Linked to the Homelessness Strategy above, the plan focuses on NIHE's commitment to develop appropriate responses to address the needs of those experiencing chronic homelessness and the plan to address gaps in services that have the most impact.	This action plan seeks to promote prevention and early intervention through a number of initiatives. The Housing Executive is keen to raise awareness of prevention through early intervention, by identifying potential risk indicators including how adverse childhood experiences (ACE's) can

Document	Description	Relevance to the SNA
		be used as a chronic homelessness indicator. An Action for Year 1 of the action plan is to focus on working with HSC sector to review research and understand its application to homelessness prevention including young people to improve outcomes.
Department of Education Children's and Young People's Strategy	Children & Young People's Strategy 2019 – 2029: Working together to improve the well-being of children and young people, and to achieve positive, long lasting outcomes. This was a cross departmental strategy published to provide a framework to improve the wellbeing of young people across NI. It is important to give the children and young people the best start in life, enabling them to grow up in a community where they have access to education and culture in a safe environment and enable them to grow to become resilient young adults who can face the challenges that life might put in front of them.	This strategy looks at giving young people the best start. The importance of early interventions has been highlighted across all research (both desk based and voice information).
Voice of Young People in Care (VOYPIC): The Mental Health of Looked After Children/Care Leavers in Northern Ireland: A Literature Review	The needs of Young People (Looked after Children and Care Leavers) need to be listened to. These young individuals have views that are clear on what services they want and need. This information should be a focus of the planning and delivery of any services for them. Any assessment of mental health issues should be done so within the context of this cohort.	Voice of Young People literature along with voice information collected highlights what is most important to the user and should be used to frame any future strategies and services.
Children's Services Co Operation (Northern Ireland) Act 2015	The functions covered by this act are exercised for the purpose of improving the well-being of children and young people. These most notably include: physical / mental health, learning and living safely and with stability.	This act brought forward a duty on the Executive to develop a strategy to achieve the wellbeing of young people in NI. There is a duty of care to the wellbeing of young people to develop any future housing support strategies with this act and associated outputs in mind.

| Document	Description	Relevance to the SNA
Leaving Care? Lost? Your Step by Step Guide to Leaving Care for Young People	The DoH and VOPIC worked to produce a guide called Leaving Care? Lost? Your Step by Step Guide to Leaving Care for Young People leaving care regarding entitlements and services available to them under the 2002 legislation.	For many people leaving care this is their step towards independence and being aware of support services they can avail of is important. Consideration as part of the SNA should be given to the awareness and promotion of SP funded services.

Strategic trends

A literature review completed by the Research Team which has helped to identify some key messages or strategic trends in relation to Young People Thematic Group.

Number of young people presenting as homeless has decreased

Figure 9.2.1 outlines the number of young people presenting as homeless is decreasing which aligns with the general trend. There are a larger number of males between 16-25 presenting than females between 16-25 but the gap is narrowing. In 2019/20 it was 48% female compared to 52% male in this age group, this compares to the 26-59 age group where females are 28% of this group. A proportion of these presenters will require housing support and this provides an indication of trends in terms of age and gender.

Figure 9.2.1 Households Presenting as Homeless by age and gender 2010-2020
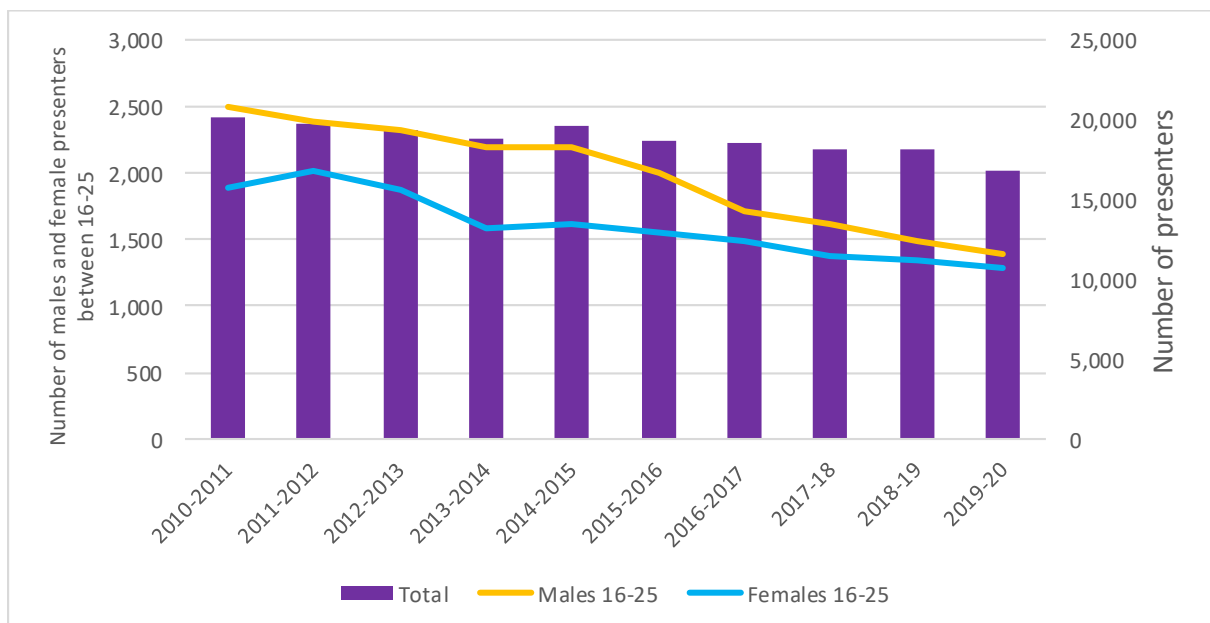
Source: Source: DfC Northern Ireland Housing Bulletin, April-June 2020

Interdependent and multiple needs for services

A substantial proportion of young people seeking housing support have a history of mental health issues, with other significant needs coming as a result of drug dependency or history of offending. In terms of care leavers one fifth of care leavers experience homelessness within two years of leaving care.

Statistics made available from NIHE highlights that 1 in 4 young people presenting as homeless last year in 2019 reported mental health vulnerabilities. Based on NIHE data from 2019/2020, 799 presenters between the ages of 16-25 had mental health vulnerabilities was recorded as a priority need, 763 of the 799 people (95%) were accepted as Full Duty Applicant. This aligns with trends from other PCGs, where mental health was a key vulnerability identified.

Housing support can provide an important intervention

Based on reviewing literature and stakeholder consultations, factors and circumstances that impact on children and young people that can deem them vulnerable are referred to as ACEs (Adverse Childhood Experiences). ACEs are chronic stress situations that children who are routinely exposed to domestic violence, mental health etc. in their home life experience find themselves in. These ACEs are often associated with poorer outcomes for children in education, employment, family breakdown and a number of wellbeing issues. Housing and housing support can provide stability and support which help to both the individual and wider system.[20]

Health and social care statistical reports have helped to provide some insights to this Young People thematic group.

HSCB publish a report each year called the Delegated Statutory Functions Statistical Report, in reviewing of 2018/19 version there are number of key insights[21]. A number are listed below:

- *Number of Children Looked After (CLA) is increasing and highest point since legislation introduced in 1995:* There were 3,281 young people who are were CLA. This is the highest number of children looked after since the introduction of the Children (NI) Order 1995. The rate of 80 per 10,000 shows an increase from the period 2017/18 when it was 71 per 10,000. This cohort and trend will impact the number of the people who may need housing support in the future.
- *SP viewed as an important service with budget and regulation considerations:* The report highlighted:

    'development of suitable supported accommodation to support transitions for vulnerable young people leaving care is an essential component in the ongoing support of these young people.

    The budgetary pressures in the NIHE Supporting People programme continue to adversely affect the development of co-funded provision for this group of young people. The significant use of unapproved accommodation in some Trusts is acknowledged, this has been discussed with RQIA and the subject of a joint HSCB/RQIA workshop.'

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[20] (Woodfine & Grey, 2018)

[21] Available here http://www.hscboard.hscni.net/download/PUBLIC-MEETINGS/HSC%20BOARD/board_meetings_2019/september_2019/Item-08-02-DSF-Overview-Report-March-2019.pdf and http://www.hscboard.hscni.net/download/PUBLIC-MEETINGS/HSC%20BOARD/board_meetings_2019/september_2019/Item-08-03-DSF-Statistical-Report-March-2019-version-July-19.pdf last accessed 21 September 2020

This echoes some of the themes identified in this SNA around existing budget pressures and impact on meeting service user needs.

Lower educational attainment for young people at risk and leaving care

Educational attainment is substantially lower for both young people at risk and young people leaving care. This can result in significant reductions in economic and social opportunities within this cohort, potentially creating a greater reliance on housing support services as they enter into early adulthood.

The table below sets out attainment results for children looked after in Northern Ireland (2015/16) against the general population, showing a gradually increasing gap in attainment as children move through the education system. The illustrates again the importance of providing appropriate housing support to help alleviate some of the longer term needs from lower educational attainment.

Table 9.2.2. Attainment Results for Children Looked After in Northern Ireland (2015/16) Compared to the General Population

Level of Progression			Looked after children in Northern Ireland[44]	General school population in Northern Ireland[45]
	Key Stage 1 Level 2 or above	Communication	78%	88%
		Using Maths	78%	88%
	Key Stage 2 Level 4 or above	Communication	44%	78%
		Using Maths	44%	79%
	Key Stage 3 Level 5 or above	Communication	40%	78%
		Using Maths	39%	79%
Year 12	GCSE or Equivalent Passes	1 or more GCSE at grades A*- G	98%	100%[46]
		5 or more GCSEs at grades A*- G	77%	99%
		5 or more GCSEs at grades A*- C	54%	83%

Source: Children in Care 2015-16

Early Intervention is viewed as key to improved outcomes for at risk / vulnerable young people

Significant work is taking place for children at primary school level, with the focus on addressing issues created through previous trauma and undertaking "attachment" strategies to improve the confidence and trust of young people within school and other social environments. Early indications of this

support suggest improvements in educational attainment. Focus on post-primary children is however in the early stages of development and is likely to take some time before it is implemented. This early intervention should have impact on the housing support needs when young people need support post 18 (the point where SP provision becomes the main housing support provision).

Lack of awareness to what support they are entitled to

The literature highlighted some trends with younger people, that there was a lack of knowledge about the entitlements and exemptions that younger people have access to. Advance payments can potentially be useful to manage circumstances such as deposits and delays in the first payments of UC. Care leavers in particular have certain provisions and exemptions, however, access to these exemptions is contingent on individuals notifying their work coach of their care leaver status, which then needs to be flagged on the system.[22] This indicates a potential variance from others PCGs (who may have other or previous support) and where targeted advice via a floating support provision in SP can make a difference.

Lack of skills and knowledge about living independently among some younger people

Some younger people lost their tenancies due to not being aware that their rent did not include rates or fuel bills. Approximately only half of younger people are confident in their budgeting ability and in the UK, one fifth of care leavers experience homelessness within two years of leaving care. [23] This illustrates some of the key barriers and the importance of support to maintain a tenancy and the impact there can be if no support is in place.

9.3   Primary research: voice and stakeholder information

As mentioned in section 2.5 a key element of this SNA process was to engage with Supporting People staff, Providers, Users and other key stakeholders to gather first hand feedback on SP funded housing support services. This section provides the details, findings and conclusions of this voice information for the young people thematic group.

FINDINGS IN RELATION TO CURRENT NEEDS

We asked stakeholders a range of questions based on the current needs of users and the services provided.

Table 9.3.1: Key stakeholder insights to current user needs and services.

Theme	Key findings
Outcomes	**SP funded services align to users' needs:** 85% of respondents across both staff and providers agreed that housing support services funded by SP aligned to users' needs.
	Service user needs are have changed over the last 5 years becoming increasing complex: All of the respondents across both staff and providers agreed that the needs of service users have changed over the past 5 years. They said that needs of young people are increasingly complex, highlighting mental health issues and substance abuse as contributors to this complexity. In particular IV drug use is more common now than 5 years ago. Some consultees outlined there is a real

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[22] Social Security Advisory Committee. Young People Living Independently. [Online] May 2018.

[23] ibid.

	need to begin with a whole child assessment, which would look at the relationship between mental health/vulnerability/substance misuse and placement/tenancy breakdown. *"Feedback from providers, discussions with staff and young people during wellbeing visits suggest that a lot more young people are presenting with more complex needs. Significant issues with drugs, alcohol, self-harming and mental health issues."* SP staff member
Barriers or challenges	**Barriers to accessing housing support include lack of awareness and being unable to support complex cases safely:** Feedback from both staff and providers has suggested that in some cases, young people are unaware of their entitlements and rights and may be unsure who to turn to for help. Some feedback from service users advised that they had been unsure where to go and so had contacted a number of providers. However, due to a certain factors did not meet the criteria and were not deemed eligible for support. *"I just starting calling a number of charities to get the help I needed but unfortunately was told I did not meet the criteria required"* SP service user
	Support available may not allow for the safe management of user needs: Some consultees outlined the needs of young people are becoming increasingly complex. It has been highlighted by some providers, that it can be difficult to offer the correct support safely. This can be a challenge in that there is a risk to both the provider and the service user (it is important to note that all young people will be suitable for support accommodation this makes the assessment more critical). There may be the scenario where the provider cannot fully support the user and the user is in a situation where they are either receiving inadequate or no support. *"On the few occasions we have been unable to offer a young person support it has been related to complex needs that could not be safely managed"* SP provider
	Location of accommodation can impact Support Package in place: Providers have highlighted that there is a growing need for assessment/ temporary / crisis accommodation among Young People and there have been cases where a placement has been made outside of their network. Majority of these Young People have already a support system in place (counselling, drug assistance etc.) and being housed at a different location can be difficult to maintain the support. As appointments, prescription collections cannot be adhered to this support is removed and more often has a detrimental impact to the young person and their progress to independence. *"We have had young people who are part of a daily methadone scheme that will continue to sleep rough as opposed to being placed at a location where they cannot continue their treatment"* SP provider
Accommodation type and	**More diverse range of housing options required:** Feedback from across staff and providers is telling us that existing housing models / accommodation that is

Specialist Support Services	on offer to young people is not meeting their diverse needs and a result could lead to a series of unmet needs. Young people require a more varied range of options and interventions due to their presenting needs. Also it has been highlighted that there is a lack of accommodation based support available for young people who are in need of a bail address (note: If a young person has been in supported accommodation when arrested they can use it as a bail address upon release, however they cannot be referred from custody to use this as a bail address.) There have been scenarios where an individual has had to remain in prison longer than required as there was no suitable accommodation available. *"There needs to be a more diverse range of housing options and models for young people in need of accommodation i.e. Housing First, single lets, social housing, shared housing and supported accommodation."* SP provider
	Increased need for specialist support: Young people are in need of more specialist support in regards to their increasingly complex needs. Feedback has highlighted a need for specially trained staff to be able to provide support to these young individuals who find themselves living with mental health and substance abuse issues, aggression, family breakdown and self-harm. Providers have advised that there is a lack of services available for young people who have a dual diagnosis of mental health issues and drug issue. Feedback has also advised that young people who are leaving prison might require a greater amount of support in order to resettle back into the community. *"Growing numbers of young people are becoming substance abusers which means that hostels designed for young people are having to adapt to understand and deal with the irrational behaviour caused by mental ill-health that is associated with substance abuse"* SP staff member

Persona 3: Fiona, 18, Floating Support Service User*

Their story
Fiona was living with her boyfriend's granny but the relationship broke down. When Fiona found herself in need she found that not many providers could help her as she did not meet criteria.

Their housing support needs
Fiona found herself accommodation but had no belongings so she found herself in need of support to set up, manage and run her new home.

What matters to them
Having a space to call her own, to have people willing to support her and to help her build her own home. Fiona has returned to education after a break and know there will be support for her with her future decisions.

In their words
"Anywhere I rang I felt like no one understood what I was going through but they helped me so quickly and I was able to get what I needed. And I wouldn't have got that from somewhere else".

*Persona based on number of different service user interviews.

FINDINGS IN RELATION TO FUTURE NEEDS

Stakeholders provided views on the future needs of users and the services provided.

Table 9.3.2: Key stakeholder insights into future needs and services

Theme	Key findings
Services	**Service Users' needs will continue to Change**: 70% of respondents across both staff and providers strongly agreed or agreed that the needs of service users is likely to change over the next 5 years. Feedback suggests that user needs will continue to change due to the growing availability of drugs and the increased number of young people leaving care.
	Factors impacting future change include increasing complex issues, and poor socio economic environment: Respondents have already outlined that the needs of young people have changed over the past number of years and they believe that these needs will continue to change as a result of continued increase of substance abuse. Also it is suggested that poor socio economic conditions may impact young people as they may not be able to support themselves financially and find themselves in a cycle of poverty. *"Many social and economic factors such as the inevitable downturn of the economy and rise in poverty, the continued increase in substance abuse" SP staff member*
COVID-19 Impact	**Impact of COVID-19 could reduce future opportunities:** Feedback has highlighted that the impact of COVID-19 presents a longer term risk of poverty and unemployment. During the pandemic a number of training and employment services have closed down and as a result has impacted the number of opportunities available to young people. These circumstances might

	not only impact a young person opportunity to seek qualifications and find employment but could have a detrimental impact on a persons' mental health. **"Longer term risk of poverty and unemployment as many training and employment services seem to have shut down. This will reduce future opportunities and increase risks"** *SP provider*
	Impact of isolation on already poorly supported mental health issues and substance misuse: Feedback from the survey outlined that during the period of lockdown face to face services were impacted where individuals were not allowed to meet face to face. This may have meant that some individuals who are struggling to live with a number of issues might have felt further isolated. As a result providers had to think quickly and be creative. A number of providers changed the way they delivered support with the use of assistive technology. Video calls maintained the face to face support albeit through the medium of technology. Going forward and also given the uncertainty of COVID-19 it may be the case that assistive technology becomes a common place support aid. **"COVID-19 has made things difficult but the staff have been innovative with their support and are ensuring the maintain the care and support for these vulnerable users"** *SP provider*
Funding and Investment	**Enabling future need funding and investment:** Staff and provider feedback has highlighted more investment to fund services is required to meet future needs. The funding could support young people in maintaining their tenancy and promote better outcomes for these young people. When the NI Executive reformed in Jan 2020 they highlighted that mental health was an urgent and important priority item for them. Consultees outlined funding is required to support the organisations in developing the necessary specialisms within their teams that will ensure the organisations are meeting the needs of young people while meeting the changing demands on services. Some consultees also outlined funding is required to support the existing services and the development of new services to support young people who are experiencing homelessness, poor mental health, trauma and drug use. **"More investment is required to fund services to jointly support young people to maintain their tenancies and to promote better outcomes such as sustainable housing, improved mental health and access to education, training and employment"** *SP provider*
Early Intervention Support	**Early interventions can prevent the number of young people having no other option but to sleep rough:** Breakdown in family relationships is significant cause for young people to leave the family home and seek support elsewhere. These individuals might find themselves in a situation where they are forced to sleep on other family /friends or indeed sleep rough. Having the ability to offer early crisis intervention and support and then in turn arrange continued support for these individuals would prevent the turn to rough sleeping, helping these young people to have secure accommodation and progressing towards independence. **"There have been situations where a young person has approached us and we cannot leave them, they need instant support. So it's a case of trying all options because the last thing we want is that person on the street"** *SP provider*

Persona 4: Peter, 19, Floating Support Service User*

Their Story:
Peter's relationship with his family broke down and he found himself in a situation where he could no longer remain in the family home.

Their Housing Support Needs:
Peter needs support to help run his home and needs significant help with financial budgeting. In the past he has had some issues with managing his money and needs to ensure he has support with budgeting for his household expenses.

What matters most to them:
For Peter having support to manage his money is very important. Having someone he can chat to about this and also help him run his home and plan for the future.

In their words
"When I was on my own, I think that's when I realised living on your own is a struggle and I couldn't keep going and living the way I was. I thought to myself, I'm 18 now I have my own house and I really need to step up my game and the staff have given me the confidence to do that. They've really supported me through this".

9.4   Young people

Profile of client group

Based on NISRA population estimates in Northern Ireland there are approximately 135,000 young people aged between 16 and 21 and over 225,000 people from 16-25.

PCG generally covers 16 years old up to 25 years old. There are number of jointly funded services between the SP and HSCTs reflecting the statutory responsibilities and service eligibility. The NIHE have a statutory responsibility for young people (18+) who pass the four tests to be assessed as a Fully Duty Applicant and accepted as homeless (young people over 18 can also access housing support from SP once assessed). Social Services is responsible for providing those aged 16 or 17 with somewhere to live if:

- they don't have anywhere to live;
- it is not safe or suitable for them to return where they were previously living; or
- their parent or guardian refuses to let them return. [24]

There are a number of interventions including supported lodgings, assessment beds, foyer services and floating support which support young people depending on the particular need.

Table 9.4.1: Current Housing Support Service Available

Thematic Group	Primary Client Group	Provision	Units	Budget (Millions)	Schemes
Young People	Young People	Accommodation Based	233*	3.567	21
		Non-Accommodation Based	564	1.861	11
TOTAL			**797***	**5.428**	**32**

*Please note this includes the jointly funded accommodation based services which includes a number of HSCTs and SP funded schemes. Roughly a third of beds are funded by HSCTs and two thirds by the SP Programme.

BASELINE HOUSING SUPPORT NEEDS

The diagram below shows how the methodology was applied to data available in regards to the Young People group, in order to understand what the current baseline of provisions are for this cohort and how they meet needs.

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[24]Available here https://www.housingadviceni.org/advice-young-people/homeless-16 last accessed 21 September 2020.

Figure 9.4.2: Application of Methodology to Young People PCG

Population at risk (A)	**7,336 people** 500 care leavers per year multiplied by number of years individual will fall into this category (9 years for representing the maximum for each year between 16-25) = 4,500 Plus 2,681 18-25 year old presenters in 2018/19 Plus 155 16-17 year old presenters

Population in need (B)	**Utilisation (B.1)**	**Waiting list (B.2)**	**Unmet need (B.3)**
	719 units Current utilisation (87%) x number of units (797)*	**86 units** Assumed 12% of utilisation	**36 units** Assumed 5% of utilisation
	Estimated units needed (B.1+B.2+B.3)		
	841 units		

Supply (C)	**797 units*** 223 – Accommodation based services 564 – Non accommodation based services

Over / supply (D=B–C)	**44 units** undersupply

* Inclusive of jointly funded accommodation

FUTURE HOUSING SUPPORT NEEDS

Figure 9.4.3: Application of Methodology to Young People PCG

	Baseline	Future (three years)
Population at risk (A)	7,336 persons	7,507 people

Population in need (B)	841 units	904 units Prevalence Factor: not applied Pull Factor: 10% Push Factor: 5%

Supply (C)	**797 units** 223 – Accommodation based services 564 – Non accommodation based services

Over / supply (D=B–C)	44 undersupply	107 undersupply

SUMMARY AND CONCLUSIONS

The analysis of current need shows that for the Young People PCGs there is an undersupply of 44 units. Looking at the future state, assuming there is an increase in the number of Young People especially those who are leaving care it suggests that this discrepancy will result in an undersupply of 107 units by 2023.

The analysis of current need shows that for the Young People PCGs there is an undersupply of 80 units. Looking at the future state, assuming there is an increase in the number of Young People especially those who are leaving care it suggests that this discrepancy will result in an undersupply of 116 units (both accommodation and non-accommodation based) by 2023.

9.5   Overview of projected need

The tables set out the current and projected need in terms of units (Table 9.5.1), the current and projected unmet need (Table 9.5.2), and this unmet need as a proportion of current supply (Table 9.5.3). The projections look at two scenarios:

- Low scenario: assumes only a population increase.

- High scenario: assumes all five factors have been applied (population, prevalence, push, pull and portfolio).

Table 9.5.1: Current and projected undersupply for Young People services

Primary Client Group	Current state (units)		Projected need (units)			
	Current supply	Current need	3YR Low scenario	3YR High scenario	10YR Low scenario	10YR High scenario
Young People	797	841	861	904	876	920

Table 9.5.2: Current and projected undersupply for Young People services

Primary Client Group	Unmet need in number of units				
	Current need	3YR low scenario	3YR High scenario	10YR low scenario	10YR High scenario
Young People	-44	-64	-107	-79	-123

Table 9.5.3: Current and projected undersupply for Young People services as a percentage of current supply

Primary Client Group	Unmet need as % of supply				
	Current	3YR low scenario	3YR High scenario	10YR low scenario	10YR High scenario
Young People	-5.4%	-8.0%	-13.4%	-9.9%	-15.4%

The analysis set out in the above tables indicate that current need outweighs current supply, with a current undersupply of 5.4%.

Projected increases in complexity of need, such as mental health and drug addiction could result in an increase in demand. As such, when looking at projections of unmet need, this indicative gap between supply and need is expected to further widen with an undersupply of 8-13% by 2023, and 10-15% in 2020 if current supply is maintained.

9.6   Summary and Conclusions

Based on the information collated, some of the key messages for the Young People Thematic Group include:

- **Current need is higher than supply:** Baseline housing support need is 6% higher than supply currently.
- **Future need will increase:** housing support will be an undersupply of 8-13% by 2023, and 10-15% in 2020 if current supply is maintained.
- **Importance of joint funded provision:** SP and Trust work closely to provide accommodation which covers a range of ages to provide safe, secure and stable accommodation.
- **Early intervention is critical:** The impact of young person's history can often limit educational attainment, resulting in limited social and economic opportunities and a reliance on this support. This cohort will often move onto other PCG areas as they become older.
- **Complex of needs:** in addition to the estimated increasing volume of need there is an increase in the complexity of need tied to other factors like polysubstance and mental health issues. Statistics made available from NIHE highlights that 1 in 4 young people presenting as homeless last year in 2019 reported mental health vulnerabilities.

10. Disability and mental health thematic group

10. Disability and Mental Health Thematic Group

10.1 Introduction

This section includes details of the Disability and Mental Health thematic group analysis at a primary client level. It consists of three PCGs as listed below:

Table 10.1.1: Disability and Mental Health Thematic Group and Associated PCGs

Thematic Group	Primary Client Groups
Disability and Mental Health	• Mental Health issues • Physical & Sensory Disability • Learning Disability

10.2 Secondary research: key documents and strategic context

Key documents

For the thematic group Disability and Mental Health there are number of strategies and policies in place. These key documents have been created for those living with Disability and Mental Health issues to encourage better outcomes and support for them.

Document	Description	Relevance to the SNA
The Bamford Review of Mental Health and Learning Disability, 2007	This was an independent review of legislation, policy and service provision. Broadly the Review called for: • continued emphasis on promotion of positive mental health • reform of mental health legislation • a continued shift from hospital to community based services • development of a number of specialist services, to include children and young people, older people, those with addiction problems and those in the criminal justice system • an adequately trained workforce to deliver these services. It also included the objective to "to ensure that an extended range of housing options is developed for people with a learning disability."	The Review envisaged 10-15 year timescale for full implementation of its recommendations. It has been supported by number of action plans including actions in relation housing support. Housing and related support was identified as key part in supporting people with learning disability. This remains the case today.
DSD/DHSSPS Inter-Departmental Review of Housing Adaptations Services: Final Report and Action Plan 2016	The Department for Social Development (DSD) and the Department of Health, Social Services and Public Safety (DHSSPS) undertook an inter-departmental Review of housing adaptations services.	The report themes focus on enabling independent living for clients including people with disabilities.

Document	Description	Relevance to the SNA
	The Review was launched in February 2010. The purpose was to review the current system of approval, resources and delivery of housing adaptations in Northern Ireland on a cross-tenure basis, to maximise resources, ensure best value and equality of provision across HSC Trusts and Housing providers. A public consultation exercise was carried out in 2013. This final report of the review was produced together with a draft Action Plan 2016.	Closer working partnerships, between statutory bodies, agencies and clients, is at the core of three of the seven themes of recommendations.

The report also outlines the importance of finding appropriate service model in place in relation to housing support to help people with disabilities to live more independently. |
| The Hospital Resettlement Programme In Northern Ireland After The Bamford Review

Part 1: Statistics, Perceptions And The Role Of The Supporting People Programme A Report For The Northern Ireland Housing Executive

2014

North Harbour Consulting commissioned by NIHE | This research was commissioned by NIHE in its role as the strategic housing authority and Supporting People administrative body for Northern Ireland. The overall aim of the research was to provide NIHE and its partners with an account of the way the resettlement programme had been managed, the role of the Supporting People Programme, and an insight into how and to what extent the lives of learning-disabled people who had been resettled from long stay hospitals had changed since taking up their new accommodation.

The main focus of part 1 of this research was on the institutional delivery of the resettlement programme including models used, the quality of the housing and support services and the overall effectiveness of the programme from a policy point of view. | The research highlighted a number of key findings and conclusions which are relevant to this review including good practice examples and resettlement outcomes for people with learning disabilities. |
| The Hospital Resettlement Programme In Northern Ireland After The Bamford Review

Part 2: The Experience Of Learning Disabled People Resettled | This second phase of research reports on the experiences of people who have been resettled in the period April 2012 to March 2016 following a major reorganisation of the resettlement programme.

The focus of Phase 2 has been to interview service users, their families and the support staff who work with them to establish whether they thought that the resettlement programme had been successful for resettled learning disabled | This user research had a person and family centric approach which provided some useful insights which have helped to better understand housing support needs. |

Document	Description	Relevance to the SNA
From Long Stay Hospitals 2017 North Harbour Consulting commissioned by NIHE	people and whether betterment in their lives had been achieved in the ways advocated by Bamford.	
University of Ulster Review of Mental Health Policies in Northern Ireland: Making Parity a Reality	This is a review of policies in Northern Ireland including, but not exclusively, the Bamford Review, Mental Health Capacity Law, "Draft Programme for Government Framework 2016-21" and "Health and Wellbeing 2026: Delivering Together". The review pointed out that despite evidence-based research for a need, there was [at the time of publication, June 2019] still no overarching mental health strategy. The review concluded he challenges around mental health require radical action where stakeholders including politicians, healthcare leaders, clinicians, academics, the voluntary sector and service users work together to develop and deliver an agreed vision for the future.	This illustrates the scale of the challenge facing NI in relation to mental health and some of the context to this SNA.
DoH Mental Health Action Plan 2020	The actions in this Mental Health Action Plan fall into three broad categories; immediate service developments, longer term strategic objectives and preparatory work for future strategic decisions. The actions are also categorised into six themes: strategic work, co-production, reviews, service developments, governance and workforce. Attached to the action plan is a COVID-19 Mental Health Response Plan with seven strategic themes and one overarching outcome.	The themes of the action plan indicate areas that need developed within mental health services; co-production is one of these themes and is of particular importance as it is underpinned in all actions across the whole Action Plan.
DoH Physical and Sensory Disability Strategy and Action Plan 2012-2015/17	This action plan was developed to help achieve improved outcomes, services and support for people across NI who are living with physical, sensory or communication disability, with the intention of providing strategic direction in the further	Supporting People was identified as an important part of the aim to 'Providing Better Services to Support Independent Lives' – can further promote

Document	Description	Relevance to the SNA
	development of services for disabled people until 2015. To manage and co-ordinate this plan the Physical and Sensory Disability Strategy Implementation group was created.	independence for disabled people, their families and carers. These include personalisation, provision of accessible information, advice, advocacy, equipment such as wheelchairs and prosthetics, rehabilitation, respite, transition planning / support, day opportunities, housing and transport
DSD A Strategy to improve the lives of people with disabilities 2012 - 2015/17	This strategy was an important milestone in helping to deliver the commitments of the United Nations Convention on the Rights of Persons with Disabilities. This strategy document called out that there is a person in almost two of every five families who live, work and contribute to society in the very same way those without disabilities do. The aim of the document was to enable the Executive to look at improving the delivery of public services so that people with disabilities have equal access to opportunities for study, work and independent living.	SP funded programmes are aimed at helping individuals live independently and one key principle of this strategy is delivery of services to aid independent living.
DoH Service Framework for Mental Health and Wellbeing 2018-2021.[25]	The aim of framework was to improve the health and social wellbeing of the NI people. The government wanted to build on the 2010 framework and further reflect the principles and values of the 2014 "You in Mind Regional Mental Health Care Pathway". The framework provided guidance on steps of care to be delivered and was designed in such a way to enhance the quality of service experience, promoting a consistent service delivery across NI. Mental illness is the single largest cause of disability and the highest cause of work absence in UK. Across the UK, mental health illness is the highest burden of disease at 28%.	The increasing prevalence of mental health issues in NI will increase demand for associated housing support services. For the development of the SNA and future services there must be awareness of this increasing issue and how a supporting framework can create positive outcomes for individuals.

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[25] https://www.health-ni.gov.uk/sites/default/files/consultations/health/MHSF%20-%20Service%20Framework%20-%202018-2021.PDF

Strategic Trends

The Research Team has completed a short literature review which sought to identify some key messages or strategic trends in relation to Disability and Mental Health.

Increasing prevalence of Mental Health issues in NI

Northern Ireland has the highest levels of mental health issues, greater than any of the other UK regions and the numbers are expected to continue in their increase[26]. In 2015 an evaluation of the Mental Health provision in NI made a number of recommendations[27] to improve the care and support for these individuals. Although the report was primarily health related, it gave an overview of the effectiveness of NI provisions and identified challenges and opportunities for the further development of services in NI. The recommendations included more funding to expand support but working on the stigma of living with Mental Health issues and the appointment of a Mental Health Champion. In June 2020 an interim Mental Health champion was appointed by DoH to act as public advocate for Mental Health. It has been highlighting during this research of the closeness of health and housing, for the consideration of current and future services there is a need to understand what services are available and where unmet need exists.

Increasing Awareness & Promotion of Mental Health Support

As mentioned above, NI has the highest levels of mental health issues across all of the UK regions. Within government departments, the health trusts and NI charities there is a key focus on tackling these issues and promoting a positive attitude towards mental health across NI. There has been an acknowledgement of the importance to create a platform and safe environment allowing people to speak out and seek the support they need and avail of opportunities to feel included in both workplace and society in general. It is expected that encouraging people to seek support will increase the demand for support services and it is prudent to acknowledge that when considering future strategies and support.

Requirement of specialist services to address complex needs

The needs of users have become more and more complex, meaning the standard services put in place are under increasing pressure and specialist support is required. A 2014 report[28] looking at the recovery for people with severe and complex mental health problems in Northern Ireland highlighted that specialist care includes rehabilitation which is highly effective, cost effective, helps recovery and prevents institutionalisation. Rehabilitation provision in NI is "almost accidental by-product of the hospital closure programme". The voluntary sector is key to provision of rehabilitation services, both for hospital and community based rehabilitation. Some individuals may need rehabilitation services for a number of years or perhaps the rest of their lives, which can result in increased pressures on already busy services. This report enables an understanding of what works well in terms of such provisions and what barriers may be present when delivering further rehabilitation services.

Health and social care statistical reports have helped to provide some insights to the Disability & Mental Health thematic group.

The Statutory Functions Statistical Report, which is published annually by the HSCB was reviewed for the period 2018/19 and a number of key insights highlighted. A number of these insights are listed below:

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[26] https://www.ulster.ac.uk/__data/assets/pdf_file/0004/452155/Final-Draft-Mental-Health-Review-web.pdf

[27] https://www.amh.org.uk/wp-content/uploads/2010/06/AMH-Study-Final-version-inc-cover.pdf

[28] https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr187.pdf?sfvrsn=9234b3c8_2

- *General - At an NI level the number of adults living with Disability or Mental Health issues that have accessing supported living has seen a very small increase of just over 1% in the past 2 years.* For the period 2018/2019 just almost 71,000 people (both under and over 65 years) were referred for an assessment of social work /social care. During that year period over 37,500 individuals commenced receipt of these services. As of the 31st March 2019, just over 22,000 individuals were in receipt of social work or care services. Domiciliary (both care and non-care managed) were the main services received. The number in supported living was 2,197.

- *Learning Disability - Lack of suitable accommodation for individuals is proving challenging:* Within this PCG it has been reported there is difficulty in finding suitable community placements for individuals. The lack of suitable supported housing tenancies has been highlighted as a key contributor to the delays in individuals within this cohort being discharged from hospital, along with the lack of specialist nursing homes.

- *Learning Disability - Young people transitioning to adult services are showing an increased complexity of need:* Both the Northern and Southern Trust have highlighted that the needs of individuals transitioning between services (young people to adult) is becoming increasingly complex. This has caused challenges and impacted services available where services are at or close to capacity.

- *Physical / Sensory Disability - There is a need for specialist placements and access to care home beds:* All the healthcare trusts have highlighted that there is an issue accessing care home beds, including specialist placements. Some trusts consider the regional tariff rate to be a key barrier to securing placements. Trust feedback advises that bed availability and related issues is certain to remain a key issue in the immediate future.

- *Physical / Sensory Disability - Services in place across trusts for brain injury and people with complex needs.* Work is ongoing in each trust to meet the needs of those with brain injuries and complex needs. One trust has introduced assistive technology at one of their supported living schemes. The successful use of this technology has highlighted that this specialist equipment has the potential to help maximise not only an individual's quality of life but their independence. Another health trust has introduced a Complex Care team where the aim, with a coordinated care approach is to enable an individual to remain in their own home.

- *Mental Health - Access to suitable housing and housing support is proving a challenge:* The health trusts have highlighted that there is pressure on the number of inpatient beds available due to the complexity of needs of the individual and also the lack of suitable community placements an individual can be discharged to. Some trusts are exploring the option of developing additional accommodation choices with private landlords.

HSCB have piloted research has been completed by to capture housing support needs in NI as part of standardised approach – this could have long term benefits in supporting future strategic needs assessments

In response to the DfC review of the SP programme as part of Facing the Future: Northern Ireland Housing Strategy Action Plan 2012-2017, The HSC Learning Disability Services agreed to run a pilot where they reviewed the housing support needs in NI as a **standardised** approach.

The key findings included based on 706 people assessed with learning disability:

- 60% were male and 40% female;
- majority of clients (73%) assessed were in the 26 – 64 years age range;
- The majority were assessed as needing a specialist housing and support needs;

- There was variation across Trust areas in the number of people assessed with learning disability and therefore the specialist housing need.
- The assessment of need also looked at anticipated timescales and when the move to supported housing is required. 20% of the clients were assessed as requiring a change in their accommodation needs in the next 6 months with a similar number (16%) predicted to require a change in accommodation within 6months-2 years. It was highlighted the just over 50% would need this change within 2-10yrs.

Figure: 10.2.1: Learning Disability – type of housing support needs
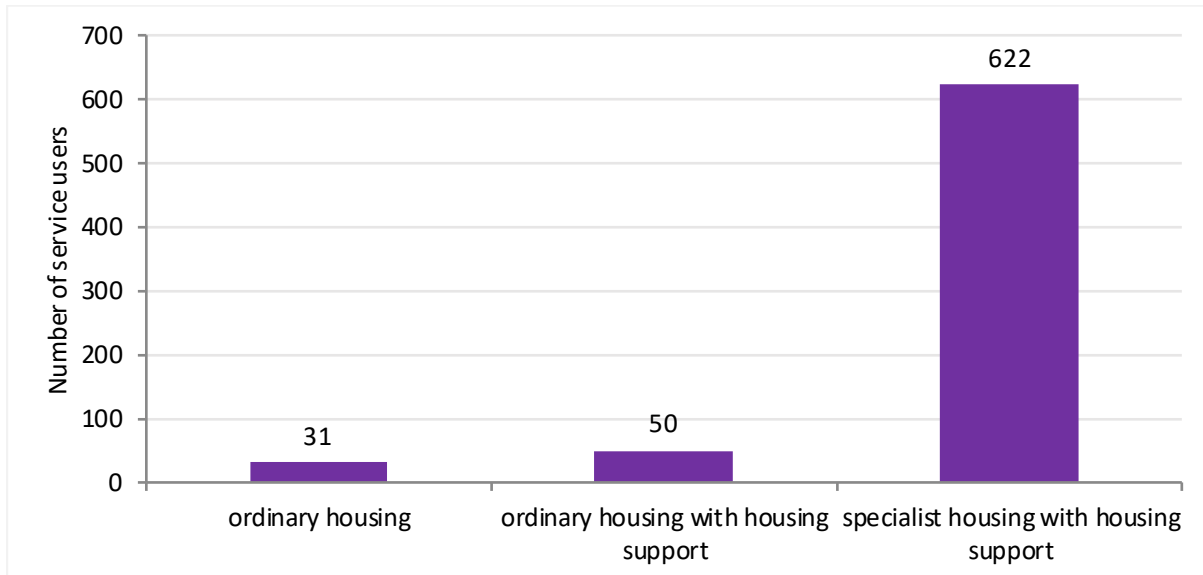
Source: HSCB Learning Disability Services

The report concluded that there was a significant level of need for specialist housing with housing for those living with Learning Disabilities. The information gathered and analysed could help inform future strategic needs assessment particularly if standardised approach expanded to other PCGs.

10.3   Primary research: voice and stakeholder information

This section sets out the detail, findings and conclusions of this voice information for the Disability & Mental Health thematic group.

FINDINGS IN RELATION TO CURRENT NEEDS

Theme	Key findings
Outcomes	**SP funded services align to users' needs:** The majority of respondents across both staff and providers agreed that housing support services funded by SP aligned to users' needs.
	Service user needs have changed over the last 5 years becoming increasingly complex: Feedback from respondents has highlighted that over the past 5 years' service users within this thematic group are presenting with more complex needs (i.e. mental illness, physical health needs, dual-diagnosis, and addiction issues) which may require multi-agency involvement. One provider noted that the increased level of changing needs over the last 5/10 years has significantly impacted on service delivery from both a staff and service availability perspective,

	"Individuals being referred to services certainly tend to have more complex needs than was the case 5 years ago. Many of these individuals now being referred have significant personal care and support needs" SP Provider
Barriers or challenges	**Funding cap is impacting scheme availability for users:** Having a cap on the amount of funds available means that currently there is no additional funds for new schemes to be implemented or existing schemes expanded in areas where providers and staff are calling out there is increasing need. Providers have highlighted that currently a service user can only be placed into a scheme when another individual moves on. Many of the existing users may have long term support requirements and so it can be rare that an individual will move on. *"Access to SP funded services is limited due to the cap on funding and individuals can only access this funding when people supported by these services transition out thus freeing up housing related supports"* SP Provider
	Lack of appropriate accommodation type is causing difficulty in successfully placing individuals: Across all feedback the lack of appropriate accommodation has been called out. The shared model has become a problem for service users as they may not want to share or cannot share due to their condition and as a result voids are created in services. In turn voids prevent service users in need of support from accessing supported housing services. Also the issue of providing appropriate accommodation and services to resettle individuals you have experienced long stays in hospital has been highlighted. The lack of suitable accommodation can mean that individuals must stay in a hospital environment for longer than is required. *"Given the ongoing project to resettle people currently residing in Muckamore and approach to provide suitable accommodation to those currently experiencing delayed discharge- there will be a need to suitable accommodation which meets the adequate space requirements and support packages which provide high level of support from suitably qualified staff"* SP Staff
	Growing number of aging parents who are caring for their aging children who are living with disability: Respondents have highlighted that with an aging demographic people are living longer. There are cases where an individual who is living with a disability has lived in the family home and been cared for by the parents. As the parents have gotten older it has become more difficult for them to provide that care, as they may need support themselves and there are no other family members to help. Many of these individuals may have been on the complex needs lists for years with little prospect of accessing a place as they have been at home therefore will not have enough points. Transitioning these individuals from a support setting they have grown used to may not be a smooth process, meaning increased level of support and accommodation might be required. *"Many people with a learning disability living with older parents. This is not sustainable over the next 5 years without appropriate investment in housing and support"* SP Provider

Reluctance to move on from services	**Reluctance of service users to move on can create a bottle neck effect:** Provider feedback has advised that for some services a bottle neck effect has been created when moving people on from certain services once they have become more independent and no longer require this support service, which would reduce throughout. This bottle neck is being created because some service users are reluctant to move as they have been living within a community they now feel part of and like the home they have created. Also individuals may not be able to move on to experience full independence due to either the lack of available social housing stock / affordable private options and in cases the stigma attached to client groups can impact a landlords decision to rent to individuals availing of support services. There are cases where individuals cannot be move on due to tenancy agreement that may be in place. *"Service user's, particularly within dispersed housing, are supported to settle and integrate within a community, to maintain their tenancy, to decorate their property and then are often reluctant to move"* SP Provider

Persona 1: Gemma, 22 Accommodation Based Service User*

Their Story:
Young female who is currently availing of a 2 year support programme in an accommodation based scheme. Gemma is living with Mental Health issues and before coming to live at ABS she was living between hospital and her family home. Gemma is looking forward to starting a Psychology degree at QUB in September.

Their Housing Support Needs:
Along with accommodation services, Gemma receives support to help mental health and wellbeing, along with learning everyday tasks like cooking, cleaning and money management.

What matters most to them:
Gemma would like to live independently soon and be close to her family and friends for support.

In Their Words
"Before I lived here I basically lived in hospital. Between hospital and the family home. I wasn't able to do anything for myself. Since I've moved in here I can manage, I can do things for myself."

*Persona based on number of different service user interviews.[29]

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[29] NIHE commissioned service user research as part of Bamford Review Implementation and this provides additional user case studies. This can be found here
https://www.nihe.gov.uk/Documents/Research/Supporting-People/Bamford/bamford_experience_of_learning_disabled_people_res.aspx#:~:text=part%202%3A%20the%

FINDINGS IN RELATION TO FUTURE NEEDS

We asked stakeholders a range of questions based on the future needs of users and the services provided.

Theme	Key findings
Services	**Service Users' needs will continue to Change**: The majority of respondents across both staff and providers strongly agreed or agreed that the needs of service users is likely to change over the next 5 years.
	Factors impacting future changes include increasingly complex issues: Needs of individuals have increased and are most likely to continue to increase across the client groups, especially in areas such as mental health. Also given the nature of the people requiring support, those who are older may typically be subject to a deterioration of physical and/or mental health which will impact upon their level of functioning, meaning that they require additional supports.
	"Changes in clients' physical and mental health as they get older. More adults with a learning disability are considering supported living services and many wishing to live in their own community with Floating Support and Peripatetic Services brought in to support them." SP Staff
Mental Health Prevalence	**Mental Health is prevalent within Northern Ireland and is continuing to rise:** Analysis completed as part of this project highlighted that NI has the highest rate of mental health prevalence across all the UK regions. Feedback from respondents as part of this survey has further validated this fact. Providers called out that it is also recognised as being a contributing factor to the suicide rate within NI. It has been called out that Mental Health and Wellbeing are referred to on key government strategies and should be prioritised within SP's 3-5 years agenda. With the growing number of individuals living with mental health issues it has been highlighted there is a need for additional floating support services to meet the need and also specialist staff who are trained to adequately support these users.
	"Prevalence of MH is much greater in NI in comparison with other areas in UK- however funding is lower" SP Staff
COVID-19 Impact	**The impact of COVID-19 will be long term and far reaching:** Feedback from providers and staff has highlighted that COVID-19 will cause a wide range of impacts across this thematic group.
	The key call out has been the impact of COVID-19 on mental health and as a result it is predicted there will be an increased demand for support, especially from individuals who are not already known to the system. This will put pressure on services, where there is already an increasing prevalence outside of this pandemic.

20experience%20of%20learning%20disabled%20people,fiona%20boyle%20and%20john%20palmer%20.%20june%202017

	COVID-19 may also restrict an individual's contact with family and friends, which may have a detrimental impact of their health and wellbeing. COVID-19 has impacted the delivery of services, especially those that are face to face. Having access to assistive and communication technologies would help to continue the delivery of much needed support to individuals and reduce the risk of isolation Providers have called out that there is a need for more dispersed models of care so the impact of this pandemic can be more effectively managed. *"To date, we have seen that COVID-19 can impact on individuals by restricting their access to different services which will inevitably mean an increase in unmet need."* SP Provider
Capital Investment	**Additional capital can support expansion of services:** Increased investment gives the opportunity to expand and develop additional service. Providers have outlined that having this financial support would allow them to implement not only service to meet the growing demand but also a wider range of housing support services where users would have access to additional floating support . Additional capital and revenue funding could be provided to review accommodation types and provide housing support services and /or floating support services. Also feedback has suggested that being able to fund research into users and their required provisions would lead to more positive outcomes. *"These financial pressure directly impact on our service users and the future of the service. We also have to turn away numerous service users who want the type of service we have to offer"* SP Provider
Accommodation Model	**Investment in accommodation to meet user needs:** The majority of respondents gave feedback in regards to the need for appropriate accommodation to meet service users' needs in the future. It has been highlighted that people who are living with learning disability mostly require accommodation based support rather than floating support as their disability is lifelong. A time-bound floating support intervention in these cases is not deemed an adequate intervention. Although floating support services offer the opportunity to allow individuals to remain in their own homes, it has been called out that this does not negate the need for accommodation services for those living with a greater complexity of need. Respondents have also advised that, due to the nature of an individual's condition, they may be unable to be placed in shared accommodation. Currently there is a limited number of / lack of single-unit or specialised accommodation/ services, creating a level of unmet need. *"The requirement for self-contained single person accommodation. Some facilities are more than 20 years old and are no longer fit for purpose."* Provider

Persona 2: Brian, 45 Floating Support Service User*

Their Story:

Brian was a healthy individual in a fulltime job until 5 years ago when he was diagnosed with Fibromyalgia. Over the past few years Brian has been diagnosed with a number of other health issues and this had impacted heavily in his normal daily life and mental health. Being unable to work Brian was forced to spend a number of months sleeping on a relative's floor.

Their Housing Support Needs:

Living with Fibromyalgia makes daily tasks difficult for Brian and so he needs support with general day to day. The impact of his deteriorating health impacted Brian's wellbeing and he found himself in need of support for his mental health.

What matters most to them:

Having a living space that is accessible for him and makes getting about easier. Being able to talk to people when he is feeling down and having someone who doesn't judge. Also having the support of someone to help with benefits entitlements.

In Their Words

"I say that I would be lost without that team and the assistance they have given me, and most likely wouldn't be here. And that's the difference between two girls having a parent. I might not be a high flying person anymore, and in a high powered high paying job but I'm still here and they have assisted me to keep going"

*Persona based on number of different service user interviews.

10.4   Mental Health Issues

Profile of client group

The World Health Organisation define Mental Health as: *a state of wellbeing in which the individual realises his or her own potential, can cope with normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community*. [30]

One in five people in NI will potentially experience mental health issues and this can impact any individual as no one is immune to poor mental health. Mental health determines how a person thinks, feels and acts. Experiencing issues dealing with everyday problems and pressures could be a sign of a mental health problem.

Feedback from the voice research has indicated that the preference for these people is to remain in their own homes for as long as possible. Using equipment or making necessary housing adaptations to the housing environment can help someone continue to live independently. The SP programme have a number of accommodation and non-accommodation based services available to support these people with their housing needs.

BASELINE HOUSING SUPPORT NEEDS

The diagram below shows how the methodology was applied to data available in regards to the Mental Health Issues group, in order to understand what the current baseline of provisions are for this cohort and how they meet needs.

Table 10.4.2: Current Housing Support Service Available for people with Mental Health issues.

Thematic Group	Primary Client Group	Provision	Units	Budget (Millions)	Schemes
Disability and Mental Health	Mental Health issues	Accommodation Based	1,126	10.803	107
		Non-Accommodation Based	414	0.929	10
TOTAL			**1,540**	**11.732**	**117**

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[30] http://www.niassembly.gov.uk/globalassets/documents/raise/publications/2016-2021/2017/health/0817.pdf

Figure 10.4.1: Application of Methodology to Mental Health Issues.

Population at risk (A)	17, 849
	DoH raw disease prevalence for Mental Health issues

Population in need (B)	Utilisation (B.1)	Waiting list (B.2)	Unmet need (B.3)
	1, 428	**286**	**143**
	Current utilisation (92%) x number of units (1,540)	Assumed 20% of utilisation	Assumed 10% of utilisation
	Estimated units needed (B.1+B.2+B.3)		
	1,856		

Supply (C)	**1,540**
	1,126 - accommodation based services
	414 - non accommodation based services

Over / supply (D=B–C)	**316**
	undersupply

FUTURE HOUSING SUPPORT NEEDS

	Baseline	Future (three years)
Population at risk (A)	17, 849	18, 264 persons

Population in need (B)	1,856	2,177 Prevalence Factor: 1% increase Pull Factor: 7% increase Push Factor: 2% increase

Supply (C)	1,540 1,126 - accommodation based services 414 - non accommodation based services

Over / supply (D=B–C)	316 undersupply	637 undersupply

SUMMARY AND CONCLUSIONS

The analysis of current need suggests that for the Mental Health PCG, there is an undersupply of 316 units. As highlighted the numbers of individuals living with mental health issues across NI is the highest in the UK and is expected to further increase especially given the impact of Covid. Continued increases in those presenting with mental health issues suggests that this discrepancy will result in an undersupply of 637 units by 2023.

10.5 Physical / Sensory Disability

Profile of client group

Currently in Northern Ireland there are 255,000 people who are living with some form a learning disability or mental health issue. According to the census data in 2011 there are 197,388 people living with a long term limiting illness or disability (both limiting a lot and limiting a little). Disability Action, a charity who work with people with a range of disabilities say that 1 in 5 people in NI are living with a disability, which in some cases can be hidden. [31]

The Disability Discrimination Act 1995, amended by the Disability Discrimination (NI) Order 2006 defines a person with a disability as : *"Someone with a physical or mental impairment, which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities".* [32]

BASELINE HOUSING SUPPORT NEEDS

The diagram below shows how the methodology was applied to data available in regards to the Physical / Sensory Disability group, in order to understand what the current baseline of provisions are for this cohort and how they meet needs.

Table 10.5.2: Current Housing Support Service Available for Physical / Sensory Disability

Thematic Group	Primary Client Group	Provision	Units	Budget (Millions)	Schemes
Disability and Mental Health	Physical / Sensory Disability	Accommodation Based	136	1.879	15
		Non-Accommodation Based	294	1.021	5
TOTAL			**430**	**2.9**	**20**

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[31] https://www.disabilityaction.org/about-us

[32] https://www.equalityni.org/ECNI/media/ECNI/Publications/Employers%20and%20Service%20Providers/DefinitionofDisability07.pdf

Figure 10.5.2: Application of Methodology to Physical / Sensory Disability

Population at risk (A)	157,202 — 2011 census figures for the number of people with a long term limiting illness or disability		

Population in need (B)	**Utilisation (B.1)**	**Waiting list (B.2)**	**Unmet need (B.3)**
	357	43	18
	Current utilisation (83%) x number of units (430)	Assumed 12% of utilisation	Assumed 5% of utilisation
	Estimated units needed (B.1+B.2+B.3)		
	418		

Supply (C)	430 units — 136 – accommodation based services — 294 – non accommodation based services

Over / supply (D=B–C)	12 — oversupply

FUTURE HOUSING SUPPORT NEEDS

	Baseline	**Future (three years)**
Population at risk (A)	157, 202	160. 860 persons
Population in need (B)	418	449 — Prevalence Factor: not applied — Pull Factor: 5% factor applied — Push Factor: not applied
Supply (C)	430 units — 136 – accommodation based services — 294 – non accommodation based services	
Over / supply (D=B–C)	12 — oversupply	19 — undersupply

SUMMARY AND CONCLUSIONS

The analysis of current need shows that for the Physical and Sensory Disability PCG, there is an oversupply of 8 units. However the impact of growing population suggests that this oversupply will not stand and by 2023 there will be an undersupply of 19 units.

10.6   Learning Disability

Profile of client group

As per information available on NI Direct, a learning disability affects the way a person understand information and how they communicate[33]. This means they can have problems:

- Understanding new or complex information
- Learning new skills
- Coping independently

Learning disability can be mild, moderate or severe. Some people with mild learning disability can talk easily and look after themselves but might need a bit longer than usual to learn new skills. Others may not be able to communicate at all and have other disabilities as well. This includes individuals who are living with Autism Spectrum Disorder (ASD). ASD is a common developmental condition. As awareness of ASD has grown among parents, teachers and health professionals, the number of children and young people referred to the health service with concerns about ASD has increased. The ASD assessment services are organised differently in each HSC Trust, and the waiting times for individuals can take some time.

Some adults with a learning disability are able to live independently. While others need help with everyday tasks, such as washing and dressing for their lives. According to NHS UK across the UK there are 1.5million people living with a learning disability. It's thought that of these, 350K people have a severe learning disability and that figure is increasing. [34]

Table 10.6.2: Current Housing Support Service Available for People with Learning Disability.

Thematic Group	Primary Client Group	Provision	Units	Budget (Millions)	Schemes
Disability and Mental Health	Learning Disability	Accommodation Based	1,334*	16.3	149
		Non-Accommodation Based	194	0.3	3
TOTAL			**1,528**	**16.6**	**152**

*This is inclusive of 107 units in relation to the Special Needs Management Allowance which if funded through SP.

[33] (https://www.nidirect.gov.uk/conditions/learning-disabilities).

[34] https://www.nhs.uk/conditions/learning-disabilities/

BASELINE HOUSING SUPPORT NEEDS

The diagram below shows how the methodology was applied to data available in regards to people in NI living with Learning Disabilities in order to understand what the current baseline of provisions are for this cohort and how they meet needs.

Figure 10.6.1: Application of Methodology to Learning Disability

Population at risk (A)	40, 177		

	Utilisation (B.1)	Waiting list (B.2)	Unmet need (B.3)
Population in need (B)	1402 Current utilisation (92%) x number of units (1528)	280 Assumed 20% of utilisation	70 Assumed 5% of utilisation
	Estimated units needed (B.1+B.2+B.3)		
	1,752 units		

Supply (C)	1,528 units 1,334 – accommodation based services 194 – non accommodation based services

Over / supply (D=B–C)	224 undersupply

FUTURE HOUSING SUPPORT NEEDS

	Baseline	Future (three years)
Population at risk (A)	40, 177	41,112 persons

Population in need (B)	1,752	2,007 Prevalence Factor: 0.5% increase Pull Factor: 0.5% increase Push Factor: not applied

Supply (C)	1,528 units 1,334 – accommodation based services 194 – non accommodation based services

Over / supply (D=B–C)	224 undersupply	479 undersupply

SUMMARY AND CONCLUSIONS

The analysis of current need suggests that for the Learning Disabilities PCG, there is an undersupply of 224 units. Research previously commissioned by the NIHE (2016) in reference to the resettlement of individuals living with learning disabilities from long stay institutes highlighted that for these people there are several elements of supported housing services that are important: Location or at least access to public transport network, safety and integration into the community. These are important to the individuals to allow for their own independence and the feel of being part of a community. It is apparent from the research that the demand for learning disability services and in particular autism services has increased due to improved diagnosis and treatment services, which in turn will lead to an increased demand on housing support services. As the future calculations show, it is estimated that there will be an undersupply of 479 units for this cohort.

10.7   Overview of projected need

The tables below sets out the estimated current and future demand projections against current supply for the Disability and Mental Health thematic group based on the analysis completed to date. The three year assumed projections are based on the analysis set out within Section 6, while the 10 year projections are based on a subsequent projected increase in population within this cohort. The tables set out the current and projected need in terms of units (Table 10.7.1), the current and projected unmet need (Table 6.6.2), and this unmet need as a proportion of current supply (Table 10.7.2). The projections look at two scenarios:

- Low scenario: assumes only a population increase.

- High scenario: assumes all five factors have been applied (population, prevalence, push, pull and portfolio).

Table 10.7.1: Current and projected need for Disability and Mental Health

Primary Client Group	Current state (units)		Projected need (units)			
	Current supply	Current need	3YR Low scenario	3YR High scenario	10YR Low scenario	10YR High scenario
Mental Health issues	1540	1856	1900	2177	1933	2410
Physical & Sensory Disability	430	418	428	449	435	457
Learning Disability	1528	1752	1793	2007	1824	2253
Total	3498	4026	4120	4634	4192	5120

Table 10.7.2: Current and projected undersupply for Disability and Mental Health

Primary Client Group	Unmet need in number of units				
	Current need	3YR low scenario	3YR High scenario	10YR low scenario	10YR High scenario
Mental Health issues	-316	-360	-637	-393	-870
Physical & Sensory Disability	12	2	-19	-5	-27
Learning Disability	-224	-265	-479	-296	-725
Total	-528	-622	-1136	-694	-1622

Table 10.7.3: Current and projected undersupply for Disability and Mental Health services as a percentage of current supply

Primary Client Group	Unmet need as % of supply				
	Current	3YR low scenario	3YR High scenario	10YR low scenario	10YR High scenario
Mental Health issues	-20.5%	-23.4%	-41.4%	-25.5%	-56.5%
Physical & Sensory Disability	2.8%	0.5%	-4.4%	-1.2%	-6.2%
Learning Disability	-14.7%	-17.3%	-31.4%	-19.4%	-47.4%
Total	-15%	-18%	-32%	-20%	-46%

The analysis set out in the above tables indicate that current need outweighs current supply, with a current undersupply of around 15%. Due to the volume of units supplied the bulk of undersupply is driven by both mental health issues and learning disabilities. Increasing trends of those living with mental health issues and growing complexity of need could see this indicative gap between supply and need widen when looking at the projections of unmet need, with an undersupply of 18%-32% by 2023, and 20%-46% in 2020 if current supply is maintained.

10.8   Summary and Conclusions

Based on the information collated, some of the key messages for the Disability and Mental Health Thematic Group include:

- **Current need is higher than supply:** Baseline housing support need is 15% higher than supply currently.

- **Future need is projected to increase:** undersupply of 18 – 32% by 2023, and 20-46% in 2030 if current supply is maintained.
- **Complex of needs:** Feedback has highlighted that the needs of individuals is becoming increasingly complex due to mental health needs, changing physical needs and dual diagnosis.
- **COVID-19 will result in additional support being required:** The impact of Covid-19 is likely to be long term, with particular impact on mental health.
- **Need for capital investment:** Some providers have highlighted that capital investment would allow them to provide the required level of service to meet the growing demand as well as a wider range of housing support services
- **Limitations of a time bound floating support provision for some individuals and single unit facilities:** It has been highlighted that people who are living with learning disability mostly require accommodation based support rather than floating support as their disability is lifelong. A time-bound floating support intervention in these cases is not deemed an adequate intervention. Although floating support services offer the opportunity to allow individuals to remain in their own homes, respondents noted that this does not negate the need for accommodation services for those living with a greater complexity of need.
- **Learning disability housing support needs assessment provides a blueprint for standardising the capture of needs:** The information gathered and analysed in 706 person pilot conducted by HSCB with HSCTs for people with learning disability could help inform future strategic needs assessment particularly if standardised approach expanded to other PCGs.

11. Homeless thematic group

11.   Homeless Thematic Group

11.1   Introduction

Homelessness is a broad and complex issue. There are many different reasons and circumstances that individuals or households can find themselves needing housing support. This can include (but not limited to) relationship breakdowns; substance abuse issues; mental health issues; financial issues; domestic violence; accommodation becoming unsuitable as people age; or people with disability finding that their current accommodation is no longer suitable for their needs.

The SP Programme is a key part of the Housing Executive's strategic response to homelessness in Northern Ireland, primarily through service provision providing accommodation based services and / or floating support to homeless people based on an assessment of need. The SP Homeless thematic group consists of seven PCGs, these are outlined in Table 11.1.1

Table 11.1.1: Homeless Thematic Group and Associated PCGs

Thematic Group	Primary Client Group
Homeless	- People with Alcohol Problems - People with Drug Problems - Homeless Families with Support Needs - Offenders / People at risk of offending - Single Homeless with Support Needs (including Rough Sleepers)* - Women at Risk of Domestic Violence - Travellers**

* For the purpose of the projections in this SNA we have prepared Single Homeless and Rough Sleepers separately.

**Currently there are a small number of floating support units funded by SP. This is a discrete and distinct provision and as a result full projections have not been completed for this PCG.

11.2   Secondary research

There are number of strategies and policies in relation to the homeless thematic group in NI. Some of key documents relating to Homelessness in NI include:

Table 11.2.1: Key policy and strategy documents for Homeless.

Document	Description	Relevance to the SNA
Homelessness Strategy for Northern Ireland 2017-2022, NIHE.	The five key objectives of the Homelessness Strategy for Northern Ireland are: - To prioritise the prevention of homelessness; - To secure sustainable accommodation and appropriate support for homeless households; - To further understand and address the complexities	Many factors within the strategy are of particular relevance to this cohort, including a focus on the provision of temporary accommodation, early intervention, and moving to sustainable permanent accommodation. The document also highlights floating support as an important tool in helping people sustain their tenancies and to enable people to move from supported housing to living independently.

Document	Description	Relevance to the SNA
	of chronic homelessness across Northern Ireland; • To ensure the right mechanisms are in place to oversee and deliver this strategy; and • To measure and monitor existing and emerging need to inform the ongoing development of appropriate services.	
Chronic Homelessness Action Plan 2020, NIHE.	Linked to the Homelessness Strategy above, the plan focuses on NIHE's commitment to develop appropriate responses to address the needs of those experiencing chronic homelessness and the plan to address gaps in services that have the most impact.	The Action Plan highlights a number of objectives that are of relevance to the SNA. This includes implementing a range of support services to help people sustain their accommodation, ensuring services engage with those experiencing chronic homelessness as quickly as possible, making temporary accommodation stays as short as possible, and ensuring clients are supported into permanent accommodation as soon as possible.
Facing the Future: The Housing Strategy for Northern Ireland 2012 – 2017, DfC.	The Strategy set out the vision for housing in NI and the Government's role in relation to housing. A number of actions were developed to support the overall strategy.	A key outcome linked to the SNA and future direction of SP is around greater flexibility and responsiveness as circumstances and market conditions change. Specifically for SP, there is evidence to suggest that, as needs become more complex, current support structures and services are not positioned to meet this variety of needs. As such, a more integrated and flexible approach is required to address the complexity of need.
Homelessness in Northern Ireland (2017), Northern Ireland Audit Office	The report was structured in four parts: • Scale and nature of homelessness in Northern Ireland. • Examination how progress in delivering the Homelessness Strategy 2012-17 was monitored and reported.	The report outlined a number of key recommendations which included more robust capture of data and an increased focus on outcomes. These conclusions linked to the SP Programme plus the report also covered the importance of preventive models and that there must be a cross departmental approach to deliver the required outcomes.

Document	Description	Relevance to the SNA
	• Overview of the measures aimed at preventing homelessness and the arrangements to deal with households accepted as statutory homeless. • The nature and extent of joined-up working across Departments, other public sector bodies and the third sector in Northern Ireland.	
Interdepartmental Homelessness Action Plans	Complements the Homelessness Strategy. It focuses on addressing gaps in those non-accommodation services that have the most impact, or have the potential to more positively impact, on the lives and life chances of people who are homeless and those who are most at risk of homelessness.	Identifies tangible actions, and priorities for Government.
A New Strategic Direction for Alcohol and Drugs (NSD) Phase 2 2011 -2016, DoH.	A New Strategic Direction (NSD) Phase 2 2011 -2016 was revised and extended. The aim of this was to "reduce the level of alcohol and drug related harm in NI".	Of particular relevance to the SNA, the document highlights the association between alcohol and drug misuse with mental health, suicide, and domestic and sexual violence. This is a recurring theme throughout the homeless group, with evidence suggesting that a growing number of service users are presenting with increasingly complex and multiple needs, in particular the link from other PCGs with mental health and polysubstance abuse. The document also highlights the need to develop a competent and skilled workforce across all sectors that can respond to the complexities of alcohol and drug use and misuse. This is an area highlighted from the primary research exercise, where it was highlighted that many services are set up to deal with a single issue or low level housing support, while going forward there is a need to upskill staff to deal with a variety of needs, such as mental health and substance abuse.

| Document	Description	Relevance to the SNA
Stopping Domestic and Sexual Violence and Abuse in NI: A Seven Year Strategy. DoH and DoJ (published in 2016)	This joint strategy from DoH and DoJ sets out the key priorities in tackling domestic and sexual violence in NI, with focus on co-operation and leadership; early intervention; responsive services; sufficient support mechanisms (including appropriate housing); and protection and justice.	The strategy specifically sets out housing support as a key function in tackling the issue and has prioritised an evaluation of current provision based on emerging and complex needs, a concept linked closely to the purposes of the SNA. The strategy also highlights the complexity of this group and the need for integrated services (including appropriate housing and housing support) tailored to meet the needs of the individual. A key consideration going forward is the increased number of male victims of domestic violence. This will require further work on how best to respond to this potential need and if refuge accommodation service and/or floating support models are required.

Strategic trends

The Research Team completed a short literature review which helped to identify some key messages and strategic trends in relation to the homeless thematic group. Some key trends included:

Homeless trend data indicates fewer households presenting but a larger number of households accepted as Full Duty Applicants which will impact housing support.

The number of households presenting in NI as homeless has reduced over the last 10 years, from 20,158 in 2010/11 to 16,802 in 2019/20, which was a decrease of 16%. The number of households 'accepted' as FDA has increased from 10,144 in 2010/11 to 11,323 in 2019/20, which was an increase of 12%. The Homeless Strategy Annual Progress Report 2019 had outlined this was 'reflective of the increasing complexity and vulnerability associated with homeless households. In 2018/19 the Housing Executive commissioned research that seeks to provide further understanding on the reasons behind such an increase, particularly with regards to the Accommodation Not Reasonable category for homelessness.'[35] The number of accepted FDAs in a given year is likely to impact the demand for SP services as there may be housing support need which is accommodation based service and / or floating service.

Figure 11.2.2: Homeless data in NI 2010-2020
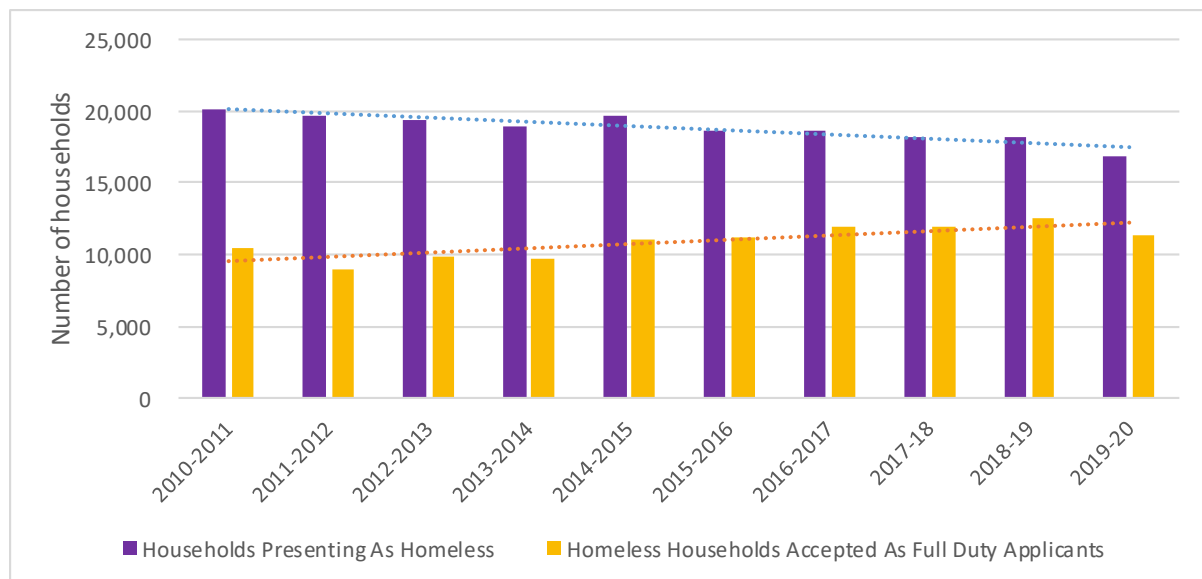
Source: DfC Northern Ireland Housing Bulletin, April-June 2020

Large number of external factors which impact homelessness

Homelessness in society is impacted by a large number of determinants including macro-economic conditions, government policy and housing supply. This makes planning and implementation of services more challenging as there will be peaks over time. This can cause pressures in services which can take a time to resolve, especially if there is a need to remodel, build or fund new accommodation provisions to meet this need.

Service users presenting in temporary accommodation have a wide range of support needs that are becoming increasingly complex.

NIHE have commissioned and are currently undertaking a *Strategic Review of Temporary Accommodation* (however, this is not finalised so the Research Team have not included detailed

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[35] Available here https://www.nihe.gov.uk/Documents/Homelessness/Homelessness-Strategy-annual-progress-report-2019.aspx?ext=. last accessed 25 September 2025

findings) which has provided some key insights on service user needs based on provider census on over 1,000 individuals. It was highlighted that mental health support needs were found in over 50% of cases and 28% described as having 'a history of repeat homelessness'. There was also a wide variation in the number of support needs, over 90% of cases had some support need with 34% having high support needs, 35% medium support needs and 20% low support needs based on the classification (primarily based on the number or complexity of the support needs). This provides a short snapshot of the housing support needs, the full report will provide more comprehensive insights once completed.

11.3   Primary research: voice and stakeholder information

As mentioned in section 2.5 a key element of this SNA process was to engage with Supporting People staff, Providers, Users and other key stakeholders to gather first hand feedback on SP funded housing support services. This section provides the detail, findings and conclusions of this voice information for the Homeless thematic group.

FINDINGS IN RELATION TO CURRENT NEEDS

We asked stakeholders (18 staff or provider organisations across Homeless Thematic Group) a range of questions based on the current needs of users and the services provided.

Table 11.3.1: Key stakeholder insights to current user needs and services.

Theme	Key findings
Outcomes	**SP funded services align to users' needs:** The majority (90%) of respondents across staff and providers agreed or strongly agreed that housing support services funded by SP aligned to users' needs.
	Service user needs have changed over the last 5 years becoming increasingly complex: Respondents across both staff and providers have highlighted the needs of service users have become more complex with addiction and mental health issues that require specialist support. Providers have highlighted that the drug culture appears to have changed with greater availability of a wider range of substances and the associated pattern of polysubstance abuse.

"From the service users' perspectives - underlying substance misuse, complex needs and a lack of access to specialist services due to their offending history. Furthermore, service users are not able to access statutory support for alcohol / drug misuse due to long waiting lists." SP Provider |
| **Barriers or challenges** | **Increased early intervention required:** Respondents have suggested that more focus is required for early intervention support, especially those with low level needs. Having the required support available for the user could prevent an individual going from a low level housing need to a crisis were high level support is required. An example of this is homelessness prevention supporting service users to sustain tenancies.

"Prevention is vital and so work to focus on supporting individuals prior to reaching the crisis of being homeless and work toward transitioning those in |

	temporary accommodation to move into independent housing must be a priority." SP Provider
	Some services not suitable to support users with multiple support needs: Provider feedback has advised that the majority of users have multiple issues and so this increases the challenge providers have in offering effective housing support. Many of the services have been set up to address one issue and when a user presents it is a struggle to provide appropriate support for the multiple and complex issues of an increasing population of users. Where an individual presents with multiple issues and other associated behaviours staff have highlighted that providing effective support can be challenging on resources and time can be diverted to managing behaviours as opposed to providing required support. *" There may be a homeless individual with substance abuse and mental health issues, may have associated behaviours that will make it extremely difficult for them to adapt to living in temporary accommodation; with other service users; while adhering to regulations that may be in place."* SP Provider
	Volume of support available is under pressure due to demand and varied access criteria across providers: Respondents have highlighted that in their experience there is a higher demand for accommodation spaces than they are able to provide. The insufficient provision means that people may be left in crisis with very few options which may include remaining in inappropriate accommodation, living with an abusive person, sofa surfing or rough sleeping. It has also been highlighted that different service providers have different access criteria and tolerance levels. *"If the provider is aware for example that the service user is an active injecting drug user, they may be considered too high risk and refused a placement. This in turn encourages service users to conceal issues they may have which increases risk as staff will not be aware someone may need additional support around managing their substance related risk."* SP Provider
Awareness of Support	**Lack of awareness among some individuals on the support is available:** Respondents, including services users, outlined that there is a lack of awareness that support services exist and who provides what elements of the services. Actual service users advised that they were unaware of the support they could receive until they were in a situation of sleeping rough and were approached to seek a referral for help. Other reasons individuals may shy away from support is the fear that the service is not for them, there is a stigma of needing the service or denial of the need for a service. Providers have also highlighted that there is insufficient support for service users where English is not their first language. They can find the process overwhelming and equally those with mental health or learning issues might need additional support to navigate the referral process.

	"The worker gave me the leaflet, I left it on the pavement and told her I couldn't read because I left school at a young age. So she read it to me and I asked for her help and that was the first step" SP Service User
Specialist Accommodation and Support	**Need for specialist accommodation, along with specialist staff:** Respondents have already highlighted that the needs of users are more complex. It has been outlined that there is currently a need for specialist accommodation and associated support.

Some providers have outlined that the age and addiction profile of the homeless is changing significantly and it is no longer a case of one size suits all. Presenters can have 'chaotic' lifestyles with high risk behaviours and with the increasing use of drugs especially IV drug use there is a need to have a safe space with specialised facilities and trained staff to support these individuals.

Some providers have mentioned that in cases where there is assumed drug use at a facility where it is banned, some individuals may feel uncomfortable and as result choose to sleep rough. Also highlighted was the increased number of women presenting who require domestic violence and sexual abuse issues. Due to the nature of these issues it may not be appropriate to place these women in a mixed environment.

"For those with severe alcohol misuse there is a lack of statutory support as often SP hostels can only support to an extent. There is a severe lack in being able to access appropriate services for support." SP Provider |

Persona 1: Peter, 48, Floating Support Service User *

Their Story:
Peter is currently availing of support from SP and Housing First team. Peter has an alcohol dependency, living with mental health issues and found himself sleeping rough, in and out of hostels, drinking to keep some sense of normality and at times turning crime to get a warm, safe bed at night.

Their Housing Support Needs:
Peter has a new flat of his own. He needs support with his living situation, medical requirements and shopping. Peter likes the company of others and says that having a support worker on the other end of the phone is good for him.

What matters most to them:
Having a warm, safe place that he can call his own and stay in. He lives close to a recreational park where he can take daily walks and has also taken up exercise.

In Their Words

"If it wasn't for Housing First and the housing support, I don't know where I'd be, I was in and out of hostels and on the streets. They've got me now on the straight and narrow. You see to talk to them, they are really decent people, they understand me"

FINDINGS IN RELATION TO FUTURE NEEDS

We asked stakeholders a range of questions based on the future needs of users and the services provided.

Table 11.3.2: Key stakeholder insights into future needs and services

Theme	Key findings
Services	**Service Users' needs will continue to change**: The majority (85%) of respondents across both staff and providers strongly agreed or agreed that the needs of service users is likely to change over the next 5 years.
	Factors impacting future change include funding and the need for better coordinated interventions for users: Respondents have advised that having access to increased funding to cover the higher demand for services is the main factor impacting the future if service user needs. More investment in services that treat the service user as a whole and attempt to address all their needs rather than focusing on one aspect while ignoring the others might mean a reduction in failed placements and tenancies. It was outlined that working with statutory and other voluntary agencies to provide better coordinated interventions can create better outcome for users, improve their lives and reduce the use and cost of crisis services.

	"Adequate funding to enable us to provide appropriate staffing levels in order for each resident to avail of our housing related support service and to mitigate risks associated within our client group." SP Provider
COVID-19 Impact	**Impact on the number of people presenting needing housing support:** Impact of COVID-19 is that people could find themselves in a situation of unemployment, dealing with debt issues and potentially forced into a position of presenting as homeless. Scenarios like this can have a negative impact on a person's mental health and can lead to a situation where they have turned to alcohol or drugs as a way of coping.
	"In a wider context the economic impact of COVID-19 is likely to lead to greater numbers of people needing services as evictions increase due to job losses and peoples incomes are squeezed" SP Provider
	The lockdown period of COVID-19 has seen an increase in domestic violence cases: Feedback from respondents and also media reports, have highlighted that during the lock down period there was an increase in domestic violence cases and the likelihood of having to deal with this issue in the medium and long term.
	Some providers have advised that increased referrals have already been seen particularly since COVID-19 restrictions have reduced and increased reports of domestic violence and demand for services.
	Some providers suspect this issue will continue to grow with an increased number of individuals presenting there is an increased demand for support that is already under pressure. Also it has been highlighted that these cases are not solely restricted to women presenters, there has been an increase in the number of men requiring domestic violence support, which in turn creates demand for male support system.
	"As and when women reach out for help and support, they need to be responded to immediately (either/safe accommodation refuge or floating support services. SP Provider
	"COVID-19 has and will continue to change our services. Women who need crisis accommodation will insist on more self-contained units and at the very least - rooms with ensuite facilities. Refuges need to be able to offer adequate space for children/young people both inside and outside of the refuge." SP Provider
Accommodation	**Some temporary housing is unsuitable for family needs**: Providers have highlighted that there will always be a need for temporary accommodation to place individuals / families in a crisis scenario. It was outlined there was a lack of suitable housing has led to families being in a situation where they have had to stay in excess of 2 years.
	For families that are homeless it can be a critical and stressful time moving from temporary accommodation and they need support as they establish themselves into a new community.

> *"We will always require emergency temporary accommodation but the supply of suitable affordable housing means families are spending over 2 years in temporary housing so the traditional 24 hour model is not required as a number of the families only require low level support"* SP Provider

Persona 2: Kate, 51, Accommodation Based Service User *

Their Story:

Kate was suffering from domestic violence from a family member who was a drug user and presented to a Service Provider.

Their Housing Support Needs:

Kate wanted a safe and secure place to live on a temporary basis before getting permanent accommodation. She had mental health challenges as well and was advised to contact the SP Service Provider by a local charity. She is now getting a one bed flat and she is seeking floating support to help her maintain her tenancy.

What matters most to them:

Getting out of an abusive household into a safe and secure environment.

In Their Words

"At the weekend, I just couldn't take it anymore and I actually contacted the SP Service Provider on Monday morning and I was able to get a room by 2 o clock that day – it was fantastic. The support team here are amazing. I've been here six months and I'm getting my new flat next week – I'm delighted. "

KEY MESSAGES FROM PRIMARY RESEARCH

The primary research has highlighted some key points including:

- Needs are more complex and multi-faceted now and this is likely to continue in the future;
- Increased need in the future will place significant pressure on services which have already pressures point throughout the year; and
- There is a need to adapt services to meet this needs based on stakeholder feedback (a mix of updating, remodelling services and adding floating support).

11.4   People with Alcohol Problems

Profile of client group

Substance abuse or polysubstance abuse may be an issue for some people who are homeless. However, this is a complex area and in some cases substance abuse or addiction may be a means to cope with their situation rather than the cause of their homelessness.

Substance misuse can cause a wide range of harm to the individual, their family and wider society. According to an NI Audit Office report "Addiction Services in NI" published in June 2020, it is estimated that alcohol misuse alone costs up to £900m per year in NI (this includes £250million of costs borne by the HSC).

Every day in NI an average of 200 hospital beds are occupied where substance misuse was recorded as a contributing factor[36]. Alcohol issues can have long term health consequences where in cases long term healthcare interventions are required.

Alcoholism is the most serious form of this problem and describes a strong, often uncontrollable desire to drink. Sufferers of alcoholism will often place drinking above all other obligations including work and family and may build up a physical tolerance or experience withdrawal symptoms if they stop.[37] The needs of these individuals might include having their own space, where they feel safe and secure, treatment facilities and other support.

Addiction services are currently facing growing pressures, including increasing complexity of care required, an ageing cohort of service users and coexisting mental health issues which can make the management of treatment more complicated. Almost a third of those presenting for substance misuse treatment in NI are aged over 45. However, there is some evidence of a move from alcohol issues to more polysubstance issues.

The table below sets out details of the current supply of housing support services available for people living with alcohol problems across NI.

Table 11.4.1: Current Housing Support Service Available for People with Alcohol Problems

Thematic Group	Primary Client Group	Provision	Units	Budget (Millions)	Schemes
Homeless	People with Alcohol Problems	Accommodation Based	198	2.5	10
		Non-Accommodation Based	119	0.5	3
TOTAL			**317**	**3.0**	**13**

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[36] Available here https://www.niauditoffice.gov.uk/sites/niao/files/media-files/235243%20NIAO%20Addictions%20Services%20Report__NEW%204.pdf last accessed 18th Sept

[37] Available here https://www.drinkaware.co.uk/facts/health-effects-of-alcohol/mental-health/alcoholism last accessed 18th Sept

Figure 11.4.2: Application of Methodology to People with Alcohol Problems

The diagram below shows how the methodology was applied to data available in regards to this PCG, in order to understand what the current baseline of provisions are for this cohort and how they meet needs. Please see Appendix 8 for full data sources.

Population at risk (A)	**3,626**
	2019 DoH drug and alcohol treatment census

Population in need (B)	**Utilisation (B.1)**	**Waiting list (B.2)**	**Unmet need (B.3)**
	272	68	27
	Current utilisation (86%) x available units (317 units)	25% of utilisation based on information given by Providers	10% of utilisation based on waiting list
	Estimated units needed (B.1+B.2+B.3)		
	367 units		

Supply (C)	**317 units**
	198 – Accommodation based services
	119 – Non accommodation based services

Over / supply (D=B–C)	**50 units**
	undersupply

The analysis above suggests an undersupply of 50 units against the current supply of 317 units which is approximately 16% undersupply.

FUTURE HOUSING SUPPORT NEEDS

Figure 11.4.3 sets out the projected need for People with Alcohol Problems in 2023 taking into account the factors above. Assumptions for these projections are provided in Appendix 8.

Figure 11.4.3: Application of Methodology to People with Alcohol Problems

	Baseline	Future (three years)
Population at risk (A)	**3,626 people**	**3,720 people** Population factor: Base x 2.3% population increase from 2018 to 2023
Population in need (B)	**367 units**	**320 units** Prevalence Factor: 2% prevalence decrease applied Pull Factor: 5% increase applied Push Factor: not applied
Supply (C)	**317 units** 198 – accommodation based services 119 – non accommodation based services	
Over / supply (D=B–C)	**50 units** undersupply	**3 units** undersupply

Summary and conclusion

The analysis shows that currently for those living with alcohol issues there is an undersupply of 16% of available provisions to service the volume of users (317 units against an assumed need of 367 units). Based on current trends, it is expected that demand for alcohol services as a primary reason will reduce slightly. It should be said however that much of this demand is moving towards drugs-related services and polysubstance abuse, where increases in need will be seen.

11.5 People with Drug Problems

Profile of client group

Drug addiction can also be referred to as substance use disorder and is a disease that affects a person's brain and behaviour and leads to an inability to controls the use of legal or illegal drug or medication. Similar to alcohol problems, drug addiction and abuse is a complex issue that can impact homelessness where people turn to addiction to cope with their situation.

The NI Audit Office report "Addiction Service in NI" published in June 2020 advised that it is rare to be isolated with many factors contributing to substance misuse and related harms. Recovery is more than helping these individuals overcome their dependency, it included addressing a range of needs which are critical in helping people progress towards and maintain a life free of substance misuse. Individuals may need help with housing, family, relationships and employment.

The same report highlighted that whilst alcohol abuse remains the most prevalent substance issue, addiction services across NI have witnessed a significant escalation in the demand for drug misuse

treatment and the pattern of drug use has changed with the misuse of prescription drugs and polydrug misuse being significant factors.

Key information in relation to those living with Drug Problems are similar to those with alcohol problems and include:

Table 11.5.1: Current Housing Support Service Available for People with Drug Problems

Thematic Group	Primary Client Group	Provision	Units	Budget (Millions)	Schemes
Homeless	People with Drug Problems	Accommodation Based	- *	-	-
		Non-Accommodation Based	30	0.1	1
TOTAL			**30**	**0.1**	**1**

*Please note: there are some drugs accommodation support projects or addiction services which provide accommodation based services but these included in other PCGs.

Figure 11.5.2: Application of Methodology to People Living with Drug Problems

The diagram below shows how the methodology was applied to data available in regards to this PCG, in order to understand what the current baseline of provisions are for this cohort and how they meet needs. Please see Appendix 8 for full data sources.

Population at risk (A)	3,117 persons
	2019 DoH drug and alcohol census

Population in need (B)	Utilisation (B.1)	Waiting list (B.2)	Unmet need (B.3)
	28 units	**7 units**	**3 units**
	Current utilisation (92%) x available units (30 units)	25% of utilisation based on information given by Providers	10% of utilisation based on waiting list
	Estimated units needed (B.1+B.2+B.3)		
	37 units		

Supply (C)	30
	0 – accommodation based services
	30 – non accommodation based services

Over / supply (D=B–C)	7
	undersupply

The analysis above suggests an undersupply of 7 units against the current supply of 30 units which is approximately 24% undersupply. This PCG has non-accommodation based services only and this metrics are very conservative based on the voice and stakeholder information. This has been reflected in the future projections.

FUTURE HOUSING SUPPORT NEEDS

Figure 11.5.3 sets out the projected need for this PCG in 2023 taking into account the factors above. Assumptions for these projections are provided in Appendix 8.

Figure 11.5.3: Application of Methodology to People Living with Drug Problems

	Baseline	Future (three years)
Population at risk (A)	**3,117 people**	**3,190 people** Population factor: Base x 2.3% population increase from 2018 to 2023
Population in need (B)	**37 units**	**200 units** Prevalence Factor: 5% increase Pull Factor: 5% factor Push Factor: not applied
Supply (C)	**30 units** 0 units – accommodation based services 30 units – non accommodation based services	
Over / supply (D=B–C)	**7 units** undersupply	**170 units** undersupply

Summary and conclusion

The analysis of current need shows that there is a small undersupply for People Living with Drug Problems. Continued increases in prevalence and focus on support is expected to create a substantial increase in in the population in need, with a projected undersupply of 170 units compared to the current supply of 30 units.

11.6   Homeless Families with Support Needs

Profile of client group

This PCG can be defined as families who have been accepted as statutorily homeless and are placed in temporary accommodation. The Homelessness Strategy for NI 2017 to 2022 states that the homeless families are the second biggest group of homeless presenters in NI, according to NI Housing Statistics 32% of those presenting as homeless are families and therefore almost 6,000 children living in unsuitable, unstable housing.

Table 11.6.1: Current Housing Support Service Available for Homeless Families with Support Needs

Thematic Group	Primary Client Group	Provision	Units	Budget (Millions)	Schemes
Homeless	Homeless Families with Support Needs	Accommodation Based*	331	2.6	25
		Non-Accommodation Based	501	1.3	7
TOTAL			**832**	**3.9**	**32**

*This only covers the number of the SP eligible services / funded services. It does not include the large number of 'single lets' which are funded by NIHE Housing Services.

Figure 11.6.2: Application of Methodology to Homeless families with Support Needs.

The diagram below shows how the methodology was applied to data available in regards to this PCG, in order to understand what the current baseline of provisions are for this cohort and how they meet needs. Please see Appendix 8 for full data sources.

Population at risk (A)	5,843 Households
	DfC Homeless Bulletin data

	Utilisation (B.1)	Waiting list (B.2)	Unmet need (B.3)
	794 units	**119 units**	**79 units**
Population in need (B)	Current utilisation (94%) x available units (832 units)	15% of utilisation based on information given by Providers	10% of utilisation based on waiting list
	Estimated units needed (B.1+B.2+B.3)		
	993 units		

Supply (C)	**832 units**
	331 – accommodation based services
	501 – non accommodation based services

Over / supply (D=B–C)	**161**
	undersupply

FUTURE HOUSING SUPPORT NEEDS

Figure 11.6.3 sets out the projected need for this PCG in 2023 taking into account the factors above. Assumptions for these projections are provided in Appendix 8.

Figure 11.6.3: Application of Methodology to Homeless families with Support Needs.

	Baseline	Future (three years)
Population at risk (A)	5,843 Households	5,979 Households Population factor: Base x 2.3% population increase from 2018 to 2023
Population in need (B)	993 units	1,086 units Prevalence Factor: 1% prevalence increase applied Pull Factor: 1% increase applied Push Factor: not applied
Supply (C)	832 units 331 – accommodation based services 501 – non accommodation based services	
Over / supply (D=B–C)	161 units undersupply	254 units undersupply

Summary and conclusion

This analysis shows that currently for homeless families with support needs there is an undersupply of just over 19% of available provisions to service the volume of users (832 units against an assumed need of 993 units). Looking at forward projections, the prevalence increase is an assumption based on the increase in number of households being aware of the service and reduced stigma in accessing the service. The pull factor assumption is based on the assumed impact of COVID-19 and adverse economic conditions which may impact on the need for families to access services.

11.7 Offenders / People at risk of offending

Profile of client group

Background
Offenders (or people at risk of offending) are people who may having difficulties in relation to sustaining their accommodation or managing to live independently. Criminal behaviour is influenced by a range of individual, social and environmental factors. This group can be defined as those who have committed a crime or might be likely to do so. Within the criminal justice system there is a need to make informed assessments to understand if an individual might pose a risk to the public.

Approved premises
In NI, the Probation Board help prevent reoffending by assessing offenders, challenging their behaviours and changing their attitude. The Probation Board for Northern Ireland (PBNI) transferred a proportion of its budget to SP to ensure provision of beds in Approved Premises (AP) hostels. There are currently 92 fundable services in 7 APs, which PBNI state is usually sufficient to meet demand,

however, there are occasions when a bed is not available when needed and that it would be important to maintain this level of provision.

APs play an important role in terms of public protection and supporting the rehabilitation of offenders. APs do not provide a homeless service (in the normal sense) for those availing of their support. Referrals are made to APs on the basis of an offender's assessed level of risk and the need for an additional external control to manage their risk in the community. When a non-probation individual (often scheduled offenders) are released from prison, they do not access AP and therefore temporary accommodation must be provided by the NIHE. There are a number of considerations in relation to bail and eligibility of housing benefit if placed in a hostel.

Moving from AP hostels can be problematic due to unavailability of mainstream accommodation (the target for move on ranges from 6 to 12 months), particularly those with complex needs who continue to need support. If at the end of a 12 month period in AP, an individual still has not got a residence to go to, they will need to make an application with NIHE. This highlights the importance of SP housing support and the need for this support for the individual but also for the wider system.

Potential housing support interventions
Feedback from the DoJ and partners has also highlighted an area of unmet need within this PCG. Professionals from across the criminal justice system have expressed the need for new intervention to address some of the challenges outlined below:

- **Higher remand population in NI than the rest of UK:** According to DoJ data from 2018/19, NI has the highest number of remand population (30% of prison population[38]) across the UK (11% in England & Wales, 20% in Scotland). Safe, secure and stable accommodation will be key part in offending, bail, reoffending factors.
- **Females in justice system could receive a particular housing support need**: Based on discussion with DoJ officials, the remand population for females is much higher, at times above 50%, which is a particular challenge not just in NI but across the UK. In 2018 in the UK, 42% women were recorded as being of no fixed abode on arrival to prison, which represented a rise of 71% from 2015. They also report that nearly two in five women (38%) left prison without settled accommodation – around one in five (19%) were homeless and one in 20 (5%) were sleeping rough on release in 2018-19[39].

A potential intervention with a strong housing support intervention may be the introduction of a Bail Support Schemes. It enables more people to receive bail provided they have suitable, safe, secure accommodation and associated support in place. This again highlights how a housing support intervention which could support both the individual and wider system.

In 2016, Bail Supervision Scheme (BSS) was introduced in the Republic of Ireland for young people (16-17) has recently been evaluated and the following conclusion was made *'The evaluation found a 72 per cent reduction of average offending rates in the six months post-BSS (when compared to offending rates six months pre-BSS) for the young people enrolled on the BSS. This represents a net reduction of*

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[38] Available here https://www.justice-ni.gov.uk/sites/default/files/publications/justice/ni-prison-population-18-19.pdf last accessed 18th September 2020

[39] Available here
http://www.prisonreformtrust.org.uk/Portals/0/Documents/Bromley%20Briefings/Prison%20the%20facts%20Summer%202019.pdf accessed 18th September 2020

reoffending for the BSS group almost twice that of the control group.' [40] This could be an important part of housing support needs going forward.

Table 11.7.1: Current Housing Support Service Available for Offenders or those at risk of offending

Thematic Group	Primary Client Group	Provision	Units	Budget (Millions)	Schemes
Homeless	Offenders or those at risk of reoffending	Accommodation Based	68	2.3	5
		Non-Accommodation Based	229	0.7	2
TOTAL			**297**	**3.0**	**7**

Figure 11.7.2: Application of Methodology to Offenders or those at risk of offending

The diagram below shows how the methodology was applied to data available in regards to this PCG, in order to understand what the current baseline of provisions are for this cohort and how they meet needs. Please see Appendix 8 for full data sources.

Population at risk (A)	**339 people**[41] DfC Homeless Bulletin data		

Population in need (B)	**Utilisation (B.1)**	**Waiting list (B.2)**	**Unmet need (B.3)**
	309 units Current utilisation (104%) x available units (297 units)	**31 units** 10% of utilisation based on information given by provider survey responses	**0 units** No unmet need applied due to relatively low waiting assumption and stakeholder survey.
	Estimated units needed (B.1+B.2+B.3)		
	340 units		

Supply (C)	**297 units** 68 – accommodation based services 229 – non accommodation based services		

Over / supply (D=B–C)	**43** undersupply		

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[40] Available here https://www.gov.ie/en/publication/0a6bc8-evaluation-of-the-bail-supervision-scheme-for-children-pilot-scheme/ last accessed 18th September 2020

[41] This is likely to understate the population at risk, as the discharges from DoJ NI Prison Population Statistics in 2019 was 3,395. However, the 339 is based on the number of presenters from the DfC Homeless Bulletin and

FUTURE HOUSING SUPPORT NEEDS

Figure 11.7.3: Application of Methodology to Offenders or those at risk of offending

	Baseline	Future (three years)
Population at risk (A)	339 people	347 people Population factor: Base x 2.3% population increase from 2018 to 2023
Population in need (B)	340 units	348 units* Prevalence Factor: not applied Pull Factor: not applied* Push Factor: not applied
Supply (C)	297 units 80 – accommodation based services 268 – non accommodation based services	
Over / supply (D=B–C)	43 units undersupply	51 units undersupply

*Please note - this is a conservative position and housing support may increase significantly in the event of bail support scheme or other interventions being introduced. The timeframes to introduce may be outside the 3 years projection and based on the Republic of Ireland Bail Supervision Schemes this was commenced with a relatively small cohort initially.

Summary and conclusion

The analysis suggests a 15% shortfall of available provisions to serve the volume of users (297 units available, against an assumed need of 340 units). Looking at forward projections it is assumed that as the population increases over the next 3 years, this in turn will cause an increase in the number of individuals offending and therefore potentially benefit from a housing support service. Future calculations show there will be an undersupply of 51 units available.

As highlighted this PCG is potentially an area of unmet need as there is a requirement for bail support accommodation in NI. Currently accommodation details are not captured for prisoners upon release from prison but they have plans to do so, which will allow the need for accommodation and related support to be accurately monitored. This is a conservative estimate of future housing support need if these interventions are introduced.

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this can been used for all PCGs within the homeless thematic groups for comparability and consistency reasons.

11.8   Rough Sleepers

Profile of client group

Rough sleepers are people who are sleeping or bedded down in the open air, such as streets or doorways and other places not designed for habitation. Rough sleeping can be the most visible form of homelessness and for those affected this can lead to a deterioration in mental and physical health often linked to lack of appropriate shelter and poor access to health and social care services.

The third annual Homeless Monitor[42] report issued in Jan 2020 indicated that there has been a perceived rise in rough sleeping in recent years. This is partly related to a visible increases in street activity which include drinking and begging. In November 2018 the NIHE noted that there were 38 rough sleepers across NI. Of these 16 were in Belfast, this was a high increase from 5 in the previous year. Overall the number of people rough sleeping in NI is relatively small in comparison to those in the UK and Republic of Ireland.

A model which is being piloted is Housing First. The Centre for Homelessness Impact outline 'the primary goal of Housing First is to provide homeless people with complex needs with access to safe and stable long-term accommodation. Once settled in their home, the aim is that they will engage with support services and treatment, which in turn will lead to recovery, and ultimately improved wellbeing and integration into the wider community.'[43]

Housing First is a relatively new model and has been deployed on a small scale over the last 10 years in GB. The NIHE have recently introduced this model on a small scale in Belfast and the North West with the aim of tackling chronic homelessness. The evidence base for the Housing First as an effective intervention is growing.[44] This may result in the change in the type and nature of temporary accommodation or floating support required. Housing First could be an important addition to the NI-wide portfolio of services and delivered alongside current models.

COVID-19 has resulted in number of rough sleepers reducing to effectively zero based on the unprecedented circumstances plus the collective effort from across the NIHE, community, voluntary and other statutory partners. This may have wider lessons or implications on how best to minimise rough sleeping and the associated impacts.

A leading UK homeless charity launched an 'Everybody In' campaign to ask people to come together to commit to ending homelessness together, highlighting that everyone is entitled to a safe, stable place to live. The aim is ensure that everyone facing homelessness gets the help they need and quickly.

Table 11.8.1: Current Housing Support Service Available for Rough Sleepers

Thematic Group	Primary Client Group	Provision	Units	Budget (Millions)	Schemes
Homeless	Rough Sleepers	Accommodation Based	31	0.4	2

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[42]   https://www.nihe.gov.uk/getmedia/665fcdd6-146e-4389-8a3b-c3d5c8403f23/Tackling-rough-sleeping-in-NI-key-facts-figures.pdf.aspx

[43] Centre for Homelessness Impact. Available here
https://www.homelessnessimpact.org/intervention/housing-first last accessed on 20th September 2020.

[44] Available here https://www.crisis.org.uk/media/238368/ending_rough_sleeping_what_works_2017.pdf last accessed on 20th September 2020.

		Non-Accommodation Based	-*	-	-
TOTAL			**31**	**0.4**	**2**

* Alongside accommodation based services for rough sleepers, some organisations provide "drop in" floating support services for individuals to avail of. Floating support services are made available to rough sleepers who are then accommodated in hostels or other tenancies.

Figure 11.8.2: Application of Methodology to Rough Sleepers

The diagram below shows how the methodology was applied to data available in regards to this PCG, in order to understand what the current baseline of provisions are for this cohort and how they meet needs. Please see Appendix 8 for full data sources.

Population at risk (A)	**38 people** NIHE Tackling Rough Sleeping in Northern Ireland: Key facts and figures		

Population in need (B)	**Utilisation (B.1)**	**Waiting list (B.2)**	**Unmet need (B.3)**
	29 units	**3 units**	**3 units**
	Current utilisation (93%) x available units (31 units)	10% of utilisation based on information given by provider survey responses.	10% based on lower units overall and some increase in rough sleepers in recent years.
	Estimated units needed (B.1+B.2+B.3)		
	35 units		

Supply (C)	**31 units** 31 – accommodation based services 0 – non accommodation services		

Over / supply (D=B–C)	**4 units** undersupply		

FUTURE HOUSING SUPPORT NEEDS

Figure 11.8.3: Application of Methodology to Rough Sleepers

	Baseline	Future (three years)
Population at risk (A)	38 people	39 people Population factor: Base x 2.3% population increase from 2018 to 2023
Population in need (B)	35 units	38 units Prevalence Factor: 1% increase applied Pull Factor: 1% increase applied Push Factor: not applied
Supply (C)	31 units 31 – accommodation based services 0 – non accommodation services	
Over / supply (D=B–C)	4 units undersupply	7 units Undersupply

Summary and conclusion

A review of available data has allowed us to look at how the current provision is meeting user needs. This analysis shows that currently for rough sleeper there is an undersupply of 12% of available provisions to service the volume of users (31 units against an assumed need of 25 units).

Looking at forward projections it is assumed that over the next 3 years, due to the impact of COVID-19 the number of people who find themselves homeless and potentially forced to sleep rough may increase and therefore increase the demand for housing support services in this area.

11.9   Single Homeless with Support

Profile of client group

This group is defined as those who have been accepted as homeless and in priority need, and also those single homeless people who have been turned down for re-housing or have not approached the local authority.

The Homelessness Strategy for NI 2017 to 2022 states that the single person households are the biggest group of homeless presenters in NI, with stats showing that this cohort makes up around 50% of all presenters. According to NI Housing Statistics for 2018/2019 of the households presenting to NIHE as homeless 32% are single males with no children. The highest presenters are single males aged between 26 and 59 with 4,353 cases.

Currently there are a number of hostels that cater for single homeless males only, including those males who present as a result of domestic violence incidences. Given the shortfall of available provisions across the Single Homeless PCG consideration might be given to the need for more hostel spaces to cater for both male and female individuals. Table 11.9.1 below sets out details of the current supply available for Single Homeless across NI.

Table 11.9.1: Current Housing Support Service Available for Single Homeless.

Thematic Group	Primary Client Group	Provision	Units	Budget (Millions)	Schemes
Homeless	Single Homeless with Support Needs	Accommodation Based	886	9.8	34
		Non-Accommodation Based	487	1.5	7
TOTAL			**1373**	**11.3**	**41**

Figure 11.9.2: Application of Methodology to Single Homeless.

The diagram below shows how the methodology was applied to data available in regards to this PCG, in order to understand what the current baseline of provisions are for this cohort and how they meet needs. Please see Appendix 8 for full data sources.

Population at risk (A)	9,063		
	DfC Homeless Bulletin data		

	Utilisation (B.1)	Waiting list (B.2)	Unmet need (B.3)
Population in need (B)	1,410	169	141
	Current utilisation (97%) x available units (1,449 units).	12% of utilisation based on information given by provider survey responses for weighting towards lower bands	10% unmet assumption based on current utilisation and waiting list information.
	Estimated units needed (B.1+B.2+B.3)		
	1,721 units		

Supply (C)	1,449 units
	926 – accommodation based services
	523 – non accommodation based services

Over / supply (D=B–C)	272
	undersupply

FUTURE HOUSING SUPPORT NEEDS

Figure 11.9.3: Application of Methodology to Single Homeless

	Baseline	Future (three years)
Population at risk (A)	9,063 people	9,274 people Population factor: Base x 2.3% population increase from 2018 to 2023
Population in need (B)	1,721 units	1,871 units Prevalence Factor: 1% increase Pull Factor: 1% factor Push Factor: not applied
Supply (C)	1,449 units 926 – accommodation based services 523 – non accommodation based services	
Over / supply (D=B–C)	272 units Undersupply	422 units Undersupply

Summary and conclusion

The analysis suggests a 19% shortfall of available provisions to serve the volume of users (1,449 units available, against an assumed need of 1,721 units).   While the impact of COVID-19 is still unknown, voice information suggests that it will have a significant socio-economic impact on the group, with an expected undersupply of 422 units by 2023.

11.10   Women at Risk of Domestic Violence

Domestic violence and abuse happens in the home. It can involve physical contact, verbal or emotional abuse and threats to harm or kill you. Men and women experience domestic violence and abuse[45]. Domestic violence can happen regardless of age, gender, social, ethnicity, disability or lifestyle and victims often feel isolated and frightened.

The number of domestic abuse incidents reported in the 12 months to June 2020 was over 32,127 in NI. This figure will cover the potential numbers experiencing domestic abuse, as there is a significant

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[45] Available here https://www.nidirect.gov.uk/articles/domestic-violence-and-abuse last accessed 18th Sept 2020.

underreporting of domestic abuse with some key organisations indicating that this figure may only represent around 20% of the abuse that occurs. There are indications that as many as 1 in 4 women suffer from domestic abuse, with a slightly lower figure for men (possibly 1 in 7). This is important to note for completeness.

In accordance with PSNI data between July 2018 and June 2019 there were 16, 575 domestic abuse crimes recorded which was the highest ever number of recorded in NI. This represents an increase of almost 10% on the previous year. A UK wide report by the National Rural Crime Network (NRCN) highlighted that those living in rural communities are at particular risk of domestic abuse.

Currently, the supply of units for this PCG is focused on women at risk of domestic violence. Males who suffer domestic violence are generally supported under the Single Homeless PCG. A key consideration going forward is with the increased number of male victims of domestic violence, if dedicated refuge accommodation service and/or floating support models are required.

In has also been noted in the media in recent months that during the COVID-19 pandemic period of lockdown there was a rise in the number if domestic abuse reports. Table 11.10.1 below sets out details of the current supply available for the Women at Risk of Domestic Violence group across NI.

Table 11.10.1: Current Housing Support Service Available for Women at Risk of Domestic Violence

Thematic Group	Primary Client Group	Provision	Units	Budget (Millions)	Schemes
Homeless	Women at risk of Domestic Violence	Accommodation Based	139	2.7	14
		Non-Accommodation Based	1,173	1.9	9
TOTAL			**1,312**	**4.6**	**23**

Figure 11.10.2: Application of Methodology to Women at Risk of Domestic Abuse

Population at risk (A)	1,174 people*		
	DfC Homeless Bulletin data		

Population in need (B)	Utilisation (B.1)	Waiting list (B.2)	Unmet need (B.3)
	1,381 units	**304 units**	**276 units**
	Current utilisation (97%) x available units (1,449 units).	22% based on proportion of women declined as refuge full (2018/19 figures provided by Women's Aid).	20% of utilisation based waiting list and utilisation of services.
	Estimated units needed (B.1+B.2+B.3)		
	1,960 units		

Supply (C)	**1,312 units**
	139 units – accommodation based services
	1,173 units – non-accommodation based services

Over / supply (D=1B–C)	**648 units**
	undersupply

* This population at risk for Women at risk of domestic violence is likely be understated as based on DfC Homeless Bulletin annual data. This to enable appropriate comparability with other homeless PCGs. Feedback from DoJ has advised that the likely *Population at Risk* figure is more accurately represented the number of domestic abuse incidents reported in 2019 which is over 31,000. This figure will cover the potential numbers experiencing domestic abuse, as there is a significant underreporting of domestic abuse with some key organisations indicating that this figure may only represent around 20% of the abuse that occurs. There are indications that as many as 1 in 4 women suffer from domestic abuse, with a slightly lower figure for men (possibly 1 in 7). This is important to note for completeness.

FUTURE HOUSING SUPPORT NEEDS

Figure 11.10.3: Application of Methodology to Women at Risk of Domestic Abuse

	Baseline	Future (three years)
Population at risk (A)	1,174 people	1,201 people Population factor: Base x 2.3% population increase from 2018 to 2023
Population in need (B)	1,960 units	2,231 units Prevalence factor: 2% prevalence rate change increase. Pull factor: 10% factor Push factor: not applied
Supply (C)	1,312 units 139 units – accommodation based services 1,173 units – non-accommodation based services	
Over / supply (D=B–C)	648 units Undersupply	919 units Undersupply

Summary and conclusion

The analysis of current need shows that for the Women at risk of domestic violence group there is an undersupply of 648 units. The demand for services has increased in recent years and voice information suggests that this increase is likely to continue, with a combination of increased awareness of support and reporting of domestic abuse. Pull factor has been applied based on substantial socio-economic impact caused by Covid-19. As such, the undersupply is expected to increase to 919 units (against a supply of 1,173) by 2023.

11.11   Overview of Projected Need

The tables below sets out the estimated current and future demand projections against current supply for the Homeless thematic group based on the analysis completed to date. The three year assumed projections are based on the analysis set out within Section 11, while the 10 year projections are based on a subsequent projected increase in population within this cohort. The tables set out the current and projected need in terms of units (Table 11.11.1), the current and projected unmet need (Table 11.11.2), and this unmet need as a proportion of current supply (Table 11.11.3). The projections look at two scenarios:

- Low scenario: assumes only a population increase.

- High scenario: assumes all five factors have been applied (population, prevalence, push, pull and portfolio).

The projections are indicative at this point and require validation from subject matter experts and delivery managers, along with voice information from providers and service users to ensure all relevant factors are taken into account.

Table 11.11.1: Current and projected need for Homeless Services

Primary Client Group	Current state (units)		Projected need (units)			
	Current supply	Current need	3YR Low scenario	3YR High scenario	10YR Low scenario	10YR High scenario
People with Alcohol problems	317	367	376	320	382	246
People with Drug problems	30	37	38	200	39	373
Homeless families with support needs	832	993	1016	1086	1033	1166
Offenders/people at risk of offending	297	340	348	348	354	354
Homeless Crisis/Rough Sleepers	31	35	35	38	36	41
Single Homeless with support	1449	1721	1761	1871	1791	1999
At risk of domestic violence	1312	1960	2006	2231	2041	2296
Total	**4,268**	**5,453**	**5,579**	**6,093**	**5,677**	**6,476**

Table 11.11.2: Current and projected undersupply for Homeless Services

Primary Client Group	Unmet need in number of units				
	Current need	3YR low scenario	3YR High scenario	10YR low scenario	10YR High scenario
People with Alcohol problems	(50)	(59)	(3)	(65)	(71)
People with Drug problems	(7)	(8)	(170)	(9)	(343)
Homeless families with support needs	(161)	(184)	(254)	(201)	(334)
Offenders/people at risk of offending	(43)	(51)	(51)	(57)	(57)
Homeless Crisis/Rough Sleepers	(4)	(4)	(7)	(5)	(10)
Single Homeless with support	(272)	(312)	(422)	(342)	(550)
At risk of domestic violence	(648)	(694)	(919)	(729)	(984)
Total	**(1,185)**	**(1,311)**	**(1,825)**	**(1,409)**	**(2,208)**

Table 11.11.3: Current and projected undersupply for Homeless services as a percentage of current supply

Primary Client Group	Unmet need as % of supply				
	Current	3YR low scenario	3YR High scenario	10YR low scenario	10YR High scenario
People with Alcohol problems	-15.8%	-18.5%	-1.0%	-20.5%	22.3%
People with Drug problems	-24.2%	-27.1%	-565.0%	-29.3%	-1144.5%
Homeless families with support needs	-19.3%	-22.1%	-30.5%	-24.2%	-40.1%
Offenders/people at risk of offending	-14.5%	-17.2%	-17.2%	-19.2%	-19.2%
Homeless Crisis/Rough Sleepers	-11.6%	-14.2%	-22.8%	-16.2%	-31.4%
Single Homeless with support	-18.7%	-21.5%	-29.1%	-23.6%	-38.0%
At risk of domestic violence	-49.4%	-52.9%	-70.0%	-55.6%	-75.0%
Total	-27.8%	-30.7%	-42.8%	-33.0%	-51.7%

The analysis set out in the above tables indicate that current need outweighs current supply, with a current undersupply of around 28%, with much of this coming from the at risk of domestic violence group.

Projected increases in complexity of need, potential economic factors and the impact of Covid-19 are expected to create an increase in demand. As such, when looking at projections of unmet need, this indicative gap between supply and need is expected to further widen with an undersupply of 30-43% by 2023, and 33-52% in 2020 if current supply is maintained.

11.12   Summary and Conclusions

The analysis outlines homelessness is a complex issue and having appropriate housing support in place now and in the future is important. Some the key conclusions include:

- **SP funded services align to users' needs:** The majority (90%) of respondents across staff and providers agreed or strongly agreed that housing support services funded by SP aligned to users' needs.
- **Service Users' needs will continue to change**: The majority (85%) of respondents across both staff and providers strongly agreed or agreed that the needs of service users is likely to change over the next 5 years.
- **Early intervention critical:** Respondents have suggested that more focus is required for early intervention support, especially those with low level needs initially.
- **Needs are more complex:** Needs are more complex and multi-faceted now and this is likely to continue in the future.
- **Consideration required for provision of housing support specific to females in justice system:** Remand population for females is higher across the UK. It has been reported that nearly two in five women left prison with settled accommodation.
- **Baseline housing support need is 28% higher than supply currently:** With specific pressure points in relation to Women at risk of domestic violence and Drug issues.
- **Need is projected to increase:** In three years housing need is projected to be 30% to 42% higher than supply based on the assumptions.
- **Need to consider how to response to the increased need:** Increased need in the future will place significant pressure on services which have already pressures point throughout the year. There is a need to adapt services to meet this needs based on stakeholder feedback (including a mix of updating, remodelling services and adding floating support).

Part C: Supporting appendices

APPENDIX 1: ABBREVIATIONS

Abbreviation	Meaning
ABS	Accommodation Based Services
BCS	Business Consultancy Services
COPNI	Commissioner for Older People Northern Ireland
CRISPP	Committee Representing Independent Supporting People Providers
DCLG	Department for Communities and Local Government
DfC	Department for Communities
DoJ	Department of Justice
DoH	Department of Health
DSD	Department for Social Development
DWP	Department for Work and Pensions
GB	Great Britain
HMS	Housing Management System
HSCB	Health and Social Care Board
IV	Intravenous
NABS	Non Accommodation Based Services
NI	Northern Ireland
NICS	Northern Ireland Civil Service
NIHE	Northern Ireland Housing Executive
NISRA	Northern Ireland Statistics & Research Agency
ONS	Office of National Statistics
PCG	Primary Client Group
PfG	Programme for Government
SME	Subject Matter Expert
SNA	Strategic Needs Assessment
SP	Supporting People
SPOCC	Supporting People Oxford Computing Consulting
UC	Universal Credit

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APPENDIX 3: BIBLIOGRAPHY

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APPENDIX 4: LIST OF ORGANISATIONS WHO SUPPORTED THE RESEARCH

It is important to note this list covers a broad range of organisations including those who supported user research and provider survey:

- Department for Communities
- Department of Health
- Department of Justice
- Health and Social Care Board
- Strategic Investment Board
- NI Probation Board
- CRISPP
- 30 x SP Providers from across community, voluntary, private and statutory partners.
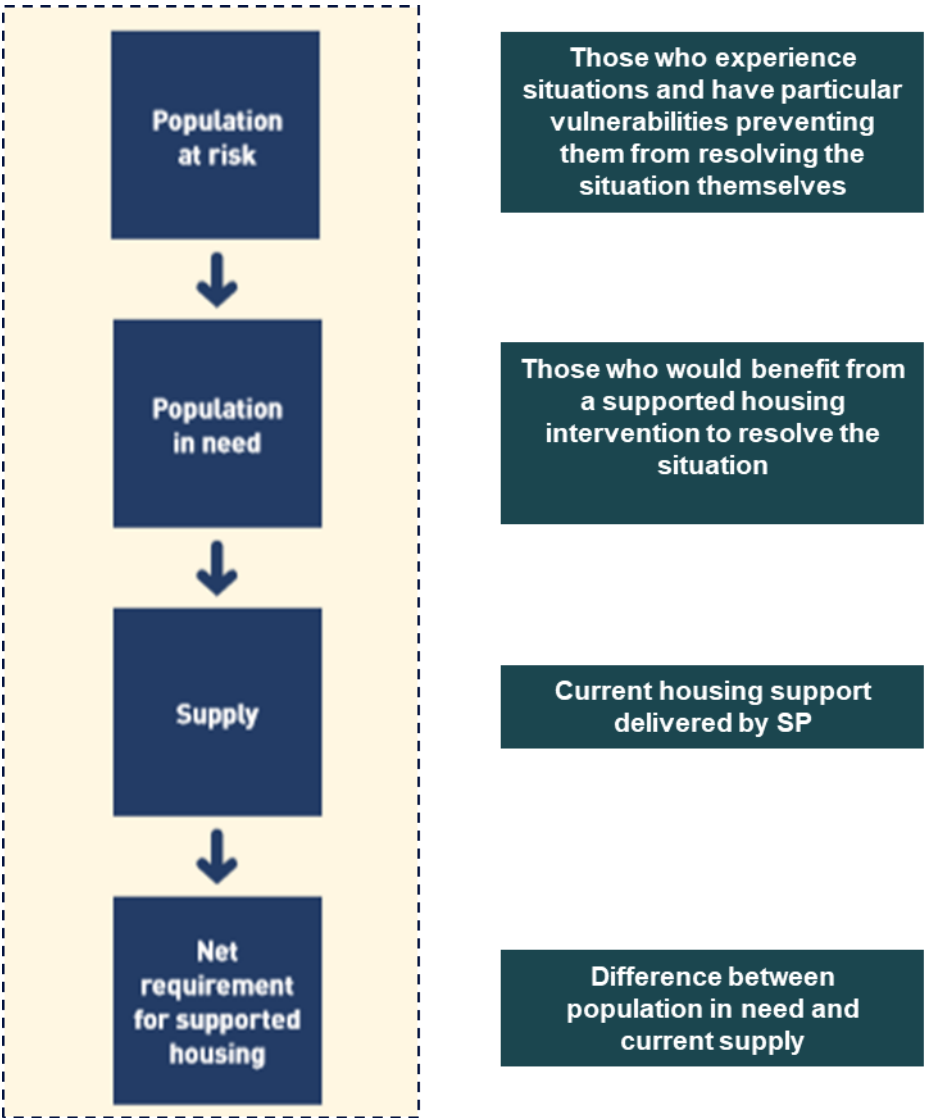- 20 x SP service users

APPENDIX 5: COMPARATIVE ANALYSIS

Report 1: Sitra / Homeless Link (2015): "Estimating the Needs for Supported Housing"	
Document Name: "Estimating the Needs for Supported Housing", Mark Goldrup (October 2015). **Supporting Evidence:** • "Supported housing: Understanding need and supply", National Housing Federation (2015). • "Strengthening the Case: the costs consequences", Mark Goldrup (January 2017)	**Commissioned by:** Sitra/Homeless Link. Sitra is a charity in the housing, care and support sector who provide training, consultancy and advice to members. In 2016 Sitra merged with Homeless Link.
Output: Quantitative projection of Supported Housing Need.	**Geographical Area:** England
Document Link: 1. http://s3-eu-west-1.amazonaws.com/pub.housing.org.uk/Sitra_Supported_Housing_Needs_Assessment_Report.pdf 2. http://s3-eu-west-1.amazonaws.com/pub.housing.org.uk/Supported_housing_understanding_needs_and_supply.pdf 3. https://www.housinglin.org.uk/_assets/Resources/Housing/OtherOrganisation/Sitra_Strengthening_the_Case_for_Supported_Housing_2017_Full_Report.pdf	

Detail	
Scope	**Methodology**
The purpose of the research was to: • Estimate the numbers of people in 2015/2016 (current year of report) who would have expected to need a supported housing letting; • From the above estimate of need, determine the shortfall in current provision; and • Project future demand for different types of supported housing and any associated impact on required supply.	The report explains its methodology for establishing need, setting out a two stage approach: • **Population at Risk:** Estimating the total population who experience situations or events and have particular vulnerabilities that prevent them from resolving the situation themselves ("Population at Risk"); and • **Population in Need of Supported Housing:** From the above population, the research estimates those who would benefit from a supported housing intervention to resolve the situation ("Population in Need of Supported Housing"). In assessing the current provisions against the need set out above, the research took into account the nature of the units and the frequency they are let. This allows for a more accurate representation of availability, rather than the number of units in supply. Please see the diagram below in relation to the Sitra model as it could be used for the purposes of this review.
Benefit & Challenges	**Relevance to this review**
Benefits: • The end result was a list of lettings required for that current year. The 2017 research was a follow on from the initial 2015 review and the Housing Needs Federation report. From this they were able to estimate the gap in provision for Supported Housing and look at the cost of both meeting this gap and indeed the consequences of not. • The results produced give as close an indication of the broad scale of the levels of need and cost consequences of provision shortfall. Challenges: • The report sets out a number of challenges around the availability and accuracy of data. As such, many of the estimates are heavily reliant on assumptions.	The research papers reviewed follow a demand and needs based approach, where the population at risk, population in need and supply were calculated. This is in line with the approach that the Project Team proposing to follow within our research for this Needs Assessment. Significant challenges have been called out in terms of obtaining accurate & reliable data and as a result assumptions have been used. Therefore for this Project it be mindful of the precision of data supplied and where assumptions are to be made, test these with Subject Matter Experts where possible.

• For future projections more in-depth analysis was required of trends and separate projections of prevalence.	

Population at risk — Those who experience situations and have particular vulnerabilities preventing them from resolving the situation themselves

Population in need — Those who would benefit from a supported housing intervention to resolve the situation

Supply — Current housing support delivered by SP

Net requirement for supported housing — Difference between population in need and current supply

Visualisation of the Sitra Model

Report 2: Arc4 and Peter Fletcher Associates Ltd (2016) "Needs Assessment for Housing and Housing Support for Vulnerable People in Barnsley"	
Document Name: "Needs Assessment for Housing and Housing Support for Vulnerable People in Barnsley", Arc4 and Peter Fletcher Associates Ltd (February 2016).	**Who Commissioned**: arc4 and Peter Fletcher Associates Ltd were commissioned to complete the work on behalf of Barnsley Council.
Output: A quantitative and qualitative analysis report presented to Senior council leaders and Steering Group members.	**Geographical Area**: Barnsley, South Yorkshire, England.
Document Link: https://barnsleymbc.moderngov.co.uk/documents/s10652/Full%20Final%20Report.pdf	
Detail	
Scope	Methodology
The aim of the needs assessment was to: • Link the findings from a Strategic Housing Needs Assessment (SHNA) in 2014 to a more specialist needs assessment for vulnerable groups; • Provide a comprehensive quantitative and qualitative analysis of the housing and housing support needs of these vulnerable groups; • Produce a gap analysis of future accommodation, housing and housing support need against the current supply; and • Deliver an analysis of need that includes health & social care using customer insights.	Work undertaken included: • Review existing demographic, policy and service data; • Mapping and analysing of current provision. This work follows on from an SHNA completed in 2014 to provide an evidence base on social, economic, housing and demographic situation across the area. To look at the current provision they completed demographic and spatial analysis, review of information available, housing and specialist accommodation available; • Primary research and surveys; • Stakeholder workshops, focus groups and other consultation of vulnerable groups, interviews of staff and providers; and • Steering group regular meetings and presentation of findings and proposal to the Steering Group and Senior Council Leaders.
Benefit & Challenges	Relevance to this review
Benefits: • Transparent process where research team worked in an open way, talking to wide range to stakeholders which included site visits; and • Positive leadership engagement, in that direct accountability lay with nominated Senior Leaders and the research team worked to a steering group. **Challenges:** • Although not directly highlighted, there was a heavy reliance on data for this research and as previously called out any reliance on data and	Whilst completing the comparative analysis and speaking with analytic experts the use of voice data can further strengthen analysis in that it is direct feedback from the user. People who are using or providing the services are best placed to advise what is going well and what changes would be of benefit to them. When using voice data we must be mindful of the potential risk around the independence of the data.

associated assumptions should carry a health warning; and • A snapshot survey, based on a specific 2 week period was compiled to identify unmet housing needs and there was a dependency on agencies to return completed documents to allow analysis.	

Comparative Analysis 3: Housing and Health 2013, Cambridgeshire Joint Strategic Needs Assessment (JSNA)	
Document Name: "Cambridgeshire Joint Strategic Needs Assessment (JSNA)", Housing and Health (2013)	**Who Commissioned:** This work was commissioned on behalf of Cambridgeshire County Council and NHS Cambridgeshire.
Output: Written report using framework	**Geographical Area**: Cambridgeshire
Document Link: http://cambridgeshireinsight.org.uk/wp-content/uploads/2017/08/Housing-and-Health-JSNA-2013.pdf	
Detail	
Scope	Methodology
This JSNA was used to look at key issues of housing, health and social care. By providing a snapshot of the housing & health network in 2013, the aim of the JSNA was to help people understand their roles and relationships, the opportunity for and importance of partnership working and the potential for increased joint work in the future. The JSNA was designed to evolve as structures change and new networks form, and was used as a starting point as to how the networks can help each other work.	The assessment included: • Confirmation of definitions. • Review of data, which included: health/wellbeing, demography, economy, census data and housing information. • Regulation review. • Feedback from workshops and user consultation (including new development survey).
Benefit & Challenges	Relevance to this review
Benefits: • The use of the joint needs assessment provides a succinct introduction to a wealth of data on housing and housing issues. It is an excellent way for those who want to learn of the potential links between health and housing services, to do so. **Challenges:** • Affordable housing is under pressure as especially for people on lower incomes. Changes in benefits are an issue for some people also.	Although this was a Joint Needs Assessment, where both housing and health were assessed, this report is relevant in terms of collaboration. It is important that we engage all the relevant stakeholders in this review process and ensure that all information in relation to service coordination, delivery alignment.

APPENDIX 6: LITERATURE REVIEW SUMMARY

Selection of reports reviewed in more detailed.

Report 1: Older People

Document Name/Link	What was the Aim of the report?
Housing and Older People: Housing Issues, Aspirations and Needs, (Fiona Boyle Associates). https://www.nihe.gov.uk/Documents/Research/Health-and-welfare/housing-and-older-people-issues-aspriations-needs	Review and examine the housing needs of older people, with the aim to inform and support decision making and improve strategic planning.

What was outlined in the report?
Makes ten recommendations for helping to keep older people in their homes.

The largest barrier to older people remaining in their current accommodation is isolation and loneliness. Isolation and loneliness can be exacerbated by declining health and mobility.

Safety and security is a concern and a push factor.

Internet access is an aspiration for older people. Internet access could mitigate isolation and loneliness by allowing older people access to information and assistive technology, and also help them in keeping in contact with family and friends.

The preference for older people is to remain in their own home, even as health and mobility decline. Community services, both from families and the voluntary and statutory sectors are the main way in which older people can be supported to remain in their own home.

Older people tend not to plan ahead with regards to housing, care and support needs. Often older people will delay 'moves' up until the point where It becomes too late and they have to move into residential or nursing care.

Many older people live in houses that are too big, or that have rooms that are inaccessible. There are two main causes for this. A lack of a desire to move and a lack of affordable housing. Projects for reconfiguring accommodation in ROI (including Homeshare and the Ava project) are cited as an example of a strategy that can be adopted. More broadly, it is recommended that consideration should be given to the potential for the use of financial incentives to help older people move into accommodation that meets their needs.

For the issue of affordability; it was recommended that the NIHE review housing advice provision, and explore ways that signposting could be enhanced. It's noted that access to schemes that alleviate fuel poverty is important.

The report gives six recommendations for helping people to move in situations where having older persons remain in their home is not possible.

- Increase awareness about options and choice, with regards to specialist financial advice on the costs and/or benefits of moving house, or moving into residential or nursing care;

- The NIHE should assess the level of suitable provision, linked to the distribution of older people in the population. In addition NIHE and partner agencies should raise awareness of the range options open to older people, including newer and existing models of provision;
- NIHE should look at demand and supply of alternative accommodation, to assess the number and type of units needed for development, and also look into how the private rental sector can be encouraged to respond;
- Incorporate HAPPI (Housing our Ageing Population Panel for Innovation). principles into future schemes, and the reconfiguring of future schemes;
- The NIHE should take into account the paper's findings regarding the housing aspirations of older people in relevant policy and delivery decisions; and
- Social housing providers should work with relevant bodies in order to establish protocols for the sharing of information on housing stock.

There is an additional recommendation that the NIHE develop a strategy for older people that is cross sectoral.

What relevance does this report have to the review?

Useful overview of issues that older people face, as well as offering recommendations for what could be done to improve their experience.

Report 2: Older People

Document Name/Link	What was the Aim of the report?
Specialised Grouped Housing for Older People - Introductory Briefing (Thompson, 2014) http://www.niassembly.gov.uk/globalassets/documents/raise/publications/2014/education/2914.pdf	Briefing on policy regarding grouped housing for older people and examples of this housing in both NI and GB.

What was outlined in the report?

HAPPI outlines a spectrum of housing options that are available to older people.

- Mainstream Housing;
- Specialised Housing; and
- Residential Care.

This particular briefing is focussed on specialised housing.

The policy aim in NI has been to shift care away from institutional settings to provide a greater provision for services towards older people living in their own home or supported accommodation.

Gives an overview of *Transforming Your Care*, and its aim to support older people, and those with long-term conditions to maintain their own independence and live in their own home or assisted housing, as opposed to long term or acute care.

Gives a brief overview of the SP programme, outlining the 12/13 budget (£66.4m) and number of partner organisations (106).

There are five sub-categories of specialist housing, as outlined by HAPPI:

- Sheltered/retirement housing;
- Very sheltered/ assisted living;
- Extra care;
- Close care housing; and
- Retirement Villages.

In NI, the four categories of sheltered housing are defined based on the person's level of support and care needs, and are as follows:

- Self-contained accommodation for the more active elderly;
- Scheme supervisor supported self-contained accommodation for the less active elderly;
- Supported extra care accommodation for the more frail elderly; and
- Scheme supervisor supported shared accommodation for the less active elderly.

HAPPI (Housing our Ageing Population: Panel for Innovation) has 10 components that are recommended for the design of retirement housing for older people:

- Generous internal space standards;
- Design that allows for natural light;
- Avoid corridors and single aspect flats to maximise light and ventilation, apartments should have sufficiently spacious balconies/patios/terraces;

- Homes should be 'care ready', allowing for new technology to be installed easily;
- Promote circulation as shared spaces to encourage interaction;
- Multi-purpose space, in all but the smallest developments, should be available for residents to meet and partake in a range of activities;
- Homes should engage positively with their environment, preservation of mature plants, and planting of new trees and hedges;
- Homes should be energy efficient, well ventilated, and able to avoid overheating by use of passive solar design;
- Adequate storage provision both inside and outside of the home; and
- Shared external surfaces, such as pedestrian areas.

Gives an overview of some existing examples from within the UK. A number of examples of good practice from Northern Ireland were produced by housing associations upon request.

Discusses use of technology for health monitoring and management purposes.

Discusses the use of proactive, rather than reactive healthcare in order to save on GP visits and hospital admissions. Proactive healthcare is viewed positively, offering a non-clinical friendly environment. Health clubs have been shown to reduce the number of GP visits

There are issues about finance, the market, maintaining rents, and welfare reforms, which have slowed the progress of the HAPPI reforms being enacted.

What relevance does this report have to the review?

Useful overview of the current and future provisions of specialised housing for older people, as well as offering recommendations for how future stock can be designed to make them more future-proof and adaptable to need.

Proactive healthcare offers a useful preventative way of healthcare for older people, preventing issues from arising that may otherwise limit their independence and quality of life.

Report 3: Older People

Document Name/Link	What was the Aim of the report?
Social Care and Older People in Home and Community Contexts: A Review (Westwood and Daly, 2016) https://www.gtc.ox.ac.uk/wp-content/uploads/2018/07/Report-Social-Care-and-Older-People-June-2016.pdf	Review of literature on social care for older people in the UK. Particular emphasis on home and community care.

What was outlined in the report?

In general, due to demographic changes, care needs are increasing at the same time, care expenditure is decreasing. The supply of unpaid carers (largely family) is also limited, and unlikely to be able to be able to keep up with the increased demand for care.

In the UK as a whole, 50% of older people over 85 in residential care, 25% in domiciliary care at home.

It is noted that there is increased marketization in the delivery of care, even in voluntary organisations. Charities are often commissioned by local authorities to provide services. Free services by charities are viewed to be an unlikely as an option for the future, as there needs to be economic capital available in order to fund volunteer activities, including transport.

There is a significant research gap in the understanding of 'care needs', 'met care needs' and 'unmet care needs'. Although greatly significant, the concept of 'need' remains nebulous. There is an emphasis on everyday living above basic human needs such as love, care and solidarity.

What relevance does this report have to the review?

Highlights a research gap in the literature surrounding needs, especially concerning what exactly they are, and if they are being understood in an appropriate way.

Report 4: Older People

Document Name/Link	What was the Aim of the report?
Exploring the Housing Needs of Older People in Standard and Sheltered Social Housing (Fox et al 2017). https://journals.sagepub.com/doi/full/10.1177/2333721417702349	Survey of older people living in standard or sheltered social housing in order to identify the most suitable housing model possible.

What was outlined in the report?
THIS IS A REPUBLIC OF IRELAND ONLY REPORT, ITS FINDINGS AND IMPLICATIONS MAY NOT EXTEND TO NI OR THE UK IN GENERAL. Compared to the general population of older people, those in social housing are more vulnerable, with poorer economic, social and physical wellbeing, higher risk of poor health and lower life expectancy. Sheltered schemes have consistent findings of physical, social, and mental health benefits for tenants. Surveys returned generally pointed to those in sheltered accommodation being better off (health, happiness, having their needs met, making ends meet), than those who weren't, self-reported fuel poverty between the two groups remained similar. Most people want to age in place, however, those that are in sheltered accommodation are happier with their current living arrangements.

What relevance does this report have to the review?
Keeping people in their own homes is very important. Sheltered accommodation does offer advantages over regular social housing and also mainstream housing.

Report 5: Older People

Document Name/Link	What was the Aim of the report?
Supported housing for older people in the UK; an evidence review (Joseph Rowntree Foundation) https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/sheltered-retirement-housing-full.pdf	Examine the quality of life that sheltered and retirement housing offers older tenants and owner-occupiers, especially those with high support needs. Review a particular area that has been neglected in research in recent years.

What was outlined in the report?

This is a UK wide report, however there are valuable insights into Northern Ireland specifically. Gives an overview of the history of sheltered accommodation in the UK, giving milestones in developments.

- Estimated 10000 dwellings and 280 schemes providing sheltered accommodation in NI.
- Evidence from a large housing provider [not specified who or where] gives the most common reason for leaving a sheltered accommodation tenancy as death at 27%, followed by movement to institutionalised care (21%) and internal transfers (20%)
- Changing resident mix, with a higher proportion of those in sheltered accommodation being younger people with more complex needs, leading to older residents not feeling as safe due to anti-social behaviour linked to these complex needs. This is something that is mentioned in the conclusion as a gap in the evidence base. Anecdotally this seems to be the case, but there's little data to confirm or challenge it.

There's a part in the conclusion at the end that questions what exactly the purpose of supported/sheltered housing is. The housing itself isn't being supported, instead it's some of the residents, that are individually assessed as having a support need.

What relevance does this report have to the review?

Helpful overview of sheltered housing in the UK as a whole, the information from the housing provider about pathways out of the sheltered housing schemes is particularly helpful for the SNA.

Report 6: Young People

Document Name/Link	What was the Aim of the report?
Young People Living Independently (Social Security Advisory Committee, 2018) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/709732/ssac-occasional-paper-20-young-people-living-independently.pdf	Explore the impact of the benefit system on young people aged 16-26 who live independently of parents/guardians.

What was outlined in the report?

Seven recommendations made to the DWP:

- Demonstrate affordability of current provisions, and if not affordable, take action;
- Place duty on coaches to inform young people about all available grants and funds;
- Allow for a choice between having housing allowance paid directly to landlord or to the claimant and also whether UC is paid monthly or fortnightly;
- Instruct jobcentres to support independent young people in setting up a bank account;
- Publish evidence on affordability and availability of Shared Accommodation Rate housing, and take action where affordability too low;
- Trial work coaches and advisors who support work coaches in their interactions with young people with complex needs, evaluate and roll out if successful; and
- Exempt care leavers from the Shared Accommodation Rate and under-occupancy penalty until age of 25.

In the UK, approximately 30% of young people are independent but not on benefits, approximately 4% are on benefits and independent and approximately 5% are on benefits but not independent.

Jobseekers allowance for under 25s who have no dependent children is lower than that for those aged above 25. The question raised about the affordability of basic living costs for younger people living independently on benefits.

Benefit sanctions cause most severe money issues. A lack of available information about hardship payments exacerbates this issue. Advanced payments are an option for those struggling with deposits and delays in the first payment of UC.

The period directly after starting work, before the individual's first pay packet comes in can also be an issue financially, additional costs are incurred when starting work (travel, childcare, purchasing uniform). Budgeting advances can alleviate this financial pressure.

There are a limited number of grants available to younger people, but they are viewed to be poorly advertised. There is a lack of knowledge about the availability of schemes that could potentially aid independent living.

Repayments of advance payments lower benefits received during period of repayment, which can mean that although advance payments can be useful in an emergency, dependence on them impacts long term sustainability of living.

There is concern about inexperience with budgeting. Only about half of young people are confident in their budgeting ability. Some young claimants end up living in denial about their money issues, exacerbating the problem. This can even eventually lead to eviction.

Young people with complex needs (e.g. care leavers) struggle particularly with budgeting, approximately 1/5 care leavers experience homelessness within two years of leaving care.

There is a lack of knowledge about what is included in rents. Some tenancies were lost due to not knowing that rent didn't cover council tax or fuel bills.

The groups of young people that struggle the most are those with mental health issues, young offenders and care leavers. Data is limited on these groups and their specific needs. Anecdotally, brown envelopes arriving in the letterbox give those with mental health issues anxiety, the letters often are left unread due to this anxiety, which often exacerbates the original problem. Young offenders often re-enter the community without much support and also some are spending their first time as an adult outside of prison. This adds budgeting challenges on top of what may already be quite a stressful time.

Applying for Universal Credit is more difficult for young people who don't have ID or a bank account. Those that leave an environment quickly, for whatever reason will often not take ID documents. This can create payment delays.

Universal Credit has a standard verification process for those without ID, which uses a set of biographical questions and also referees. Young people are also entitled to buy a UK citizen's card for £15 or £30 if fast tracked. There is a lack of information on these options.

Difficulty in setting up bank accounts was highlighted. A lack of ID or existence of a criminal record makes what is already a long process take even longer. There is the option to make some payments to another person's bank account, but this puts the young person at risk of exploitation and makes them dependent on another person to actually pay them their entitlement. A legacy system, where benefit payments could be picked up at Post Office was judged to work better.

There are about 35,000 young people in supported housing in Great Britain today. Young people were almost universally positive about their experiences in these hostels. However, there are some hostels that aren't as good, with one even actively discouraging residents from finding work, saying it would make paying rent harder on lower benefits rates.

The biggest concern from stakeholders was for those that are not eligible for supported or social housing. Single young claimants with no diagnosed disabilities, and that have no other exemptions from the Shared Accommodation Rate made up 6% of all independent young claimants.

Those on Shared Accommodation Rate experience rising market rents, with a freeze on Local Housing Allowance rates, Shared Accommodation Rate tends to be lower than rents.

Difficulty in finding affordable rooms is largely due to the fact that shared housing supply is limited. Shared accommodation is largely reserved for students. Furthermore, young workers will be reluctant to share with the unemployed. Those on the Shared Accommodation Rate end up having to pay for one bed properties on a rate designed only for the cost of one room in shared housing.

User experience in Jobcentres was mixed. Younger people were generally more satisfied than older people. Being put on hold, letters with incomprehensible acronyms and charts were listed as

negative aspects of the Jobcentre experience. This potentially could put younger people (who may already be distrustful of the job centre) off from attending, leading to sanctions or other issues with the claim. Sanctions were a big emotive issue. Younger people almost four times as likely to get sanctioned as compared to older claimants not claiming housing benefit, and 1/3 more likely to be sanctioned compared to other young people not receiving housing benefits.

Dispute between work coaches and young people about how lightly sanctions are given out. Coaches maintain sanctions a last resort and there are three attempts to make contact with young people before a sanction is made. Young people say they have missed appointments for legitimate reasons, and the three attempts to contact could be three phone calls within an hour.

When sanctions are challenged, there is a high rate of them being overturned, 98% for those living independently.

Care leavers have a slightly different claims process. To help them receive benefits at 18, the month before their birthday they have a Universal Credit account set up and a check ran on their ID and bank account. As well as this they have two Jobcentre visits; one to explain Universal Credit, and the second (usually on the day of their 18th birthday) to check there has been no change in circumstances.

Some issues are highlighted; many care leavers don't have a bank account (technically social workers responsible for this), in some cases, getting a bank account is hard due to a lack of a passport, and the second Jobcentre visit on the young person's 18th birthday means that turning 18 is a very different experience for care leavers.

There are provisions and exemptions for care leavers, but there are barriers to these being put in place. These exemptions only apply if work coaches know the individual is a care leaver, which they may not want to disclose. It also needs to be flagged on the system, but the Universal Credit computer doesn't allow this. Thirdly, there is a lost opportunity in connecting up local authorities with work coaches.

What relevance does this report have to the review?

Highlights some potential issues that younger, independent people may encounter in the benefits system.

Highlights a particular issue of the affordability and sustainability of benefit provision for younger people that are entirely independent of their parents/guardians.

Report 7: Young People

Document Name/Link	What was the Aim of the report?
Promoting and Protecting the Rights of Young People who Experience Secure Care in NI (Haydon, 2016) http://www.childrenslawcentre.org.uk/images/Promoting_and_Protecting_the_Rights_of_Young_People_who_Experience_Secure_Care_in_Northern_Ireland_January_2016_final.pdf	Give an overview of the experience of younger people in secure accommodation in Northern Ireland, how they get there, why they get there and what is viewed by both staff and younger people to be the key issues, successes and failures within the facility.

What was outlined in the report?

Report makes a number of recommendations:

- Take measures to address discrimination against all groups of children;
- Ensure that all policy, practice and legislation incorporates the 'best interests' principle;
- Ensure children have a right to have their voices heard, have a statutory right to independent advocacy for children in care, ensure children have access to a child friendly complaints mechanism;
- Invest in early interventions, investigate reasons why children are repeatedly admitted, review the use of restraint, ensure children enjoy safe contact with parents and carers, extend support for school leavers up to 25, ensure secure accommodation is a last resort;
- Investigate the relationship between substance misuse and mental health, address underfunding of CAMHS (child and adolescent mental health services), prioritise research to identify causes of mental ill health in NI, including legacy of the troubles;
- Allocate additional resources to reduce effect the of children's social background on their achievement within school; and
- On the issue of Child Sexual Exploitation (CSE), the report recommends that data is collected on children going missing in care, collect data on CSE in NI, support and develop services to support victims of CSE, strategies and measures to require schools to teach messages about online health to children and provide similar messages to parents.

There were 2,875 children in care in NI in 2015. 76% were in foster care, 41% were in kinship foster care with relatives or friends, 35% were in non-kinship foster care. 7% were in residential care.

NI has 49 residential children's homes, 41 are statutory, and 8 are in the independent sector. Some provide long term care, some provide short term care, some provide specialist care for children that require intensive report, and some provide respite care, one is registered to provide secure accommodation.

There are stringent conditions that have to be met in order to put a child in secure care. The first approximate 40 pages of this report detail the conditions for putting a child in secure care, and also the responsibilities that any such institution has. Lakewood in Bangor is the only secure care facility in NI.

A 2008 Review of Secure Accommodation in NI found that all the young people in need of secure care had 'multiple and often complex needs'. In the year before their assessment, the individuals had 'a sense of rising need and increasingly risky or antisocial behaviours'. Assessments were found not to take into account such issues, or develop strategies to address them.

Being put in residential care, for some of the individuals that met the criteria for secure accommodation increased or introduced new risk factors.

Foster care is generally more effective at addressing behaviours than care homes. This is due to there being less of a revolving door of staff, and an establishment of boundaries in foster care. The issues in care homes make young people less likely to confide in care home workers.

Concern were raised about using Juvenile Justice Centres as an alternative to secure care, due to lack of availability for places, and also the additional bureaucracy that may come with placing children in secure care.

Children in care generally have lower levels of educational achievement than those not in care. 29% of children in care achieved 5 A*- C GCSEs as compared to 82% in the general population. 28% of young people leave care with no qualifications, 15 times that for general school leavers. 36% of care leavers aged 19 were unemployed or economically inactive. 26% of looked after children had a statement of special educational needs (5% of the general population). It is thought children in care were more likely to be expelled and almost 5 times more likely to have been suspended from school.

Only 43% of those assessed as being in need of secure care were in mainstream schools, 30% were in other education, 17% were in a residential unit, 6% had been excluded. 29% had special educational needs.

Lakewood has a school, which is largely more successful for the children than mainstream schools.

Young people who had been in secure care for a long period of time talked of being institutionalised. They were used to being dependent on others to manage their time, this meant that they didn't know what to do when discharged, also were unable to go anywhere on their own because they didn't feel safe.

There was a feeling that those in care are penalised for things that children in more normal scenarios would get away with. Social workers were viewed by the children to be stricter than parents, foster parents, or guardians would be.

The mixture of age groups in Lakewood was viewed to be an issue. Lakewood having a mix of those with history of drug abuse and history of being exploited was an issue, due to differing needs and lived experiences.

What relevance does this report have to the review?

This report highlights the background and issues faced by children who when in care require a more secure environment. Understanding the issues and challenges faced by these young people, having awareness of how to overcome these is hugely important when considering the services that a young person might need after they leave care to become independent.

Report 8: Young People

Document Name/Link	What was the Aim of the report?
Pathways to Youth Homelessness, (Ross et al). https://www.simoncommunity.org/assets/pdfs/Pathways-to-Youth-Homelessness-Final-Research-Piece-24.07.2019.pdf	Review causes of homelessness, and issues that homeless young people have.

What was outlined in the report?

The study gives an overview of the demographics of a sample of 79 young homeless people.

LGBT people were disproportionately represented in the sample, making up 18%. It's estimated that approximately one quarter of the young homeless population is LGBT. 43% of those sampled had lived in care as a child, foster care was the most common type of care (79%)

51% of the sample were living 'at home' before becoming homeless.

Most came from lone parent families, only 16% came from families with two parents. This is in stark contrast to the statistic that 67% of households with parents that are still in a relationship.

Many had no father figure, which has a knock on effect for a large number of issues.

Most still had contact with family (82%), and most reported that that contact was positive (59%).

1/3 of the young people had children, 52% of which were living at home before becoming homeless.

Under half of those with children lived with their children, and among those who didn't live with their children, contact was still maintained for most.

A large amount of the sample said that they didn't enjoy school. Incidents of bullying that persisted throughout their school career were cited as motivators for this.

75% said they drank alcohol, only 3% felt they had a problem, 15% of those who drank alcohol said they had accessed alcohol support services.

46% said they either use or had used drugs in the past. This contrasts with a national study in England, which found 31% of 11-15 year olds, and 8.4% of 18-59 year olds had taken drugs during the past year. The most common drug used was cannabis, followed by cocaine and prescription drugs.

NIHE housing was preferred by the young people (47%), due to perceived stability, and also what they believe to be possible or likely for their own future. It's worth noting that NIHE housing is hard to come by, with private rented accommodation (often shared) being a more likely option.

What relevance does this report have to the review?

Being asked to leave their previous home is the main reason why younger people become homeless, some sort of interventions could be undertaken to mitigate this particular reason.

Report 9: Young People

Document Name/Link	What was the Aim of the report?
More than a number: The scale of youth homelessness in the UK, (Centre Point). https://centrepoint.org.uk/media/2396/more-than-a-number-the-scale-of-youth-homelessness.pdf	Examine the scale and scope of youth homelessness in the UK.

What was outlined in the report?

This report makes 5 recommendations, one of which is specific to England.

- Provide tools and guidance to local authorities;
- Provide clear guidance on what constitutes prevention and relief to ensure consistency in interpretation across England;
- Use the more comprehensive data on local need to improve wider homeless and housing policies;
- Have local authorities provide advice and information that's appropriate, tailored and accessible to young people; and
- Have central government and local authorities to ensure Homelessness Reduction Act funding is allocated appropriately.

4,500 young people presented to their local authority as being homeless in NI.

'Parents no longer willing to accommodate' was given as the main reason for youth homelessness (38%), followed by 'others (friends and relatives) being no longer willing to accommodate' (16%).

There were three statistically significant (at the 0.05 level) predictors of the number of those presenting as homeless to local authorities; percentage of children (given as those aged under 20) in low income families, the number of apprenticeship starts, and the affordability of home ownership.

What relevance does this report have to the review?

Although specific to England, there are commonalities with homeless youth in NI and it is important to ensure that any information or recommendations are considered when validating the young people and homeless analysis for NI.

Report 10: Disability & Mental Health

Document Name/Link	What was the Aim of the report?
Ordinary houses in ordinary streets: Independent social care and housing solutions for people with a learning disability (Webb & McMenamin, 2018). https://northernireland.mencap.org.uk/sites/default/files/2018-05/MencapNI_HousingBriefingPaper_web.pdf	Discusses barriers that those with learning disabilities face with regards to independent living, and makes wider policy recommendations.

What was outlined in the report?

There are approximately 1.4 million people with learning disability UK wide. It is estimated that there are around 42,000 people with difficulties in NI, with around 31000 of these being adults.

Only around 15% of people with learning disability have some form of tenancy or ownership of their own home. Most adults with learning dlive outside of long-stay institutions.

Supported independent living is viewed to be more cost effective than more expensive accommodation and care settings.

The provision of social care is viewed as a barrier to independent living. In NI, housing is generally regarded as a 'peripheral activity' in relation to adult care and support. There are significant difficulties relating to the quality, recruitment and overall sustainability of the social care workforce.

There are limited housing options for adults with learning disabilities. Some private landlords lack understanding about people with learning disabilities, and often don't accept payment of rent via housing benefit. Social housing priority is generally given to those assessed to have the most complex need, meaning a small proportion of social housing is available for individuals with learning disabilities. This report makes six recommendations:

- Ensure health and social care reform is supported by appropriate levels of sustainable investment;
- NIHE should ensure development of a social care workforce strategy includes staff being equipped with the skills to support people with learning disabilities;
- NIHE should maintain a ring-fence on funding for the SP programme;
- DoH, DfC, NIHE, and Health and Social Care Trusts should have a clear joined up approach to the provision of housing for individuals with learning disabilities and work more closely with councils to ensure that people with learning disabilities are identified and have their housing needs reflected in development plans; and
- NIHE should develop an independent living strategy for people with learning disabilities in NI,

The UK government should fund back pay for historical liabilities on sleep in shifts, and service commissioners in NI should commit to funding the increased costs of sleep in shifts.

What relevance does this report have to the review?

Encourages greater cooperation between DoH and DfC.

More cost effective to have people with learning disabilities in domiciliary care, rather than being institutionalised or in care.

Report 11: Disability & Mental Health

Document Name/Link	What was the Aim of the report?
Housing and disabled people: Britain's hidden crisis (Equality and Human Rights Commission, 2018). https://www.equalityhumanrights.com/sites/def ault/files/housing-and-disabled-people-britains-hidden-crisis-main-report.pdf	Guide UK government policy. Assess where improvements can be made to service provision. Outlines some of the biggest obstacles and frustrations that disabled individuals face in living independently.

What was outlined in the report?

THIS REPORT CONCERNS ENGLAND SCOTLAND AND WALES ONLY. ITS OUTCOMES AND IMPLICATIONS MAY NOT APPLY WHOLLY TO NORTHERN IRELAND.

Four major challenges, which form the basis of their recommendations. The four challenges are as follows:

- Disabled people are frustrated by the housing system;
- There's a shortage of accessible homes;
- Bureaucracy in installing adaptations to homes leads to delays and frustration; and
- Lack of support that is required to live independently.

Four recommendations were made:

- Build more accessible and adaptable homes;
- improve installation of adaptations;
- Matching homes to people who need them; and
- Supporting people to live independently.

What relevance does this report have to the review?

Reiterates the importance of allowing the disabled to live independently. Gives direction for how housing should be allocated and developed in the future.

Report 12: Disability & Mental Health

Document Name/Link	What was the Aim of the report?
Regress? React? Resolve? An Evaluation of Mental Health Service Provision in Northern Ireland, (Wilson et al, 2015). https://www.amh.org.uk/wp-content/uploads/2010/06/AMH-Study-Final-version-inc-cover.pdf	Explore effectiveness of current mental health provision in NI and identify challenges and opportunities for developing services. Provide a critical analysis of policy development.

What was outlined in the report?

NI has higher levels of poor mental health than anywhere else in UK and Ireland.

Report makes 10 recommendations:

- Ensure sufficient funding made available for mental health in NI, in order to achieve improvements proposed by Bamford Review. Ring-fence mental health from any budget cuts that may be made;
- Establish a regional working group to determine extent and impact of mental health service fragmentation. Identify how to develop greater integration between services;
- Establish an independent "Mental Health Champion" for NI to defend rights and interests of those with mental health issues;
- Mental health professionals need to recognise the role that carers play in supporting their family member, and include them as partners in relevant processes;
- Commissioners of mental health services (both statutory and voluntary sector) should continue to work towards a recovery ethos. Permanent funding for ImROC (Implementing Recovery through Organisational Change) process;
- Maintain a person centred approach to service delivery;
- Prioritise efforts to reduce stigma around mental health;
- Review services available to those who have experienced transgenerational trauma as a result of the Troubles;
- Agencies in statuary sector should continue to work with those in voluntary sector in order to improve collaborative working in the planning and deliverance of mental health provision; and
- DHSSPS should establish a working group with users to determine how QA in mental health can be improved.

How current policy was assessed is outlined below.

A series of focus group meetings with stakeholder organisations, service user and carer organisations were undertaken, alongside interviews with key stakeholders, service users and staff, as well as an online survey using Survey Monkey.

A literature review is undertaken, and the methodology of how it was undertaken is outlined.

There is a review of mental health policy and funding arrangements. Outlining the vision of the Bamford review and outlining how the recommendations were implemented. Finds that spending

on mental health in NI is lower as a percentage of health spending than England, (8.2% in 09/10 in NI and 11.8% in England).

What relevance does this report have to the review?
This report, although primarily health related, gives an overview of the effectiveness of mental health provision in NI. It also allows for the identification of any challenges and opportunities for developing services for mental health across NI. Throughout this process of the SNA, it has been highlighted the closeness of health and housing, so it is key that development of services are considered when reviewing current and future provisions and where appropriate understanding any unmet needs.

Report 13: Disability & Mental Health

Document Name/Link	What was the Aim of the report?
Recovery for people with severe and complex mental health problems in Northern Ireland (Royal College of Psychiatrists, 2014). https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr187.pdf?sfvrsn=9234b3c8_2	Overview of NI's rehabilitation services for those with severe mental health issues (specifically paranoid schizophrenia, schizoaffective disorder and severe bipolar disorder)
What was outlined in the report?	

Although NI's mental health service delivery has improved in the past 30 years, there remains a small group of users whose illnesses are too complex and severe to be met by the standard service. This group requires rehabilitation, which is highly effective, cost effective, helps recovery and prevents institutionalisation. Rehabilitation is not included in the current strategy, provision of the services is patchy and inadequate, and is also often the victim of savings measures. Inadequate rehab provision is socially and financially costly, due to damage to those that are ill, the families of those suffering with mental illness, and the financial cost of having mentally ill individuals 'stuck' in mental health wards.

The group in question for this report is low-volume and high-need. Approximately 4/1000 people are affected by schizophrenia at any one time. 10% of users with a psychotic illness will require rehab services at some point.

Current rehabilitation provision in NI is "almost accidental by-product of the hospital closure programme". Services are described as patchy, low priority and delivered in poor-quality environments.

The voluntary sector is key to provision of rehabilitation services, both for hospital and community based rehabilitation. These organisations are unhappy with 'throughput' and time limits placed on treatments. Some service users will need rehabilitation services for years or perhaps the rest of their lives, which goes against the pressures being put upon providers by organisations that determine

funding. Trusts have sought to develop supported housing schemes through SP provision with some being v successful. However, trusts have also sought to dismantle existing community rehab provision and replace them with SP funded provisions. Major problems with delivering rehabilitation through within the restrictions of the SP scheme.

Recommends that rehabilitation services be brought into the NI mental health strategy, this will incentivise trusts to value, retain and develop these services.

What relevance does this report have to the review?

This report highlights the importance of SP as a funder of community living services for those with complex mental health issues. It enables an understanding of what works well in terms of such provisions and what barriers may be present when delivering further rehabilitation services.

APPENDIX 7: REFERRAL AND DEPARTURES DATA

Referral routes by scheme into the services

There are a number of referral routes into the SP programme exist. Each scheme can a single or multiple referral routes. The primary referral routes across all schemes are:

- NIHE Housing Selection Scheme (56%)
- Health and Social Services (55%)
- Other NIHE[46] (40%)
- Self-referral (26%)

For example, this means that 56% of schemes can receive a referral from NIHE Housing Selection Scheme. Other referral routes include Probation Services and Housing Associations.

Figure below sets out the main referral routes to provider services within the SP programme at a thematic level. The chart highlights the variation of routes for clients, with the Housing Selection Scheme most prevalent for Older People, Health and Social Services for Young People and Disability & Mental Health, and NIHE for Homeless.

Figure: SP referral routes, 2014-2018
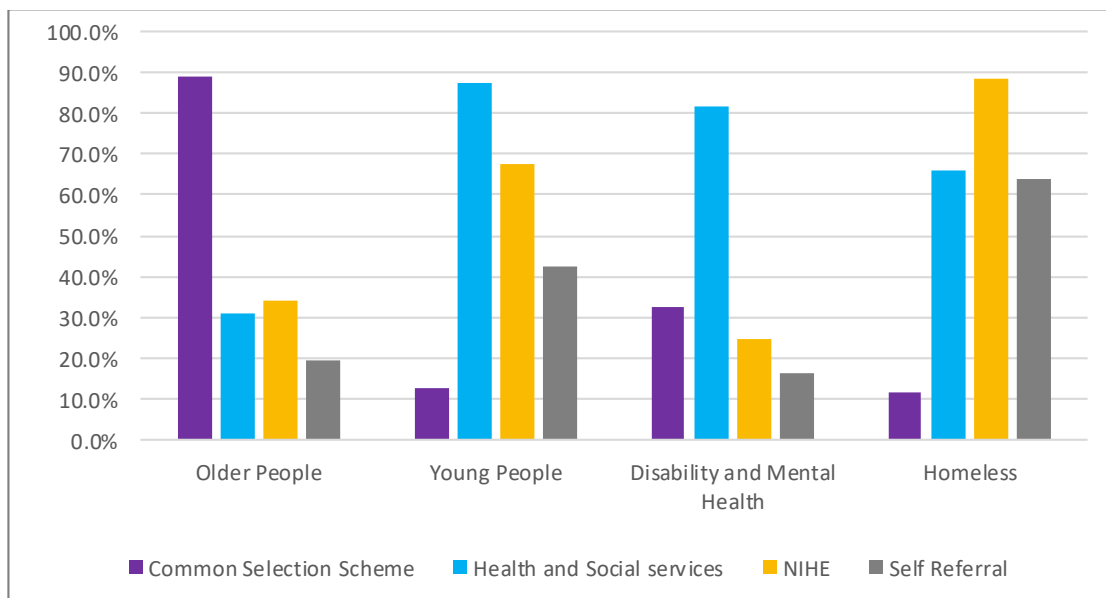
Source: NIHE SP data. N.B. Provider services may have more than one referral route, resulting in a total over 100% in the chart.

At a PCG level, the primary referral routes generally reflect those across the programme as a whole. The Health and Social Services being the most prevalent referral route for:

- Young People
- Disability & Mental Health
- Homeless people under the drug and alcohol issues PCG.
- Older people under the Frail elderly PCG.

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[46] This is effectively NIHE Housing Solutions helping people with temporary accommodation while Housing Selection Scheme is the general social housing process.

The NIHE Housing Selection Scheme is the most common route for:

- Older people under the mental health/dementia and older people with support needs PCGs.
- Homeless people under the Women at risk of domestic violence PCG.

Other NIHE is the most common route for:

- Homeless people under the homeless families and single homeless PCGs.

The analysis above illustrates the multiplicity and diversity of referral routes and there is no centralised assessment of housing support need. As support needs and plans are captured and identified at an individual client level, this adds some complexity to developing a SNA, as there may be differences across both organisations and services on what and how needs are assessed and delivered. For example, if someone is assessed via Housing Officer in NIHE the housing support intervention outlined may be different from a social or key worker in health and social care setting or if a self-referral.

Departures from the service

The chart below sets out the reasons for departure from SP from 2015-2019. There were 50,000 departures were over this period (assuming 20,000 fundable services per annum this means a departure rate of approximately 50% although there may be repeat presenters included). This varied between just over 9,000 per year to over 11,000. The key reasons for these departures were:

- Support is no longer required by the service user (56%).
- Support withdrawn / lost contact (11%).
- The user left the scheme (11%).
- The user has changed the service required (8%).

Figure below sets out the reasons for departure from SP by volume per year.

Figure: Volume of users leaving SP Programme per client schedule departure reason
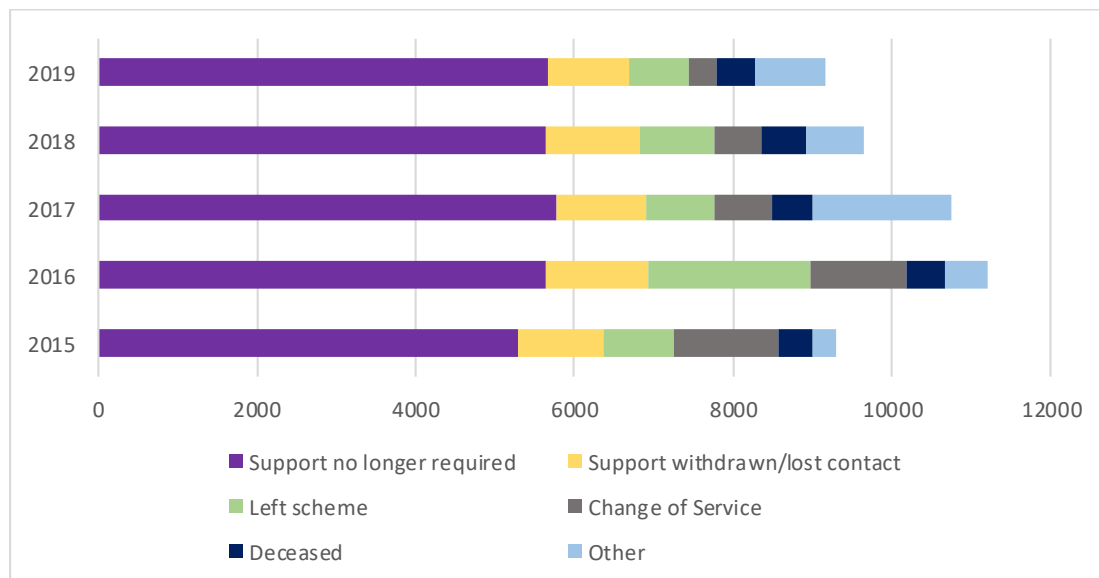
Source: NIHE SP data, based on quarterly returns from Q2 2016 to Q2 2020.

Figure below sets out the volume of departures over the same period by thematic group. The majority of departures within the Homeless thematic group (64% of all departures), despite only accounting for around a quarter of all units. This highlights the nature of homeless services against those in other groups, suggesting a greater need for short term support.

Figure: Volume of users leaving SP Programme per client schedule by thematic group, 2015-2019
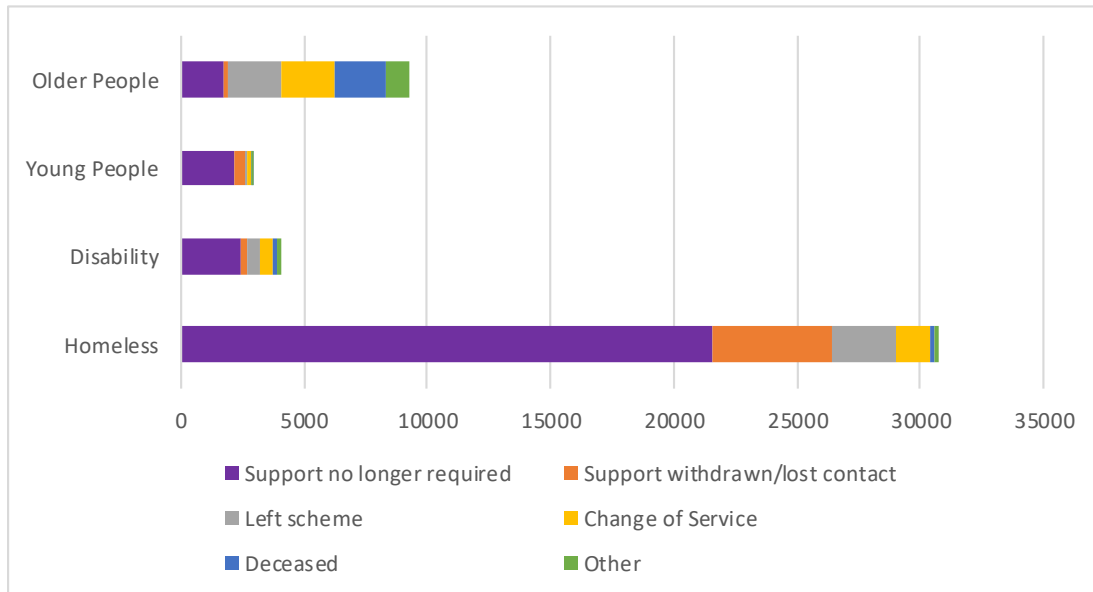
Source: NIHE SP data, based on quarterly returns from Q2 2016 to Q2 2020.

The relevance to departures data has helped to inform the SNA by providing an indicator of the nature and intensity of housing support interventions. It illustrates a variation between thematic groups on the type of departures and level of throughput, with Homeless followed by young people being the largest ratio of departures compared to units. This reflects in part larger number of floating support services which are designed to be temporary in nature.

APPENDIX 8: INITIAL ANALYSIS LIST OF SOURCES AND ASSUMPTIONS

Baseline – Population at risk assumptions

Thematic Group	Primary Client Group	Total Population	Stratified Population	Population at risk (A) sources
Older People	Older People with MH/Dementia	**1.8 million people** Estimated Population for Northern Ireland (2018) https://www.nisra.gov.uk/publications/2018-mid-year-population-estimates-northern-ireland	**310,000 people** Estimated Population for 65+ Northern Ireland (2018) Taken from NISRA https://www.nisra.gov.uk/publications/2018-mid-year-population-estimates-northern-ireland	**14,137 people** Raw disease prevalence for Dementia NI https://www.health-ni.gov.uk/publications/201819-raw-disease-prevalence-trend-data-northern-ireland
Older People	Older People with support needs			**50,918 people** Estimated Population for Northern Ireland 65-74 (2018) Taken from NISRA https://www.nisra.gov.uk/publications/2018-mid-year-population-estimates-northern-ireland - 169,725. https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/age_uk_briefing_state_of_health_and_care_of_older_people_july 2019.pdf - around 15% of people aged 65-69 experience difficult with at least one activity. Assumption that this increases for 70-74. Assumption of 30% of 65-74 overall.
Older People	Frail Elderly			**24,585 people** Estimate taken from Frailty Prevalence rates provided by Sandra Aitcheson multiplied by relevant population number taken from mid year population estimate. https://www.nisra.gov.uk/publications/2018-mid-year-population-estimates-northern-ireland
Young People	Young people at risk/ vulnerable and young	**1.8 million people** Estimated Population for Northern Ireland (2018) https://www.nisra.gov.u k/publications/2018-	**231,110 people** Estimated Population for Northern Ireland 16-25 (2018) Taken from NISRA https://www.nisra.gov.uk/publications/2018-mid-year-	**7,336 people** 500 Care leavers a year approximately https://www.health-ni.gov.uk/sites/default/files/publications/health/nicl-18-19.pdf, multiplied by 9 to accommodate for the approximate number of years for which a care leaver will still fall into this category = 4,500 people

Thematic Group	Primary Client Group	Total Population	Stratified Population	Population at risk (A) sources
	people leaving care	mid-year-population-estimates-northern-ireland	population-estimates-northern-ireland	2,681 18-25 year old presenters in 2018/19 155 16-17 year old presenters 2018/19
Disability & Mental Health	Physical/Sensory disability.	**1.8 million people** Estimated Population for Northern Ireland (2018) https://www.nisra.gov.uk/publications/2018-mid-year-population-estimates-northern-ireland	**215,228 people** Figure is total calculation of all those at risk (data in next column)	**157,202 people** Taken from 2011 census figures for the number of people with a long term limiting illness or disability (for limiting a lot) https://www.ninis2.nisra.gov.uk/public/SearchResults.aspx?sk=DC*&AllAny=1&numToFetch=200&DataInterBoth=1&FromAdvanced=true&dsk=136&dsv=Census%202011&gk=&gv=&sy=1981&ey=2037
	Mental health issues.			**17,849 people** Mental Health Issues taken from raw disease prevalence NI https://www.health-ni.gov.uk/publications/201819-raw-disease-prevalence-trend-data-northern-ireland
	Learning disability.			**40,177 people** 2011 Census figure https://www.nisra.gov.uk/statistics/2011-census/results
Homeless	Alcohol problems.	**1.8 million people** Estimated Population for Northern Ireland (2018) https://www.nisra.gov.uk/publications/2018-mid-year-population-	**23,200** Figure is total calculation of all those at risk (data in next column)	**3,626 people** Number of people receiving treatment for alcohol only + 50% of the people receiving treatment for drugs and alcohol. Taken from 2019 drug and alcohol treatment census. https://www.health-ni.gov.uk/sites/default/files/publications/health/drug-alcohol-census-2019.html#drug_treatment_trend

Thematic Group	Primary Client Group	Total Population	Stratified Population	Population at risk (A) sources
	Drug problems.	estimates-northern-ireland		**3,117 people** Number of people receiving treatment for drugs only + 50% of the people receiving treatment for drugs and alcohol. Taken from 2019 drug and alcohol treatment census. https://www.health-ni.gov.uk/sites/default/files/publications/health/drug-alcohol-census-2019.html#drug_treatment_trend
	Homeless families with support needs.			**5,843 people** Taken from 2018/19 Homeless Bulletin Accompanying Tables for families presenting as homeless https://www.communities-ni.gov.uk/publications/northern-ireland-homelessness-bulletin-october-march-2019.
	Offenders / People at risk of offending.			**339 people** Taken from 2018/19 Homeless bulletin accompanying tables for released from hospital/prison presenting as homeless https://www.communities-ni.gov.uk/publications/northern-ireland-homelessness-bulletin-october-march-2019.
	Rough sleepers.			**9,063 people** Taken from 2018/19 Homeless Bulletin Accompanying Tables for single people aged 16-59 presenting as homeless https://www.communities-ni.gov.uk/publications/northern-ireland-homelessness-bulletin-october-march-2019.
	Single homeless with support.			
	Women at risk of domestic violence.			**1,174 people** Taken from NI Homelessness Bulletin 2018/19 – number of presenters by domestic violence.

Baseline – Population in need assumptions

Thematic Group	Primary Client Group	Weighted Utilisation	Waiting List as % of utilised units* (estimate based on assumptions)	Rationale	Unmet need as % of unmet need (estimate based on assumptions)	Rationale
Older People	Older People with MH/Dementia	88%	11%	Provider survey predominance was under 10% waiting list but Older People with Mental Health was increasing trend. Plus DOH dementia services data for active waits dementia services in Jan 2020 was 1,499 which was for 11% of population at risk (14,137). The same proportion has been applied to SP services. Final waiting list assumption was 11% of utilised services.	10%	Estimate based on the proportion of people undiagnosed (in NI this was estimated to be up to 7,000 people – which would be approximately 50% of population at risk). However, there are a number of voids for current services, so a 10% unmet demand figure has been applied.
Older People	Older People with support needs	95%	10%	Majority of provider feedback suggests 10% or less waiting list. However, the service was highly utilised at 95%. Final waiting list assumption was 10%.	5%	Estimate based on relatively low provider waiting list estimate.
Older People	Frail Elderly	90%	10%	Majority of provider feedback suggests 10% or less waiting list. The service was highly utilised at 90%. Final waiting list assumption was 10%	5%	Estimate based on utilisation and relatively low provider waiting list estimate.

Thematic Group	Primary Client Group	Weighted Utilisation	Waiting List as % of utilised units* (estimate based on assumptions)	Rationale	Unmet need as % of unmet need (estimate based on assumptions)	Rationale
Young People	Young people	90%	12%	Majority of provider feedback suggests 10% or less waiting list but there was some variation. Final waiting list assumption of 12% waiting list factor applied to account for waiting list than some PCGs.	5%	Estimate based on utilisation and relatively low provider waiting list estimate.
Disability & Mental Health	Physical/Sensory disability	83%	12%	Majority of provider feedback suggests 10% or less waiting list, with some stating 11-20%. However, utilisation was relatively low compared to other PCGs, some of this is likely to be more specific support housing needs which result in long waiting lists. Final waiting list assumption 12% waiting list factor applied.	5%	Estimate based on relatively low utilisation.
	Mental health issues	93%	20%	Provider feedback suggests variations in waiting lists, ranging from <10% to >50%, 20% waiting list factor applied to account for weighting towards higher bands. Final waiting list assumption 20% waiting list factor applied.	10%	Estimate based on the relatively high waiting list assumption and was a higher driver for more complexity of needs.

Thematic Group	Primary Client Group	Weighted Utilisation	Waiting List as % of utilised units* (estimate based on assumptions)	Rationale	Unmet need as % of unmet need (estimate based on assumptions)	Rationale
	Learning disability	92%	20%	Provider feedback suggests variations in waiting lists, ranging from <10% to >50% 20% waiting list factor applied to account for weighting towards higher bands. Final waiting list assumption 20% waiting list factor applied.	5%	Estimate based on the relatively high waiting list assumption.
Homeless	Alcohol problems	86%	25%	Majority of provider feedback suggests > 20% waiting list, with some stating >50%. Final waiting list assumption 25% waiting list factor applied.	10%	Estimate based on the relatively high waiting list assumption and was a higher driver for more complexity of needs.
	Drug problems	92%	25%	Majority of provider feedback suggests > 20% waiting list, with some stating >50%. Final waiting list assumption 25% waiting list factor applied.	10%	Estimate based on the relatively high waiting list assumption and was a higher driver for more complexity of needs.
	Homeless families with support needs	95%	15%	Provider feedback suggests variations in waiting lists, ranging from <10% to >50% 15% waiting list factor applied to account for weighting towards higher bands. Final waiting list assumption 15% waiting list factor applied.	10%	Estimate based on utilisation.

Thematic Group	Primary Client Group	Weighted Utilisation	Waiting List as % of utilised units* (estimate based on assumptions)	Rationale	Unmet need as % of unmet need (estimate based on assumptions)	Rationale
	Offenders / People at risk of offending	104%	10%	Majority of provider feedback suggests < 10% waiting list.

Final waiting list assumption 10% waiting list factor applied. | 0% | Estimate based on the discrete nature of this cohort. Future need has considered some of the wider needs. |
| | Rough sleepers | 93% | 10% | Majority of provider feedback suggests < 10% waiting list.

Final waiting list assumption 10% waiting list factor applied. | 10% | 10% based on utilisation and waiting list figure |
| | Single homeless with support | 97% | 12% | Provider feedback suggests variations in waiting lists, ranging from <10% to >50% 12% waiting list factor applied to account for weighting towards lower bands.

Final waiting list assumption 12% waiting list factor applied. | 10% | Estimate based on utilisation. |
| | Women at risk of domestic violence | 105% | 22% | 22% based on proportion of women declined as refuge full (2018/19 figures provided by provider data sources)

Final waiting list assumption 22% waiting list factor applied. | 20% | Estimate based on utilisation, waiting list and information from stakeholders around under reporting and 'hidden' nature of Domestic Violence (including male victims of domestic violence) |

How waiting list assumptions were developed?

Feedback from providers was used to inform waiting list assumptions for the baseline need. The table below sets out the responses from providers, with responses indicating the percentage of current units estimated to be on waiting lists. The table shows a variation in the waiting list estimations, with Older People generally estimated at under 10% of current units, while substantially higher estimates are in the Homeless thematic group. In particular, responses within alcohol and drug issues suggests providers are often experiencing waiting lists of over 50%. The assessment has used a high/medium/low rating based on the provider feedback for illustration. The following bandings have been applied:

Low – 0-10%

Medium – 11-20%

High – 21% and over

This provided a baseline and was adapted based on other information including proportional changes.

Estimated waiting lists as a percentage of utilisation

PCG	<10%	11-20%	21-30%	31-50%	>50%	Total
Older People with MH/Dementia	4	0	1	0	0	5
Older People with support needs	3	1	0	0	0	4
Frail Elderly	4	1	0	0	0	5
Young People	5	2	1	1	0	9
Physical/Sensory Disabilities	4	2	0	0	0	6
Mental Health Issues	2	2	2	2	3	11
Learning Disability	3	4	2	1	1	11
Alcohol issues	3	1	3	0	4	11
Drug Issues	2	0	2	1	4	9
Homeless families with support needs	3	2	0	1	2	8
Offenders/people at risk of offending	3	1	2	1	0	7

PCG	<10%	11-20%	21-30%	31-50%	>50%	Total
Homeless Crisis/Rough Sleepers	8	1	0	1	0	10
Single Homeless with support	4	4	0	2	2	12
At risk of domestic violence	3	3	1	1	0	8

Source: SP provider survey

How unmet demand assumptions were developed?

High level unmet demand assumptions are also added to the table below. Similar to waiting list information the Research Team utilised an assumption based approach to capture some of these unmet needs. The assumptions were based on:

- Levels of utilisation as an indicator of need.
- Indications of unmet need provided SP staff survey and provider survey.

Factors which will impact future need – 5P's assumptions for 3 year period

Change in prevalence, push, pull based on % of utilised stock developed on **SCENARIO** basis (i.e. assumptions).

Primary Client Group	Population – based on NISRA projections	Change in prevalence rate (as % of utilised stock)	Change in Push rate (as % of utilised stock)	Change in Pull rate (as % of utilised stock)
Older People with Mental Health/Dementia	11.1% increase (over 65 years old)	Assumed 1% increase in prevalence due to better diagnosis and referral routes in relation to dementia.	10% factor applied to account for more effective technological support and dementia care in own home opposed to specialised housing and specialised support which is SP current provision mainly This is based on current voids which are approximately 10% of supply.	5% factor due to potential impact of COVID-19 and increased focus on need support for OP with mental health needs.
Older People with support needs	11.1% increase (over 65 years old)		2.5% to account for more effective technological support or re-enablement services being provided by HSCTs.	5% factor due to COVID-19 which would result in increasing needs and move of communal care models to dispersed care models.
Frail Elderly	16.5% increase (over 75 years old – this has been presumed as the main age cohort)		2.5% to account for more effective technological support or re-enablement services being provided by HSCTs.	5% factor due to COVID-19 which would result in increasing needs and move of communal care models to dispersed care models.
Young People	2.3% increase		5% factor based on increased focus and improved outcomes of early intervention during childhood years.	10% factor due to increased focus on mental health, economic factors

Primary Client Group	Population – based on NISRA projections	Change in prevalence rate (as % of utilised stock)	Change in Push rate (as % of utilised stock)	Change in Pull rate (as % of utilised stock)
				and associated housing support need.
Physical/Sensory Disabilities	2.3% increase			5% factor based on increased focus on community-based and home-based support as a result of COVID-19 or other statutory changes.
Mental Health Issues	2.3% increase	1% increase - improved awareness, diagnosis and reduced stigma.	2% factor based on improved self-therapy and technological solutions.	7% factor due to increased focus on support for mental health issues, COVID-19 and socio-economic factors.
Learning Disability	2.3% increase	0.5% increase – improved awareness of support in place.		0.5% factor due to increased focus on support for learning disabilities at home (COVID-19 factor)
Alcohol issues	2.3% increase	2% decrease based on trends in alcohol treatment[47]		5% factor due to increased focus on support for substance abuse as key theme affecting other PCGs (including polysubstance abuse).
Drug Issues	2.3% increase	5% increase based on trends in drug treatment.		5% factor due to increased focus on support for substance abuse as key theme affecting other PCGs (including polysubstance abuse).

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[47] https://www.health-ni.gov.uk/sites/default/files/publications/health/drug-alcohol-census-2019.html#overview

Primary Client Group	Population – based on NISRA projections	Change in prevalence rate (as % of utilised stock)	Change in Push rate (as % of utilised stock)	Change in Pull rate (as % of utilised stock)
Homeless families with support needs	2.3% increase	1% increase due to potential impact of Covid-19 and economic factors		1% factor due to assumed focus on supporting those impacted by Covid-19
Offenders/people at risk of offending	2.3% increase			None assumed but Bail Support Scheme if applied could be a material pull factor.
Homeless Crisis/Rough Sleepers	2.3% increase	5% due to potential impact of Covid-19 and economic factors		2% factor due to assumed focus on supporting those impacted by Covid-19
Single Homeless with support	2.3% increase	1% increase due to economic factors caused by Covid-19 and economic factors		1% factor due to assumed focus on supporting those impacted by Covid-19
At risk of domestic violence	2.3% increase	2% increase based on increased awareness of domestic abuse, potential impact of Covid-19 and economic factors		10% factor due to increased focus on supporting those at risk of domestic violence including male victims of Domestic Violence.

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